

Healthy Lifestyle in the Elderly's View in Romania and Latvia

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Abstract

A healthy lifestyle at the old age is one of the indicators of life values. The aim of the paper is to identify and compare healthy lifestyles for the elderly in a typical microdistrict in Latvia and a comparable size community in Romania from the points of view of physical exercises, eating habits, social and physiological feeling of comfort. The research was carried out within the framework of GRUNDTVIGT Project No. 134240-LLP-1-207-DE-GRUNDTVIGT-GMP "Community Health Management to Enhance Behaviour" (CHANCE). The research results showed that eating habits in Latvia and Romania are slightly different. In both countries, the elderly not very often use fresh food in their everyday life, or healthy, relative newly introduced products as grain bread and cereals. Daily physical exercises of the elderly are impacted by the type of their housing. The family and social environment are important for their social and physiological feeling of comfort. A healthy lifestyle is impacted by traditions established along generations which are influenced by their social life, the place of residence and the type of housing, and the social relations in the neighbourhood.

Key words: the elderly, healthy lifestyle, households.

Introduction

Long-term development cannot be imagined without healthy individuals keeping a healthy lifestyle, especially after analysing changes in demographical processes related to globalisation, which includes further aging of the society not only in Latvia and Romania, but also in the whole Europe.

People in Latvia understand that the terms "healthy lifestyle" and "life quality" are closely interrelated, yet studies reveal that the Latvian elderly consider their health an instrument for providing the quality of life rather than a part of their life quality (Bela B., 2006). In this connection, the Latvian Sustainable Development Strategy 2030 includes the need for promoting a healthy lifestyle and improving the health care system as well as reducing social inequality, so that an increase in well-being would ensure satisfaction with life in all societal groups (Latvijas ilgtspējīgas attīstības..., 2007) – especially for the elderly and rural residents whose life was evaluated as bad by around 70% of the surveyed elderly (Bela B., 2006).

In Romania people affirm that health is their most valuable asset, but practically they do not do anything in order to maintain or improve it. Preventive medicine is scarce, people only go to the doctor if they are feeling really sick.

The aim of the paper. The paper reviews the discussions on healthy lifestyles and the attitudes of the elderly to them within the context of life quality.

Its aim is to identify and compare the elderly's views on and attitudes related to healthy lifestyles in Latvia and Romania.

The following tasks are set forth to achieve the aim:

- 1) to conceptualise a healthy lifestyle as one of the factors influencing the quality of life during aging;
- 2) to ascertain how the population in Latvia and Romania perceive a healthy lifestyle and their care for health;
- 3) to identify what geological, psychological, and social factors impact the health behaviour of people;
- 4) to identify what healthy lifestyles are characteristic of the elderly.

The research topic is a subjective evaluation of healthy lifestyle of the elderly. However, the research object is limited by including only the elderly living in private households and residing in a typical urban microdistrict in Latvia and suburb in Romania.

Theoretical framework

The World Health Organisation's definition states that health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This made us conclude that health care results might not be completely understood without having a perfect understanding of life quality. The WHO defines life quality as a wide concept, which is impacted in a complex way by an individual's state

of health, psychological state, beliefs, relations with other people and the most significant environmental factors (Smith A., 2000).

Both care and carelessness for one's own health is a result of interaction among psychological, physical, and social factors. Ann Bowling calls it the biopsychosocial health model or "health lifestyle". A health lifestyle is "intentional health behaviours based on the alternatives available in each particular situation" (Bowling A., 2002).

Health behaviour is:

- 1) an activity carried out by a person considering himself / herself healthy in order to prevent a disease;
- 2) activities that are carried out irrespective of the state of health in order to prevent diseases;
- 3) any behaviour performed by a person with the purpose to protect, promote, or preserve his/her health irrespective of an understanding of his/her state of health;
- 4) an activity for reducing the risk of getting ill, and a behaviour having as purpose to promote health.

The care for health is a general notion of one's health as a measure of values that ensures sufficient life quality, a sufficiently long life, and a good physical feeling.

