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**ARAŞTIRMA / RESEARCH**

# Health perceptions of elderly people aged over 65 age

## Altmış beş yaş üstü yaşlıların sağlık algıları

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**Abstract**

**Purpose:** The study was conducted to reveal the health perceptions of the elderly people aged over 65 living at home according to some of their demographic qualities.

**Materials and Methods:** The study is a cross-sectional one with a population of 4158 people. 437 elderly people were included in the sample after calculations. The dependent variables of the research consist of the questions to measure the health perception and health-seeking behaviour of the participants while the independent variables consist of the socio-demographic qualities.

**Results:** There was no difference between the general health perception and the age of the elderly people, the place where they spend most of their lives, social security status, number of children, hospitalized treatment in any health institution for the last one year, and any exposure to violence throughout one's life.

**Conclusion:** The health perceptions of the elderly people were found to be negative according to some of their socio-demographical qualities.

**Keywords:** Living at home, elderly people aged over 65, health perception

**Öz**

**Amaç:** Araştırma evde yaşayan 65 yaş üstü yaşlıların bazı sosyo demografik özelliklerine göre sağlık algılarını ortaya çıkarmak amacıyla yürütülmüştür.

**Gereç ve Yöntem:** Kesitsel tipte olan araştırmanın evreni 4158 kişidir. Yapılan hesaplamalar sonrası örnekleme 437 kişi dâhil edilmiştir. Araştırmanın bağımlı değişkenleri katılımcıların sağlık algı ile sağlık arama davranışını ölçmeye yönelik olan soruları bağımsız değişkenleri ise, sosyo-demografik özellikleri içermektedir.

**Bulgular:** Yaşlıların yaşı, yaşamının uzun süre geçtiği yer, sosyal güvence durumu, çocuk sayısı, son bir yıl içinde herhangi bir sağlık kurumunda yatarak tedavi görme ve hayatı boyunca herhangi bir şiddet görme ile son bir ay içindeki genel sağlık algısı arasında farklılık olmadığı görülmüştür.

**Sonuç:** Yaşlılar sağlıklarını olumlu yönde etkileyecek düzenli sağlık kontrolü, egzersiz, kendi kendine ilaç kullanma, sigara ve alkol gibi olumsuz sağlık davranışları ile düzenli beslenme ve dinlenme gibi konularda bilinçlendirilmelidir.

**Anahtar kelimeler**: Evde yaşayan, 65 yaş üstü yaşlı, sağlık algısı

## INTRODUCTION

Despite the difficulty in defining elderliness due to the differences of criteria[1], the definition of elderliness was made in 1992 as "people aged over 65 consisting of a heterogeneous group with varying behaviour and requirements"[2]. The changes in the structure and functions of the human body depending on ageing are defined to be biological ageing while physiological ageing is defined to be the personal and behavioural changes emerging based on biological differences[3].

Different behaviour models are seen concerning the health of the elderly. For example, some aged individuals are less interested in their surroundings and more interested in their own body and self. Fear of anything new, paying too much attention to their health as a result of increased physical complaints in parallel to ageing, talking about a new disease every day and frequent doctor visits are more common[4]. Some elderly people are less aware of their health

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issues. In addition, the burden of the health problems of the elderly is increased by denial of symptoms, difficulty in expressing complaints, lack of interested by the medical staff, less frequent visits by the elderly person to the health institution than the young people, normalizing the complaints, problems in access to health services, inability to conduct adequate medical examination in the elderly, and lower education levels compared to young people[5]. Sometimes, financial incapability, lack of anyone to take them to the hospital, and lack of specialised services to elderly people concerning service arrangements in health organisations also make it difficult for the elderly to benefit from health services. Due to these opposite approaches, a combination of health services and social services should be considered based on the primary, secondary and tertiary protection principles in increasing the living qualities of the elderly people. Similarly, World Health Organization states that the majority of the elderly people can feel themselves to be entirely healthy despite the presence of some diseases if it would be possible to remove the negative consequences of their diseases that significantly affect their daily lives[6].

The way health perceptions are based on people's assessment of their own health status in general and are a simple yet powerful indicator that reflects the multidimensionality of health and allows the individual to assess his or her biological, mental and social status. Many studies have been conducted to measure the health perception and quality of life of the elderly. This study is important in terms of showing the health of elderly people living in their homes. Because; determining the situation at a time when the quality of life of elderly individuals is so important can be a guide for health workers[7].

The aim of this study to reveal the health perceptions of the elderly people aged over 65 living at home in the Gümüşhane/Turkey province according to some of their socio-demographic qualities.

