

ADULT STAFF HEALTHFUL LIVING BEHAVIOUR IN FEDERAL COLLEGE OF EDUCATION (SPECIAL) OYO

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Abstract

Health is a valued asset which needs to be jealously guarded by all to preserve one from ill-health conditions. It is the healthy individuals that make a healthy nation. The value of healthful living cannot be under estimated because of the consequences. Ageing when compromised is an inevitable developmental phenomenon bringing along a number of changes, in the physical, psychological, hormonal and the social conditions. The focus of the study therefore was to investigate Healthful Living Behaviour of Staff of Federal College of Education (Special) Oyo. The population for this study was made up of 206 participants consisting of 129 male and 77 female with 40 – 60 years of age range. Purposive sampling technique was used for selection of respondents. The descriptive statistics of frequency counts and percentage were employed to analyse the data collected. Based on the data analysed and interpreted it was concluded that staff of Federal College of Education (Special), Oyo engaged positively in healthful living for graceful ageing. Therefore, it was recommended that 40- 60 years old staff in the college should better their behaviour for healthful living by avoiding smoking and alcohol consumption, eating nutritious food and being happy with themselves and with others should from time to time for graceful ageing.

Keywords: Health, Healthful living, Ageing, Attitude

Introduction

Health is a valued asset which is jealously guarded by people to preserve them from health problems as it is the healthy individuals that make a healthy nation. The value of healthful living cannot be under estimated because of the benefits. No wonder the old adage of 'health is wealth' has not lost its relevance till date. However, the engagement of the adult about healthful living markedly varies but, the undoubted fact is that human health is very important for survival. No matter the divergent views held about health, there is a common denominator and that is staying away from sickness and diseases to enjoy healthful living

Health behaviour and lifestyle are identified as the main factors affecting human health. Research shows that 45% of human diseases are related to personal behaviour and lifestyle, and 60% of death is related to personal lifestyle (Zhen and Huo, 2018). Bad lifestyle and behaviour are the pathogenic factors constituting 70% of the top 10 causes of diseases in the United States, whereas in China, the corresponding figure is 44.7% (Zhao, 2011). A report from the World Economic Forum (WEF) estimated that in the next 20 years, the economic loss caused by

adverse behaviour and lifestyle leading to chronic diseases would reach \$4.7 billion (*WHO Industrial Economy News 2016*). Today, the number of patients with chronic diseases closely related to health behaviour and lifestyle exceeds 10 million in Nigeria, and for the next 10 years, economic loss due to chronic diseases is predicted at \$1.7 billion (WHO, 2016).

Adverse health behaviour and lifestyle affect all age groups (e.g., obesity in teenagers, heart disease in adults, cerebrovascular disease, malignant tumour, etc.), but its influence on the elderly is significant. Health depends on an individuals' understanding of the factors that affect it and the proper use of such knowledge in the prevention and treatment of a disease. The ability to use knowledge to promote health depends on the access to or awareness of reliable health information. A recent survey revealed that health awareness among community Nigeria elderly ranged from 40.14% to 73% (WHO, 2016).

In rural areas, most adults consist of old people (the mean age was 61.34 years with a standard deviation of 10), and approximately 25% of the people have low health knowledge (WHO, 2016) It concluded that, the primary task of community health care workers at this time should focus on the improvement of health knowledge among the elderly. To improve the health behaviour of the elderly, enhancing their health knowledge, increasing their confidence in maintaining their health, and strengthening their social environment are important (Fajemilehin, 2017). . To live a graceful adult life, one needs to understand ageing from diverse perspectives especially from health, social, behavioural and economic points of view.

