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The effects of obesity on the life activity and self-esteem of the elderly

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Introduction. Metabolic disorders, the coexistence of many diseases, lack of physical activity, bad nutrition and low economic status are factors, which increase the risk of being overweight or obese. We are currently witnessing an increase in obesity along with age, which has been intensifying in recent years.

Aim of the paper. The aim of the paper was to analyse the influence of overweight and obesity among the elderly on their life activity, level of self-esteem and satisfaction with life.

Material and methods. The research was carried out on October 2017 in Opole Lubelskie (in Lubelskie Province). The study group consisted of 50 people aged over 65. The selection criteria for respondents were age (> 65) and BMI (>25). A specially prepared questionnaire was used for the research. The BMI of the respondents was calculated from measures of their height and body mass.

Results. The BMI calculated confirmed class I obesity among 28.57% of women and 18.19% of men, class II obesity in 39.29% of women and 36.36% of men and class III obesity in 32.14% of women and 45.45% of men (Graph 1). 78% of respondents assessed their lifestyle as not very active. A whole 92% are not satisfied with their appearance. All those surveyed believe they are perceived badly by other people.

Conclusions. Obesity has a major influence on the quality of life of people of advanced age. Excessive body mass has a detrimental effect on self-esteem and can lead to the elderly withdrawing from social life.

Key words: obesity, elderly, self-esteem, life satisfaction

Introduction

Obesity is a disease entity which nowadays affects people in every age group. Obesity has various consequences effecting people's physical and mental health, depending on their age. Polish society is continually ageing. Demographic data shows that over 22% of the population of Poland are over 60 years old [1]. Seniors are a group particularly vulnerable to nutritional mistakes, low levels of physical activity and improper care of themselves. This is due to the increasing phenomenon of singularisation - life alone after the death of a partner. An elderly person left alone after the death of their nearest has more than just mourning and loneliness to contend with. Finances become a major factor in this situation. A senior citizen is forced to pay all the bills and maintain a home on a single pension [2]. This leads to such a lack of money for food products that they seriously neglect their diet. The elderly choose cheaper products and very often miss meals. They additionally demonstrate a range of

dysfunctions, including lack of dentition, and diseases of the motor system and alimentary system (impaired absorption, digestion and excretion) [3].

Obesity, which intensifies with age has become more widespread in recent years. It is a chronic disease which does not disappear by itself. The factors behind a predisposition to obesity are both environmental (60-70%), and genetic (30-40%) [4], and it may also be a result of improper nutrition and limited physical activity [5,6].

The ageing process is an ongoing and inevitable one. We cannot stop it. We can delay it, or lessen the effects of old age by taking care of ourselves, staying physically active and not allowing obesity to take hold. The work of dietitians, psychology and cosmetology have an enormous influence on the health of seniors. These enable them to take care of both their physical and mental health, and their external appearance including skin condition. World Health Organisation experts estimate that by 2030 half of the world population will face the problem of excess weight, and the number of obese people will be greater than the number of overweight people.

Aim of the paper

The aim of the paper was to analyse the influence of overweight and obesity among the elderly on their life activity, level of self-esteem and satisfaction with life.

Material and methods

The research was carried out in 2017 in Opole Lubelskie (in Lubelskie Province). The study group consisted of 50 people aged over 65 (28 women and 22 men) who were patients of basic health care and of the endocrinology clinic at Opole Lubelskie Health Centre. They were professionally inactive people subject to medical care due to a variety of health complaints. The selection criteria used for the respondents were age (> 65) and BMI (>25). A specially prepared questionnaire was used for the research. Respondents provided their own answers to the questions contained in the survey. The BMI of the respondents was calculated from measures of their height and body mass.

