

An Assessment of Health Practices of Those Who Live Long: A Study of Elderly Persons in Vandeikya LGA of Benue State, Nigeria

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Abstract— Life expectancy as stated by WHO, and UNDESA for Nigeria in the last decades indicated that persons in Nigeria does not live up to 55 years. But over the years we have observed that there are persons that live more than WHO, and UNDESA life expectancy report. According to WHO and UNDESA the modifiable lifestyle factors such as exercise, alcohol status, smoking status and diet contribute greatly to longevity but are poorly practice by Nigerians. The study is therefore set to assess the health practices of those who live long: a study of elderly persons in Vandeikya LGA of Benue State, Nigeria. The cross-sectional survey design was used. The snowball and accidental sampling technique was adopted in all the twelve wards of the Local Government Areas. Using these methods, a total of 183 participants were used in administering structured questionnaire. Twelve elderly persons including village heads of the age 60 years above was selected for focus group discussion. Data collected were analyzed through descriptive statistics and chart using statistics package for social science (SPSS). Results of the findings revealed that 34% of the respondents are from the age range of 76-80 years, 24.7 % from 65-69 years which is above 52.7 and 53.8 years life expectancy of Nigeria as listed by WHO, and UNDESA. The study also revealed that people did not eat balance diet and majority of them drink water from the stream or river, majority 82.5% did not take part in exercise and carried out medical check-up (80.3%). The correlation was used to interpret the perceived level of influence of educational background and religious affiliation on longevity. From the correlation, there was a significant relationship between educational backgrounds, religious affiliation on longevity. Based on the finding of the study, it is recommended among others that WHO, and UNDESA should update their finding on life expectancy in Nigeria for proper documentation, and intensive health education should be carried out in the area to improve the awareness on best health practices among elderly persons in the area to enhance their longevity.

Index Terms— life expectancy; longevity; health practices; elderly persons; Vandeikya.

I. BACKGROUND TO THE STUDY

Aging and the aging process are part of human experiences. Every day that passes, a person is one day older, and the older a person becomes, the nearer he or she moves to

that stage of life in which everything in his make-up and the functions declines [5]. Old age is inevitable, it lies ahead of us. Stibch ,[32] , Skarnulis,[31] averred that ageing well means having a saving strategy to face the challenges that may come in one's way in life time. Changes in the body due to age can result in loss of muscle mass, changes in balances and other factors that impact day-to-day functions. Overcoming these changes requires solid strategy, preventive measures and a good health practices. It is pertinent to point out that a successful ageing may be viewed as an interdisciplinary concept spanning both sociology and psychology where it is seen as the transaction between society and individuals across the life span with specific focus on the later years of life [3]. The studies conducted by Rogers [25], Rollo [26], Rosenzweig and Rhee [27], Skarnulis, [3] shows that a healthy lifestyle can reduce the risk of heart disease by as much as 80%.

The concepts "life expectancy" and "longevity" describe two distinctly different things, although people tend to use them interchangeably. Life expectancy refers to the number of years a person is expected to live, relative to the statistical average. This statistical average is calculated based on overall population, including those who die shortly during and after childbirth, during adolescence or adulthood, those who die in war and those who live well into old age. The concept of life expectancy is also applied in ecological studies. Whether life expectancy is being calculated for plants, animals or humans, tables referred to as actuarial tables or mortality tables are used (Ananya, 2014; Lawal and Kodzo, 2006 as cited in [37].

A numerous factors influence life expectancy including gender, race, and exposure to pollution. It can be also influenced by educational status, spiritual practices, wars, natural disasters, accidents, income level and access to healthcare. Modifiable lifestyle factors such as exercise, alcohol status, smoking status and diet also affect life expectancy. Therefore, life expectancy varies from one individual to another [24]. However, epidemiologist and statisticians still note trends and patterns in terms of life expectancy across data sets obtained for various geographical areas. Longevity, on the other hand, refers to the maximum number of years that a person can potentially expect to live based on the greatest number of years anyone from the same data set has live. Taking human being as the example, the oldest documented age is 122 years, meaning that humans have a lifespan of 122 years (Lawal and Kodzo in Victor [37], Ananya[, 2].