Ageing is an inevitable developmental phenomenon bringing along a number of changes, in the physical, psychological, hormonal and the social conditions. Birren and Renner (2017) defined ageing in terms of the biology, referring to the regular changes that occur in mature genetically representative organisms living under representative environmental conditions as they advance in chronological age. Old age has been viewed as problematic period for many people. The aged become increasingly dependent on others. As a person grows, his/her activities reduce, income is lowered and consequent decline in position in the family and society which makes one more vulnerable. Ageing in the traditional parlance is a process which commences at birth and continues through, infancy, childhood, adolescence and adulthood to death. It is the persistent wearing and repair or replacement of body tissues to a stage when the repair and replacement activities can no longer cope with the rate of wear and tear of the body. (Oyerinde, 2004).

Like any other country in sub-Saharan African, Nigeria's elderly too are increasing rapidly (Perpetua, Pelsler and Peter; 2018). In Nigeria, those aged 45 years and above make up 3.1% or 5.9 million of the total population of over 191 million, which in crude numbers represents an increase of 600,000 during the 5-year period 2012–2017 (*National Council on Ageing 2016*). The rising numbers of

the elderly in Nigeria are among others attributed to the crude mortality rate that is gradually decreasing (Adebowale, Atte, and Ayeni, 2012). Ageing in Nigeria is occurring against the background of socioeconomic hardship, widespread poverty, the HIV/AIDS epidemic, and the rapid transformation of the traditional extended family structure (Adebanjoko and Ugwuoke, 2014). Another cause for the increase in the older segment of Nigeria's population can be found in the declining fertility rate (although still one of the highest in Africa) that has continued to drop since the 1980s. In 2017, the total fertility rate registered at 5.5 compared with 6.8 in 1980 (*Population Reference Bureau, 2017*). Apart from the decline in fertility, improved health and sanitary conditions have also contributed to the rise in life expectancy. Ageing causes people to be less active, frail, and exposed to more risks of contracting a disease, leading to prejudice or discrimination against the elderly, social isolation, and, sometimes, abandonment (Perpetua, Pelsier and Peter; 2018).

Moronkola (2018) submitted that, ageing is a natural normal process that must be understood so as to promote and enjoy qualitative and quantitative life. Many of the external causes of ageing are determined by the lifestyles of people (Woodruff and Birron, 2003). To make old age characterized with unlimited joy and peace of mind, Moronkola (2018) highlighted the following as some of the lifestyles suitable for adult gracefully ageing;

- i Good Nutrition / Healthful Diet: Nutritional intake is a significant factor in health and diseases in all age groups and also important determinant of health in elderly persons. Good nutrition and feeding pattern throughout life nourishes the body by supplying the required nutrients the body needs to meet daily challenges and promote healthful life. Poor nutritional intake may lead to obesity, coronary heart diseases, and diabetes later in life.
- ii Participation in exercise programme: The benefits of exercises across all age groups cannot be underestimated and it is one of the most important factors of healthful living especially in graceful ageing which includes; less fatigue reduction of lower back pains and good cardiovascular health. Exercise also aids digestion, promotes mental alertness and immune system.
- iii Maintaining healthful weight; having healthful weight can be associated with exercise and nutritional intake. It is important to maintain or reduce one's weight to one that will not make you be prone to diseases.
- iv Tobacco, Alcohol, Drug Use and Misuse ; Avoidance of risk factors such as refraining from consumption of tobacco product, excessive use of alcohol , drug misuse and or abuse as well as all unsafe behaviour are healthful living lifestyles that promote graceful ageing.
- v Learn to control stress; Stress is “the body's reaction to forces of deleterious nature, infection and various abnormal state that tend to disturb its normal physiological equilibrium”. All human beings are under stress, but one needs to always manage to control it so as to age gracefully due to its effect

on health. Udoh (2010) highlighted the following tips as most helpful in containing or coping with the impact of stress : feel free to talk about your worries, be aware of your limitation, avoid finding solution to your problem with hard drug and alcohol, find time for fun, become involved with other people. Your time should be organized, avoid being too rigid, learn to relax, create your own peace and quiet time, engage in physical activities, learn to live in the present, it is all right to cry when needed and take care of your health.

