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## **Perceived State of Wellbeing and Health Promoting Activities Among Adults in an African Community**

**By**

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### ***Abstract:***

*Self-reported state of well-being is usually a reflection of several factors that could vary from place to place, and previous studies on this subject examined factors that focused mainly on Western populations, hence the need for a study focused on a developing nation such as Nigeria. Questionnaire was utilized to elicit information among 300 respondents on the areas of interest and the study was conducted in Ede, a community in Osun State. Data was analyzed using the Statistical Package for Social Sciences (SPSS) and the hypotheses were tested using the chi-square ( $\chi^2$ ) and Pearson's correlation statistical analysis test. Only 26.2% of the respondents perceive themselves as being in an excellent state of wellbeing. Findings show existing relationships between earnings, gender, level of education and self-perceived health and wellbeing among older adults. Significant relationship also exists between health promoting activities and hospitalization episodes among adults. There is need for health policy makers to pay attention to the wellbeing of adults; it is recommended that free or subsidized health services should be provided for older adults.*

**Keywords: Self-Perceived, Wellbeing, Health, Older Adults, Activities.**

## 1. INTRODUCTION

Growing up is a normal part of life, however, coming of age or adulthood comes with its own issues particularly in the area of health and wellbeing. Adulthood can naturally predispose individuals to health issues. Functional capacity and weakness of body tissues may also have implications in the eventual sense of wellbeing of an individual. In essence, the health goal for adults in the society may not exactly be that of freedom from diseases but that of living a good life and coping/management of one illness or the other and decreasing capacities (Lemos; Vasconcellos; Tavares; Gonzalez; Andrezza & Melo, 2020). Opinions about life are subjective, necessities and preconditions considered as important for wellbeing by one person may not be so regarded by another. Aside, a chronic health condition occurring in the setting of a developed country may have a lower impact on the Quality of Life (QoL) on the patient than the same disease would have in a low- income country where resources to ameliorate disability may be scarce (Wuorela; Lavonius; Salminen *et al.* (2020), Lanre-Babalola, 2015).

Ways in which people perceive their health is a reflection of a complex set of factors such as their day to day experiences and activities, family perception of health, cohort's general perception of health, media portray of health attainment, personal beliefs, preconceptions, experiences, and values which people living with or around an individual places on health and wellbeing as well as past or present experiences like fitness, illness, injury, participation in sport or other forms of physical activity, and disease . It could also be a reflection of the adult's social, cultural, and historical affiliations, living environment and socioeconomic conditions. In fact, a common belief is that as one increases in age, the lower is the perception of being in good health; quite surprisingly, similar opinion exists for both women and men. Quality of life is subjective and the contextual nature of its assessment inform the World Health Organization's definition of it as: "an individual's perception of his/her position in life in the context of the culture and value systems in which he/she lives, and in relation to his/her goals, expectations, standards and concerns" (WHO 2020; 2022). Self-perception of health and wellbeing as well as life satisfaction comprises of mental and physical health, material wellbeing, interpersonal relationship within and without the family, work and activities within the communities, personal development and fulfillment and active recreation (Wuorela; Lavonius; Salminen *et al.*; 2020). The way an individual perceive and reveals his/her health status is the meanings that individuals make of their health status and daily life experiences. This process needs information about health and disease, informed by prior experience as well as the social, cultural, and historical context in which individuals live (Greenblatt-Kimron; Kestler-Peleg; Even-Zohar & Lavenda, 2021). As regards the health management process, self-perceived health status in a population helps guide political and social conditions aimed at improving both health and quality of life.

