



Demographic, health, and family support characteristics of older adults in the Jacaleapa Day Care Program, El Paraíso, Honduras, 2020

M.A. Doris López

National Autonomous University of Honduras

<https://orcid.org/0000-0003-0264-5139>

doris.lopez@unah.edu.hn

Ph.D. Abraham A. Salinas Miranda

University of South Florida and National Autonomous University of Nicaragua

Center for Research and Health Studies

<https://orcid.org/0000-0001-7749-6110>

B.A. Marvin Roberto Mendoza

Universidad Nacional Autónoma de Honduras

<https://orcid.org/0000-0001-8969-5205>

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ABSTRACT

The objective of the study was to describe the characteristics of participants in a daycare program who receive integrated health and social recreation services as well as to investigate the perceptions of their relatives about the impact of the program on the well-being of older adults at the daycare center, Jacaleapa, Honduras. The

design was descriptive, with a cross-sectional survey with 302 participating older adults and 302 accompanying family members. Structured sociodemographic questions, self-reported health, and family support were used. According to demographic characteristics, the majority were female (76.5%), aged 60-69(70.19%). 68.9% of older adults completed only their primary education; performing most of their lives on household chores (73.8%). The vast majority reported chronic diseases (98%). The perceived impact of the relatives was very positive. In conclusion, the study allowed us to know the reality about the conditions of the elderly at the demographic and health level, which contributes to drawing strategies that enhance the quality of health services to the elderly, in this case to the program of the Day Care Center of Jacaleapa in Paradise.

INTRODUCTION

The Government of the Republic of Honduras is making efforts to improve the emotional, physical, and mental well-being of its population. Health care for its inhabitants is structured according to certain priority indices such as social vulnerability. In this sense, children, women, and the elderly occupy privileged places in the order of vulnerability. Precisely this last group its population density in 2020 is on an upward trend, concerning the general population of the country (National Institute of Statistics [INE] 2020). This country is not far from the global reality because according to statistics in the records of the World Health Organization (WHO) in 2020 the elderly represents approximately 15%, with a life expectancy of 67 years for men and women is 63 years.

As of 2015, the Government of the Republic of Honduras, through the Ministry of Development and Social Inclusion and its National Policy on Aging and the Elderly, shows the results of the diagnosis where it is stated that this social group maintains a tendency to develop its old age in conditions of family accompaniment; however, in recent years, taking into account the economic difficulties of the country, many opt for reintegration into the workforce, others with a lower rate of need participate in leisure activities, form societies are also incorporated into the activities carried out in daycare centers, taking advantage of the possibilities of arguing in the spaces of personal fulfillment, interpersonal relationships and where they receive direct attention from agencies and institutions.

The above approaches agree with the study of Zelaya (2012) proposing that during old age the internal situation should be considered as the external one; in this sense, in the latter are the social and economic relations which can be conditioned from government strategies to improve the life expectancy of individuals at the community level. It is necessary to purify efforts that go towards the internal order from their behavior before life, such as sociological and psychological aspects because their greatest challenges are in the face of fears of loneliness, fear of death, depressive mood, and the lifestyle that can entail. However, for the government, it is necessary to know the situation in which they find themselves, therefore, demography occupies an essential role in the possible results that can be obtained.

It is important to understand that demographic studies for a country contribute to the development of public policies; therefore, the application in health is a tool that allows marking strategies, allowing to draw the statistical lines that characterize the population to determine the bases on which the strategic projections are worked. In this sense, our study found that González and Gálvez (2009) considered that from a cross-sectional study where the subjects studied were the caregivers of patients included in a program of incapacitated people, attended at home, shortcomings began to be detected in the previous information that could serve as diagnostic bases to exercise different strategies in the care of the elderly. Another analysis by Peralta et al. (2020) contributed with a socio-demographic perspective to the different population groups, making us understand the importance it imprints on the dynamics of health services in the different territories and the impact on the quality of life of its inhabitants. Therefore, this study considers the characteristics in the population group of the elderly, taking into account indicators related to their quality of life, which makes it necessary to evaluate them, allowing to direct and manage health strategies.