The care for health is exposed as a holistic lifestyle (system of health habits), in which health is included in the basic values of life and in the concept of life quality. Knowledge on the constitution and functions of one's own organism and delivery of information on available health care services allow people to adequately act in case of illness (system of disease habits).

Therefore the health behaviour determines three types of categories:

1. Individual categories.
2. Social and cultural categories.
3. Capability categories.

What does it mean to care for health? Does it mean preventing diseases and abstaining from unhealthy habits or trying to maintain the functionality of the body and mind given by nature; not only maintaining, but also promoting one's own health?

Research methods. The research in this paper is focused on sociological surveys in the form of interviews and on data processing using statistical research methods. The research is unique due to the fact that it was carried out in two new EU member states simultaneously. A typical part of a town, specific to each country, was chosen for the research object. The research subject in this paper is the elderly.

Research results

RAF microdistrict in the city of Jelgava acquired its name from Riga Autobus (minibus) Factory which was located in Jelgava. Dwelling houses were built for the factory's employees in the vicinity of the factory. The microdistrict is situated in the North East of Jelgava, on the right bank of the river Lielupe, around 3 km away from the centre of Jelgava towards the capital city of Riga. As of January 1, 2008, 4520 residents lived in the microdistrict's territory which was chosen for the research. The average size of households in RAF is 2.89. Natural gas and electric power is supplied to RAF microdistrict; it has a centralised water supply system and a sewage system which is connected to the city's water treatment plant. A block in the RAF microdistrict consists of five-storey and nine-storey dwelling houses which were built in the 1970s. The chosen territory has a school with a pool, a sports hall and a sports ground, which is available also to the microdistrict's residents, 2 kindergartens, 4 small food stores, a baker's store, a household goods store and 3 shopping centres, a café and a fast food restaurant, a post office, 2 drugstores, a dentist's office, a doctor's office, a library, 3 gambling halls, 3 playgrounds for children, a dry cleaning shop and a laundry, a footwear repair shop, a petrol and gas station, and a car repair shop. There is a forest just across Loka Magistrale Street, which is a favourite resting place for Jelgava residents. Next to the forest, there is a guarded complex of private garages, a tombstone shop, and Bērzi cemetery. Since the RAF microdistrict was built during the Soviet times, no church is available.

Dumbravita is a suburb of Timisoara, which has developed from a small village during the first 20 years, becoming a suburb of Timisoara. It has 2915 inhabitants and 1417 households. The average size of households in Dumbravita is 2.06. There is a school, 1 kindergarten; there are several churches and a relatively large forest – 648 ha. 27 teachers work in Dumbravita and 2 doctors. There are very few unemployed people out of those of working age. A little more than half of the population is represented by the females – 52.63% and the rest by the males. There are Romanians, Hungarians and German nationality inhabitants, mainly Orthodox and Catholics.

Empirical information was simultaneously gained during May-June 2008 while conducting a quantitative survey of communities in the RAF microdistrict in Jelgava and in Dumbravita a suburb of the town of Timisoara. The total number of respondents was 255 in Jelgava, of whom 44 were at the age of 61 and older (8 males) – 26 Latvians and 18 Russians. In Dumbravita 200 individuals were questioned, of whom 90 were at the age of 61 and older. In Jelgava the elderly live as singles (43%) or together with a partner or a child

