
Evaluating The Critical Issues Responsible For Physical Health Problems And Sedentary Lifestyle Among Old People (A Case Study Of Epe Local Government Area, Lagos State)

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ABSTRACT

This research was conducted to evaluate the critical issues responsible for physical health problems and sedentary lifestyle among adults. The research is descriptive in nature and research questions and hypotheses were formulated to test for the variables under study. The research instrument used to extract data was a well-constructed questionnaire in two sections and a sample size of one hundred was selected via simple random sampling techniques. Results show that Majority (78%) of the respondents use assistive device for mobility and 56% believed women are more sedentary than men at old age. 43% believed normally engage in vigorous activities while 54% claimed that physical activities more related to regular walking. Also reported as some causes of sedentary lifestyle include improper diet, living alone, smoking tobacco or cigarette, level of education and Fear of injury and falling. The consequences of low physical activities were also discovered to be General body weakness, mobility limitation, reduction in the functions of the brain. In conclusion, the level of Physical activities among diverse older populations is relatively low and the consequences of sedentary behavior in older adults are also high. Successful interventions and policies will also promote Physical activities among the older populations. It is recommended that Health Education Programme should be organized for the elderly on the importance of physical activities in the body and Old people should endeavor to stop habits that increase their sedentary behavior.

Keywords: Physical Health Problems, Sedentary Lifestyle, Old People, Epe Local Government Area, Lagos State

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1. INTRODUCTION

Lifestyle is generally considered a personal issue. However, lifestyles and social practices or ways of living adopted by individuals often reflect personal or group and social-economic identities. In other words, although lifestyle reflects individual identities, it is primarily a reflection of the norms and values an individual holds. According to Al-hazza et al., (2011) individual lifestyle or health habits and behaviours constitute what a person does and what he/she fails to do, ranging from smoking, overeating, inactivity, alcoholism, drug abuse and participation in unprotected sexual relationships. Hence, the World Health Organization (1993) reported a strong relationship between mortality rates and lifestyle practices.

It further highlighted conditions that promote unhealthy lifestyle practices by individuals such as lack of adequate health knowledge, acquisition of misinformation about health matters and development of hazardous lifestyles. One of such lifestyle is physical inactivity or a sedentary lifestyle. Urban lifestyle in Africa and particularly in Nigeria is characterized by changes in dietary habits involving an increase in consumption of refined sugars and saturated fat, including canned food which results in a reduction in fibre intake (Sharma et al. 2013).

A sedentary lifestyle is a type of lifestyle with no or irregular physical activity. A person who lives a sedentary lifestyle may colloquially be known as a **couch potato**. It is commonly found in both the developed and developing world. Sedentary activities include sitting or lying, reading, socializing, watching television, playing video games, and mobile phone/computer use for much of the day with little or no vigorous physical exercise. A sedentary lifestyle can contribute to many preventable causes of death. In addition to this, recent technological and communication advancements do not help matters in this regard. The use of automobiles, telephone facilities, air-conditioners and house-hold gadgets has substantially increased the sedentary lifestyle of the urban residents thereby reducing their physical activity. Rural populations on the other hand rely upon walking on foot as a means of transportation and often have intense agricultural and manual activities as their main occupations (Alemu and Lindtjorn 2005). Rural people, therefore, have a high physical activity related energy expenditure compared to their urban counterparts (Singh et al. 2013;). Explaining the higher rates of obesity, hypertension, stroke and other cardiovascular diseases in the cities, Rashid et al. (2018) reported that obesity and cardiovascular diseases are at least 7 times higher in urban compared to rural areas. This is closely related to physical inactivity by people living in the urban centres.

1.1 Statement of Problem

Globally, the older adult population has increased substantially, and it is estimated to reach approximately 22% of the world's population by 2050. The risk of non-communicable diseases and disability increases with age, providing a challenge for health and social care resources. However, in the last decade, sedentary behavior has emerged as a new risk factor for health. Sedentary behaviors are characterized by any waking activity that requires an energy expenditure ranging from 1.0 to 1.5 basal metabolic rate and a sitting or reclining posture. Typical sedentary behaviors are television viewing, computer use, and sitting time. Due to this knowledge gap, this study will systematically explore evidence to look for the critical factors responsible for the sedentary lifestyle among the older population.

1.2 Objectives of the Study

- To observe the level of physical activities among older adults.
- To explore the factors that influence participation in regular Physical activities among older adults.
- To create awareness on the detrimental effect of sedentary behavior among older adults.