## MATERIALS AND METHODS

The population of the cross-sectional study consists of the elderly population aged 65 and above living in the Gümüşhane/Turkey province. This study is other research involving the same group in a previous study called "Disability and Alexithymia in the Elderly People Living at Home in the Gümüşhane/Turkey Province" and covering the evaluation of the questions on health perception.

According to the data of the Turkish Statistical Institute (TSI), the population of the elderly people aged 65 and above in the Gümüşhane Province is 4158[8]. The number of the people to be included in the sample was calculated to be n=437 according to the formula [$n=Nt^2pq/d^2(N-1) + t^2pq$] with a 5% deviation and in the reliability range of 95% [N=4158, t=1.96, p=0.30, q=0.70, d=0.04]. The research was conducted with 437 people to increase the strength of the sample to represent the population.

The people to be included in the sample were selected based on the list of the elderly population aged 65 and over, the list being extracted from the records of the family practice zones (14 family practices) including the records of the entire population in the Gümüşhane/Turkey Province. Accordingly, the number of samples was proportioned to the number of population to determine a coefficient and then an attempt was made to reach those who were determined by the systematic sampling method in a way to represent each family practice.

The criteria to be included in the study are to be aged 65 and above, to voluntarily accept to participate in the research and to provide verbal confirmation. Written confirmation and signature were not used as it might reduce the participation rate of the people. The criteria for exclusion from the study are to have a physical illness not allowing cooperation, to have auditory, visual and cognitive dysfunction, to be absent despite three visits and to reject interview. Cases such as drug use, exercise, and his or her spouse's psychiatric illness were handled according to their own statements.

Before the study, ethical permission was obtained from the Fırat University Medical Faculty Ethics Committee for Clinical Studies, and written authorisation was obtained from the Public Health Directorate of Gümüşhane/Turkey. A field study was completed between February 15th and August 15th of 2013 and data was collected by face to face interview method at the homes of the elderly.

### Instruments

The survey form prepared as a result of the review of the relevant literature[1-7] was applied to the participants. Before starting the survey, an attached

information form was used to inform the participants that the obtained information would not be used other than the scientific platform of this study.

The health perception condition is generally based on the evaluation of people about their health conditions and is simple but strong indicator reflecting the multidimensionality of health and allowing a person to self-evaluate his/her biological, mental and social status[7]. To understand health condition, the question "how do you consider your general-physical-mental-emotional health is comparing to people with the same socio-economic position with you?" was used. Several national and international kinds of research interpreted the perceived health condition similarly[7]. The answers to the question about perceived health condition were evaluated to be "good", "medium" and "bad". No criteria were given for the situations in which the elderly felt good and in which situations they felt bad. Their evaluations based on their perceptions were accepted.

The same measurement material was used in all elderly people to create a standard in measurements such as weight, height, blood pressure and pulse. After the questionnaire questions were filled, measurements were made. Standardized instruments were used for the measurements. In BMI calculations, values of 18.49 kg/m$^2$ and below were considered to be underweight; between 18.5-24.99 kg/m$^2$ to be normal weight, between 25-29.99 kg/m$^2$ to be overweight; 30.0 kg/m$^2$ above to be obese. The income status and income range are given in the study refer to the period of the survey.

## Statistical analysis

The Statistical Package for the Social Sciences-22 (SPSS-22) evaluated data and error controls, tables and statistical analyses were conducted. The dependent variables of the study consist of the question set created by the researchers to measure health perception and health-seeking behaviour. The independent variables consist of socio-demographical qualities. Percentage and average were used in statistical evaluations. Chi-square test was used for categorical data; t-test/Mann Whitney-U test and One-Way ANOVA/Kruskal Wallis tests were used for measurement data depending on the properties of the variables. Tukey's HSD test/Mann Whitney U test was applied to determine the differences between these groups. Averages were given together with standard deviation and $p<0.05$ was considered to be a statistical significance.

## RESULTS

63.4% of the elderly people within the study were women with an age average of 74.32±7.15 (min:65, max:100). Income average of the elderly people is 993.21±658.01 TL with an income range varying between 100 TL and 10.000 TL.