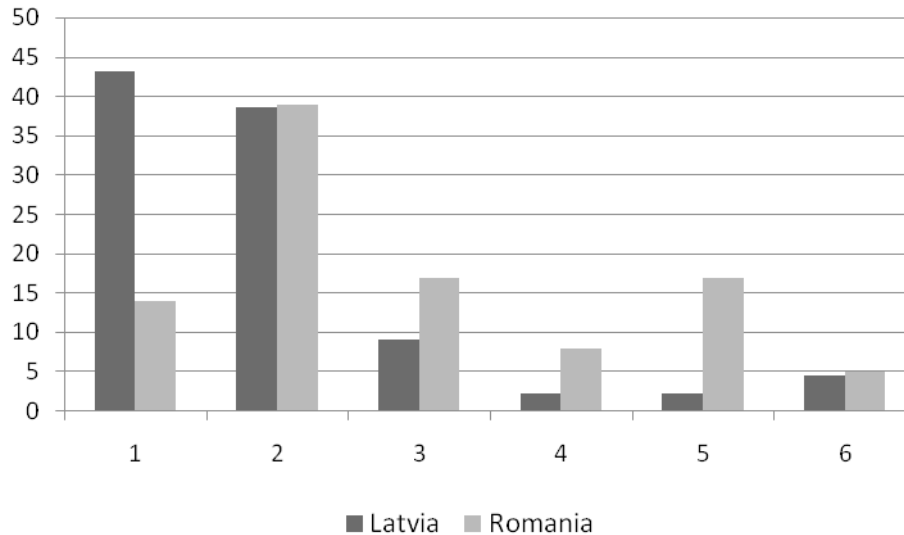


Figure 1. Number of individuals in the households of the elderly in Latvia and Romania

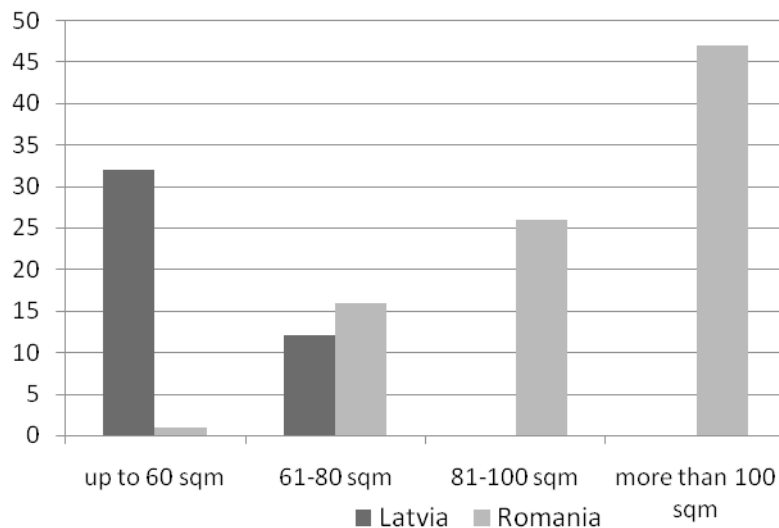


Figure 2. Size of the homes of the elderly in Jelgava and Dumbravita

(39%), the rest of them – in households of several individuals. In Timisoara the majority of the elderly live in couples, the size of other households is about the same, but the proportion of the single elderly is only 13% (Figure 1).

The elderly in Romania evaluate their material position, as compared with the residents living in their community, as equivalent, but some of them - as above the average. In Latvia the elderly evaluate their material position as the same or worse, but no one evaluates it as better than that of his/her neighbours. The Romanian elderly evaluate their material position as slightly better, as compared with their community residents, than it is in Latvia.

Both the elderly in Dumbravita and those in Jelgava feel well in their homes, and they like their apartments or houses. In Jelgava 73% of the elderly are the owners of their apartments, while in Dumbravita – 97%. In both countries the proportion of apartment owners among the elderly is slightly above the average indicator.

In Jelgava the size of apartments is less than 60m² in most cases, whereas in Timisoara it is more than 100 m² (Figure 2).

The elderly try to cope with their household work themselves. Almost two thirds of the Latvian elderly believe that they need no help in their household work, but 25% of them need it in cleaning up their