Identifying factors that are related to self-perception of health and wellbeing (SPH) is essential to have more insight on adult behavior and to shed more light on the assessment of individual needs. Self-perceived health report is more likely to be a reliable measurement of general health as it has been shown that respondents rated the same general health assessment across a period through which their health was unlikely to change. Evaluating self-perception of health status and knowing the perspective of individuals about their wellbeing is an important prerequisite for increasing adherence to healthy behavior (Currie; 2021, Chen & Hsieh 2022). When it comes to adults, this aspect becomes even more relevant, since, even in countries where priorities are being given to

short and long-term programs directed specifically to this age group, low uptake is still recorded. One of the major reasons why there is low uptake of programs is that people do not actually see the need for or benefits of the uptake of such services. Studies on African adults suggests a growing prevalence of morbidity and poor health status along with significant increases in longevity among them. Thus, while in the country where maternal and child health care indicators are still far from goals, ageing has emerged as another long-term burden over the country's health care system. Decreases in infant mortality and fertility combined with an increasing life expectancy have led a large number of countries to have a growing proportion of adults with specific healthcare needs. Prevalence of most chronic diseases increases as people grow older, and societies need changes in their healthcare systems capable of coping with the growing concerns of adults' health. Similar to that of many developing countries, the health system of Nigeria is inadequate to promote, support, and protect health and social well-being of the elderly due to lack of human and financial resources. (Soyombo 1996, 2003) Therefore, analyzing the current Health pattern and demand for healthcare among elderly is of importance.

**Statement of Problem:** Globally, the quest for wellness and health promotion among all individuals, especially adults is a general phenomenon. However, among adults needs and values vary as individuals have different priorities. Adults have different concerns in life, for some it is feeling of insecurity, for some it is the desire for self-sufficiency, for others it is the desire for respect particularly taking into cognition their progress and life accomplishments. For most adults, unassisted mobility and strength is often desired, a proactive way to achieve this for instance is through exercise, whereas; exercise remains a constant struggle for ageing adults. Most current research efforts targeted towards are about wealth creation and sustenance, the few that are related to health seems to focus on nutrition plans and advices, others on disease prevention and or management. fall prevention, and fall screening.

Well-being is an effective population outcome measure that goes beyond morbidity, mortality, and economic status which is a reflection of the self-perception of people concerning their health and well-being. Also, advances in the field of psychology, neuroscience, and measurement theory suggest that well-being can be measured with some degree of accuracy (Robison; 2018, Duplaga; Grysztar; Rodzinka & Kopec; 2016; Doraiswamy; Abraham; Mamtani, & Cheema, 2022). Health is central for living, work and income. It is also a precondition for development. Thus, everybody, including older persons should be enabled to continue with income-generating work for as long as they are agile and are able to do so productively. However, frequently it is assumed that old people are challenged by deteriorating health and does not need to generate income given their lifelong accumulation of income. Several studies are available to support the fact that though health declines with age, regardless of this; health ratings and perceptions vary across individuals, many older people still rate their health based on situations, experiences and lifestyle. A number of studies have also found that self-ratings of health among elderly adults are valid measures of the respondent's objective health status and match up as well to physician evaluations. Even at that; most of these studies were confined to Western populations; (Irwin 2003, Guigoz, 2006; Sidenvall et al 2006). In addition to these; the possible effect of age on health cannot be over-emphasized; hence the need for a study of this nature.

**Research Questions:** The following research questions are generated as follows:

1. How do adults in Ede area of Osun state perceive their health and wellbeing?
2. What are the factors related to self-perception of health and wellbeing?
3. What health improvement activities do adults in Ede area of Osun state engage in?
4. What are the common causes of hospitalization among adults in Ede area of Osun state?

**Objectives of the Study:** The general objective of this study is to examine health promoting activities and perceived state of wellbeing among adults in Ede area of Osun State.

The specific objectives are as follows

1. To explore the perceived state of health and wellbeing among adults in Ede area of Osun state.
2. To identify correlates of perceived state of health and wellbeing among adults in Ede area of Osun State
3. To document health promoting activities among adults in Ede area of Osun state.
4. To document frequency and common causes of drug use and hospitalization among adults in Ede area of Osun state.