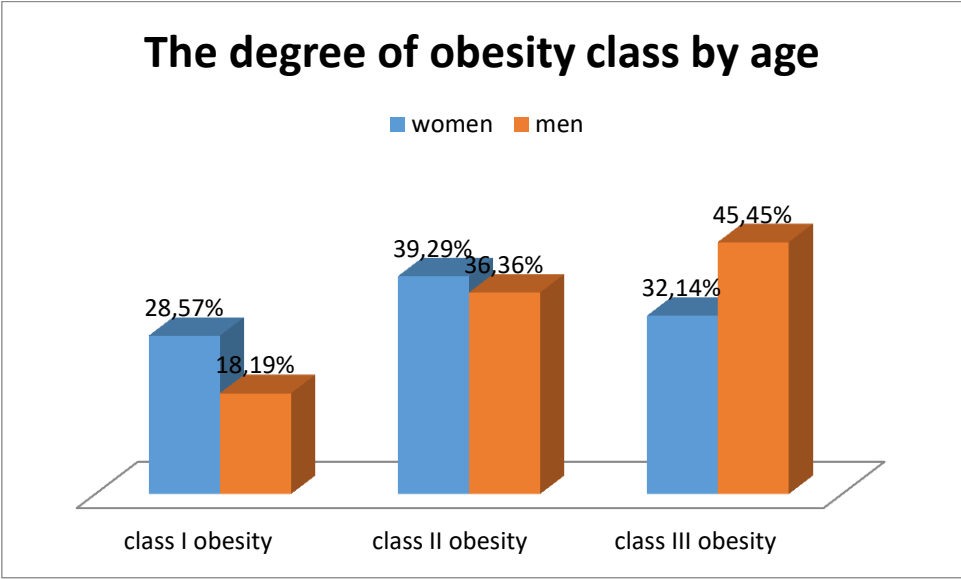
Results

The group surveyed consisted of 28 women and 22 men. The largest percentage (40%) consisted of people in the 70-75 age group, the smallest percentage were those over 85 (2%). All the people studied lived in the boroughs of Opole Lubelskie and Łaziska, and the town of Opole Lubelskie. The overwhelming majority of them (72%) lived alone. Most of the

respondents described their economic status as moderate (64%), while 6% considered it good, and 30% bad.

Over half of the respondents eat two meals a day (53%). The pensioners most often skipped breakfast (71%). Worryingly, a full 95% of the respondents declared that they bought cheap products without considering their quality.

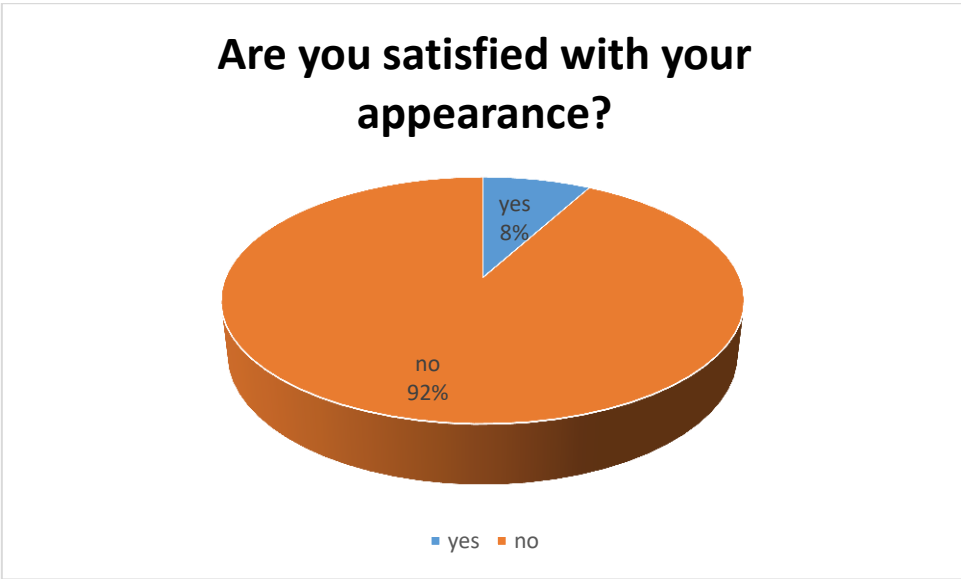
Graph 1. Percentage summary of respondents' BMI.



