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Self-Rated Health in Middle Aged Population of Karachi, Pakistan

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Abstract: To determine awareness of self-rated health among middle aged population of Karachi, Pakistan. Self-rated health and the aspects that affect it have been described in few dimensions in Pakistan and research articles can be found on it. This research focuses on the awareness of SRH among middle-aged population based in Karachi, Pakistan using a cross-sectional survey including 384 participants. A self-administrated questionnaire comprising of general health and lifestyle questions was used to collect data in which participants were asked a key question, "How do you rate your health?" The association of self-rated health was then studied with awareness in respect to demographics, health conditions, healthy habits, smoking using SPSS. It was found that majority of the sampled population that considered themselves healthy based on their awareness were not healthy and had day-to-day common problems. Smoking was not associated with poor self-rated health as majority of the individuals enjoyed a healthy lifestyle and were non-smokers. And it can be concluded that educated individuals with good health and healthy lifestyle report good self-rated health; many had maintained good health by involving in some kind of daily exercises and by eluding smoking.

Keywords: self-rated health, health awareness, health conditions, healthy habits, middle aged population, smoking, and Karachi.

INTRODUCTION

Self-rated health (SRH) is an expression of social, psychological, and biologic dimensions. It is one of the most widely used yet poorly understood measures of health. Self-rated health (SRH) as a tool for use in disease and mortality risk screening is increasing [1].

Self-rated health has been conducted in almost every part of the world for disease and mortality screening. Health inequality is also a reason for highly fluctuating mortality [2]. It is found in almost every study that women tend to poor self-rate their health than men due to variety of social, emotional, health factors and were more prone to chronic health conditions [3]. Also, socially excluded mothers from society rated their health poorer than other socially connected mother [4].

SRH is generally considered a valuable source of information on subjective health status and is widely adopted due to its simplicity to collect.[5]. SRH has shown to be an independent predictor of mortality and has a high reliability, validity and predictive power for a variety of illness and conditions. [5]

Material factors are also a reason for better reporting of health [6]. Paid employment improves quality of life and self-rated health [7].

Education also had a significant impact on reporting of good self-rated health [8]. Smoking usually has dependent association with SRH [9]. SRH is associated with outdoor physical activity than indoor physical activity and a reason for better self-rate of health [10].

In Karachi, multilingual, multi-religion and every cast, tribe can be found. This research will discuss the awareness of people about their health, demographic and socio-economic characters. It will also determine any association of exercise and leisure activity with self-rated health.

METHODS

It is a cross sectional study in which 384 individuals were taken conveniently from various zones of Karachi, Pakistan. Individuals who were apparently healthy (no known co morbidity) from both gender with age ranging from 40 to 60 year (middle-aged) were included.

This study focuses on analysing the factors affecting Self-Rated Health, which includes different aspects of lifestyle i.e. smoking, exercising, leisure activity, etc. demographics, health conditions (chronic and acute).

Data was collected through structured self-administrated questionnaire, which contained 37 questions relating to demographic, health condition and life style related themes. The questionnaire is an English translation of a Swedish research on self-rated health in which key question was, "How do you assess your health?" with options as very good, good, neither good nor bad, bad, very bad. This was further categorized among good or bad.First three options were considered among good and the rest among bad. This original key was compared with demographic, health conditions varying from long-term to recent illnesses and quality of lifestyle to find any possible association with self-rated health.

The collected data was analysed by using Statistical Packages for Social Sciences (SPSS) software version 20 and/ or MS Excel. For analysis, bar charts, pie charts, tables of frequency/ percentage were used; also, histogram, mean, standard deviations were used with cross tabulation analysis by Chi Square test.

RESULT

337 out of 384 participants related to middle-aged population were accounted for the results analysis; as remaining 47 were incomplete questionnaires and were adjusted as per majority shown in Table 1.

The results represent that male proportion is marginally higher than female respondents i.e. 58% vs. 42% with 72% were highly educated and 62% were classified as thin as shown in Table 1. It was observed that 96% respondent reported having current health issues out of which 68% respondents had long-term illness as shown in Table 2. Per analysis, 60-65% performs moderate to regular exercise with holistically 86% respondents are indulged in healthy leisure activities and hardly 20% reported being smokers as shown in Table 3. The original key question, "How do you rate your health?" demonstrates that more than half respondents rate their health as "Good" as shown in Figure 2; however, by cross-validation from other current health status related questions, it appears that 96% have poor current health status among which 68% having long-term illness though 57% still rate their health as Good as shown in Table 2.

Based on Chi-Sq. Test, it was evident that there is no relationship between Gender and BWI with SRH; however, there was strong relationship between Educationand SRH p value <0.008 as shown in Table 1. Also, there is strong relationship between Long-term Illness and Current Health Status with SRH as shown in Table 2 and is statistically significant p value <0.001. Per Analysis, there is a strong relationship between Healthy leisure activities p value and SRH< 0.010; however there was no evidence of relationship between smoking and SRH as shown in Table 3.

