Assessing the Indispensable Routine Health Behaviors and Social Economic Classes of Senior Citizens for Living Longer: A Case Study of Rwanda

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Introduction

➢ Rwanda is land-locked small country located in east-central Africa

➢ Land area of 26,338 km2.

➢ Highly populated country with estimation 11.55million population in 2016, with 447 sqkm2 inhabitant (NISR, 2016).

➢ The socio-economic statuses of a household is directly proportional to the household income (Patel et al., 2020).

➢ Rwanda social protection has used home grown solutions to categorize citizens based on social economic status through the system known as "ubudehe" (Ezeanya-Esiobu, 2017).

➢ Four (4) social classes have been identified comprising

➢ category 1 grouping people who are very poor and vulnerable citizens,

➢ category 2 encompassing people who are a little bit poor, they can afford rent or owned low class of accommodation.

➢ Category 3 comprising citizens who are gainful employed or they employers of labor. Also small farmers who are not in subsistence farming.

➢ Category 4 include chief executive officers, big business owners, employees who earn big salaries, etc. (Ezeanya-Esiobu, 2017)

➢ People choose different activities that offer life time orientation towards success or failure of the family (Black and Lobo, 2008).

➢ Individual also engages in routine health behavior which is important in good health. For instance, people who want to maintain their weight eat their routine foods, they have the habits physical exercises (Arlinghaus and Johnston, 2018).

Objectives of the study

➢ The specific objectives

➢ To assess the demographics profile and social economic classes of senior citizens in Rwanda

➢ To find out the human routine of senior citizens facilitating living longer in Rwanda.

Significance of the study

People will know how to behave for living longer and to be informed which activities that are helpful to stay longer on this world

Study limits

This study confined its investigation to the indispensable routine health behaviors and social economic classes of senior citizens for living longer located in Rwanda

Literature review

➢ Ageing has accounted to be in association with an increased risk many diseases like heart disease, cancer, diabetes, obesity, and some illness related to mental health disorders (Clegg et al., 2017). Physical activity upgrade was one of the suggestions to decrease the possibility of development these diseases mainly non-communicable diseases (Langhammer et al, 2018) and physical activity also reduce the healthcare expenditure where the life satisfaction of an individual increases (Carlson et al., 2015)

➢ On the other hand, for a healthy life require a habit of laughing which is complementary medicine of dementia. This habit of laughing help the body to relax which is very significant in maintenance of mental health (Takeda et al, 2010). For employment stress, the research revealed that having laughter program increase the individual well-being because failure to alleviate the individual stress from employment is linked to the increase of anxiety and depression which leading to the excessive drinking, drug abuse, creation of rebellion, and physical illness (Lee and Lee, 2020)

➢ Equally important, listening to music is a stress reduction factor that is very important in human lifespan especially when people are tied or stressed by anything. A study conducted by Linnemann et al., (2018) on music listening and stress in daily, a matter of time found that there is a strong association between stress reduction and listening to music where happen at minimum of 20 min of music listening.

➢ Again alcohol consumption in excess has been linked to premature death due to poor sleep quality and duration. People with alcohol use disorders commonly experience insomnia disorders. After a few hours of sleep, alcohol can cause to wake up and have a difficult time going back to sleep (Park et al., 2015). But some people drink a big glass of water before they go to sleep to fight the dehydrating effects of alcohol but in vain. Also, multiple studies have linked poor sleep with longer-term cognitive decline, including the development of dementia and Alzheimer's dementia.

➢ In brief, when sleep is shortened or disrupted, cognitive performance on a range of tasks suffers. For example, total sleep deprivation leads to poor short-term memory, attention, and processing speed (Edwards et al., 2016).