## 2. REVIEW OF LITERATURE

Self-perceived state of health and wellbeing is an individual's subjective perception of general health (Lemos, Vasconcellos, Tavares, Gonzalez, Andrezza & Melo, 2020; Confortin *et al.*, 2015; Cardoso *et al.*, 2014). It comprises the impact of health conditions on different aspects of an individual's health, including but not limited to, physical and mental well-being (Confortin *et al.*, 2015; Cardoso *et al.*, 2014). Self-reported perceived state of health and wellbeing is a reliable, low-cost method to measure individual's well-being and found to be consistent with objective health status (Confortin *et al.*, 2015; Cardoso *et al.*, 2014; Wu *et al.*, 2013). It has also been used as a predictor for mortality and quality of life (Confortin *et al.*, 2015; Cardoso *et al.*, 2014; Idler and Benyamini, 1997; Doraiswamy; Abraham; Mamtani; Cheema, 2022; Tisminetzky; Delude; Hebert; Carr; Goldberg; Gurwitz, 2022; Barh; Tiwari; Andrade; Weener; Góes-Neto; Azevedo *et al.*; 2021) Self-perceived state of health and wellbeing is also a good yardstick for measuring income inequality, socioeconomic status, gender and physical/health promoting activities (Piko, 2000).

The question of self-perceived health is common in medical and social investigations (Marengoni 2009; Rosén & Haglund, 2005) and has been found to be an important question in predicting morbidity as well (Maaten *et al.*, 2008; Lyyra *et al.*, 2009). Health is also explained by the absence of disease and by survivorship in longitudinal studies, and by different subjective assessments of grades of bodily (Vandevjvere *et al.*, 2008), mental and cognitive function and the ability to perform different activities (Patel *et al.*, 2006). Individuals perceive their health as good even if they have diseases and symptoms of illness (Rosén & Haglund, 2005).

Going by evidences and scholarly reports of events during the COVID-19 pandemic, reduction in physical activities could negatively impact health and wellbeing through two pathways. The first

is that a sudden reduction in physical activities can aggravate pre-existing physical and mental health conditions or tendencies (Rodgers *et al.*, 2020). In addition, evidence suggests that adequate physical activities is significantly related to improved quality of life and actually reduce mental health burden (Physical Activity Guidelines Advisory Committee, 2018; Chekroud *et al.*, 2018). During the early months of the pandemic, physically active individuals reported high mental health scores; also those who increased their physical activities during this period experienced lower levels of anxiety (Lesser and Nienhuis, 2020).

**Achieving Health Promotion Behaviour Change among Older People:** Historically, healthy ageing has been conceptualized from a purely medical perspective with the focus being on the absence of disease and disease related disability. The World Health Organization (WHO) declaration that health is defined as “a state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity”. Successful ageing is defined as the avoidance of disease and disease-related disability, the maintenance of high cognitive and physical functional capacity, and an active engagement with life; that is, maintaining physical, mental and social health.

Health promotion priorities change for individuals and cohorts as they grow older. Generally, as people get older, they are confronted with multiple losses of health, independence, roles, possessions, friends and family. Some studies (Fulmer; Patel; Levy; Mate; Berman; Pelton; Beard; Kalache & Auerbach 2020, Zimmer; Strahley; Weiss; McNeill; McBride *et al.*; 2022) suggest that the goal of health promotion in the elderly should be to prevent the progression of disease and the management of disabilities with the ultimate aim being to allow older people to maintain their functional independence for as long as possible (Adamson *et al.*, 2009). The health and conditions of older people is very complex, often impacting on an individual's thoughts and feelings as well as physiological mechanisms, and therefore demands a holistic approach (Zhu; Pan; Li; Jin; Wang; Liu; Wang; Liao; Jiang & Luo, 2021, Kim; Pacino; Wang; Recher *et al.* 2021).

Life priorities vary among individuals and it changes from time to time; feelings of wellbeing is a general desire for all humans and adults in particular and its essential to the general health of an individual, it enhances opportunities and strengthens life pursuits and aids success. A child's wellbeing will be affected by the wellbeing of their parents so it is essential that parents take time for themselves in this respect. Well-being is a positive outcome that is meaningful for people and for many sectors of society because it tells us that people perceive that their lives are going well. Good living conditions (e.g., housing, employment) are fundamental to well-being. Tracking health conditions is important for public policy; however, many indicators that assess living conditions does not accurately measure people's opinion about their lives, such as the worth of their relationships, their positive emotions and resilience, the realization of their potential, or their overall life satisfaction—i.e., their “well-being.” (Tisminetzky; Delude; Hebert; Car.; Goldberg & Gurwitz, 2022, Barh; Tiwari.; Andrade; Weener; Góes-Neto; Azevedo; Blum & Ganguly; 2021) Matters of health and well-being generally have to do with global judgments of life satisfaction and feelings relating to depression as well as joy. As regards public health, well-being integrates mental health (mind) and physical health (body) which brings about more holistic approaches to disease prevention and health promotion.