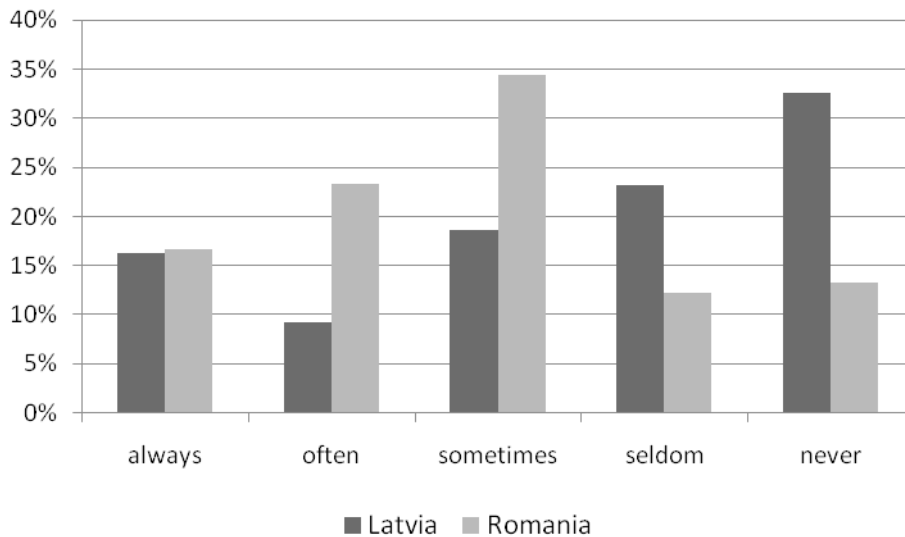


Figure 3. I read the information on packages about the ingredients and energy value of food products

apartments. The Romanian elderly need help only for shopping, cleaning up their apartments, and filling in documents.

55% of the elderly in Latvia and respectively 51% in Romania believe that they are well informed about a healthy lifestyle from the points of view of physical exercises, healthy food, and social and psychological feeling of comfort. 41% of the Romanian elderly and 23% of the Latvian elderly said they were partially informed about a healthy lifestyle from the point of view of physical exercises. The Latvian elderly feel to be better informed than the Romanian elderly about physical exercises. 78% of the Romanian elderly and 61% of the Jelgava elderly are well informed about healthy food, while 16% of the Latvian elderly and only 1% of the Romanian elderly feel uninformed. The Romanian elderly also feel to be better informed about the social and mental feeling of comfort as an element of healthy lifestyle.

The majority of the elderly in both countries does not believe that keeping a healthy lifestyle is boring.

In Latvia the elderly get information about healthy lifestyles mostly from TV, followed by a doctor and friends, whereas in Romania the main source of information about healthy lifestyles is a doctor, followed by TV and the family. For the Latvian elderly, the family as a source of information takes the fifth position after neighbours. It might be explained by the fact that the Latvian elderly live mostly as singles, but the Romanian elderly mostly live in families.

Therefore if the Latvian elderly have **problems**, they mostly try to handle them themselves (57%) as compared with the Romanian elderly – 45% of them do the same. But the Romanian elderly do not put their

problems on others because they have not chosen as option that they do not solve their problems.

If there are health, food, or movement problems, the Romanian elderly ask a doctor first and then try to solve them in the family, whereas in Latvia it is vice versa – they try to solve their problems by the help of the family and only after they go to see a doctor.

The largest part of the elderly spends more than three hours **outside their homes**. It, of course, depends on the age and health condition. But there are different opinions about doing physical exercises. The largest part of the Romanian elderly believe they do physical exercises for more than 5 hours a week, but almost a third of the elderly from the RAF microdistrict believe they do not do physical exercises at all. It could be explained by the form of inhabitation, the type of home, and national traditions. In Latvia, TV is watched for a longer time than in Romania.

For the RAF elderly, the five most important establishments of infrastructure are the market place, health service, recreational area, food stores, and social care. The elderly from Dumbravita place the church in the first position, followed by the health service, recreational area, school, kindergarten, but the least important are the sports clubs, social centres, and educational service. The sports clubs, pool, sports ground and sports hall as well as educational institutions, kindergarten and school are the least important for the RAF elderly, too.

The elderly in both countries have similar eating habits when consuming milk, sweets, cakes, cereals, wine, beer, and lemonade. More than 50% of the surveyed consume milk everyday, and 85% at least once a week. More than half of them consume sweets at least once a week. The elderly of both countries do