➢ Sleeping is very imperative for mental and physical of human wellbeing and it is one of the most important aspect influencing the maintenance of a healthy living human organism (Tufik et al., 2009). Everybody has understood or known that in human being, sleep goes through a development process of an individual where it involves the change that begins in the new born and continues up to the death of an individual. As the age increases, there is reduction of sleep (Ohayon et al, 2004). Important to realize, in the human lifespan, daily sleeping duration recommendations were pointed out in 2015 by the National Sleep Foundation in the United States of America (Hirshkowitz et al., 2015).

Results and discussions

The research has proved that the number of female is generally greater than the number of male found in this research. Figure 2 below shows that senior citizens' female represents 62.15 per cent while

male represents 37.85 per cent. Women are more concerned with eating healthy foods and most of the time, they prefer to consume foods containing fruits and vegetables and these foods are the foods with low calories (Figueiredo et al., 2008).
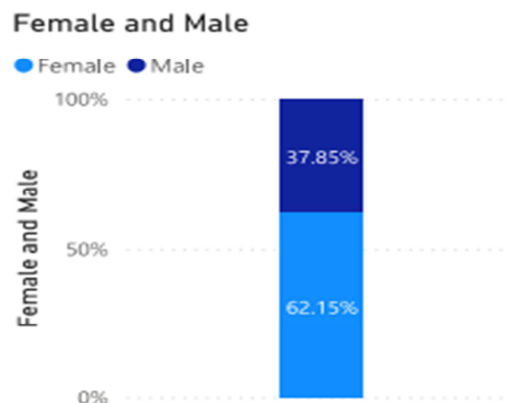

Figure 1: Gender of respondents

Age group of respondents

The study illustrates that among 288 respondents a big number is ranged between 75-70 years old and this represents 35.07 per cent of the whole population. Second big part of respondents is found in the age group ranging from 60-65 years old. Among 288 respondents, 82 participants aged from 60 up to 65 years old and stands for 28.47 per cent of total population
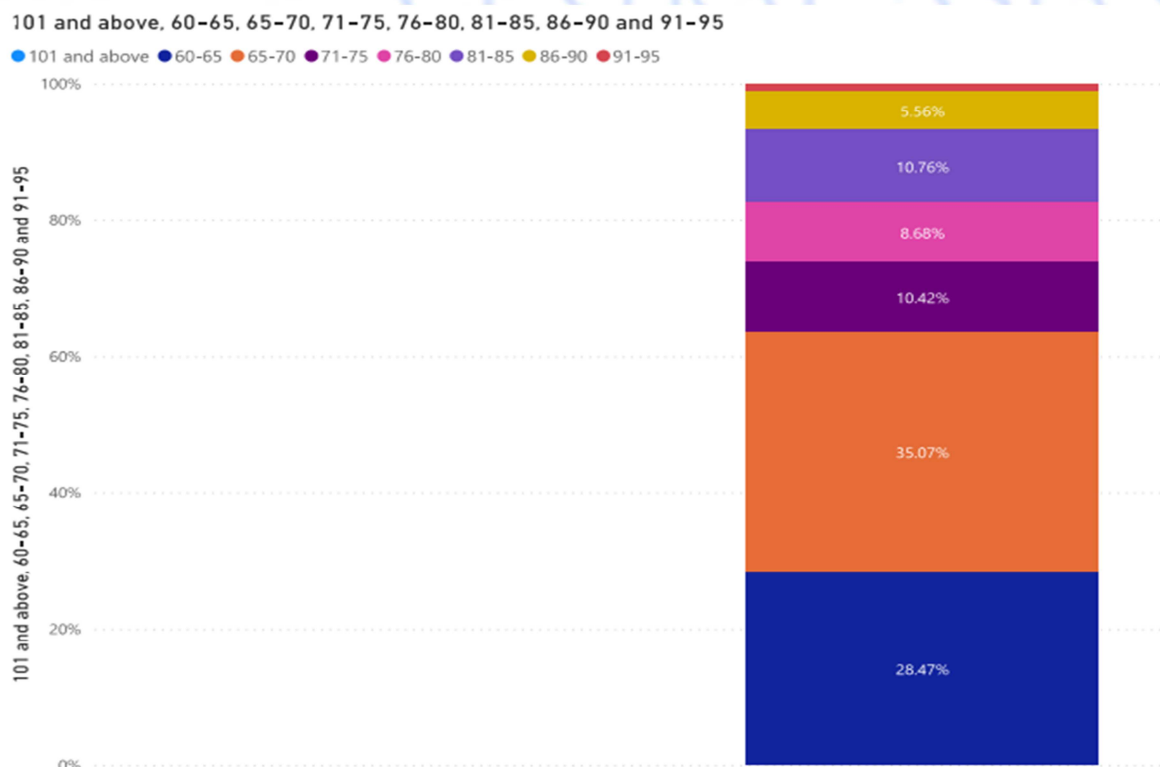