Investigations on health perception among adults has potentials to shed more light on chronic diseases that are associated with adulthood and could assist in chronic disease management. Adequate documentation of self-opinions of health state, wellbeing and health promoting activities among adults will benefit adults by improving their knowledge about the illness, identifying triggers, and controlling health indicators such as glucose levels or blood pressure. Studies focusing on these aspects generally aim to control or mitigate symptoms and to prevent or delay disease progression. Studies (Doraiswamy; Abraham; Mamtani; Cheema, 2022; Tisminetzky; Delude; Hebert; Carr; Goldberg; Gurwitz, 2022; Barh; Tiwari; Andrade; Weener; Góes-Neto; Azevedo *et al*; 2021) on adult health are focused on risks prevention and management/coping strategies; meanwhile self-perception of health and wellbeing is a predictor for health promoting activities and this in turn is crucial. More studies on the topic of wellness and health promotion for older adults would likely make it possible for educators, researchers, and providers to advice on new priorities and needs; hence the need for a study of this nature.

Results and recommendations from this study will promote new efforts towards addressing problems identified in reports. With global participation, new solutions will be found and applied to these new issues, exemplifying the continuous quality improvement cycle of education, medicine, and science. With the participation of all, the world will embrace the concepts of an age-friendly environment, becoming a safer place for all older adults.

Furthermore; the findings will emphasize the important roles of psychological resources and subjective perceptions and suggest a need to consider them when planning interventions in promoting older people's health, preventing disease and managing chronic illnesses. Training all health providers in working with issues and disorders related to ageing is therefore important. It is an important question in predicting morbidity and mortality. Older individuals with lower levels of education and economic status and various types of health problems (more chronic conditions, greater disability, poorer vision, and greater numbers of sick days) will benefit to understand negative self-perception of aging and health and also it will help to focus on the long-term care of older adults suffering from mental disorders, as well as to provide caregivers with education, training and support. Individuals' self-assessment of their health may include aspects that are difficult to capture clinically, such as incipient disease, disease severity, physiological and psychological reserves, and social function.

**Theoretical Approach:** Health promotion from the behavioral approach focuses on implementing interventions to change or remove behavioral health risk factors. Interventions from this perspective target a particular behavioral risk factor associated with a particular negative health outcome(s); they target a population performing the behavioral risk factor and Endeavour to promote health through various strategies. These strategies may include raising awareness of health risks through health education, social marketing, and policies that support lifestyle choices. There are a number of theoretical approaches that have been shown to predict and describe health behavior change. Four key models have been identified; these are the health belief model (HBM), theory of planned behavior (TOPB), Trans theoretical model (TTM) and the communication enhancement model (CEM). The health belief model is useful to understand the formation of the intention to perform a health behavior; the constructs in the theory of planned behavior have been found to predict performance of a particular behavior; and the stages of change model allows us

to understand an individual's readiness to change and the Processes and patterns of change (Bowling, 2008). The aforementioned models illustrate the importance of appropriate communication in empowering older people to take ownership over their health. An understanding of each of these models, particularly the processes and patterns of change are important as they allow for the implementation of effective interventions that are relevant to each individual's readiness to change.

### 3. METHODS

Data was collected using an available sample of the population living in Ede community in Osun state, Nigeria. Large number of participants were targeted at an elder's conference for 50 years and above held at a church, and other participants were included once identified and affirmed as being above 50 years of age. The study was designed to identify determinants, manifestations, and outcomes of frailty. Attitude Toward Own Aging subscale of the Philadelphia Geriatric Center Morale Scale (Lawton, 1975) was modified to elicit information. Questions included items about health, well-being, physical activity and mobility, stressful events, and utilization of health care services.

