FACTORS ASSOCIATED WITH SELF-CARE PRACTICES OF THE ELDERLY FSCAP MEMBERS IN THE DISTRICT OF JARO, ILOILO CITY*

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Abstract: *Two hundred fifty two elderlies were interviewed to examine their self-care practices and the association between these practices and selected factors. The findings showed that the elderlies had "good" promotive, preventive, and curative self-care practices. Their work status was significantly associated with their eating habits and utilization of health services. A significant gender variation was noted in their exercise practices and avoidance of harmful habits. Educational attainment affected their hygienic and health screening practices. An increase in income improved their health screening practices.*

INTRODUCTION

As the number of elderlies in the Philippines continues to increase, attention has been focused on efforts to promote their well-being and address their health needs. In recent years, the role of the elderlies has shifted from that of being recipients of care to active participants of their own care. Self-care means that activities are performed by the aged on their own behalf, particularly, in health promotion, prevention and in disease detection and treatment. Self care emphasizes a person's control over health care and health actions through knowledge and the development of skills (Orem, 1980).

Certain expectations, however, may hinder the elderlies' self-care practices, like their expectation that once they retire, their family will take care of their needs (Costelo, 1994). Some choose not to take responsibility for their wellness, others may prefer illness to escape from unpleasantness and responsibility. Family members, in their desire to make life comfortable for their elderly parents/relatives, may decide or do things for them. This prevents independent functioning, the primary goal of self-care.

Studies on the health condition of the elderly abound, however, information about their self-care behavior are still limited. Most of the studies on self-care behavior mainly describe patterns of behavior. Attempts to identify factors which contribute to the variations in self-care behavior are limited. It is in this light, that this study was conducted.

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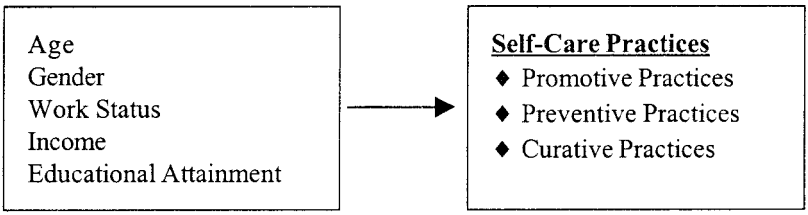
OBJECTIVES OF THE STUDY

This study aimed to determine the self-care practices of elderlies who were members of the Federation of Senior Citizens' Association of the Philippines (FSCAP) in five selected barangays in the district of Jaro, Iloilo City. The study further aimed to determine the relationship between the elderlies' self-care practices and selected factors, namely, age, gender, work status, income and educational attainment.

The specific self care practices of the elderly which were examined included: a) promotive self-care practices, in terms of nutrition, exercise, avoidance of harmful habits and hygienic practices, b) preventive self-care practices, in terms of health screening, utilization of health and health-related services and immunization, and c) curative self-care practices, in terms of their medication-taking and treatment practices for specific health conditions.

THEORETICAL AND CONCEPTUAL FRAMEWORK

The concept of self-care emphasizes the need for individuals to perform activities of daily living without assistance. The person makes the decision to attain the desired outcome and determines which risk to contend with or avoid (Orem, 1996). A person's response to self-care, however, may vary depending on certain situations/ factors which facilitate or hinder a desired behavior, such as, age, sex, educational attainment, occupation, marital status, individual beliefs and expectations and attitudes may affect their needs and perceptions. In this study, it was assumed that these factors (independent variables) may have some important bearing on the elderlies' promotive, preventive, and curative self-care practices (dependent variables). The assumed flow of relationship among the major variables of the study is shown in the diagram below.



METHODOLOGY

The study utilized the one-shot survey design. The target population consisted of 258 FSCAP members in the District of Jaro, Iloilo City who were sixty years old or older. Since six of the total number of members were completely non-functional at the time of the survey, they were excluded, thus the total number of respondents 252.

Data were collected through personal interview of the elderlies themselves or a primary caretaker. A structured interview schedule, translated in the dialect of the respondents was the main instrument used. Interviews were conducted by the researcher herself and 10 trained registered nurses.

FINDINGS AND DISCUSSIONS

Profile of the Elderly

On the average, the elderlies who were FSCAP members in the district of Jaro were 69.23 years old. More than half of them (57.6%) were 60 to 69 years old, while slightly more than one-third (34.9%) were in their seventies, the rest (7.5%) were 80 years old or more. The women were about as old as the men (on average 68.8 and 69.4 years old, respectively). A small majority (57.5%) of the elderlies were elementary-educated, one in four (25%) had high school education., while 17.5% were college-educated. No gender variation was noted in their educational attainment.