Figure 2: Age group of respondents

Educational level of respondents

Based on the respondents, almost a half of respondents have only attended primary education. Statistically, it represents 48.61 %. Figure 4 highlight that the second category of respondents have never been to school and represents 46.88 % of respondents that is 135 participants. On the other side,

those who attended secondary school is 3.47 % equivalent to 10 respondents, and only 3 respondents have been attended tertiary education.
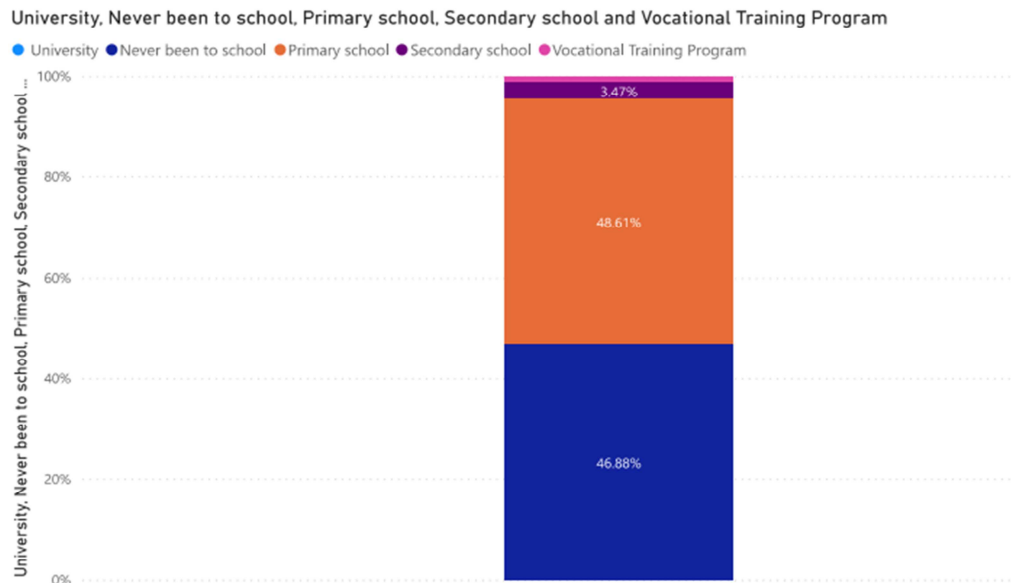