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The life expectancy is calculated as the number of years a person is expected to survive based on the statistical probabilities. In mathematical terms, life expectancy refers to the expected number of years remaining for an individual at any given age. In formulaic terms, life expectancy is denoted by “*ex*”, where “*e*” represents the expected number of years remaining and “*x*” represents the person’s present age (Joshua, Colin, Christopher, and Brodie, 2001 in [37]).

According to Arias [4], Nicholette, [20], to calculate the age-specific death rates, different data groups that are believed to be associated with different mortality rates (such as smokers versus non-smokers) are considered differently or separately. The implication is that the data are then used to draw up a life table or actuarial table. These tables can be used to predict how likely it is that a person of a given age will die before their next birthday.

Scholars such as Okumagba [22], Sterns, Feldman, and Camp as cited in [37], Rowe and Kahn [28] alluded that growing old is a process that takes place in the human body even when we don’t seem to be aware. According to them, old age cannot be linked with ill – health or disability but it is the period of increased health problems to many. Advancing age and poor health are not necessarily synonymous as many people over 60 still claim robust health. Health practices are the behaviours of choice which affect ones fitness and health status. The lifestyles or health habits constitute what a person does and what he/she fails to do such as smoking, exercising, reading, overeating, dancing, inactivity, alcoholism, drug abuse and indiscriminative sexual practices [30]. Health practices are patterns of behavioural choices made from the alternatives that are available to people according to their socio-economic circumstances and the ease with which they are able to choose certain ones over other [17]. The range of choices available to the elderly is a function of education relationships, socialization, personality, physical and mental ability situational factors and goals, financial and other material resources (Oygand and Anderson, in [37]).

Healthy practices can help in preventing: high blood pressure, diabetes, weight gain, arthritis, stress and early mortality (WHO, 2016). On the other hand, the cumulative effects of unhealthy practices begin to produce noticeable differences in the health of the elderly who are physically inactive and/or were heavy smokers and consumers of alcohol versus those who were not. According to World Health Organization [42], there is a strong negative relationship between peoples mortality rates and health practices. This has serious negative consequences on the nation’s health status and survival. The World Health Organization, further highlighted conditions that promote unhealthy lifestyle or health practices such as lack of adequate health knowledge, acquisition of information about health matters and development of hazardous health practices in lifestyle. Halme, Seppa , Alho, Poikolainen, Pirkola, and Aalto [14]; Ruigomez, Alonso and Anto cited in [33] in their studies have shown that health practices such as exercise, recreation, physical activity, alcohol intake and body weight (under weight and overweight), can predict mortality in elderly people.

Thousands of people die every year from illness caused by environmental pollution and millions more suffer chronic diabetes such as diminished physical strength and endurance,

low intelligence and lack of alertness Within the environment, the poor elderly suffer most because they have no choice but to face unsanitary living conditions, exposure to infectious organisms and toxic chemicals, and lack of health services. The foods the elderly takes in mostly are carbohydrates more likely to have an important influence on their lifestyle [41].

II. STATEMENT OF THE RESEARCH PROBLEM

According to Okumagba, [22], Olowookere, [24] Population aging is a major by-product of demographic transition, which has occurred in most parts of the world. In the developed countries where the demographic transition started earlier, the elderly form a significant proportion of the total population. In the developing countries of Africa like Nigeria, ageing has only recently begun to emerge as a strategic area of social and policy concern. This is for fact that the elderly persons are a micro-segment of the entire population. Today, the proportion and size of the elderly have increased in number than what is used to be due probably to increase in health facilities and increase in life span [37], [22]. This therefore makes old age a social issue to wonder about.

The longevity of old persons demands care and support which entails high cost of medical care and other forms of care. The rise in the cost of living and high inflation has often made it difficult for many families to give the necessary care and support for the elderly. However, family care and support for the elderly is also believed to be a function of culture and social reinforcement [13], [22]. According to World Health Organization [42], the number of the elders aged 65 years and above, is expected to increase by 2025 from 600 million to 1.5 billion. In Nigeria, analysis of the 1991 National Population Census (NPC) also predicted that the population of the elderly aged 65 year and above would reach 5.8 million in 2005, 16 million in 2030 and 47 million by the year 2060. Moreover, the National Bureau of Statistics (NBS) in 2006 put the figure of those aged 60 years and above at 6.8 million (Idris, 2012). Similarly, United Nation Department for Economic and Social Affairs, UNDESA (2015) data on life expectancy puts Nigeria at 54 years. But presently, the population of the aged 65 years and above has increased significantly surpassing the life expectancy of 52.3 years by UNDESA in Nigeria [37], [13]. According to WHO [42] life expectancy in Nigeria are 54.7 for male and 55.7 years for female. Clearly, a disparity exists between theoretical age limit and practical age of the elderly in Nigeria. Hence this study set to find out if this disparity exists among elderly persons in Vandeikya L G A of Benue State.