- vi Regular check-up: periodical medical check-up is essential in order to evaluate health status, screen for risk factors, appropriate treatment of ailment and provide preventive counseling intervention. This is to ensure that any abnormality is tracked early and appropriate intervention obtained. Regular screenings like blood, urine, blood pressure, breast etc. are quite helpful.
- vii Partaking in one religious activities: religion when practice well helps humanity to be at peace. Member of the same religious group provide support network especially during trial, tribulation or adversity to their members. It is therefore essential and to one's advantage that an adult belongs to religious group(s) early in life and maintain strong affiliation that lasts.
- viii Recreational activities: Recreation is an essential part of human life and finds many different forms which are shaped naturally by individual interest but also surrounding social construction. Health quality of life can be preserved and improved by regular physical activity. Physical inactivity therefore, is an undesirable lifestyle and represents a risk for health.
- ix Cultivate good sleeping habit: the cultivation of the habit of good and sound sleeping is essential to good health. Sleep remains a natural phenomenon common to all homo-sapiens. It is a basic necessity of life, for it is the main factor in the recovery from fatigue and the wear and tear of body tissue, resulting from the activities during the wakeful hours.

The focus of the study therefore was to investigate healthful living behaviour of staff of Federal College of Education (Special) Oyo.

Methodology

The population for this study includes all the *40 – 60 years of age* male and female staff of Federal College of Education (Special) Oyo. Descriptive survey research design was adopted for this study. The population for this study was made up of 206 participants consisting of 129 male and 77 female ranging from 40 – 60 years of age. Purposive sampling technique was used for selection of respondents and all adult staff in the College was given the opportunity of being represented.

Table 1: Population of staff aged 40-60years in Federal College of Education (Special) Oyo

| S/N | Names of Schools/faculty | Number of Males | Number of Females |
|-----|--|-----------------|-------------------|
| 1 | School of Education | 19 | 11 |
| 2. | School of Science | 21 | 11 |
| 3. | School of Early Childhood, Primary and Adult Education | 16 | 10 |
| 4. | School of Special Education | 22 | 12 |
| 5. | School of Arts and Social Sciences | 14 | 11 |
| 6. | School of Vocational and Technical Education | 18 | 12 |
| 7. | School of General Studies | 19 | 10 |
| | TOTAL | 129 | 77 |

The questionnaire developed for this study has two sections, A and B. Section A is on the demographic data while section B is on healthy living behaviour of staff of Federal College of Education (Special) Oyo. The face and content validity was ascertained by experts in the department of health Education Federal College of Education (Special) Oyo. The test-retest method was used to confirm the reliability of the research instrument. A sample of 20 members ranging from 40-60 years old members of staff from Emmanuel Alayande College of Education, which was not part of the sample for the study was used. The data collected was analysed to see the level of agreement between the two data using Pearson Product Moment Correlation Coefficient (PPMC). The instrument yielded reliability coefficient of 0.78.

The researchers, along with four research assistants administered 210 copies of questionnaire within the College. 206 (129 male, 77 female) were returned making a 98.1 % success rate. The descriptive statistics of frequencies and percentage were employed to analyse the data collected

Result and discussion.

Table 2: Socio-Demographic Characteristics of the respondents

| Variable | Frequency | Percentage (%) |
|---------------------------|------------|----------------|
| Gender | | |
| Male | 129 | 62.6 |
| Female | 77 | 37.4 |
| Total | 206 | 100 |
| Age | | |
| 40-45 years | 108 | 52.4 |
| 46-50years | 85 | 41.3 |
| 51-55years | 7 | 3.4 |
| 56-60years | 6 | 2.9 |
| Total | 206 | 100.0 |
| Religion | | |
| Christianity | 126 | 61.2 |
| Islam | 68 | 33.0 |
| Traditional | 12 | 5.8 |
| Total | 206 | 100.0 |
| Type of job | | |
| Teaching | 129 | 62.6 |
| Non-teaching | 77 | 37.4 |
| Total | 206 | 100.0 |
| Educational Status | | |
| Primary school | 4 | 1.9 |
| Secondary school | 11 | 5.3 |
| OND/NCE | 18 | 8.7 |
| B.Sc/HND | 48 | 23.3 |
| Masters | 103 | 50.0 |
| PhD | 22 | 10.7 |
| Total | 206 | 100.0 |