**Figure 3: Educational level of respondents**

MARITAL Status

The study consists of two categories and that include 132 respondents were widowed representing 46 % of all respondents. On the other hand, 3 respondents were found divorced. No one is still single. A percentage of 46 of widowed participants is a bit a big number and this correspond to the Rwandan Genocide against Tutsi 1994
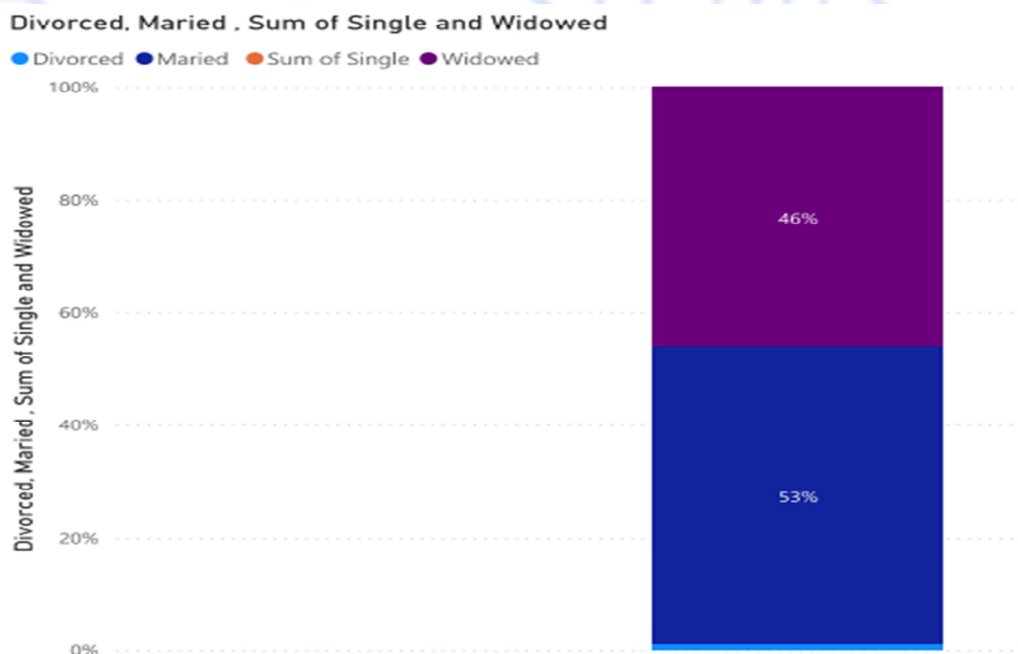
The research has scrutinized the division of respondents based on social and economic status. In Rwanda, social classes are divided into four (4) categories based on poverty and it is known by categories of poor. In this situation, the people in category one (1) are the poorest people while category 4 are the richest in the country.
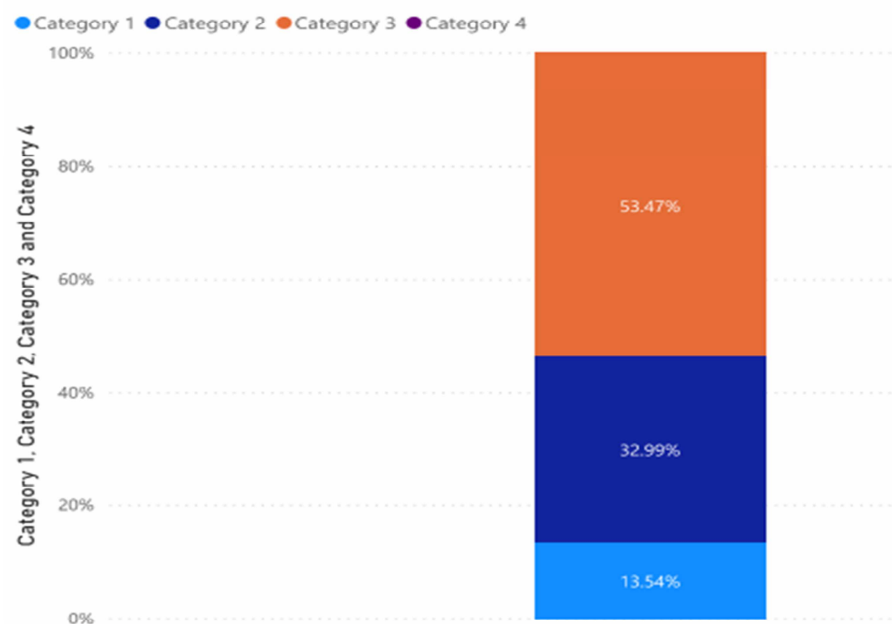
Figure 5: Social economic