Their body mass and height were measured to calculate their BMI, which confirmed class I obesity among 28.57% of women and 18.19% of men, class II obesity in 39.29% of women and 36.36% of men and class III obesity in 32.14% of women and 45.45% of men (Graph 1).

The highest percentage of those surveyed (40%) believed that their obesity stemmed from illness, one fifth (20%) associated obesity with age, a quarter (24%) with bad diet, and only 10% with a lack of physical activity. The smallest number of respondents associated low economic status with obesity. They assessed their level of physical activity as low (78%) or moderate (20%). Only 2% of respondents considered their lifestyle to be an active one.

Graph 2. Assessment of satisfaction with their appearance.



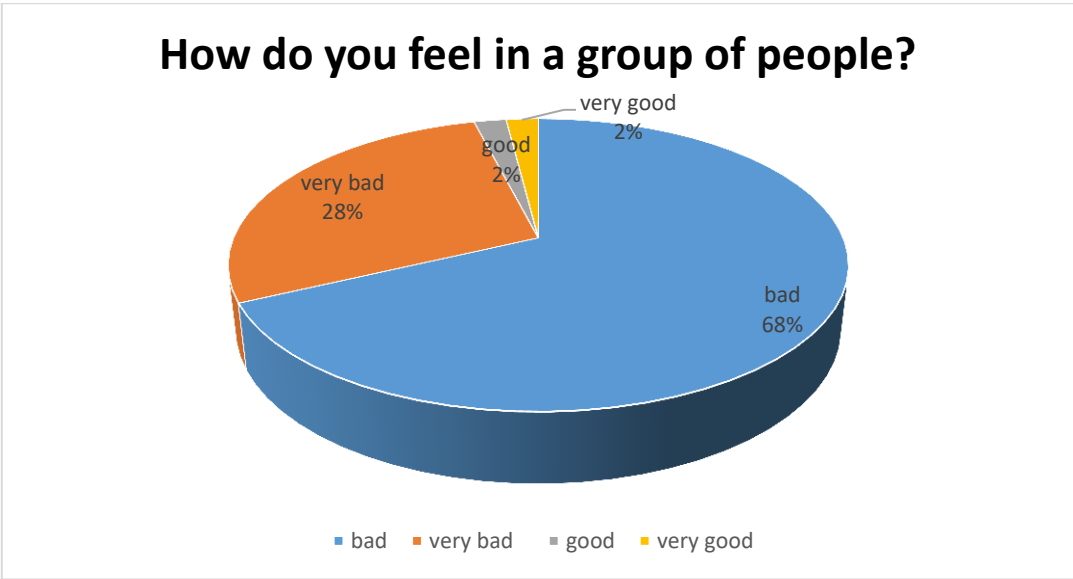
The survey indicated that 92% of respondents were unhappy with their appearance (Graph 2).

Table 1. Class of obesity and assessment of satisfaction with appearance.

Assessment of satisfaction with appearance.	Class I obesity	Class II obesity	Class III obesity
Response YES	4 people	-	-
Response NO	8 people	19 people	19 people

The group of respondents expressing satisfaction with their appearance consisted exclusively of people with class I obesity. Those expressing dissatisfaction, meanwhile, were mainly those in the higher class of obesity. There are, however, pensioners with class I obesity among those unhappy with their appearance (Table 1).

Graph 3. Mood of seniors in a group of people.



The overwhelming majority of pensioners surveyed feel bad (68%) or very bad (28%) in a group of people. Only 2% of the respondents felt good or very good (Graph 3).

Table 2. Obesity class and mood of seniors when in a group of people.

