



## Original Article

Health Needs Assessment of Older People in an Agricultural Plantation<sup>☆</sup>

Normah Che Din<sup>1\*</sup>, Shazli Ezzat Ghazali<sup>1</sup>, Norhayati Ibrahim<sup>1</sup>, Mahadir Ahmad<sup>1</sup>,  
Zaini Said<sup>1</sup>, Ahmad Rohi Ghazali<sup>2</sup>, Rosdinom Razali<sup>3</sup>, Suzana Shahar<sup>4</sup>

<sup>1</sup> Health Psychology Programme, Centre of Healthcare Sciences, Faculty of Health Sciences, <sup>2</sup> Biomedical Sciences Program, Faculty of Health Sciences,  
<sup>3</sup> Department of Psychiatry, Faculty of Medicine, <sup>4</sup> Dietetic Program, Centre of Healthcare Sciences, Faculty of Health Sciences, Universiti Kebangsaan  
Malaysia, Kuala Lumpur, Malaysia

## ARTICLE INFO

## Article history:

Received 7 February 2013

Received in revised form

6 August 2013

Accepted 18 December 2013

Available online 24 August 2014

## Keywords:

health conditions,  
health determinants,  
mental functioning,  
older people,  
physical functioning

## SUMMARY

**Background:** Federal Land Development Authority (FELDA) is a unique palm oil and rubber plantation settlement in the rural areas of Malaysia occupied by the land settlers who are now in their old age. Their health needs may be different from other agricultural workers in the world. The aim of the study was to conduct health needs assessment to identify health priorities of the older people in FELDA, based on the National Institute for Health and Clinical Excellence guidelines.

**Methods:** A sample of 162 older Malays aged 60–80 years from FELDA settlement volunteered to participate in the study. Data include information on health, cognitive, psychosocial, nutrition, and food intake using standard questionnaires. Cognitive tests were administered, and measurement of body composition and food intake were taken.

**Results:** The results showed that the main factors influencing health functioning of the older people of FELDA according to the priorities were as follows: (1) psychological factors, (2) nutritional factors, (3) social factors, (4) health conditions, (5) access to health services and functional status, (6) lifestyles factors, (7) biological factors, (8) socioeconomic factors, and (9) cognitive factors.

**Conclusion:** Psychological factors had the main influence on health functioning of the older people of FELDA. Physical health needs of the older people in FELDA were determined mainly by psychological, nutritional, and lifestyle factors, whereas mental health needs were determined mainly by psychological, socioeconomic, and social factors. FELDA has vast resources to utilize for the running and maintaining of health programs for their older people as well as for evaluating and monitoring the effectiveness of health programs.

Copyright © 2014, Taiwan Society of Geriatric Emergency & Critical Care Medicine. Published by Elsevier Taiwan LLC. All rights reserved.

## 1. Introduction

Health functioning among farmers and agriculture workers varies depending on their socioeconomic, cultural, and environmental factors. Agricultural work is hazardous to the health of workers as they were exposed to the danger of pesticides and accidents associated with the use of machineries. The majority of occupational risks related to agricultural work include poisoning, work-related cancer, reproductive impairment, and death.

Federal Land Development Authority (FELDA) is a unique palm oil and rubber plantation settlement situated in the rural areas of

Malaysia occupied by the land settlers who had been selected by the government. The majority of the first and second generation of FELDA settlers are now in their old age. Their health needs may be different from other agricultural population in the world. According to the National Institute for Health and Clinical Excellence (NICE) guidelines<sup>1</sup>, health needs assessment (HNA) is a systematic method for reviewing the health issues faced by a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. HNA involves five steps: (1) getting started; (2) identifying health priorities; (3) assessing a health priority for action; (4) planning for change; and finally, (5) moving on or reviewing.

A nationwide research on health determinants among Malaysian older adult population<sup>2</sup> showed that their health determinants were exercise, regular medical checkups, and having health problems. Sazlina et al<sup>3</sup> reported that the predictors of the physical components of health-related quality of life (HRQoL) in older

<sup>☆</sup> Conflicts of interest: All contributing authors declare no conflict of interest.

\* Correspondence to: Associate Professor Normah Che Din, Health Psychology Program, Centre of Healthcare Sciences, Faculty of Health Sciences, Universiti Kebangsaan Malaysia, Jalan Raja Muda Abdul Aziz, 50300 Kuala Lumpur, Malaysia.

E-mail address: [normah@fsk.ukm.my](mailto:normah@fsk.ukm.my) (N.C. Din).

people with noncommunicable diseases were aged  $\geq 65$  years, single, presence of comorbid conditions, and poorer social support. Predictors for the mental health component of HRQoL were women, Indian ethnicity, and poorer social support. No interactions existed between these predictors.