METHOD

This research was descriptive cross-sectional. Taking into account the population over 60 years of age who attend the Day Care Center of Jacaleapa, El Paraíso Honduras; by which, persons who do not belong to the aforementioned municipality were excluded. The method of an interview with structured questions was used for data collection, which was constituted by the 302 users and 302 accompanying relatives who belong to the Day Care Center of Jacaleapa.

Variables. These included sex at birth (dichotomous: Female vs Male). Age was measured as formal ordinal (60 – 69, 70 – 79, 80 – 89, 90 – 100). Marital status was a nominal polyatomic variable (Single, Married, Divorced, Free Union, Widower, and unresponsive option). In the same way, the origin was dichotomous (Jacaleapa vs Other locality). Schooling was measured with an ordinal variable (Primary, Middle, University, None, NR). Occupation or profession was measured with multiple categories. Religion was measured nominally (Catholic, Evangelical, Not Responding). In addition, the presence of disease at the time of the survey was inquired about in a self-reported way with the question: Are you currently sick? Perceived family support was measured dichotomously (present vs. absent). It was also asked whether participants had a fixed feeding schedule and whether they had a regular habit of drinking water frequently.

In addition, to gain insight into how families perceived the program, family members of program users were interviewed about complementary characteristics regarding program attendance and their perceived impact on the following: (1) Positive impact on the program; (2) Your family member's feeling of belonging to the program; (3) By being in the program, your family member improved the quality of life; (4) Health conditions (Suffers from disease); (5) Reasons for participating in the program; and (6) Special Diet.

Analysis. Frequencies, percentages, and contingency tables were used to describe the characteristics of older adults participating in the program and that of family members. In addition, bar and cake charts were made to visualize the main findings. These descriptive analyses were done with the SPSS version 26 program.

RESULTS

When analyzing the sociodemographic characteristics of the elderly studied, it should be noted that a total of 302 elderly people are evaluated, based on the established variables age, sex, religion, occupation, schooling, and marital status among others.

Demographic and Health Characteristics of Older Adults

Table 1.

Demographic and Health Characteristics of Older Adult

Variable	Frequency	Percentage
Sex		
Female	231	76.5
Male	71	23.5
Age		
60 – 69	212	70.1
70 – 79	60	19.8
80 – 89	27	8.9
90 – 100	3	1
Marital status		
Bachelor	62	20.5
Married	97	32.1
Divorced	3	1
Common-law marriage	85	28.1
Widower	48	15.9
NO	7	2.3
Origin		
Jacaleapa	302	100
Other locality	0	0
Schooling		
Primary	208	68.9
Media	50	16.6

Variable	Frequency	Percentage
University	5	1.7
No	38	12.6
NO	1	3
Occupation or profession		
Housewife	223	73.8
Farmer	47	15.6
Mason	6	2
Artisan	1	3
Tailor	2	7
Driver	3	1
Merchant	5	1.7
Master	2	7
Guard	4	1.3
Commercial Expert	1	3
Licensed	2	6
None	6	1.9
Religion		
Catholic	214	70.9
Protestant	87	28.8
NO	1	3
He is currently ill		
Yes	296	98
No	6	2

Variable	Frequency	Percentage
Family support		
Yes	260	86.1
No	42	13.9
Fixed feeding schedule		
Yes	225	74.5
Sometimes	66	21.8
Never	2	0.6
N/A	9	2.9
Habit of ingesting water		
Yes	239	75.1
Sometimes	41	13.5
Never	11	3.6
N/A	11	3.6