Self-perception of aging was assessed by sentences on which participants agreed (scored 0) or disagreed (scored 1): questions such as "Things keep getting worse as I get older," "I have as much energy as I did last year," "I am as happy now as I was when I was younger," and one sentence to complete as follows: "As I get older, things are (better, worse, or the same) as I thought they would be." were added in order to explore perceptions of wellbeing among older adults. Responses of better was scored 0 and the same or worse was scored 1, according to rules used by Levy, Slade, Kunkel, and colleagues (2002). The total score ranged from 0 to 5, with a higher score reflecting a more negative perception. Eventually, the total score of self-perception were dichotomised into positive (Values 0–2) or negative (Values 3–5). Associations between self-perception of health and wellbeing and each adverse outcome were tabulated using univariate, bi-variate models. Hypotheses variable were analyzed using statistical package for social sciences (SPSS) and the findings were presented in percentages (%). Also, the hypotheses were tested using the chi-square (X<sup>2</sup>) and Pearson correlation statistical analysis test.

### 4. PRESENTATION OF RESULTS

**Socio Demographic Profile of Respondents:** From data collected, a total of 146 (48.4%) of the respondents are male while 154(51.6%) are female respondents, 138 (45.7%) of the respondents fall within age category of 51 – 60 years, 72(24.1)% of respondents are within the age group of 61 - 70 years and the remaining 90(30.2%) respondents age category of 71 years and above, also 18(6.1%) of the respondents are single, 233(77.7%) of the respondents are married, 43(14.2%) of the respondents are divorced while 6(2%) of the respondents are widowed. This data shows that majority of respondents are married; healthy marriage is a potential for a good self-perception of wellbeing. Furthermore 67(22.3%) of the respondents are secondary school certificate holders, 90(30.2%) of the respondents are either OND/NCE holders while 143(47.5%) are either HND/BSC/BA holders, of the respondents 132(44.1%) of the respondents are employed while the remaining (55.9%) of the respondents are non-employed. Meanwhile; 18% of the respondents rely

on received income as the source of their monetary support, 42% of the respondents rely on pension as their monetary support, 28% of the respondents depend on their children for monetary support while 24% of the respondents rely on family relative for monetary support. The data shows that 42% of the respondents' income level is between N50,000 – N100,000, 30% of the respondents' income level is between N150,000 – N200,000 while 20% of the respondents' income level is between N250,000 and above.

**Table1. Socio-Demographic Profile of Respondents**

| <b>Sex</b>                       | <b>Frequency</b> | <b>Percent</b> |
|----------------------------------|------------------|----------------|
| Male                             | 146              | 48.4           |
| Female                           | 154              | 51.6           |
| <b>Age category</b>              |                  |                |
| 51 – 60 years                    | 138              | 45.7           |
| 61 – 70 years                    | 72               | 24.1           |
| 71 and above                     | 90               | 30.2           |
| <b>Marital status</b>            |                  |                |
| Single                           | 18               | 6.1            |
| Married                          | 233              | 77.7           |
| Divorced                         | 43               | 14.2           |
| Widow                            | 6                | 2.0            |
| <b>Educational qualification</b> |                  |                |
| SSCE/WASC                        | 67               | 22.3           |
| OND/NCE                          | 90               | 30.2           |
| HND/BSC/BA                       | 143              | 47.0           |
| <b>Employment status</b>         |                  |                |
| Employed                         | 132              | 44.1           |
| Non-employed                     | 168              | 55.9           |
| <b>Monetary support</b>          |                  |                |
| Work                             | 54               | 18.1           |
| Pension                          | 126              | 41.9           |
| Children                         | 83               | 27.8           |
| Relative                         | 37               | 12.2           |
| <b>Religion</b>                  |                  |                |
| Christianity                     | 204              | 68.0           |
| Islam                            | 96               | 32.0           |
| <b>Level of income</b>           |                  |                |
| N50,000 – N100,000               | 126              | 42.0           |
| N150,000 – N200,000              | 90               | 30.2           |
| N250,000 and above               | 84               | 27.8           |

*Source: Field survey 2022.*



**Presentation of Results According to Research Objectives**

**Objective 1:** To Explore self-perceived state of health and wellbeing among the older adults

The above objective revealed that about 26% of the respondents perceive that health condition is excellent, 32% of the respondents perceive that health condition is good while 42% of the respondents perceive that their health condition is bad. Also, 58% of the respondents perceive that the effect of age on their health is high, 35% of the respondents perceive that the effect of age on their health is low while 8% of the respondents perceive that age have no effect on their health.