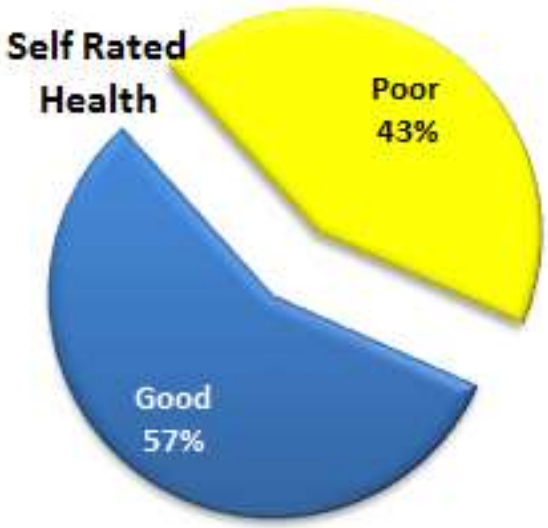

Fig-1: SRH

Table 1: SRH vs. Demographic

		SRH		Chi-Sq. Test	
		Good	Poor	Test Statistics	P-Value
Gender	Female	79	63	0.109	0.742
	Male	112	83		
Education	High Education	149	95	6.937	0.008*
	Low Education	42	51		
BWI	Fat	1	2	1.887	0.389
	Moderate	59	53		
	Thin	131	91		

*p-value <0.05 is considered as of significance

Table 2: SRH vs. Health Conditions

		SRH		Chi-Sq. Test	
		Good	Poor	Test Statistics	P-Value
Long Term Illness	No	93	16	53.837	<0.001*
	Yes	98	130		
Current Health Status	Good	15	0	12.000	0.001*
	Poor	176	146		

*p-value <0.05 is considered as of significance

Table 3: SRH vs. Life style

		SRH		Chi-Sq. Test	
		Good	Poor	Test Statistics	P-Value
Healthy Leisure Activities	No	18	28	6.679	0.010*
	Yes	173	118		
Smoker	No	156	113	0.940	0.332

*p-value <0.05 is considered as of significance

DISCUSSION

This study is focused on the awareness of middle aged population about self-rated health. It included a sample size of 384 individuals residing in Karachi, Pakistan. The data was collected using self-administrated questionnaire including basic demographic information and other lifestyle and health awareness questions.

On an average 56% of middle-aged population of either gender residing in Karachi have rated their health good and almost 52% have rated their health as bad. 5% of population was adjusted for the respondents who were unable to answer due to any reason. In other countries of Asia a different trend was noticed, for instance in China 84% of the population rate their health as good [5], in Singapore [12] 98% population rated their health as good,. Russia being a part of both Europe and Asia [3], shows half (50%) of population rating their health as average with 11% of men and 22% of women rating their health as poor. In Europe [11] Sweden has reported its population as 20% having an average health and 6.8% poor health. With the help of this research it can be concluded that in Pakistan and specially in Karachi more than half 56% of the population rate their health as good on the basis of their awareness but if we look at the percentages of acute 51% and chronic 29% illness it can be seen that people report acute illnesses 94.24% more as compared to the chronic ones 28.78% and out of which 32.5% with chronic hypertension, 22.55% with diabetes and 11.27% with obstructed lung diseases are more prevalent. So, it can be concluded that people have more day to day illness which are of short duration and with short treatment span instead of chronic illnesses with long term treatment and middle aged have maintained their health.

It is observed in almost every study that women report poor self-rated health in comparison to male. A study conducted [5] showed 49.4% women to be poor in organic function and physical symptom but good in social support. In Russia [3] that men had higher mortality for those also who chose good self-rated health and as for women this existed for only those women adopting between averages to poor health. But in our study either gender male 58%, female 42% is equally aware and is maintaining a good health by involving in healthy leisure activities, 86% report good SRH due to it.

Multiple studies conducted in various other countries show similar trend with age variable. It was noticed that people try to relate their current health status with their future health to be, in rating about their health [12]. But our observation about the middle aged population of Karachi is slightly different as we have included only middle-aged population and the percentage of chronic illnesses 28% show that till age 60 is still maintaining a good health and more prone to acute illnesses 94%.

In a study conducted in Russia [3] mortality was associated with smoking and education and those who smoked and were less educated rated their health poor then those who did not. 62% of current male smokers were rather 37% dissatisfied with their health and similarly 13% of current female smokers were 39% rather dissatisfied, over all showing more dissatisfaction for women which is also due less or lack of education and awareness. However, a comparison with the study conducted in Karachi 78.6% of the middle aged population reported as non-smokers and only 20.4% reported as smokers, which shows a better result as compared to elsewhere in the world. Since, alcohol consumption is not common in our set up and neither reported so it is not a prominent reason for mortality

and elsewhere in world for instance in Russia 19% males and 7% females reported alcohol consumption per week.

Hypertension is also a reason to report poor self-rated health. A study conducted in Korea [9] to compare hypertension to self-rated health it was observed that 32.5% of the sample population had hypertension after the adjustments made for other socio-demographic factors and life style. Compared to this out of 384 middle age sample population of Karachi 32.5% of the population reported to have hypertension of either gender. Which concludes that hypertension is particularly common in most parts of the world and a reason to poor rate health.

CONCLUSION

Based on the research it can be concluded that SRH is significantly related to the literacy rate, health conditions and lifestyle; however, has no evidence of having a direct relationship with gender, BWI and smoking habit in this setting. Health conditions represent that recent illness prevail more than chronic illness. This is positive sign as recent illness have short term treatments with good health output than long term. Also smoking ratio is quite less so there is less chance of a long term illness which also reflects good awareness and good self-rate of health.

Leisure activities represents that it is good for current health conditions mentally and physically people also take care of their health by involving themselves in day to day healthy leisure activities to not only reduce mental or physical stress but also keep themselves in good shape.

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