Source: an interview with patients and family members

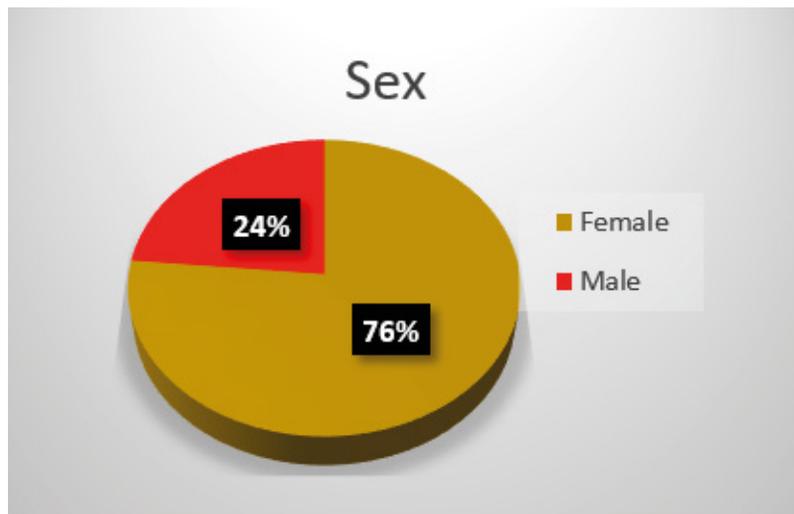
Regarding the demographic characteristics of users, 76.5% represent the female sex, and only 23.5% the male sex (Graph 1). Likewise, 70% comprise the ages of 60-69 years, 19.85% 70-79 years, 8.95% the ages of 80-89 years and only 1% comprise the age range of 90 to 100 years (Graph 2). Regarding marital status we can see that of the 302 participants 32% are married, 28% live in a free union, 20.5% are single, 16% were widowed, 2% did not respond and only 1% were divorced (Graph 3).

In this same order and direction, the vast majority corresponds to 69% completed primary school, 16.6% the middle level, 12.6% do not have any degree of schooling, 1.7% were university students and 3% did not respond (Graph 4). It is observed that 74% of older adults are engaged in home and home care, 15.6% are engaged in agriculture, and other older adults are in various

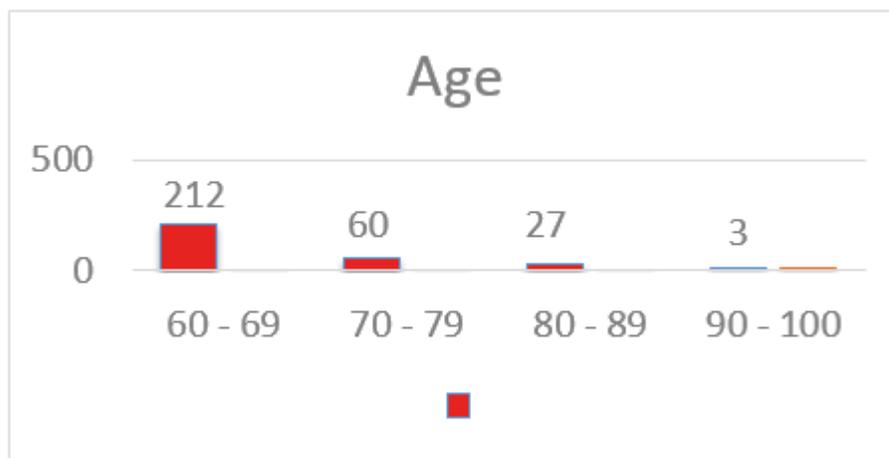
occupations (Graph 5). Indeed, 71% belong to the Catholic religion, 28% are evangelicals and 1% did not answer the question (Graph 6).

It was known that regarding family support, 86% of older adults responded that they have the help of their relatives, and only 14% do not have any family support (Graph 7). According to the reasoning that has been carried out, 98% suffer from some disease and only 2% do not suffer from it (Table 2). It is evident then, that 74.5% have a fixed feeding schedule, 22% sometimes, 3% did not answer the question and only 1% do not have a fixed schedule to feed. By way of final summary, 75% of older adults have the habit of drinking water, 13% do it sometimes and 3.6% never do it and did not answer the aforementioned question.