**Objective 2:** To Identify Factors Influencing self-perceived state of health and wellbeing among the older adults

The above objective revealed that 24% of the respondents' purpose of visit to the hospital is due to one health problem or the other, 22% of the respondents' purpose of visit to the hospital is due to need for medical test/examination, 20% of the respondents' purpose of visit to the hospital is as a result of medical follow-up visit while this response is not applicable to 34% of the respondents.

**Objective 3:** To Document Frequency and Common Causes of Drug Use and Hospitalization among older adults.

The above objective revealed that 24% of the respondents have experienced high blood pressure in the past 12 months, 22% of the respondents have experienced diabetes in the past 12months, 18% of the respondents have experienced Asthma in the past 12months, 28% of the respondents have experienced malaria in the past 12months while 8% of the respondents have experienced joint pain in the past 12months. This is an indication all respondents have one health challenge or the other which tends to them using drugs for their ailment

**Objective 4:** To Document Practice and Perception of Health Promoting Activities among older adults.

The above objective revealed that 36% of the respondents engage in exercise as a form of their health promoting activities, 39% of the respondents engage in weigh control as a form of their health promoting activities, 38% of the respondents engage in checking of blood pressure as a form of their health promoting activities while 6% of the respondents engage in medical check-up as a form of their health promoting activities. Also, in another stance, 52% of the respondents strongly agreed health promoting activities would be of great benefit to the elderly, 34 of the respondents strongly agreed health promoting activities would be of great benefit to the elderly while 14% of the respondents remained indifferent on health promoting activities being of great benefit to the elderly.

**Test of Hypothesis**

**Hypothesis One:** H0: There is no relationship between income level and self-perceived state of health and wellbeing among the older adults

H1: There is a relationship between income level and self-perceived state of health and wellbeing among the older adults

**Table 2. Relationship Between Level of Income and self-perception of state of health and wellbeing among older adults**

| Level of income |                            | Perception of State health and wellbeing among older adults |
|-----------------|----------------------------|-------------------------------------------------------------|
|                 | <b>Pearson Correlation</b> | 0.170                                                       |
|                 | Sig. (2 tailed)            | 0.016                                                       |
|                 | <b>N</b>                   | 300                                                         |

**\*\*.** Correlation is significant at the 0.05 level (2-tailed)

Using the Pearson Correlation of 0.170, there is a positive correlation between level of income and self-perception of state of health and wellbeing among the older adults in Ede. This implies that the level of income of an elderly person tend to have an effect on the state of their state of health. Also, the 'p' value which is 0.016 is less than the 0.05 level of significance, thus, the Null hypothesis is rejected and the Alternate hypothesis which states that there is a relationship between income level and self-perception of health among the elderly is accepted indicating that lack of sufficient income on the part of the elderly tends to result to their bad state of health and vice versa.

**Hypothesis Two:** H0: There is no significant relationship between level of literacy and self-perceived state of health and wellbeing among the older adults

H1: There is a significant relationship between level of literacy and self- perceived state of health and wellbeing among the older adults

Using the Pearson Correlation of 0.277, there is a positive correlation between level of literacy and self-perceived state of health and wellbeing among the older adults. This implies that the level of literacy of older adults tend to have an effect on the state of their health. Also, the 'p' value which is 0.000 is less than 0.01 level of significance, thus, the Null hypothesis is rejected and the Alternate hypothesis which states that there is a relationship between literacy level and self-perceived state of health and wellbeing among the older adults is accepted. This implies that there is a correlation between literacy level and self-perceived state of health and wellbeing among the older adults; this result shows that level at which an older adult is educated tends to determine the importance such an old adult attach to his or her health management.

**Hypothesis Three:** H0: There is no significant relationship between gender and self-perceived state of health and wellbeing among the older adults.

