

# INTERNATIONAL JOURNAL OF RESEARCH IN COMMERCE, IT & MANAGEMENT

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**STUDY ON THE HEALTH LIFESTYLE OF SENIOR LEARNERS IN TAIWAN**

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**ABSTRACT**

*Taiwan has quickly become an aging society and the dependency burden of the elderly will become increasingly heavy (Statistics Department, Executive Yuan, 2010). This study is the application of "the WHOQOL-BREF on Taiwan version questionnaire to understand the cognitive concept of the central and southern areas senior learners' health lifestyle, and hope that the analysis of the questionnaire collected data to investigate the actual situation of the health lifestyle of senior learners' in Taiwan as important reference in the subsequent study. The study finding that senior learners' generally physical health the domain and the social relationships of the domain of positive awareness level is higher than the psychological domain and environment domain.*

**KEYWORDS**

Health lifestyle, WHOQOL-BREF

**INTRODUCTION**

As the biotechnology and medical technology progress, human diseases or genetic problems have reached gradual control and solutions, thereby extending our longevity. For this reason, the average life expectancy rises while the aging population from all nations increases accordingly. According to the definitions given by the World Health organization (WHO), the population aged 65 years old or older accounting for 7% of the total population is known as the Aging Society, whereas the population aged 65 years or older accounting for 14% of the total population is known as the Aged Society and the population aged 65 years old or elder accounting for 20% or higher of the total population is known as the Super Aged Society. The Ministry of the Interior statistics showed that by the end of 2009, the aging population was increased to 2,457,648 people, accounting for 10.63% of the total population. Additionally, the Council for Economic Planning and Development estimated that the aging population will reach 20.1% of the total population by 2015 and one out of every 5 people will be an elderly.

Furthermore, the content of important indicators announced by the Department of Statistics, Ministry of the Interior, revealed that the population rate of 65 years old and elder was mounted by 0.15% from 2010 to 2011, whereas the index of aging relatively was increased by 3.56%, as shown in Table 1. We discovered that the rate of aging population in Taiwan society is climbing and continues unabated. It also brings a sounding alarm of the advent of an aging society to the government administration and relevant researchers and scholars. Therefore, how to face the changes with sound preparation and relative to the increase of aging population merit increasing attention and care on the relevant solutions and measures taken on the health-related quality of life in senior citizens.

Nonetheless, as the individual longevity grows, we are facing with increasing aging problems. For example, the weakening of body functions and the torture suffered from chronic diseases at older age frequently lead to inconvenience and discomfort in life, as in terms of the physiological state. In terms of the psychological state, the likely problems to be encountered include the sense of frustration resulted from aging or the sense of loneliness in life after retirement, giving a perception of helplessness and disorientation among the senior citizens. For this reason, the various possible issues brought by aging society should not be neglected and faced with, regardless of the physiological and psychological states or social adaptability in the elderly, are mutually connected with the daily life.

This study discovered from the abovementioned social phenomenon that the elderly live longer due to the progress in the overall medical field and technology. Nonetheless, the quality of life in modern people could not guarantee happiness as the relationship between quality of life and sense of happiness does not necessary appear in positive growth, which then inspired us to get insights into the relevance of the quality and sense of happiness in life in senior citizens. The study started out from this concept and issued the World Health Organization Quality of Life Questionnaire, Taiwan Version (WHOQIL-BREF) to collect samples from central and southern Taiwan with statistical analysis. We intend to contribute to the future relevant academic study and the society with this research results.

The study objects comprised the senior citizens taken from central and southern Taiwan and the study intends to understand the relevance of senior citizen society support and their health-related quality of life through the issuing of Health Organization Quality of Life Questionnaire WHOQOL-BREF. The study purpose includes the following:

1. Understand the current condition of health-related quality of life in senior citizens of Taiwan.
2. The relevance between the variables of senior citizen population and health-related quality of life.

**LITERATURE REVIEW****HEALTH LIFESTYLE**

Quality of life is a considerably complex concept which changes according to the different situations. It is generally perceived as comprising subjective adaptability, satisfaction, happiness, and living satisfaction (Wen, 2008). Holtkamp, Kerkstra, Ribbe, Campen Va, and Ooms (2000) suggested that quality of life refers to the subjective judgment of individuals, which could include five dimensions, namely feeling, physiological, psychological/social functions, perceived autonomy, and perceived safety.