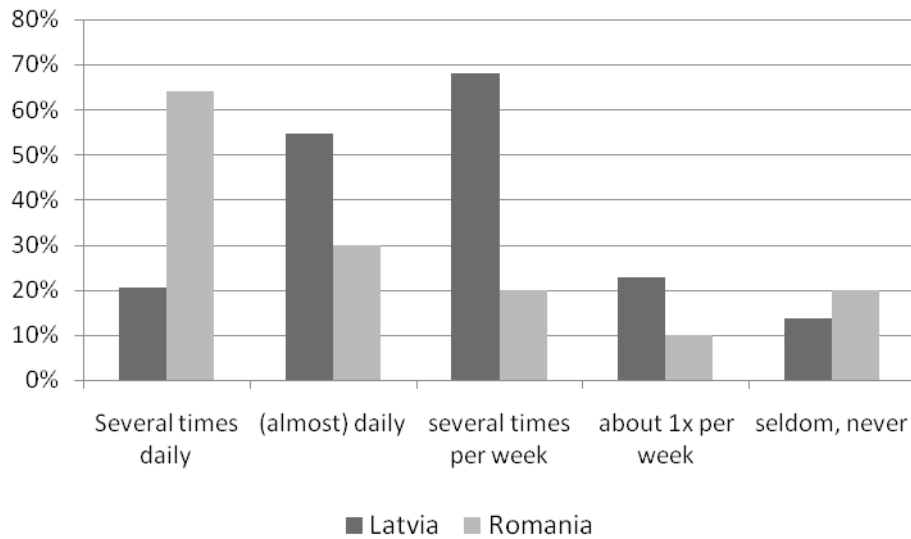


Figure 4. Wheat bread consumption frequency for the elderly in Latvia and Romania

not consume cereals, lemonades, wine, and beer as daily foods. The elderly in Latvia more often drink tea, whereas in Romania – drinking water. In Latvia there are slightly more elderly who consume vitamins everyday, but in both countries more than half of the elderly use vitamins very rarely or never.

The Romanian elderly consume more margarine everyday, but the Latvian elderly prefer butter. The Latvian elderly consume more vegetable oil everyday than the Romanian elderly. Fish is included in the diet of the Romanians more often than in that of the Latvians. Yet the Latvians eat more cheese as compared with the Romanians. The Romanians more often consume fruit and vegetables, but the Latvians eat potatoes even several times a day. Rice and macaroni are more often consumed by the Romanians. Grain bread is consumed everyday by 25% of the Jelgava elderly, but the Romanians eat it very rarely. The Romanians used to eat wheat bread almost at each mealtime. In Latvia wheat bread is more favourite among those who speak Russian at home; the Latvians eat rye bread more often than the Russians.

86% of the respondents in Latvia cook food at home themselves, in Romania respectively 64%. In Romania 58% of the elderly go shopping themselves, while 75% do it in Latvia. Both the Romanian and Latvian elderly, when buying food products, sometimes read the information on product packages, but 16% of the respondents do it always. The Romanians more often spend their money on healthy food than the Latvians.

The largest part of the elderly believes that their health is very important or important, but about half of the elderly in both countries regard their health

as good or very good. Yet in Latvia the elderly have more rarely assessed their health as very good. Half of them believe their health will not change over the further three years. However, the second half of the Latvian elderly are more pessimistic compared with the Romanians. The elderly in both countries are not very interested in active sports, but if they were the leaders of their microdistricts, they would construct recreational and sports grounds and a green zone restore a health trail in the forest, repair sidewalks, install benches, make flowerbeds, organise various activities for the elderly, for instance, gymnastics exercises, tea evenings, or dancing.

Conclusions

The opinions of the elderly proved that a healthy lifestyle include not only healthy food, physical exercises, but also a social and psychological feeling of comfort. A feeling of comfort is important to the elderly living in multi-apartment houses not only in their apartments, but also in the backyards, stairways, on the street or sidewalk as well as in the nearest vicinity.

It is specific in Timisoara that the elderly spend more their time outdoors, therefore less time is spent watching TV.

In Latvia the first adviser in health care is the family, followed by a doctor; in Romania it is vice versa. It could be explained by the availability of health care in each country.

There are different eating traditions in Latvia and Romania. A healthy lifestyle is impacted by the traditions established by generations in their social life, the place of residence and the type of housing, and the social relations in the neighbourhood.

The elderly have stable eating habits that have formed over their life, therefore they relatively rarely use “new” products like cereals and grain bread.

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