H1: There is a significant relationship between gender and self-perceived of state of health and wellbeing among the older adults.

The chi-square value is 46.880 and the p-value is 0.000 which is less than the significance level 0.05, indicating that there is a significant relationship between gender and self-perceived state of health and wellbeing among the older adults. This analysis depicts a true reflection of reality in that women tend to have longer life span than men in society at old age. This statement also supports general belief upheld by people in society as regards life-span of men and women.

**Hypothesis Four:** H0: There is no significant relationship between health promoting activities and hospitalization among older adults.

H1: There is a significant relationship between health promoting activities and hospitalization among older adults.

The chi-square value is 26.476 and the p-value is 0.000 which is less than the significance level 0.05. Hence, the Null Hypothesis was rejected while the Alternative Hypothesis was accepted, indicating a significant relationship between health promoting activities and hospitalization among the elderly.

**Summary of Findings:** In summary there is a relationship between some demographic variables like income, gender, literacy level and self-perceived state of health and wellbeing among the older adults. There is also a relationship between health promoting activities and hospitalization among older adults. The study shows that various health challenges older adults are being faced with one health challenge or the other and have resulted in one hospitalization at one time or the other. This might have as well prompted them to get involved in one health promoting activities or the other so as to improve their health condition and well-being. This study indicates that it is highly imperative for older adults to engage in at least one health promoting activity so as to enjoy good health.

## 5. DISCUSSION OF FINDINGS

This study mainly focused on self-perceived state of health, wellbeing and health promoting activities among older adults in Ede area of Osun state. A rather common occurrence is that the health of most aged people in society tends to deteriorate at old age and consequently; most old people do experience poor health condition at one time or the other. In addition, quite a number of them are not even aware of some health promoting activities that could possibly help promote their state of health as they grow older. Therefore, this study sheds more lights on some health promoting factors which could possibly affect the self-perceived state of health and wellbeing among the older adults.

Some literature by other scholars within the area of study were reviewed, literatures examined include Lanre-Babalola (2015), Roubenoff's (2000) work on self-perceived health, Rothenberg's (2004) work on nutrition and ageing, Beck & Ovesen's (1998) work on risk for malnutrition, Samson et al's (2000) work on achieving health promotion and behavioural change among older people, Sidenvall et al (2006) work on self-rated health and social comparisons and Larrson & Thorsland (2006) work on perceived social support and health behaviours amongst other related literatures by several scholars of ageing and gerontology. This study is similar and extends previous findings on self-perceived health and health being. The similarity in findings is not surprising.

## 6. CONCLUSION AND RECOMMENDATIONS

Age, education and economic status as well as nature of health problems (more chronic conditions, greater disability, poorer vision, and greater numbers of sick days) were found to have more negative self-perception of health and wellbeing. Findings reveal the importance of psychological resources and subjective perceptions which is an indication for intervention programs. There is a need to develop rational policy so as to provide efficient, effective, acceptable, cost-effective, affordable and accessible health services for older adults, we need to have adequate knowledge of the drivers of health seeking behaviour of aging people in an increasingly pluralistic health care system. The prevailing situation stands as major concern among policy makers to extend socio-economic security and proper health care for their ageing population and this relates both to public as well as private sectors. Raising the socio-economic status through multi-sectoral development activities such as micro-credit, life-skill training and non-formal education have been shown to have a positive impact on health promoting activities of older adults and their health seeking behaviour. Gender sensitive strategies and programmes need to be developed alongside. Health providers also need to be sensitized more towards the needs of the clients especially the old people in order to improve interpersonal communication. Although there is a fairly large infrastructure of formal and orthodox institutions for health provision, the quality needs to be improved. Moreover, it is strongly desirable to further nurture critical, creative and reflective thinking to reorient our health system. Health care providers need to be more compassionate and caring to the needs of the people they serve. They should possess integrity, creativity and sensitivity and be the role model within health care system and in communities most especially towards the dependent population (older adults) in our society. The government should provide elderly persons with special social security that would make them less dependent on their children and family members, thus making them less vulnerable to poor health condition. Elderly persons should be provided with free health services that would make health delivery and health care services at little or no cost.

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