Quality of life can be divided into health-related quality of life (HRQOL) and global quality of life. The former term was previously treated as the indicator for cure and life sustainability in quality of life (Meerberg, 1993), which now emphasizes on the health, functioning, and well-being. In other words, it refers to the individual satisfaction for the important part of life subject to health influence, including the following five dimensions: physiological function, social function, character function, psychological health, and global perception of health (Sousa, 1999). The later emphasizes more on the overall perception and is the results of individual satisfaction towards life from general environment, whereas the two differ somewhat (Yao, 2001). The Institute for America's Health suggested that

quality of life is the value given to the existence of life, which differs following the difference in the levels of physical barriers, personal perception and the adjustment in national and social policies, with more preference placed on the personal evaluation on health or/and disease-related situations (Lee, 2005).

The World Health Organization proposed quality of life as the “the degree of perception for personal goals, expectation, standards, and care in the six dimensions of the cultural value system in person life, namely the physiological health, psychological state, degree of independence, social relationships, personal belief.” Such definition emphasizes on the importance perceived through subjectivity of individuals in the environment, which consists of multi-layered concepts (Lin et al., 1997; Yao, 2000). Nonetheless, the personal qualities are closely related to the quality of life, including age, education, gender, marital status, economy, dwelling status, occupational condition, and religion and belief.

#### WHOQOL-100 TAIWAN VERSION QUESTIONNAIRE

The World Health Organization (WHO) combined the studies from 15 different nations or regions to undergo a series of discussions and researches to complete the “WHOQOL-100 (the WHOQOL Group, 1998a)” in 1995. Such questionnaire includes two questions from general facets (known as Facet G) with a total of 100 questions. The questions are divided into six major domains, including physiological, psychological, degree of independence, social relationships, environment, and spiritual/religious/personal beliefs. The questionnaires comprise 24 facets to test the various cultural commonalities that are used for comparing general health-related quality in life for cross-culture. These questions can also test the perceived objectivity and subjective self-evaluation of the respondents.

Yao et. al., acquired the authorization for WHOQOL-100 Taiwan Version Questionnaire from the World Health Organization in 1997 to conduct a two-year translation and research on the Taiwan version of questionnaire. The questionnaire not only includes the original 100 core questions from WHOQOL-100 but also adds localized questions in line with the local culture that take interview and discussions with the patients, patient family and experts’ focused groups, to collectively prepare 20 questions of health-related quality in life in line with the local culture according to the discussion results. The data underwent in-field implementation, collection and data analysis to screen out the best 12 questions. In particular, two questions were added: To be respected and accepted (dignity and relationship) and diet (Yao et al, 2000), which are attributed to the domain of “social relationship” and the domain of “environment” respectively.

The WHOQOL-BREF Taiwan Version was derived from the WHOQOL-BREF developed by WHOQOL research headquarters. The first 26 questions applied the same questions as WHOQOL-BREF according to the provisions of WHOQOL research headquarters, followed by selecting one question from the two facets newly added to the WHOQOL-100 Taiwan version to constitute the WHOQOL-BREF Taiwan Version with a total of 28 questions. The questionnaire comprises four major domains: physiological and health domain, psychological health domain, social relationship domain, and environment domain. Each question is scored on the basis of 5 points, whereas the higher the score, the better the quality of life.

WHOQOL contains the following three characteristics: 1. Emphasis on the personal perception of quality of life, including objective perception (i.e. material resource) and subjective self-evaluation (i.e. satisfaction to resources). 2. The questionnaire content is divided into multi-dimensional concepts such as the domains and facets. 3. Quality of life includes positive (i.e. functional roles, satisfaction and vitality) and negative (negative perception, medical reliance, fatigue and pain) evaluations (WHO, 1995). The answering and scoring to the questions can be filled out by respondents, assistance from interviewers or interviewers filing out one third of the questionnaire (Lee, 2008).

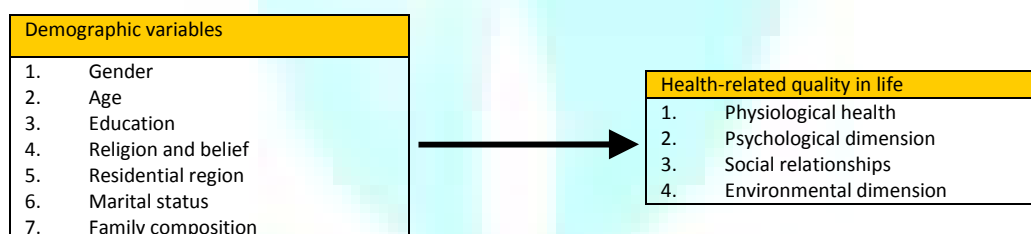
#### METHODOLOGY

The study analyzes relevant research on the social support and health-related quality in life for senior citizens. The study adopts convenience sampling as research methods.