Other than biological factors, demographic, social, and environmental factors as well as physical activity and dietary habits play major roles in health and functioning of older adults.<sup>4,5</sup> A survey by Wan Omar et al<sup>6</sup> among a sample of local residents in Kuala Lumpur, Malaysia, found that 65.1% did not achieve the recommended standards for walking to gain any health benefits, 27.4% did not walk at all, and only 1% engaged regularly in neighborhood walking. A survey on healthy lifestyle practices and effect of ageing on physical functions among members of Golden Age Club of Shah Alam, Selangor, Malaysia, revealed that arthritis seems to be the most debilitating illness that prevents or limits physical activities among the older adults compared to other chronic diseases. Females have poorer physical function than males<sup>7</sup>. Siop (Siop SJ. Disability and quality of life of non-institutionalized older Malaysians. Unpublished PhD Thesis, Universiti Putra Malaysia; 2008) examined the effects of physical functioning on quality of life in Sabah, Malaysia. The predictors of good quality of life among men were ethnicity, education, income, urban/rural residence, physical activity, and self-rated health. Among the predictors for women, ethnicity, self-rated health, and functional limitation predicted perceived a good quality of life. Compared to the Malays, being of Indian and Chinese ethnicity was associated with reduced perceived good quality of life for both men and women, whereas being of Bumiputera and other ethnicity increased the odds of a perceived good quality of life among men. Very poor self-rated health, compared with excellent self-rated health, was associated with lower perceived good quality of life in both men and women.

The purpose of this study is to determine the health needs of older people in Felda Sungai Tenggi, Malaysia. Based on the uniqueness of the FELDA settlement itself, it is hypothesized that health functioning of the older FELDA settlers is evaluated mainly based on their health conditions, physical functioning, and psychosocial factors. The findings from this research will better inform the FELDA organization and the Malaysian government in planning and monitoring of health promotion programs.

## 2. Materials and methods

### 2.1. Recruitment of participants

This cross-sectional survey study was conducted among older people in Felda Sungai Tenggi, Selangor, Malaysia. The participants were selected purposively, with an enrolment of 162 participants from Sabak Bernam district, Malaysia. The selection of Felda Sungai Tenggi was determined by the FELDA headquarters, and the list of participants was provided by the local FELDA office in Sungai Tenggi. Invitation letters and consent forms were sent to those who meet the selection criteria. Those who agreed to participate attended the FELDA Community Hall for health status screening. Questionnaires on health status, cognitive status, dietary intake, and nutritional status were administered to the older people who participated in the study. Sociodemographic profiles of the older people of FELDA are shown in Table 1.

### 2.2. Inclusion and exclusion criteria

All older persons who were Malays; aged 60–80 years; able to read, write, and communicate; and had no mental or critical illness were invited to participate in the screening process. Those who had

**Table 1**  
Sociodemographic and health profiles of elderly FELDA people.

		n (%)
Sex	Male	59 (36.4)
	Female	103 (63.6)
Marital status	Married	119 (73.5)
	Divorce	2 (1.2)
	Widower	41 (25.3)
Education level	Illiterate	25 (15.4)
	Religious school	10 (6.2)
	Primary school	111 (68.5)
	Secondary school	12 (7.4)
Occupation	Others	4 (2.5)
	Not working	31 (19.1)
	Housewife	70 (43.2)
	Retired	33 (20.4)
	Working	28 (17.3)
Age (mean $\pm$ SD)		64.98 (3.9)
Years of education (mean $\pm$ SD)		4.22 (2.6)
Total household monthly income (RM) (mean $\pm$ SD)		1656.89 (814.0)

FELDA = Federal Land Development Authority; SD = standard deviation.

severe chronic illness, were not ambulatory, were aphasic, or had mental or critical illness were excluded from the study.

### 2.3. Location

The sample in this study consisted of the older people of FELDA who resided in Sungai Tenggi, Kuala Kubu Baru, Selangor, Malaysia. They represent the FELDA population all over Malaysia, as FELDA plantations and housing establishments were built in a homogeneous manner.

### 2.4. Project team and resources

The research team comprised clinical psychologists, dietitians, psychogeriatricians, nurses, toxicologists, and FELDA representatives. The research group secured a university-community research grant to run the study, as well as assistance from FELDA staff and head of blocks of the FELDA community. An appropriate setting was required for interviewing and assessing the older adults in FELDA, and manpower for assisting in the data collection.

### 2.5. Demographic characteristics

Demographic data included information on age, sex, marital status, levels of education, number of household occupants, household income, monthly salary, and other sources of income.

### 2.6. Health status

Health status of the older FELDA people was assessed using the Subjective Global Assessment<sup>8</sup>.

### 2.7. Functional status

Functional status was assessed using the Instrumental Activities of Daily Living<sup>9</sup> for physical capacity, Elderly Mobility Scale for mobility<sup>10</sup>, the International Physical Activity Questionnaire for physical activities<sup>11</sup>, and handgrip dynamometer test for handgrip strength (GRIP 5401 Handgrip Dynamometer, London, UK)<sup>12</sup>. Instrumental Activities of Daily Living has been validated for multiethnic group in Asia<sup>13,14,15</sup>. Internal consistency among 38 elderly people in Kota Bharu Kelantan was 0.73<sup>13</sup>, and ranged from 0.91 to 0.92 in the study of 1072 older adults aged  $\geq 60$  years in Singapore<sup>14</sup>.

Download English Version:

<https://daneshyari.com/en/article/3325153>

Download Persian Version:

<https://daneshyari.com/article/3325153>

[Daneshyari.com](https://daneshyari.com)