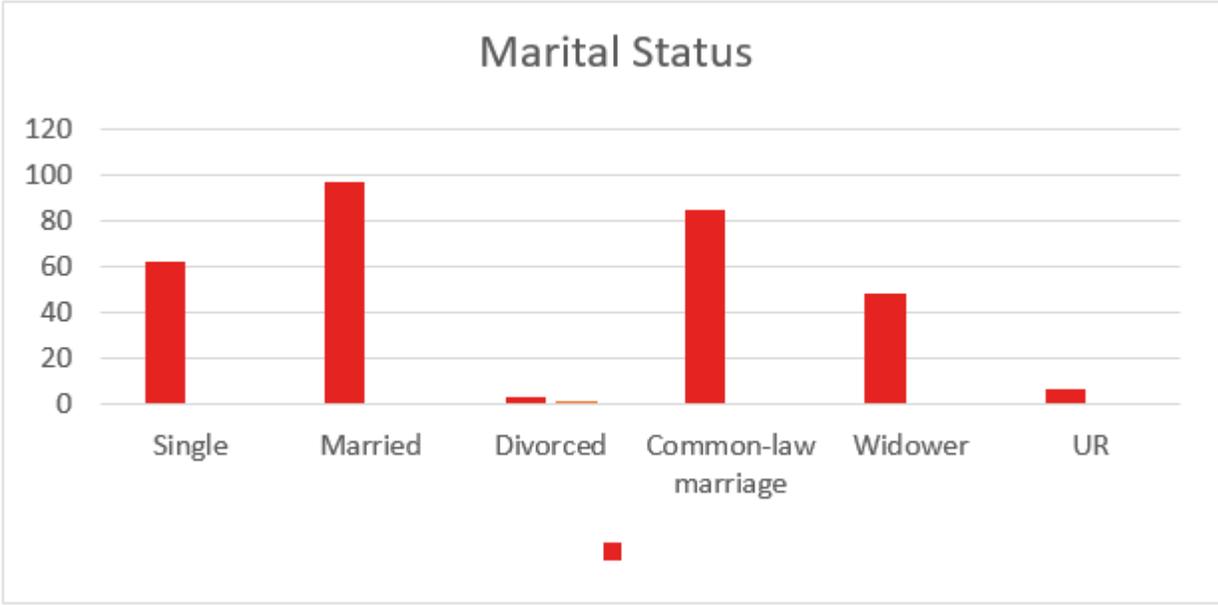
Demographic Characteristics of Older Adults