Significantly, in the figure research revealed that 53.47 % of respondents are found in the category three (3) and it is equivalent to 154 seniors citizens, while 95 respondents correspond to 32.99 % felt in category two (2).
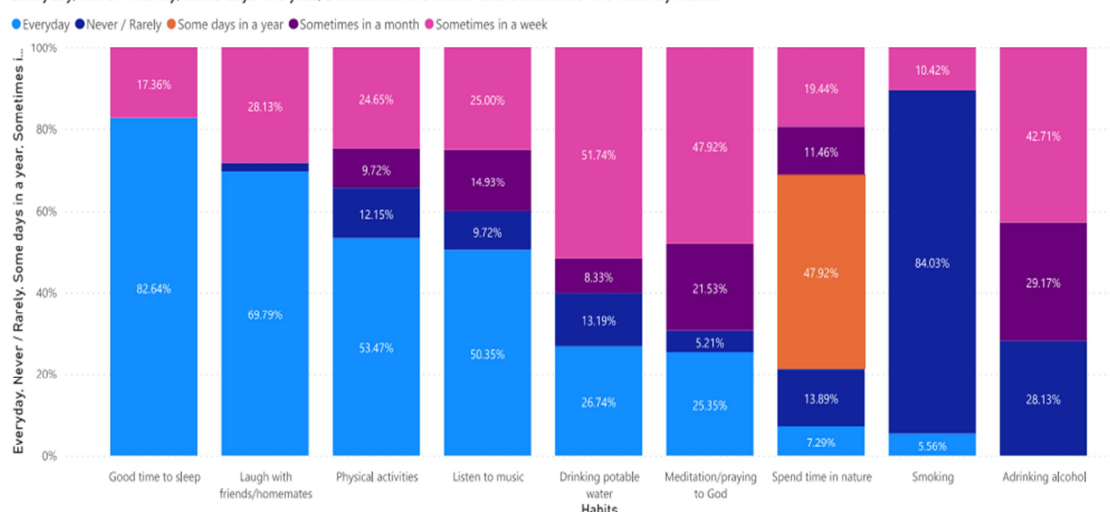
Participants who were found into category 1 count only 39 matching to 13.54 %. However, there was no respondent found in the category of the richest people which is category 4.

Poverty in Rwanda counts 38.2 % and when comparing rural and urban areas, it was found that rural areas is densely poor than urban. Integrated Household Living Conditions Survey (EICV5), 2016/2017 highlighted that based on age categories, high non-poor households are found in the age category of 26-35 years old where they present 29.8 %.

On the other side, older adults (66 and above) counts 8.5 per cent poor and 12.3 per cent non poor. So, adults are less living in poverty compared to other ages groups (NISR, 2018).

SENIOR CITIZENS LIVING HABITS

➢ Alcohol consumption, findings show:

➢ 42.71% drink alcoholic beverage sometimes in a week,

➢ 29.17 % drink some time in a month while

➢ 28-13 % never or rarely drink alcoholic beverage.

➢ Alcohol can affect parts of the body and chronic heavy drinking is the sources of significant organs damage as well as other body parts because more alcohol damages the liver cells, the less the liver is able to detox the body, which can result in premature ageing (Osna et al., 2017). Also, too much alcohol plays a negative effect of ageing due to the fact that it damages many parts of the body and those parts which are most affected include: the brain, the liver, the skin and the waist (Dguzeh et al., 2018).

CONCLUSIONS AND RECOMMENDATIONS

➢ Categories 3 of social classes Social economic classes, a big number which is 53.47 per cent of respondents was classified in category 3 of social classes while   categories 2 and 1 counted 32.99 per cent and 13.54 per cent respectively. So, people in category three live longer

➢ About routine habits that are practiced by senior citizens, following are conclusions:

➢ Good sleep (82.6 per cent),

➢ laugh with friends (67.9 per cent),

➢ physical activities (53.4 per cent) and

➢ listen to music (50.3 per cent)

These reduce stress and provide physical fitness and alleviate some diseases that go along with ageing

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