2. METHODOLOGY

This study is a descriptive research design. This study was conducted at health centers in Epe Lagos State. These include Epe Primary Health Care Centre (Maternity), Eredo Primary Health Care Centre, Primary Health care Centre (Oke-Iposu) and Odomola Primary Health Centre. The sample size for this research is One hundred (100) respondents from the study area, in which (25) respondents were chosen from each study area of four primary health centres in Epe Local Government of Lagos State.

3. RESULT AND DISCUSSION

3.1 Result Of Demography

Table 1: Gender of Respondents

| Age of Respondents | Frequency | Percentage |
|--------------------|------------|------------|
| Male | 42 | 42 |
| Female | 58 | 58 |
| Total | 100 | 100 |

From table 1, male respondents represents 42% while female respondents are 58% of the total population of the respondents.

Table 2: Age of the respondents

| Age of Respondents | Frequency | Percentage |
|--------------------|------------|------------|
| 50 – 59 | 54 | 54 |
| 60 – 69 | 42 | 42 |
| Above 70 | 4 | 4 |
| Total | 100 | 100 |

From table two, 54% of the respondents are between age 50 -59, 42% are between age 60 - 69 years and 4% are 70 years and above. It could be seen from table one that majority of the respondents are between 50 -59 years of age.

Table 3: Marital Status of Respondents

| Age of Respondents | Frequency | Percentage |
|--------------------|------------|------------|
| Single | 0 | 8 |
| Married | 76 | 76 |
| Widow | 10 | 10 |
| Divorced | 14 | 6 |
| Total | 100 | 100 |

From table 3, none of the respondents are single, 76% are married and 10% of the respondents indicated that they are widow, and 14% are divorced.

3.2 Analysis Of Other Variables

Table 4: Do you consider the nature of your current job active

| | Frequency (100) | Percentage (%) |
|-------|-----------------|----------------|
| Yes | 32 | 32 |
| No | 58 | 58 |
| Total | 100 | 100 |

Table 4 shows that 32% of the respondents consider the nature of their current job active while 58% does not.

Table 5: Do you use mobility assistive device for moving around?

| | Frequency (100) | Percentage (%) |
|-------|-----------------|----------------|
| Yes | 22 | 22 |
| No | 78 | 78 |
| Total | 100 | 100 |

Table 5 reveals that 22% of the respondents use mobility assistive device for moving around while 78% does not.

Table 6: Do you think your level of daily activities is up to an hour weekly

| | Frequency (100) | Percentage (%) |
|-------|-----------------|----------------|
| Yes | 74 | 74 |
| No | 26 | 26 |
| Total | 100 | 100 |

Table 6 reveals that 74% of the respondents believed your level of daily activities is up to an hour weekly while 26% does not.

Table 7: Do you believe women are more sedentary than men at old age

| | Frequency (100) | Percentage (%) |
|-------|-----------------|----------------|
| Yes | 63 | 63 |
| No | 37 | 37 |
| Total | 100 | 100 |

Table 7 reveals that 63% of the respondents believed women are more sedentary than men at old age while 37% does not.

Table 8: Do you normally engage in vigorous activities

| | Frequency (100) | Percentage (%) |
|-------|-----------------|----------------|
| Yes | 43 | 43 |
| No | 57 | 57 |
| Total | 100 | 100 |

Table 8 shows that 43% of the respondents claimed that they normally engage in vigorous activities why 57% claimed otherwise.

Table 9: Is your physical activities more related to regular walking?

| | Frequency (100) | Percentage (%) |
|-------|-----------------|----------------|
| Yes | 54 | 54 |
| No | 46 | 46 |
| Total | 100 | 100 |

Table 9 reveals that 54% of the respondents believed physical activities more related to regular walking while 46% of them believed otherwise

Table 10: Is your physical activities related to daily household task?

| | Frequency (100) | Percentage (%) |
|-------|-----------------|----------------|
| Yes | 80 | 80 |
| No | 20 | 20 |
| Total | 100 | 100 |

Table 10 reveals that 80% of the respondent's physical activities related to daily household task while 20% believed otherwise.

Table 11: Do you use equipment's for physical activities

| | Frequency (100) | Percentage (%) |
|-------|-----------------|----------------|
| Yes | 54 | 54 |
| No | 46 | 46 |
| Total | 100 | 100 |

Table 11 reveals that 54% of the respondents claimed they use equipment's for physical activities while 46% claimed otherwise.

Table 12: Do your physical activities can help reduce sleep difficulties?

| | Frequency (100) | Percentage (%) |
|-------|-----------------|----------------|
| Yes | 66 | 66 |
| No | 34 | 34 |
| Total | 100 | 100 |

Table 12 shows that 66% of the respondents believed physical activities can help reduce sleep difficulties while 34% believed otherwise.