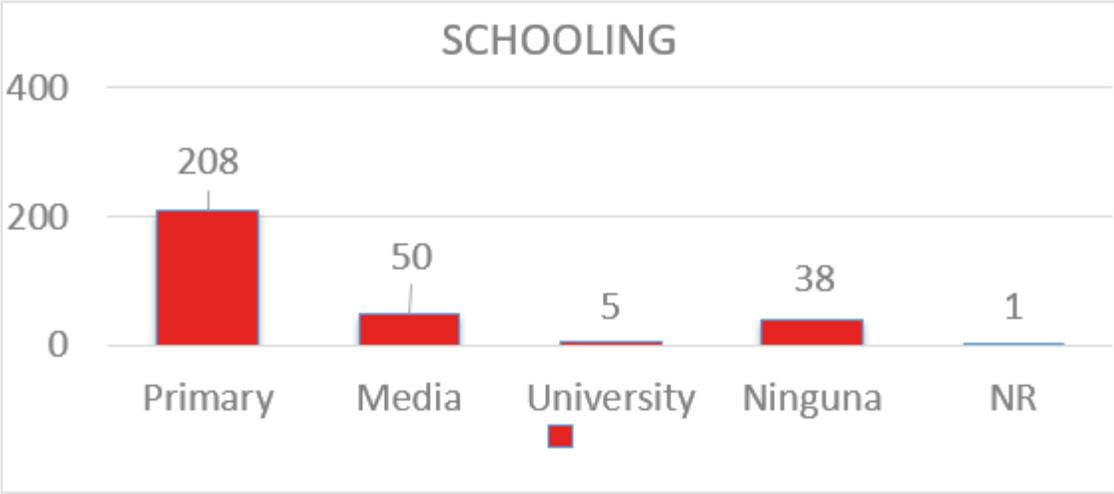
Graph 1. Sex



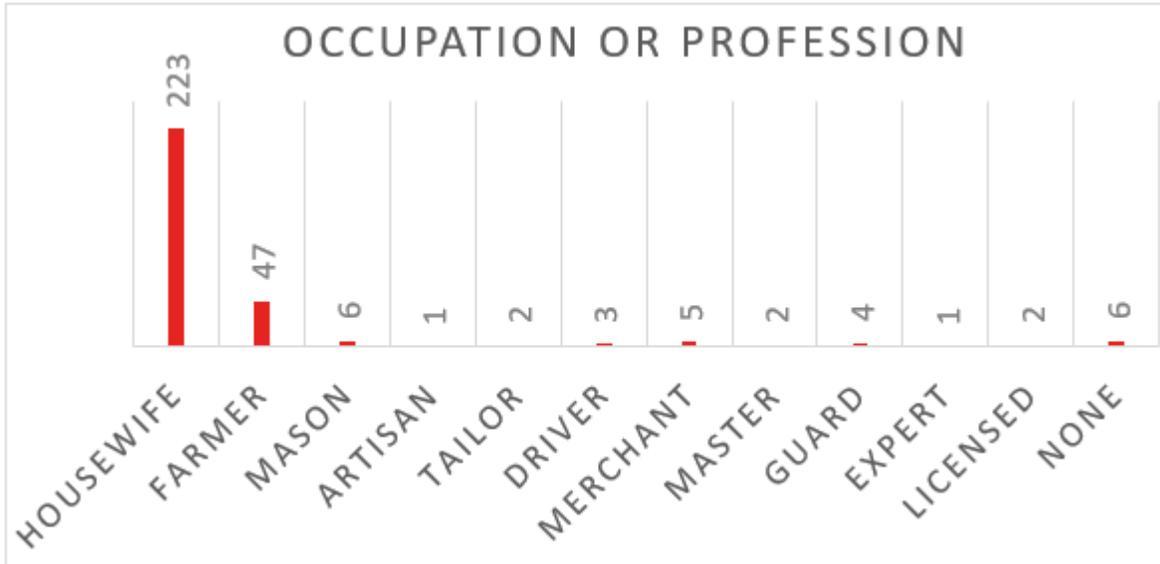
Graph 2. Age



Graph 3. Marital Status

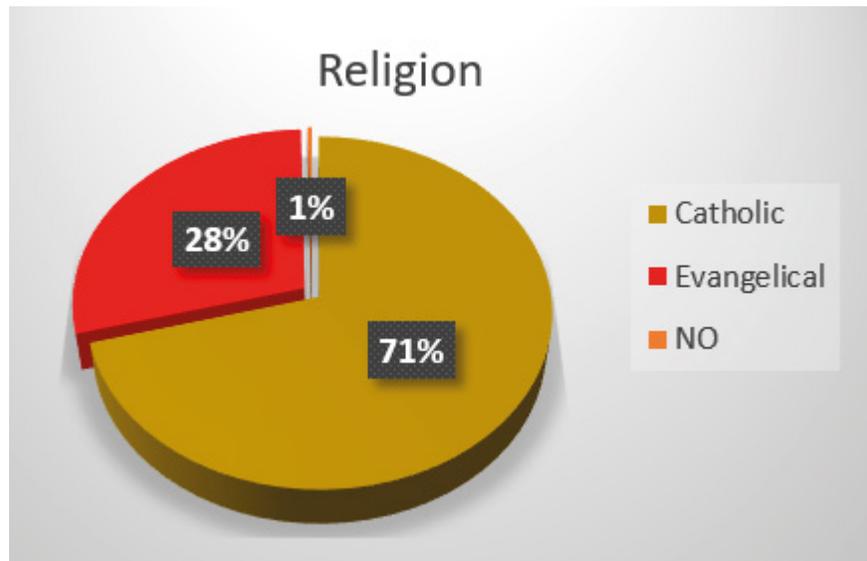


Graph 4. Schooling

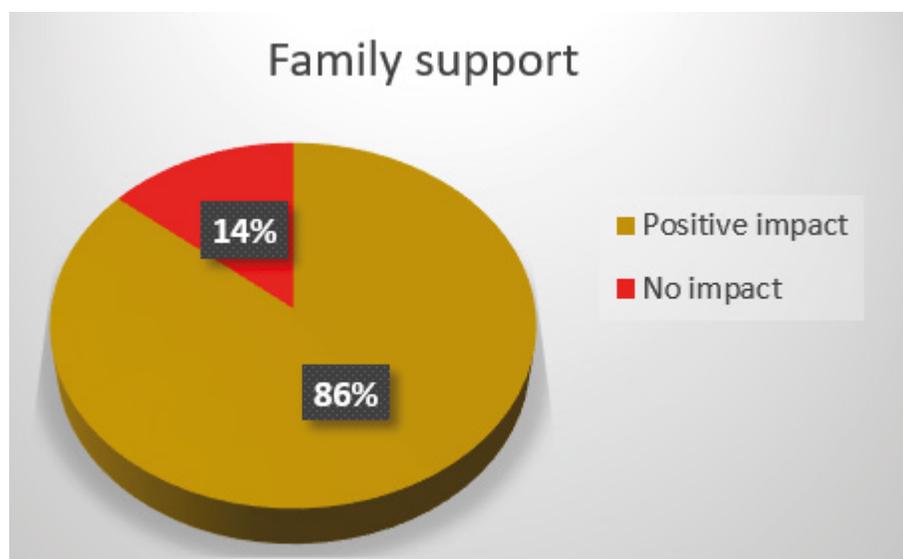


Graph 5. Occupation or Profession

Analysis: we can observe that 74% of older adults are dedicated to the care of the home and the home, 15.6% are dedicated to agriculture, and other older adults to various occupations.



Graph 6. Religion

**Graph 7.** Family support**Table 2.**

Complementary Characteristics of Family Members Regarding Program Assistance and its Impact

Variable			
Positive impact of programme ¹	Yes	302	100%
	No	0	0%
Your family member's feeling of belonging to program ¹	Satisfied	302	100%
	Other	0	0%
By being in the program your family member improved the quality of life ¹	Yes	118	39.07%
	No	16	5.29%
	N/c	168	55.62%
Health Conditions (Suffers from Disease) ²	Yes	282	93.37%
	No	14	4.63%
	N/c	6	1.98%
Reasons to participate in program ²	Meet people and make friends	302	100%
Special diet ²	Yes	54	17.88%
	No	81	26.82%
	N/c	167	55.29%

Source: 1. Family interview. 2. Interview users.

Patients and family members were interviewed about Complementary Characteristics Regarding Program Assistance and its Impact (Table 2) in which it is appropriate to mention that 100% of older adults have a positive impact on the program, as well as 100%, are satisfied to belong to the program of the Day Care Center of Jacaleapa. Given the conditions that precede 56% of older adults did not answer if being within the program the family member improved the quality of life, 39% answered that, if there is an improvement in quality of life, and 5% do not.

According to the health condition, 93% suffer from some type of disease and 5% do not suffer from disease and 2% do not answer the question. It should be noted that 100% of the participants responded that the reasons for participating in the program were to meet people and make friends with them. 55% did not report having a special diet, 27% do not have a special diet, only 18% if they have one.