As shown in table 2 above, 129 (62.6%) of the respondents were male while 77(37.4%) of the respondents were female showing that majority of the respondents were male. Concerning age, 108(52.4%) of the respondents were between the ages of 40 and 45 years, (41.3%) of the respondents were between the ages of 46 and 50 years, 7(3.4%) of the respondents were between the ages of 51 and 55 years while 6 (2.9%) were between the ages of 56 and 60 years. This shows that majority of the respondents were between ages of 40 and 60 years. Concerning the type of job, 129(62.6%) of the respondents had teaching job while 68(33.0%)

of the respondents had non-teaching job showing that majority of the respondents had teaching job. Religion, 126 (61.2%) of the respondents were Christians, 68 (33.0%) were Muslim while 12 (5.8%) were of traditional religion, showing that majority of the respondents were Christians. Concerning the educational status, 4(1.9%) of the respondents had primary school, 11(5.3%) of the respondents had secondary school, 18(8.7%) of the respondents had OND/NCE, 48(23.3%) of the respondents had B.Sc/HND, 103(50.0%) of the respondents had Masters while 22(10.7%) of the respondents had PhD, showing that majority of the respondents had masters' degree.

Table 3: Table showing responses on healthy living behaviour of adult staff of Federal College of Education (Special) Oyo.

| Items | Regularly | Sometimes | Not at all |
|---|--------------|-------------|--------------|
| I go for regular or periodic medical check-up | 127 61.7% | 65 31.6% | 14 6.8% |
| I engage in exercise regularly | 125 60.7% | 74 35.9% | 7 3.4% |
| I participate in moderate level of exercise regularly | 128 62.1% | 71 34.5% | 7 3.4% |
| I take doughnut, puff-puff, gala, meat/fish pie | 103 50.0% | 72 35.0% | 31 15.0% |
| My diet/meal contains proportionate amount of each of food groups (adequate diet) | 135 65.5% | 65 31.6% | 6 2.9% |
| I eat red meat | 131 63.6% | 44 21.4% | 31 15.0% |
| I consume fruit and vegetables | 159 77.2% | 42 20.4% | 5 2.4% |
| I eat late in the night | 10 4.9% | 93 45.1% | 101 2.6% |
| I drink alcohol | 15 7.3% | 50 24.3% | 141 89.5% |
| I smoke tobacco/cigarette | 125 60.7% | 68 33.0% | 13 6.3% |
| I take time to rest | 133 64.6% | 64 31.1% | 9 4.4% |
| I sleep for about eight hours daily | 37 18.0% | 76 36.9% | 93 44.8% |
| I observe my religious activities | 163 79.1% | 34 16.5% | 9 4.4% |

The table above shows that majority of the respondents (93.3%) regularly did check-up and just minority (6.8%) did not go for regular check-up. In term of exercise (96.6%) of the respondents engaged in exercise and just (3.4%) of the respondents did not engage themselves in exercise. From the table it was revealed that almost 85% of the respondents eat junk food and 15% of them did not eat junk food. Also 97.1% of the respondents eat diet which contains proportionate amount of each food groups while 2.9% of the respondents did not at all. From the table, it was revealed that 85% of the respondent eat red meat while (15%) of the respondents did not eat red meat. Consumption of vegetable and fruits is high among the respondents with (97.6%) while only 2.4% did not fancy it. Respondents eat late at night with the response of (95.1%) while only 4.55% of the respondents did not eat late at night.