#### RESEARCH FRAMEWORK

The aforementioned description for the research design shows that the study applies the basic demographic variables and the independent variables and discusses the relevance and impact on the social support constitute and health-related quality in life constitute in senior citizens in central and southern Taiwan. The research framework is shown in Figure 1.

FIGURE 1: RESEARCH FRAMEWORK



#### RESEARCH DESIGN

The research adopted convenience sampling and issued the WHOQOL-BREF Taiwan Version Questionnaire to understand the overview of the quality of life in implemented objects. The objects consisted of the senior citizens aged 65 years old from the central and southern Taiwan who were interviewed using questionnaire survey and assistance of implementation through team members. In such manner, senior citizens who were illiterate or had poor sight could also answer the questionnaire without trouble. Seniors were also given instruction over some doubts to facilitate the recovery rate of the research survey.

The questionnaire content is divided into two parts. The first part was applied with the WHOQOL-BREF Taiwan Version developed by Yao, K.P. (2005\_ as the measurement of questions on the health-related quality in life for senior citizens (such questionnaire has acquired the letter of authorization on September 10<sup>th</sup>, 2010). The second part consists of the basic demographic variables of the respondents.

#### RESEARCH RESULTS

##### CHARACTERISTICS OF SAMPLING DISTRIBUTION

This research focuses on senior learners who participated in the “university for the elderly” subsidized by the Ministry of Education in 2011. Participants have to be at least 55 years old in good health condition (ability to move without assistance or nursing care needs) who live in central and southern Taiwan. Here used convenience sampling method to issue on-site questionnaires and online survey, in attempt to increase the questionnaire recovery. A total of 300 Taiwanese people from different regions responded and the total valid questionnaires were 236 (valid recovery rate is 78.67%). The data derived from the sample distributions as shown in Table 1 reveals that the majority of respondents of the questionnaires were between 60~65 years old, followed by the national population aged between 50~55 years old. The data analysis on the senior citizens aged 65 years old considerably care for their own health-related quality in life, in particular, the aspect of education “Elementary/Primary School” accounted for the majority.



TABLE 1: CHARACTERISTICS OF SAMPLING DISTRIBUTION

Gender	number	%
Male	106	44.9%
Female	130	55.1%
Age		
More than 65 years of age to under 70 years of age	116	49.2%
More than 70 years of age to under 75 years of age	64	27.1%
More than 75 years of age to under 80 years of age	47	19.9%
More than 80 years of age	9	3.8%
Education		
Illiterate	38	16.1%
Elementary school	88	37.3%
Junior high school	40	16.9%
Senior high school	56	23.7%
University	14	5.9%
Religion and belief		
No	5	2.1%
Buddhism	89	37.7%
Taoism	114	48.3%
Christian	2	0.8%
Catholic	1	0.4%
Atheism	2	0.8%
Islam	1	0.4%
Other	22	9.3%
Total	236	100%

## QUESTIONNAIRE ANALYSIS

This part analyzes the content of questionnaire survey designed by the study and describes the data generated from the results of questionnaire recovery based on the questionnaire content and the overview on the health-related quality in life in senior citizens (Table 2).

In the item "How satisfied are you with your health?", there are 41.9% perceive "moderately satisfied" for their health, followed by "satisfied." It is also noted that the majority of respondents used pertinent answers to their own physical conditions, which also indicates that the answers of the respondents to their physical health are conservative. In the question "To what extend do you feel do you feel that physical pain prevents you from doing what you need to do?", the study results reveal that 114 respondents (48.3%) suggest that physical pain could "prevent" them from doing the things they want while 48 people (20.3%) choose the "moderately preventing." We discovered that most respondents suggest that the physical pain could prevent them from doing what they need to do, which further indicates that the inconvenience resulted from physical pain and the considerable impact on their quality of life.

