

Abstract

Introduction

Population ageing has become a major public health concern in Sri Lanka and catering to geriatric health needs is an inevitable challenge in the current context. Health promotion, especially among young elderly (aged 60-74 years), is considered a successful strategy for adverse outcomes of population ageing, yet existing lifestyle patterns and hidden barriers to lifestyle modification need to be identified before intervening on them.

Objectives

The present study was designed to develop and validate an instrument to ascertain the Healthy Lifestyle Profile (HLP) of young elderly in Sri Lanka, to assess HLP and its associations and to explore perceived barriers to lifestyle modification to improve health among young elderly in Kalutara district.

Method

The study consisted of three components. In component one, an operationalized definition for HLP was developed based on the consensus of the experts and then Healthy Lifestyle Profile Scale (HLPS) was developed and validated to assess HLP among young elderly living in local settings. Items to the instrument were identified following literature review, key informant interviews and focus group discussions with young elderly people. Face, content, and consensual validity of the draft instrument were assessed by a panel of experts. Identification of factor structure and statistical item reduction was done through Exploratory Factor Analysis (EFA) and the Confirmatory factor Analysis (CFA) was performed to ensure construct validity of the instrument. The internal consistency, test retest, and inter-observer reliabilities of the HLPS were assessed. In component two a descriptive cross sectional study with an analytical component was conducted to assess HLP and its associations among a total of 922 young elders. The study sample was selected using multistage, stratified probability proportionate to the size cluster sampling technique and 70 Grama Niladari (GN) divisions were selected as clusters. All GN divisions were stratified into two as urban and rural and fourteen participants were

selected from a GN division. Data were collected, related to HLP and associated factors, using HLPS and judgmentally validated interviewer administered questionnaire respectively. The Chi-square test was performed to assess the associations between HLP and other factors while the multiple logistic regression was conducted to identify significant associations of HLP after eliminating confounding effects. In component three, twenty-eight in-depth interviews were conducted to explore perceived barriers to lifestyle modification to improve their health. Participants were selected purposively for the in-depth interviews. Thematic analysis was conducted to identify the main themes of perceived barriers to lifestyle modification among participants.

Results

The operationalized definition for the healthy lifestyle profile was made as a set of actions and perceptions which will maintain and promote physical, mental, social, and spiritual wellbeing of young elderly. The EFA yielded eight factors derived from twenty-eight items. The eight-factor model was subjected to CFA and it showed satisfactory model fit. Internal consistency, test-retest, and inter-observer reliability values were also observed to be satisfactory. The median age of the participants in component two was 66 (IQR=62-70). The percentage of young elders with a better level of HLP was 29.4% (95% CI: 26.5-32.4). Young elders living with spouse (adjusted OR=1.51; 95% CI= 1.042-2.188), educated equal to or above Ordinary Level (O/L) (adjusted OR=2.952; 95% CI= 1.974-4.441), didn't have multiple comorbidities (adjusted OR=1.574; 95% CI= 1.106-2.288) didn't have selected disabilities (adjusted OR=13.798; 95% CI= 8.697-21.892), didn't have psychological distress (adjusted OR=2.609; 95% CI= 1.501-4.536) and engage with active community participation (adjusted OR=5.052; 95% CI= 3.274-7.799) were significantly associated with HLP after adjusting for confounding effects. According to the results of the in-depth interviews, 6 themes emerged as the main barriers to lifestyle modification to improve health among participants. They were named as lack of knowledge, financial difficulties, poor health status, domestic constraints, cultural norms and changing the living environment.

Conclusions and recommendations

HLPS is a valid and reliable instrument to assess HLP among young elders in local settings. The majority of young elders had a poor HLP in the Kalutara district. Living with a spouse, educated equal to or above O/L, not having multiple comorbidities, not having selected disabilities, not having psychological distress and active community participation were significantly associated with HLP among young elders. Lack of knowledge, financial difficulties, poor health status, domestic constraints, cultural norms, and changing the living environment were identified as main perceived barriers to lifestyle modification among young elderly.

The newly developed HLPS can be used to assess the level of HLP among the young elderly population in local settings. A community based health promotion program is recommended to improve healthy lifestyle levels among young elders in Sri Lanka as a part of the solution for the challenges of population ageing. Village elderly clubs can be utilized as the main platform to introduce such programs. Special emphasis must be paid on high-risk population while necessary actions need to be taken to overcome barriers for lifestyle modifications. Longitudinal studies are also recommended to find out temporal relationships between HLP and its associated factors.

Keywords

Healthy Lifestyle Profile, Young Elderly, Elderly Health Promotion, Lifestyle Modification, Perceived Barriers