Also from the table, (21.15%) of the respondents take alcohol and cigarette while (78.85%) of the respondents did not partake in it. It is noted that (94.65%) of the respondents take time to rest and also sleep for about 8 hours daily while (5.35%) of them did not do it. On the side of religion activities, it was observed that (95.6%) of the respondents observed their religion activities while minority of them with (4.4%) did not observed it.

Conclusion and recommendations

For graceful ageing, one needs good nutrition, regular medical check –up, cultivating good sleeping habit ,avoid stress, engage in regular exercises, belong to a religious group(s) and find time for recreational activities. Based on the data analyzed it could be concluded that 40-60years old staff of Federal College of Education (Special)Oyo engaged healthful living behaviour but more still need to be done for healthful living for graceful ageing. Based on the outcome of the study, we are recommending that 40-60years old staff in the college should better their behaviour for healthy living by ,avoiding smoking and alcohol consumption eating nutritious and adequate diet ,finding time to recreate ,engaging in regular exercises ,cultivating the habit of good sleeping ,avoid stress of any nature ,associate yourself with one religion group, be happy with themselves and others.

References

- Adebanjoko, A., and Ugwuoke, O. W. (2014). Poverty and the challenges of insecurity to development. *European Scientific Journal*, 10(14), 361–372.
- Adebowale, S. A., Atte, O., and Ayeni, O. (2012). Elderly wellbeing in a rural community in North Central Nigeria, sub-Saharan Africa. *Public Health Research*, 2(4), 92101. doi:10.5923/j.phr.20120204.05
- Birren, J. E. and Renner, N. J. (2017): Research on psychology of aging: Principles and experimentation. *Community Mental Health*. J.E. Birsen and K.W.

- Schaic (Eds). Proceedings of the Indo US. Symposium on Community Mental Health, NIMHANS, Bangalore. pp. 459-463
- Bruce, H, (2005). Personal, anticipated information need. *Information Research*.10 (3).
- Fajemilehin, B.R. (2009). *Caring, Health and Longevity*. Inaugural Lecture Delivered at Obafemi Awolowo University, Ile-Ife, Nigeria; on 12th May. Obafemi Awolowo University Press Limited Ile-Ife, Nigeria. Pp 47-99.
- Moronkola, O. A (2018). *Graceful ageing, dying and death education*. Nigeria School Health Association, Ibadan.
- National Council on Ageing. (2016). Falls prevention: Fact sheet. Retrieved from <https://www.ncoa.org/news/resources-for-reporters/>
- Oyerinde, O. O (2004). Indices of ageing and death: suggested management techniques. In V.C Igbunugo, B.O Ogundele, A.O Abass and O.A Adegbesan (Eds.), *Multi-disciplinary approach to human kinetics and health education*. Department of Human Kinetics and Health Education, University of Ibadan.
- Odoh, C.O, (2012). *Health and illness behaviour*. Chris-Rose ventures, Ibadan.
- Perpetua L. T, Pelsler, A and Peter, M. (2018) Care of the elderly in Nigeria: Implications for policy, *Cogent Social Sciences*, 4:1, 1555201, DOI: 10.1080/23311886.2018.1555201
- Population Reference Bureau. (2017). World population data sheet (2012). Washington, DC.
- Woodruff, D. O and Brien, J. E. (2003). *Ageing: Scientific perspective and social issues*. New York; Cole Publishing Company.
- WHO 2016 Ageing in the twenty-first Century: A celebration and a challenge. Geneva. Retrieved from WHO Industrial Economy News 2016. <http://news.idoican.com.cn/zgcjxwb/html/>
- Zhao, S.Y. (2011). *Community health education and health promotion* [M]. Beijing: Peking University Medical Press.
- Zhen, Z.S and Huo, J.X.(2018). *Health Pedagogic* [M]. Beijing: Science Press.