**Table 1. Distribution of the elderly people according to some socio-demographic qualities**

| Some socio-demographic qualities (n=437) | n | % |
|---|---|---|
| Sex | | |
| Male | 160 | 36.6 |
| Female | 277 | 63.4 |
| Age | | |
| Between 65-74 years | 238 | 54.5 |
| Between 75-84 years | 152 | 34.8 |
| 85 years and above | 47 | 10.7 |
| The place where most of life is spent | | |
| Village | 165 | 37.8 |
| Town | 19 | 4.3 |
| City | 253 | 57.9 |
| Civil status | | |
| Married | 265 | 60.6 |
| Single | 8 | 1.9 |
| Widow/Divorced | 164 | 37.5 |
| Education | | |
| Illiterate/Literate but unschooled | 211 | 48.3 |
| Primary school/secondary school | 196 | 44.8 |
| High school/university | 30 | 6.9 |
| Currently employed in a job with a constant income | | |
| Yes, employed | 26 | 5.9 |
| No, unemployed | 342 | 78.3 |
| Employed in the past, not now | 69 | 15.8 |
| Person to take care of him/her when needed | | |
| No one | 42 | 9.6 |
| Family members (spouse, child) | 375 | 85.8 |
| Other than family members (relative, friend, neighbour)/careworker | 20 | 4.6 |

The most frequent chronic diseases of the elderly people include cardiovascular system diseases (49.7%), endocrine system diseases (22.2%), respiratory system diseases (10.8%), musculoskeletal disorders (9.8%), digestive system diseases (5.3%) and urinary system diseases (2.5%). Table 3 includes the averages of weight, height, BMI, systolic blood pressure, diastolic blood pressure, pulse and number of breath measurements of the elderly people included in the study.

The rate of elderly people with low BMI is 0.5%, with normal BMI is 27.7%, the rate of those who

are overweight and obese is 71.8%. The average systolic pressure is 132.88±17.37 mmHg in female elderly people and 128.56±17.29 mmHg in elderly male people. The average diastolic pressure is 81.35±11.18 mmHg in female elderly people and 78.11±10.82 mmHg in elderly male people.

As seen in, it was observed that there was no difference between the general health perception in the last one month and the age of the elderly people, the place where they spend most of their lives, social security status, number of children, hospitalized treatment in any health institution for the last one year and any exposure to violence throughout one's life ($p>0.05$). It was observed that there was no difference between the physical health perception of the elderly people and the place where the elderly people spend most of his life, social security status, number of children, employment in a job with constant income, receiving social support and any family member diagnosed with psychiatric disease ($p>0.05$).

**Table 2. Distribution of the elderly people according to some health condition qualities**

| Some Health Condition Qualities (n=437) | n | % |
|---|---|---|
| Regular health check | | |
| Yes | 233 | 53.3 |
| No | 204 | 46.7 |
| Hospitalized treatment in a health institution in the last year | | |
| Yes | 157 | 35.9 |
| No | 280 | 64.1 |
| Having a chronic disease | | |
| Yes | 304 | 69.6 |
| No | 133 | 30.4 |
| Having any diagnosed psychiatric disorder | | |
| Yes | 15 | 3.4 |
| No | 422 | 96.6 |
| Presence of psychiatric disorder in the family | | |
| Yes | 38 | 8.7 |
| No | 399 | 91.3 |
| Any disability | | |
| Yes | 88 | 20.1 |
| No | 349 | 79.9 |
| Use of equipment due to disability/handicap | | |
| Yes | 47 | 10.8 |
| No | 390 | 89.2 |
| Capability to carry out personal care | | |
| Fully capable | 292 | 66.8 |
| Partially capable | 118 | 27.0 |
| Incapable | 27 | 6.2 |
| Adaptation problem in interpersonal relations | | |
| Yes | 40 | 9.2 |
| No | 397 | 90.8 |
| Type of self-medication * | | |
| Pain killer | 80 | 85.1 |
| Anticoagulant | 11 | 11.7 |
| Herbal medicine | 3 | 3.2 |
| Regular exercise ** | | |
| Yes | 169 | 38.7 |
| No | 268 | 61.3 |
| Proper nutrition | | |
| Yes | 317 | 72.5 |
| No | 120 | 27.5 |
| Smoking (at least once a day) | | |
| Yes | 39 | 8.9 |
| No | 398 | 91.1 |
| Alcohol use (varying frequency) | | |
| Yes | 12 | 2.8 |
| No | 425 | 97.2 |

*Elderly people with self-medication habit (n=94) were evaluated.