Only a few of the elderlies were engaged in gainful work at the time of the survey (5 men and 10 women). Those working were mostly engaged in vending (men=40% and women=50%), and were earning an average monthly income of P1,838.80. The men had a slight income advantage over the women (P 2,035 vs. P 1,743).

Half of both male and female elderlies were receiving financial assistance from family members (50% and 49.4%, respectively). Other than financial help, many of the elderlies were also receiving goods, such as, food, grocery, and medicine, from relatives and friends. Their average income from all sources both in cash and in kind, was P3,733.02.

Table 1. Distribution of Respondents by Age, Gender, Educational Attainment and Occupation

Indicators	Male		Female		Total	
	n	%	n	%	n	%
Age						
60-69 years old	53	63.1	92	54.8	145	57.6
70-79	24	28.6	64	38.1	88	34.9
80 and above	7	8.3	12	7.1	19	7.5
Total	84	100.0	168	100.0	252	100.0
Mean	68.84		69.42		69.23	
Educational Attainment						
Elementary and below	46	54.8	99	58.90	162	57.5
High School	23	27.4	40	23.80	63	25.0
College and above	15	17.8	29	17.3	44	17.5
Total	84	100.0	168	100.0	252	100.0
Work Status						
Not working	79	94.0	158	94.0	237	94.0
Working	5	6.0	10	6.0	15	6.0
Total	84	100.0	168	100.0	252	100.0
Type of Occupation						
Vending	2	40.00	5	50.0	7	46.9
Laundrying	0	0.0	3	30.0	3	19.9
Sewing	0	0.0	2	20.0	2	13.3
Mechanic	1	20.0	0	0.0	1	6.7
Trisikad Driver	1	20.0	0	0.0	1	6.7
Kagawad	1	20.0	0	0.0	1	6.7
Total	5	100.0	10	100.0	15	100.0
Income of working members						
P3,000 and below	4	80.0	8	80.0	12	79.9
3,001 to 7,000	1	20.0	1	10.0	2	13.3
Above 7,000	0	0.0-	1	10.00	1	6.7
Total	5	100.0	10	100.0	15	100.0
Mean	P2,035.00		P1,743.00		P1,839.00	
Those Receiving Financial Help	42	50.0	83	49.4	125	49.6
Income From all Sources						
P3,000 and below	51	60.7	106	63.0	157	62.3
3,0001 to 7,000	17	20.2	39	23.2	56	22.2
Above 7,000	16	19.0	23	13.6	39	15.4
Total	84	100.0	168	100.0	252	100.0
Mean	P4,926.00		P3,111.00		P3,733.00	

Promotive Self-care Practices

The promotive self-care practices which were examined included: eating habits, exercises, and avoidance of harmful habits, such as smoking and drinking liquor. The data are presented in Table 2.

Eating Habits. Almost all of the respondents ate three full meals a day. Seven in ten usually had snacks, which consisted mainly of a beverage and a carbohydrate food (bread, biscuit, or root crop). Based on the kind and quantity of their food intake, however, it was noted that more than half of elderlies had "inadequate" food intake. They usually ate foods that were insipid or lacking in taste.

Table 2. Distribution of Respondents as to their Eating Habits, Exercise, Avoidance of Harmful Habits and Personal Hygienic Practices

Dimension of Eating Habits	Male		Female		Total	
Composite Score for Food Eating Habits						
Good (7)	5	6.0	16	9.50	21	8.3
Fair (5-6)	78	92.90	150	89.30	228	90.5
Poor (4 and below)	1	1.2	2	1.20	3	1.2
Total	84	100.0	187	100.0	252	100.0
Composite Score for Exercise						
Very inadequate (0)	0	0.0	2	1.2	2	0.8
Inadequate (1)	13	17.5	45	26.8	58	23.0
Excessive (2)	26	31.0	64	38.1	90	35.7
Adequate (3)	45	53.6	57	33.9	102	40.5
Total	84	100.0	168	100.0	252	100.0
Composite Score for Avoidance Smoking						
High extent (.5 point)	58	69.0	146	86.9	204	80.9
Moderate extent (1 point)	16	19.0	20	11.9	36	14.3
Low extent (1.5 points)	10	12.0	2	1.2	122	4.8

Considering all the indicators of eating habits, a high majority of the elderlies (90.5%) had "fair" eating habits. Only 8.3% had "good" eating habits. De Guzman (1996) had the same observation in Metro Manila.