TABLE 2: QUESTIONNAIRE ANALYSIS

item	$\mu$	s	item	$\mu$	s
How would you rate your quality of life in general?	3.88	.473	How healthy is your physical environment (including pollution, noise, climate, and landscape)?	3.71	.504
How satisfied are you with your health?	4.22	.397	To what extend do you have the opportunity for leisure activities?	3.75	.567
To what extend do you feel do you feel that physical pain prevents you from doing what you need to do?	4.20	.562	How well are you able to get around?	3.65	.612
Do you need medical treatment to help you function in everyday life?	3.40	.450	How satisfied are you with your ability to perform your daily living activities?	3.74	.531
How much do you enjoy life?	3.23	.521	How satisfied are you with your capacity for work?	3.10	.543
Do you consider your life meaningful?	3.33	.650	How satisfied are you with your sex life?	3.21	.632
How well are you able to concentrate?	2.71	.675	How satisfied are you with the support you get from your friends?	3.11	.733
How safe do you feel in your daily life?	3.08	.795	How satisfied are you with the conditions of your living place?	3.34	.662
Are you usually able to get the things you like to eat?	3.82	.452	How satisfied are you with your access to health services?	3.89	.752

In the question "Do you need medical treatment to help you function in everyday life?", the results indicate that 85 respondents (36%) think that they "highly need" medical assistance to cope with daily life, followed by 79 respondents (33.5%) choosing "extremely in need". We know that most respondents rely on health medical treatment, which also reflects that the public considerably relies on medical treatment in terms of physical and mental state. Most seniors need to take nearly 3~4 medicines daily to control the condition of chronic diseases. For example, insulin dependents need regular and quantitative insulin injection everyday in order to preserve life and safety. In the question "How much do you enjoy life?", the results show that 121 respondents (51.3%) choose "moderately enjoying" for how much they enjoy life, followed by the 56 respondents (23.7%) choosing "enjoy a little." The results of the questionnaire reveal that most of the people are particular about their life. In other words, most respondents are willing to pay for enjoyment in life due to the certain economic capability today. As the social movement progresses, more people pay attention to "enjoy life," which also indicates that more people place importance on health-related quality in life.

The study results reveal that 103 respondents (43.6%) consider their life meaning with answers in "very," followed by 82 respondents (34.6%) choosing the option on "moderate" in the item "Do you consider your life meaningful?". We know that most people perceive meaningful existence of their life, indicating that the respondents consider their life meaning and important for themselves. The advent of aging society and the analysis of the questionnaire help us better understand that the seniors consider their life as highly meaningful and they need to be respected. The results reveal that 112 respondents (47.5%) choose "moderate" for their ability to concentrate, followed by 82 respondents (34.7%) choosing "good." This shows that most respondents choose "moderate" for concentration, conveying that many seniors can still control their physical condition and are quite self-confident.

In the question "Do you feel reputed respected by others?", the results show that 127 respondents (53.8%) feel "moderately" reputed and respected, followed by 75 respondents (31.8%) choosing "highly." It is noted that most respondents pay considerate attention to reputation and respect, which also indicates that respondents tend to draw more attention or respect after aging to a certain extent. The personal opinion of expression also becomes considerably important. Only 23 respondents feel "a little" respected. Giving more respect and feedback to the seniors will build up more confidence and vitality of the respondents. On

the other hand, the question "Are you usually able to get the things you like to eat?" , the results show that 117 respondents (49.6%) "Frequently" eat the food they like, followed by 80 respondents (33.9%) choosing "half of the time." We know that most respondents like to eat things they usually have access to. The data shows that only 17 respondents choose "infrequently" because of their living place or dieting habits (carnival and vegetable" that lead to inaccessibility to the things the respondent like to eat.

The results of the "Comprehensive self-evaluation" show that the total score for comprehensive self-evaluation is 16,876 points and the average score is 71.5 points. The table shows that 56 people choose the option with score of 70 points, followed by the option with score of 60 points, as selected by 32 people. We discover that the respondents from the average score of 71.5 points are moderately satisfied with their satisfaction for health-related quality in life, indicating that 236 respondents from the questionnaire find poor satisfaction for health-related quality in life. They also are particular about the health-related quality.

## CONCLUSION AND SUGGESTION

The study discover the cognition of senior citizens (aged 65 years old or elder) from central and southern Taiwan towards health-related quality in life and whether if they are satisfied with current life through the issuance of World Health Organization Quality of Life Question, Taiwan Version (WHOQOL-BREF, Taiwan Version) . We find out from the data questionnaire data that the Taiwanese people are particular about their life and will find the channel for stress relief timely, who then enjoy the happiness in life. Although the results show a positive trend, the government administration also needs to pay considerable attention to the living environment, transport convenience and information accessibility of the public, which may bring different view for the health-related quality in life. The respondents will perceive more respect and care if they could receive supports from friends and family.

The social context and economic grow play important part in the post-war baby boomers. The public in this stage must also prepare for the second stage in life and the arrangement of leisure life. The foundation of financial support allows the retiring crowd to enjoy life well while the creation of a good environment for the public use is yet another challenge for the government.

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