Assessment of mood in a group of people.	Class I obesity	Class II obesity	Class III obesity
DON'T KNOW	-	-	-
GOOD	1 person	-	-
VERY GOOD	1 person	-	-
BAD	10 people	19 people	5 people
VERY BAD	-	-	14 people

Of the senior citizens surveyed, the only two who assessed their mood as good or very good when in a group of people had class I obesity. All those with class II obesity responded “bad”. Respondents with class III obesity described their mood as bad (5 people) or very bad (14 people). All those surveyed replied that their obesity meant they felt others perceived them badly (Table 2).

The pensioners indicated that the obesity they suffered meant they did not enjoy “a full life” – 98% of respondents. They also indicated that their excess weight limited their socialising (96%). Only 4% were of the opinion that obesity had no effect on their social contacts.

Table 3. Obesity class and assessment of factors connected with quality of life.

Negative influence of overweight/obesity	Class I obesity	Class II obesity	Class III obesity
Joint and vertebra pains	12	8	2
Limited independence	-	10	11
Physical activity	-	1	4
Problems with breathing	-	-	2

Respondents with class I obesity only mentioned joint and vertebra pains as negative effects of their excess weight. However, those with class II obesity mentioned such factors as joint and vertebra pains, and limitations to their independence and physical activity. The people with class III obesity stressed the detrimental effects of the illness on all factors.

As obesity progressed, the seniors indicated to intensifying joint and vertebra pains (44%), limited independence (42%), decreased physical activity (10%) and problems with breathing (4%).

Discussion

The paper attempted to assess the influence of obesity on the quality of life and self-esteem of senior citizens. It should be concluded that since the group of respondents were professionally inactive, their body mass would be incorrect. When their BMI was calculated, it was seen that despite some of the physical activity that some of them claimed, they were all obese to varying degrees. The literature on the subject shows that obesity can result from an improperly balanced diet, behavioural factors which lead to overeating, insufficient movement, metabolic disorders and other co-existing illnesses [7]. This was confirmed by the survey carried out, in which a full 40% of respondents associated their obesity with a co-existing illness, and 24% with poor nutrition. Elderly and obese people have very low self-esteem. They feel bad in their bodies, they have a poor opinion of themselves. They feel uncomfortable in the company of others. Obese pensioners are not active in the community [8]. As they declare that they live alone, it can be assumed that they are lonely and not very active socially. The phenomenon of singularisation was also revealed. It is probably

loneliness which causes elderly people not to take care of themselves, eat irregularly, miss meals and buy unhealthy food products. In the future, it seems appropriate to extend the research and test whether depressive tendencies occur in this group which could also contribute to them withdrawing from all forms of social activities. Depressive tendencies in the over 65s have been confirmed by research conducted by A. Pacian, T.B. Kulik and co. *Quality of life and the risk of depression among the elderly*

According to Baumann, quality of life is an individual perception of one's own life position, which is affected by physical and mental health, and degree of self-reliance. An analysis of the data shows that obesity hinders the ability to live independently, limits motility and exacerbates algic ailments, which results in a deterioration of health. Obesity also contributes to lower self-esteem and a decrease in social activity. It is therefore of great significance for the mental health of the elderly. The results presented confirm the occurrence of obesity as a fundamental health problem for older people in Polish society [9].

Conclusions

1. Obesity can have a negative effect on the mind. The higher the class of obesity, the lower the self-esteem of the pensioners surveyed.
2. A high degree of obesity could be a factor which is detrimental to the quality of an elderly person's life. The research confirms that the greater the obesity, the more algic ailments occur in elderly people in connection with the functioning of many organs.
3. Obesity conditions satisfaction with appearance. The research shows that obese people may withdraw from their social life because they do not accept their appearance. Singularisation is a factor, which contributes to a decrease in motivation to take care of oneself, to nourish oneself properly and to be physically active, thus exacerbating the development of obesity.

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