Exercise. Almost all of the respondents were engaged in routine exercise, with more than one half of them performing aerobic exercises, like brisk walking, dancing, etc. They were spending an average of 15 minutes to one hour per exercise session. A substantial number of the elderlies, however, did not observe regular exercise time.

The composite scores for exercise indicate that 40.5% of the elderlies had "adequate" exercise, however, slightly more than one-third (35.7%) of them had "excessive" exercise, or they were doing more than what was expected of them. One in four (23.8%) had "inadequate exercise.

Harmful Habits. Most of the elderlies were not engaged in harmful habits. Only one in five took liquor, and most of those who did, took only a glass or a bottle of beer a day. Most of them (81.2%) did not smoke. Those who did, smoked one to five cigarettes a day. The avoidance score for both smoking and drinking liquor was "high" for the majority (80.9% and 77%, respectively). The data further show that the majority (66.7%) of the elderlies had a "high degree of avoidance" of harmful habits.

Preventive Self-care Practices. The preventive self-care practices of the elderlies, which were examined in this study, were utilization of health and health-related services, immunization and health screening.

Utilization of health and health-related services. For the prevention of illness, nearly half (42.9%) of the elderlies had "very good" practices in terms of utilization of health services. More than one-third (38.9%) of them, however, had only "fair" practices. A good practice means that they regularly submitted for medical check up. Most of them consulted with a private physician in a private clinic or in the out-patient department of a hospital for regular check-up.

Immunization. Immunization against infectious diseases was not very popular among the elderlies. A big majority of them (95.6%) had "poor" immunization status. Only a few (18) had been immunized, mostly against cholera only. Immunization seemed to have been neglected among the elderlies. The DOH Expanded Program for Immunization (EPI) also attest to this, its focus, being mostly young children and pregnant women only.

Health screening. Most of the elderlies had physical examination and laboratory diagnostics during the past year,

Table 3. Distribution of Respondents According to Preventive Self-Care Practices, such as Utilization of Health and Health-Related Practices, Immunization Practices and Health Screening Practices.

Indicators	Male		Female		Total	
	n	%	n	%	n	%
Utilization of health-related services						
Very good (3)	36	42.9	72	42.9	108	42.9
Good (2)	9	10.7	18	10.7	27	10.7
Fair (1)	34	40.5	64	38.1	98	38.9
Poor (0)	5	6.0	14	8.3	19	7.5
Total	84	100.0	168	100.0	252	100.0
Level of Immunization						
Good (1 point)	3	3.5	1	0.6	4	1.6
Fair (2 points)	4	4.8	3	1.8	7	2.8
Poor (1 points)	77	91.7	164	97.6	241	95.6
Total	84	100.0	168	100.0	252	100.0
Health Screening Practices						
Good (3 points)	47	56.0	85	50.6	132	52.4
Fair (2 points)	29	34.5	66	39.3	95	37.7
Poor (1 point)	8	9.5	17	10.1	25	9.9
Total	84	100.0	168	100.0	252	100.0

thus, most (52.4%) were categorized as having "good" health screening practices. The four most common laboratory exams the elderlies had were: urine test, stool examination, chest x-ray, and blood sugar test.

Curative Self-Care Practices

Almost all of the respondents had taken medication during their last illness, and assumed the responsibility of regulating their own medication. The majority of them also purchased and stored their own medicine. The elderlies manifested a "good" knowledge about the drugs they were taking, the dosage and the frequency of taking. On the whole, they had "fair" to "good" medication-taking practices, their average score being 3.38. Slightly more than half (57.9%) of the respondents had "fair" medication-taking practices, while, one-fifth (21.4%) had "good" practices. One in five, however, had "poor" medication-taking practices because they were not able to take medicines without the help of others.

Table 4. Distribution of Respondents As to Medication-taking Practices for the Past Twelve Months

Indicators	Male		Female		Total	
	n	%	n	%	n	%
Composite Score for Medication-taking Practices						
Good (4 to 5)	20	23.8	34	20.2	54	21.5
Fair (2 to 3)	45	53.6	101	60.1	146	57.9
Poor (0 to 1)	19	22.6	33	19.7	52	20.6
Total	84	100.00	168	100.00	252	100.00
Mean = 3.38						

Relationship Between Personal Characteristics and Self-care Practices of Elderlies.