DISCUSSION

In this descriptive study, the demographic characteristics of the elderly of the Day Care Center of Jacaleapa, Honduras, were examined to know the profile of users in an integrated community program for older adults. The study is one of the first studies carried out in the territory on this population that accesses this program.

The study agrees with the relevant considerations of the WHO approaches (2016) that all the countries of the Americas are in the process of aging, although in the different countries it ages at a speed and at different times. The decline in fertility and mortality indicators, mainly in early life, is leading to a very rapid demographic transition in the region; not only has the proportion of older people in the continent's population increased significantly, but life expectancy at birth and by specific ages has also increased significantly. Such a question presupposes that one be systematic on the subject with periodic studies with some similarity, giving relevance to the need for the contribution presented in this article despite being territorial.

The information with greater notability in the study that used as a field of action and shows the elderly of that rural area of the country, it was important to know that the largest number of participants in the program are women, aged 60-69 years with an origin of the

municipality of Jacaleapa, which indicates low participation of men and little representation in advanced ages.

It should also be noted that older adults had low schooling and most of them were engaged in household chores and agricultural activities. This information allows us to deduce for the Ministry of Health in the territory that the program must be conditioned for the benefit of a population with low socioeconomic and cultural status and in this sense, the strategies must establish their objectives under the principle of equity to provide services to diversity.

Another extremely important finding was the high prevalence of chronic non-communicable diseases, with 98%, thus being a high incidence of the decrease in health indices. Considering that most users were between the ages of 60-69, it is surprising that there is such a high prevalence of diseases. This may be due to a self-selection bias in which users of this program may represent the population with the most conditions and those with better health may not participate in the program. Since the sample was not probabilistic, but for convenience, it is not possible to determine whether that distribution is representative of the community. On the other hand, this high prevalence may be a reflection of the lack of strategies for healthy aging in this population. Our findings confirm what other studies have reported on the causes or factors associated with quality of life in old age (Peralta, 2002) that leads to faster mortality, is the sedentary lifestyle caused by different factors: social, economic, psychological, and health.

Given our findings, the scientific community and health systems must ask themselves the question: How can an old-age full of ailments be avoided? What can be done to achieve a healthy and pleasant old age? Such questions make us constantly search for the right answers. The studies carried out over time have led to positions regarding how to reach a state of fullness in old age; these are directed towards the advantages and disadvantages inherent in the aging process and those aimed at slowing this process since current studies recognize to this day that it cannot be prevented.

It is important to mention limitations inherent in the type of cross-sectional study, in which causality cannot be inferred. Since the study was conducted at the same site, there may have been a social desirability bias; therefore, it is recommended that future evaluative

studies be conducted to identify user recommendations to improve the program as a measure of continuous quality improvement.

CONCLUSIONS

The study allowed us to know the reality about the conditions of the elderly at the demographic and family level of the elderly, being thus that it made possible in the exchange with the directors of the Day Care Center of Jacaleapa, in Paraíso the establishment of the diverse perceptions that the elderly and their family have in the face of the aging process and the changes that this implies, both in the care and in the execution of the different roles played by each member of the family.

Our study contributed to give importance to the care of the elderly from a description of the demographic characteristics of older adults, to respond, through strategies that promote normalization in the use of ordinary resources, and through techniques that facilitate the unblocking of the difficulties that affect the quality of life of the elderly. When health systems and services in this case daycare centers as a structure that depends on the results of the study are organized under these principles, a greater impact on the health of the groups served is achieved. In this way, it would be contributing to an improvement in the quality of health services for the elderly and the development of a prioritized line of research in the territory of the department of Paraíso

The reasons for the low participation of men and at older ages are unknown, the physical limitations that prevail in older ages may preclude this population from participating in daytime activities. Therefore, it is necessary to identify other alternative strategies to enrich the quality of life of older adults at older ages.

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