** Regular exercise was considered to be physical activities for minimum 3 days a week and 30 minutes a day.

**Table 3. Average measurement values of the elderly people regarding some physiological and cardiovascular system indicators**

| Variable | Average ± SS | Min. | Max. |
|---|---|---|---|
| Weight (kg) | 73.04±12.83 | 38 | 103 |
| Height (cm) | 161±12.35 | 67 | 190 |
| BMI (kg/m$^2$) | 27.77±4.36 | 17.58 | 42.46 |
| Systolic pressure (mmHg) | 131.30±17.44 | 50 | 200 |
| Diastolic pressure (mmHg) | 80.16±11.15 | 40 | 130 |
| Pulse (number/minute) | 75.13±7.87 | 56 | 100 |
| Respiration (number/minute) | 18.64±3.13 | 12 | 28 |

**Table 4. Distribution of the general, physical, mental and emotional health perception of the elderly people in the last month according to some qualities * (n=437)**

| Some Qualities | Physical health perception | | | Mental health perception | | | Emotional health perception | | |
|---|---|---|---|---|---|---|---|---|---|
| | Good | Medium | Bad | Good | Medium | Bad | Good | Medium | Bad |
| | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) |
| Age | | | | | | | | | |
| Between 65-74 years | 136 (57.1) | 62 (26.1) | 40 (16.8) | 172 (72.3) | 48 (20.2) | 18(7.6 | 153 (64.3) | 59 (24.8) | 26 (10.9) |
| Between 75-84 years | 68 (44.7) | 60 (39.5) | 24 (15.8) | 103 (67.8) | 43 (28.3) | 6 (3.9) | 86 (56.6) | 54 (35.5) | 12 (7.9) |
| 85 years and above | 17 (36.2) | 22 (46.8) | 8 (17.0) | 30 (63.8) | 14 (29.8) | 3 (6.4) | 30 (63.8) | 13 (27.7) | 4 (8.5) |
| Test Value | p= 0.010 | | | p=0.216 | | | p=0.229 | | |
| Sex | | | | | | | | | |
| Male | 94 (58.8) | 49 (30.6) | 17 (10.6) | 117 (73. 1) | 32 (20.0) | 11(6.9 | 110 (68.8) | 38 (23.8) | 12 (7.5) |
| Female | 127 (45.8) | 95 (34.3) | 55 (19.9) | 188 (67.9) | 73 (26.4) | 16 (5.8) | 159 (57.4) | 88 (31.8) | 30 (10.8) |
| Test Value | p= 0.011 | | | p=0.316 | | | p=0.062 | | |
| Civil Status | | | | | | | | | |
| Married | 152 (57.4) | 80 (30.2) | 33 (12.5) | 197 (74.3) | 54 (20.4) | 14(5.3 | 178 (67.2) | 68 (25.7) | 19 (7.1) |
| Single | 0 (0.0) | 4 (50.0) | 4 (50.0) | 5 (62.5) | 1 (12.5) | 2(25) | 4 (50.0) | 3 (37.5) | 1 (12.5) |
| Widow/Divorced | 69 (42.1) | 60 (36.6) | 35 (21.3) | 103 (62.8) | 50 (30.5) | 11 (6.7) | 87 (54.0) | 55 (33.5) | 22 (13.5) |
| Test Value | p=0.001 | | | p=0. 019 | | | p= 0.040 | | |
| Education | | | | | | | | | |
| Illiterate/Literate but unschooled | 92 (43.6) | 74 (35.1) | 45 (21.3) | 137 (64.9) | 59 (28.0) | 15 (7.1) | 120 (56.9) | 57 (27.0) | 34 (16.1) |
| Primary secondary school | 106 (54.1) | 64 (32.7) | 26 (13.2) | 142 (72.4) | 42 (21.4) | 12 (6.1) | 124 (63.3) | 64 (32.7) | 8 (4.0) |
| High school/university | 23 (76.7) | 6 (20.0) | 1 (3.3) | 26 (86.7) | 4 (13.3) | 0 (0.0) | 25 (83.3) | 5 (16.7) | 0 (0.0) |
| Test Value | p= 0.003 | | | p=0.106 | | | p= 0.001 | | |
| The place where most of life is spent | | | | | | | | | |
| Village | 89 (53.9) | 48 (29.1) | 28 (17.0) | 108 (65.5) | 44 (26.7) | 13 (7.9) | 96 (58.2) | 48 (29.1) | 21 (12.7) |
| Town | 9 (47.4) | 6 (31.6) | 4 (21.1) | 11 (57.9) | 6 (31.6) | 2(10.5 | 10 (52.6) | 4 (21.1) | 5 (26.3) |