It was hypothesized that the promotive, preventive, and curative self-care practices of the elderlies would vary according to their age, sex, work status, educational attainment, and income. Table 5 shows the results of the relational analysis.

Eating habits was significantly associated with work status (Cramer's V=0.17) and educational attainment (Gamma=0.28). The non-working elderlies and those with college education were found to have better eating habits than those who were working and those with elementary and high school education, respectively.

Gender was also found to be significantly associated with exercise (Cramer's V=0.20) and avoidance of harmful habits (Cramer's V=0.26). There were more male than female elderlies who performed exercises. The results of this study support the findings of Schone (1996) that men are more likely to engage in physical activities than women. The men, however, were more likely to indulge in smoking and drinking liquor than the women. This corroborates the findings of Snyder and Way (1979).

Educational attainment was also found to be significantly associated with hygienic practices (Gamma=0.22), screening practices (Gamma=0.22) and medication-taking practices (Gamma=0.35). The data suggest that the higher the educational attainment of the elderlies, the better their hygienic, health screening, and medication-taking practices. This supports the hypothesis that education tends to improve a person's health behavior.

Income was found to be associated only with health screening practices (r=0.32). As the elderlies' income from all sources increased, their health screening practices also improved. This is not surprising, since health screening requires money.

Table 5. Relational Analysis Between the Selected Factors and Specific Promotive, Preventive and Curative Self-care Practices of the Elderlies.

Self Care Practices	Selected factors				
	Age[a]	Gender[b]	Work Status[c]	Income[d]	Educational Attainment[e]
Promotive					
1. Eating Habits	0.01	0.06	0.17*	0.04	0.28*
2. Exercise	0.08	0.20*	0.09	0.10	0.01
3. Avoidance Harmful Habits	0.02	0.26*	0.13	0.06	0.09
4. Hygienic Practices	0.12	0.15	0.01	0.06	0.22*
Preventive					
1. Health Screening	0.01	0.15	0.09	0.32*	0.22*
2. Utilization of Health Services	0.00	0.05	0.17*	0.02	0.07
3. Immunization Practices	0.02	0.16	0.08	0.03	0.04
Curative					
1. Medication Taking	0.11	0.06	0.03	0.05	0.35*
2. Treatment Practices	0.09	0.13	0.12	0.03	0.00

* Significant at 5 percent level

a & d = Pearson Product Moment Coefficient was used in the analysis between these variables and specific promotive, preventive and curative self-care practices

b & c = Cramer's V was used in the relational between gender and work status and specific promotive, preventive and curative self-care practices

e = Gamma Coefficient was used in the relational analysis between educational attainment and specific promotive, preventive and curative self-care practices

CONCLUSIONS

The elderly who were not working tended to have better eating habits than those who were employed.

Male elderlies had better exercise practices than their female counterparts. Male elderlies signi-ficantly differed from the female elderlies in terms of avoidance of harmful habits, with the women exhibiting greater avoidance than the men.

Elderlies with higher education had better hygienic practices and health screening practices than those with lower educational attainment. Regardless of age, the elderlies utilized health and health-related services in frequently. Irrespective of age and employment status, the elderlies tended to have poor health screening practices and immunization practices. The elderlies' utilization of health and health related services is significantly influenced by their work status.

The elderlies' educational attainment did not, in any way, influence their level of exercise and degree of avoidance of harmful habits. Level of health screening practices, utilization of health and

health-related services and immunization practices did not vary between the men and the women.

As the income of the elderlies increased, their health screening practices also improved. However irrespective of income, work status, and educational attainment, the elderly tended to have poor immunization status.

RECOMMENDATIONS

The elderlies must be taught how to take care of themselves and be encouraged to visit the health clinics for regular check-up.

The local FSCAP could plan regular exercise sessions for the elderly, especially for women with inadequate exercise practices.

Health clinics should provide services specific for the elderlies. They should also conduct home visits for those who could not go to clinics. Policy makers and program planners should: a) find ways and means to maximize the independence of the elderly and to enable them to be with their families for as long as possible, b) reassess the existing health and social services, c) strengthen family support system for the elderly, and d) provide tax credits, free basic training in elderly care and free comprehensive health services for families who take care of their elderly.

Support groups and non-government organizations should uphold the cause of the elderly and assist the FSCAP in lobbying for budget allocations for programs and services for the elderly.

More studies on the elderlies must be conducted. Other determinants of their self-care practices must be considered in future investigations, such as social and psychological dimensions of aging, rehabilitative self-care practices and other factors. A similar study can also be conducted on non-FSCAP members and those residing in institutions.

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