Table 13: Do you think the falling may result from sedentary behavior?

| | Frequency (100) | Percentage (%) |
|-------|-----------------|----------------|
| Yes | 63 | 63 |
| No | 37 | 37 |
| Total | 100 | 100 |

Table 13 reveals that 63% of the respondents believed the falling may result from sedentary behavior while 37% believed otherwise.

3.3 Test for Hypothesis

Hypothesis one

Hypothesis one states that “the level of Physical activities among the diverse older populations is relatively low”.

Table 14: Chi- square analysis for hypothesis one

| Expected frequency (ef) | Observed frequency (of) | ef –of | (ef –of) ² | X ² (calculated value) | df | Table value | p. value |
|-------------------------|-------------------------|--------|-----------------------|-----------------------------------|----|-------------|----------|
| 100 | 78 | 22 | 484 | 5.30 | 1 | 8.35 | 0.05 |
| 100 | 76 | 24 | 576 | | | | |
| 200 | 154 | 46 | 1060 | | | | |

X² = 5.30, df=1, table value 8.25, level of significance: 0.05

Table 14 above shows the chi square analysis for hypothesis one. The calculated value of chi-square (X²= 5.30) is lower than the table value (8.25). Hence hypothesis one which states that the level of Physical activities among diverse older populations is relatively low hypothesis is hereby accepted.

Hypothesis two

Hypothesis two states that the consequences of sedentary behavior in older adults is significantly low.

Table 15: Chi- square analysis for hypothesis two

| Expected frequency (ef) | Observed frequency (of) | ef –of | (ef – of) ² | X ² (calculated value) | df | Table value | p. value |
|-------------------------|-------------------------|--------|------------------------|-----------------------------------|----|-------------|----------|
| 100 | 89 | 11 | 1681 | 12.05 | 1 | 6.38 | 0.05 |
| 100 | 73 | 27 | 729 | | | | |
| 200 | 132 | 68 | 2410 | | | | |

X² = 12.05, df=1, table value 6.38, level of significance: 0.05

Table 15 above shows the chi square analysis for hypothesis two. The calculated value of chi-square (X²= 12.05) is greater than the table value (6.38). Hence hypothesis two which states that the consequences of sedentary behavior in older adults is significantly low is hereby rejected. Therefore the consequences of sedentary behavior in older adults is significantly high.

4. DISCUSSION OF FINDINGS

The research involved both male (42%) and female (58%). They respondents are aged with their age range from 50 – 59 years (60), 60 – 69 years (34%) and 6% are above 70 years. Majority are still married while only 8% are single, 10% are widowed and 6% were divorced. 36% are Christians, 36% practice Islam while 28% practiced traditional religion. 60% believed falling result for low physical activities among the respondents. Majority (78%) of the respondents use assistive device for mobility and 56% believed women are more sedentary than men at old age. 40% believed normally engage in vigorous activities while 80% claimed that physical activities more related to regular walking. Also majority (97%) claimed that physical activities is related to their daily household task. 54% make use of equipment's for physical activities. Therefore, level of Physical activities among diverse older populations is relatively low since most of them make use of assistive device for mobility and only few engage in vigorous activities.

The causes of low physical activities was also examined among the respondents. Other causes of fall reported in this study include nature of environment as indicated by 58%, dizziness reported by 56%, postural imbalance reported by 97%, and depression, loss of vision (58%), general body weakness (60%). Also reported as some causes of sedentary lifestyle include improper diet, living alone, smoking tobacco or cigarette, level of education and Fear of injury and falling. The consequences of sedentary behavior in older adults is significantly high. Among the consequences of low physical activities discovered in this study include General body weakness, mobility limitation and reduction in the functions of the brain.

5. CONCLUSION

It is concluded that the level of Physical activities among diverse older populations is relatively low and the consequences of sedentary behavior in older adults is also high. Successful interventions and policies will also promote Physical activities among the older populations.

6. RECOMMENDATIONS

The following are hereby recommended:

- Health education programme should be organized for the elderly population on the importance of physical activities on the body.
- Old people should endeavor to stop habits that increase their sedentary behavior.
- Obesity is an illness that worsens sedentary lifestyle. However body weight should be well monitored through daily activities and diet.
- Physical activities should be organized by health educator in order to prevent the leading causes of death worldwide.
- National health interview survey should be implemented to prevent the behavioral risk factors surveillance system.

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