| City | 123 (48.6) | 90 (35.6) | 40 (15.8) | 186 (73.5) | 55 (21.7) | 12(4.7) | 163 (64.4) | 74 (29.2) | 16 (6.4) |
| Test Value | p= 0.696 | | | p= 0.286 | | | p= 0.023 | | |
| Presence of Chronic Illness | | | | | | | | | |
| Yes | 138 (45.4) | 103 (33.9) | 63 (20.7) | 211 (69.4) | 75 (24.7) | 18(5.9 | 185 (60.9) | 89 (29.3) | 30 (9.9) |
| No | 83 (62.4) | 41 (30.8) | 9 (6.8) | 94 (70.7) | 30 (22.6) | 9 (6.8) | 84 (63.2) | 37 (27.8) | 12 (9.0) |
| Test Value | p= 0.000 | | | p= 0.860 | | | p= 0.897 | | |
| Exposure to violence throughout one's life | | | | | | | | | |
| Yes | 40 (46.0) | 25 (28.7) | 22 (25.3) | 51 (58.6) | 23 (26.5) | 13(14.9 | 41 (47.1) | 28 (32.2) | 18 (20.7) |
| No | 181 (51.7) | 119 (34.0) | 50 (14.3) | 254 (72.6) | 82 (23.4) | 14 (4.0) | 228 (65.1) | 98 (28.0) | 24 (6.9) |
| Test Value | p= 0.046 | | | p= 0.001 | | | p=0.001 | | |
| Person to live with now | | | | | | | | | |
| Alone | 34 (46.6) | 28 (38.4) | 11 (15.1) | 49 (67.1) | 21 (28.8) | 3 (4.1) | 45 (61.6) | 21 (28.8) | 7 (9.6) |
| Only spouse/Spouse and children | 149 (56.2) | 80 (30.2) | 36 (13.6) | 195 (73.6) | 55 (20.8) | 15 (5.7) | 177 (66.8) | 66 (24.9) | 22 (8.3) |
| Child/Relative/ Careworker | 38 (38.4) | 36 (36.4) | 25 (25.3) | 61 (61.6) | 29 (29.3) | 9 (9.1) | 47 (47.5) | 39 (39.4) | 13 (13.1) |
| Test value | p= 0.014 | | | p= 0.161 | | | p= 0.023 | | |
| Mobilization Status | | | | | | | | | |
| Full mobility at home+outside | 49 (80.3) | 10 (16.4) | 2 (3.3) | 163 (55.1) | 26 (13.3) | 6 (3.1) | 147 (75.4) | 40 (20.5) | 8 (4.1) |
| Full mobility at home only | 40 (66.7) | 16 (26.7) | 4 (6.6) | 88 (69.3) | 35 (27.6) | 4 (3.1) | 76 (59.8) | 40 (31.5) | 11 (8.7) |
| Needs help at home | 94 (50.8) | 65 (35.1) | 26 (14.1) | 43 (55.1) | 28 (35.9) | 7 (9.0) | 33 (42.3) | 33 (42.3) | 12 (15.4) |
| Needs help at home+outside | 38 (29.0) | 53 (40.5) | 40 (30.5) | 11 (29.7) | 16 (43.2) | 10(27.0) | 13 (35.1) | 13 (35.1) | 11 (29.7) |
| Test Value | p= 0.001 | | | p= 0.347 | | | p= 0.001 | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Any disability | | | | | | | | | |
| Yes | 24 (27.3) | 31 (35.2) | 33 (37.5) | 44 (50.0) | 32 (36.4) | 12(13.6) | 38 (43.2) | 31 (35.2) | 19 (21.6) |
| No | 197 (56.4) | 113 (32.4) | 39 (11.2) | 261 (74.8) | 73 (20.9) | 15 (4.3) | 231 (66.2) | 95 (27.2) | 23 (6.6) |
| Test Value | p= 0.001 | | | p= 0.001 | | | p= 0.001 | | |
| Relation with relatives | | | | | | | | | |
| Good | 205 (53.5) | 125 (32.6) | 53 (13.8) | 279 (72.8) | 87 (22.7) | 17 (4.5) | 251 (65.5) | 102 (26.7) | 30 (7.8) |
| Medium | 11 (25.0) | 18 (40.9) | 15 (34.1) | 23 (52.3) | 13 (29.5) | 8 (18.2) | 14 (31.8) | 22 (50.0) | 8 (18.2) |
| Bad | 5 (50.0) | 1 (10.0) | 4 (40.0) | 3 (30.0) | 5 (50.0) | 2 (20.0) | 4 (40.0) | 2 (20.0) | 4 (40.0) |
| Test Value | p= 0.001 | | | p= 0.001 | | | p= 0.001 | | |

*Line percentage was taken.

## DISCUSSION

This study was conducted within the framework of the on-site monitoring application based on the house visiting method to the elderly people living at home in a province in the Eastern Black Sea Region in Turkey.

Majority of the elderly people in the study are female (63.4%) and those in the age range of 65-74 (54.5%). No difference was found between the age distributions of male and female people (p=0.398). The results of the present study are similar to the results of the Turkey Population Health Researches 2013 (TNSA) concerning distribution between sexes and age groups of the population. In the study, the rate of people who are literate but unschooled was 48.3%, the rate of primary/secondary school graduates was 39.6%, and the rate of the high school/university graduates was 6.9%. The determinants including sex, income, education, accommodation-nutrition-violence, ecological and environmental factors and social support are the most important factors affecting the elderly health[9,10].

According to data of TSI 2013, the education level of the elderly people in Turkey is not high, and almost half of the elderly population are uneducated[8]. A study by Liu et al. in Taiwan also showed that the education levels of the elderly people were low[11]. It is possible to emphasise that the development levels of the countries and education levels are parallel. In the study, 48.3% of the elderly people were found to have sufficient income, 36.4% insufficient income and 15.3% with equal income and expenditure. Previous studies in the country determined that the elderly people with poor socio-economic level have worse health perception and poorer health[12-14]. A study by Bledowski et al. in Poland determined that only 10.28% of the elderly women had sufficient income[15]. The study by Vrdoljak et al. found that 30.7% of the elderly people had an income that is lower than average[16]. The cultural differences of the elderly people and the development level of the place they live in may affect their satisfaction with their income levels.

In the study, 53.3% of the elderly people stated that they have regular health checks. In the study by Bölükbaş and Arslan, 86.7% of the elderly people stated that they have regular health checks[4]. 8.7% of elderly people have someone in the family who is diagnosed with psychiatric disease. One of every five elderly people stated that they have a disability. Again, in this study, cardiovascular system diseases were the most frequent disease in elderly people. There are various region-based studies in Turkey on the prevalence of the most frequent diseases in elderly people[6,17-19]. All of these studies found cardiovascular system diseases to be the leading most frequent chronic disease. A study in Italy[20] found the prevalence of chronic diseases in elderly people to be 41.6%, and another study in Spain[21] found the same figure to be 84.9%. In the study by Liu et al., the most frequent chronic health problems of the elderly people are respectively hypertension, musculoskeletal disorders, heart diseases, diabetes, respiratory disorders, kidney diseases, seizure and cancer[11]. The study by Westeway reported the order like hypertension, hypertension and diabetes, hypertension and arthritis, arthritis and diabetes[22]. Presence of chronic diseases along with ageing is an anticipated condition. Again, cardiovascular diseases are found to be the leading one in Turkey and the world. 21.5% of the elderly people within the scope of the study reported that they have self -medication habit without the prescription by a physician. It is reported that the individuals aged 65 and over in Turkey use 3 to 4 times more medication than the young population[23]. It is essential to be more careful with the elderly people regarding the medication habits as the tissue response varies with ageing, with a combination of several diseases and lower compliance to treatment.

The elderly people within the scope of the study reported their general, physical, emotional and social health levels to be "good" in every category. Men, those with good relations with relatives, those participating in the decisions taken in the family, those without a chronic disease, those without any mental disorder, high school/university graduates, those living with spouse or with spouse and child, those with full mobility both at home and outside, and those who are fully able to carry out personal care are the ones with higher perception of good health ($p<0.05$). Among the elderly people who state their physical health perception to be usually good, the ones with higher values are men, those in the age group of 65-74, those with high income level, those without a disability/handicap, those without a chronic disease, those without a diagnosed psychiatric disorder, those not exposed to any kind of violence throughout his/her life, high school/university graduates, those without disabilities, those with full mobility at home and outside, those who can carry out personal care and those who participate in the decisions taken within the family ($p<0.05$). Among the elderly people within the scope of this study, those with 4 children or more, those with good relations with relatives, those who weren't hospitalized for any reason for the last year, those without any disability, those without any mental disorder, those without a diagnosed psychiatric disease, those who are capable to carry out personal care and those who weren't exposed to any kind of violence throughout their lives stated their mental health perception mainly to be at a very good level ($p<0.05$). Majority of the elderly people who stated to have a good emotional health perception consists of those who spend most of their lives in a city, who have good relations with the relatives, who participate in the decisions taken within the family, who don't have any disability/handicap, who don't have any mental disorder, who don't have any diagnosed psychiatric disorder, who don't have any family member with psychiatric disorder history, who are fully capable to carry out their personal care, who can spare time for resting, who are high school/university graduates, who live with spouse only or with spouse and children ($p<0.05$). The studies conducted in Turkey revealed[24-26] that elderly people reported their health condition perceptions at different levels. Considering the few numbers of studies that allow comparison of the elderly people in Turkey with those in other countries in terms of perceived health, it is understood in general that old individuals living in Turkey are remarkably more disadvantageous than those who live in western countries[27]. In a study by Lijuan et al., the health condition perception was lower in those who live alone compared to the ones who live with family members or relatives which resulted in a significant difference[28]. The study by Hu et al. reported that the rate of the elderly people who have bad health perception increased as the age of them increased and that elderly male people had better health perception than female ones[29]. According to a study conducted in Spain[30], 66.45% of women reported common or lower health perception while this rate was lower among male elderly people (52.79%). In another study[31], 31.5% of the men in the age group of 65-74 and 52.7% of the men aged over 75 reported bad health condition while this rate in women was respectively 53.3% and 62.4%. The rate of bad health report increases in both sexes as age increases. In comparisons with other countries, it is observed that the good health perception of elderly people in Turkey is lower while their statements in the present study have a higher rate of good health perception. Health perception and similar perceptions may be linked to the social, demographic and cultural development of countries.

In this study, health perceptions of elderly people according to some of their socio-demographic qualities were found to be negative. The awareness of elderly people should be raised in matters that may have a positive effect on their health including a regular health check, exercise, self-medication, negative health behaviours like smoking and alcohol, proper nutrition and resting. Remedial measures should be planned and implemented for the leading factors that keep elderly people away from social and emotional life such as education level, social security, income, violence and loneliness.

**Yazar Katkıları:** Çalışma konsepti/Tasarımı: ÇY, SED; Veri toplama: ÇY, SED; Veri analizi ve yorumlama: ÇY, SED; Yazı taslağı: ÇY, SED; İçeriğin eleştirel incelenmesi: SED; Son onay ve sorumluluk: ÇY, SED; Teknik ve malzeme desteği: -; Süpervizyon: SED; Fon sağlama mevcut ise): yok.
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## REFERENCES


1. Gönüllü Taşkesen G. Kırsal ve kentsel alanlarda yaşlanma, yaşlılık ve yaşlılar: Denizli ili örneği. Mehmet Akif Ersoy Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi. 2017;4:92-124.
2. Kurt G, Beyaztaş FY, Erkol Z. Yaşlıların sorunları ve yaşam memnuniyeti. Adli Tıp Dergisi. 2010;24:32-9.
3. Baykan Z. Yaşlı sağlığı. Halk Sağlığı Genel Bilgiler. (Eds Y Öztürk, O Günay):769-89. Kayseri, Erciyes Üniversitesi Yayınları, 2011.
4. Bölükbaş N, Arslan H. Huzur evinde kalan yaşlıların psikososyal yönlerinin incelenmesi. Dusunen Adam. 2003;16:235-9.
5. Bilir N, Paksoy Subaşı N. Yaşlılık sorunları ve bulaşıcı olmayan hastalıkların kontrolü. In Halk Sağlığı Temel Bilgiler. (Eds. Ç Güler, L Akın):1528-56. Ankara, Hacettepe Üniversitesi Yayınları. 2015.
6. Akın A. Toplumsal cinsiyet ve yaşlılık. In Yaşlı Sağlığı: Sorunlar ve Çözümler. (Eds. D Aslan, M Ertem):17-24. Halk Sağlığı Uzmanları Derneği. Ankara, Palme Yayıncılık, 2012.
7. Altay B, Çavuşoğlu F, Çal A. Yaşlıların sağlık algısı, yaşam kalitesi ve sağlıkla ilgili yaşam kalitesini etkileyen faktörler. TAF Preventive Medicine Bulletin. 2016;15:182-9. (
8. Turkish Statistical Institute. Adressed based population registration system results in http://www.tuik.gov.tr/ (accessed 14.03.2018)
9. Mandıracıoğlu A. Yaşlı sağlığının sosyal belirleyicileri. Ege Tıp Dergisi. 2016;55:6-11.
10. Li R-H, Wu Y-Y, Tsang H-Y. Besides depression, a number of physiological diseases are more important than physical function on the mental health of elderly adults in Taiwan. Community Ment Health J. 2018;54:204-10
11. Liu L-F, Tian W-H, Yao H-P. The utilisation of health care services by elderly people with National Health Insurance in Taiwan: The heterogeneous health profile Approach. Health Policy. 2012;108:246-55.
12. Şimşek H, Doğanay S, Budak R, Uçku R. Relationship of socioeconomic status with health behaviours and self-perceived health in the elderly: A community-based study, Turkey. Geriatr Gerontol Int. 2014;14:960-8.
13. Şimşek H, Meseri R, Şahin S, Uçku R. Prevalence of food insecurity and malnutrition, factors related to malnutrition in the elderly: A community-based, cross-sectional study from Turkey. Eur Geriatr Med. 2013;4:226-30.
14. Keskinoğlu P, Yaka E, Uçku R, Yener G, Kurt P. Prevalence and risk factors of dementia among community-dwelling elderly people in İzmir, Turkey. Turk J Geriatr. 2013;16:135-41.
15. Bledowski P, Mossakowsa M, Chudek J, Grodzicki T, Milewicz A, Szybalska A et al. Medical, psychological and socioeconomic aspects of ageing in Poland assumptions and objectives of the PolSenior Project. Exp Gerontol. 2011;46:1003-09.
16. Vrdoljak D, Markobic BB, Puljak L, Lalic DI, Kranjcevic K, Vucak J. Lifestyle intervention in general practice for physical activity, smoking, alcohol consumption and diet in elderly: A randomised controlled trial. Arch Gerontol Geriatr 2014;58:160-9.
17. Doğan A, Ceceli E, Okumuş M, Gökkaya KO, Kutsal YG, Borman P et al. Fizik tedavi ve rehabilitasyon polikliniklerine başvuran geriatrik hastaların özellikleri: Çok merkezli tanımlayıcı araştırma. Turk J Phys Med Rehabil. 2011;57:143-9.
18. Büker N, Altuğ F, Kavlak E, Kitiş A. Huzurevi ve ev ortamında yasayan yaşlılarda moral ve depresyon düzeyinin fonksiyonel durum üzerine etkisinin incelenmesi. Yaşlı Sorunları Araştırma Dergisi. 2010;1:44-53.
19. Bilge A, Elbay G, Koru T, Şahin S. Huzurevinde yaşayan yaşlıların bedensel ve ruhsal sağlık durumları ile beslenme durumları arasındaki ilişki. Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi. 2017;6:40-5.
20. Belvis AG, Abolio M, Spagnolo A, Damiani G, Sicuro L, Cicchetti A et al. Factors associated with health-related quality of life: The role of social relationships among the elderly ın an Italian region. Public Health. 2008;122:784-93.
21. Fernàndez-Olano C, López-Torres Hidalgo JD, Cèrda-Díaz R, Reguena-Gallego M, Sànchez-Castano C, Urbistondo Cascales L et al. Factors associated with health care utilisation by the elderly ın a public health care system. Health Policy. 2006;75:131-9.
22. Westeway MS. The impact of chronic diseases on the health and well-being of South Africans in the early and later old age. Arch Gerontol Geriatr. 2010;50:213-21.
23. Fadıloğlu Ç. Home care in old age. In Health in Home and Care (Eds: Ç Fadıloğlu, G Ertem, F Şenuzun-Aykar):159-77. Ankara, 2013.
24. Bahar G, Bahar A, Savaş HA. Yaşlılık ve yaşlılara sunulan sosyal hizmetler. Fırat Sağlık Hizmetleri Dergisi 2009;4:86-98.
25. Tel H, Güler N, Tel H. Yaşlıların günlük yaşam aktivitelerini sürdürme durumu ve yaşam kaliteleri. Hemşirelikte Araştırma ve Geliştirme 2011;2:59-67.
26. Altay B, Çavuşoğlu F, Çal A. Factors affecting the health perception, quality of life and health-related quality of life of the elderly. TAF Prev Med Bull. 2016;15:181-9.
27. Eser S, Saatli G, Eser G, Baydur H, Fidaner C. World health organisation quality of life for the elderly WHOQOL-OLD module: Turkey fieldwork Turkish version reliability and validity of results. Turk Psikiyatri Derg. 2010;21:37-48.
28. Lijuan L, Kun S, Weimin R, Yue W. Living alone, health and preventive care use among the elderly in Shanghai, China. Journal of Medical Colleges of PLA. 2013;28:219-27.

29. Hu Y-N, Hu C-Y, Hsieh S-H, Li C-C. Assessment of individual activities of daily living and its association with self-rated health in elderly people of Taiwan. Int J Gerontol. 2012;6:117-21.
30. Palacious-Ceňa D, Hernàndez-Barrera V, Jiměnezgarcïa R, Valle-Martin B, Fernàndez-de-las-Peňas C, Carrasco-Garrido P. Has the prevalence of health care services use increased over the last decade (2001–2009) in elderly people? A Spanish population-based survey. Maturitas. 2013;76:326-33.
31. Josefsson K, Ehyhammar L. Threats and violence in Swedish community elderly care. Arch Gerontol Geriatr. 2010;50:110-3.