On the basis of these discrepancies, this study seeks to find out what health practices people that live longer than expected might have been engage in over the years that make them live long. Doing this, will assists in policy making and social welfare planning for the elderly in the society. For proper guidance, studies conducted in the western countries have shown that participation in healthy practices and good dietary pattern results in longevity [37], [27], other studies have shown the importance of moderate exercise and physical activity for promoting good health [5], [23]. However, very little research has actually identified the practices that may be responsible for longer lifespan in Vandeikya LGA of Benue State, Nigeria. Thus, additional study is necessary to

investigate the health practices that influence longevity among the elderly in Vandeikya LGA of Benue State. Many studies such as the one conducted by Fajemilehin and Odebiyi [13], Nicholette and Melkus, [20], Olanrewaju, Tajudeen and Babadere [23], Okumgba [22] have focused on the relationship between a particular health behaviour factor and survival throughout life; these studies point to the importance of healthy practice behaviours by adhering to high quality diet, not smoking, and being physically active, regular exercise and for achieving long-term health gains and left out the aspect of spiritual practices. This study seeks to investigate the modifiable and non-modifiable health practice behaviour factors and their effects, separately and as it relates to the longevity of the elderly person in Vandeikya LGA of Benue State, Nigeria. The factors under investigation are: family Care and Support; Physical activity; Nutrition (dietary); Exercise and recreation; Medical care utilised; and Spiritual Health practices.

III. OBJECTIVES OF THE STUDY

1. To use the data to challenge the UNDESA/WHO for listing Nigeria as a nation where people do not live long.
2. To assess the health practices of those who live long in Vandeikya LGA of Benue State.
3. To find out the perceived factors that contributes to their longevity in Vandeikya LGA of Benue State.

III. LITERATURE REVIEW HEALTH PRACTICES/FACTORS THAT INFLUENCE LONGEVITY

The major cause of mortality in developed and developing countries of the world are disease in which lifestyle plays an important role. The main behavioural or lifestyle factors of concern, namely nutrition, physical activity, smoking alcohol consumption, drugs abuse and misuse, unsafe sexual practice, are modifiable and are a major focus of national and international health improvement strategies. Changing these factors in the direction of a healthier lifestyle patterns could postpone the age of onset of permanent morbidity, disability and death, and could have a major effects on quality of life in [37], [36], [37]. For example, health practice factors such as physical activity, dietary habits, medical care, mental and emotional care, spiritual and environmental health are related to relative weight Seidell and Flegal, 1997 in [37]; [17]; and Tremblay 1999 as cited in [24]. However, difference often exists between socio-economic groups in such a way that the most privileged often have healthier lifestyle. Because these behavioural factors are potentially modifiable, it is of interest to know whether and to what extent the association between socio-economic status and obesity can be explained by these factors. Molarius [17] reported that may lifestyle factors were related to obesity and socio-economic status, only a part of (18-29%) of the association between educational level and obesity could be explained by measure of lifestyle factors. One possible explanation for the fact that lifestyle factors only partly explain the socio-economic difference in obesity prevalence is that higher socio-economic status subjects may largely deliberately control their weight.

A. Socio-Economic Status

Socio-economic (financial status) and socio support are predictors of quality of life. It is documented that the quality of elderly family care is positively related to the income being better where the household income was higher. Studies show that elderly who worked in the formal sectors of economy were not as economically healthy as their colleagues from the informal sectors [23].

Socio-economic status (SES) is difficult to assess, particularly across countries or communities with different cultural habits, it is belief to be a significant factor in the determination of the elderly health practices. It can be deduced from the above that, the increase in longevity among the aged persons can be attributed to the fact that the socio-economic status of the elderly has greatly improved. Because of this, they can afford to take good care of themselves and fund their bills, unlike their counterpart, whose socio-economic status is very low to the point that they hardly feed well not to talk of funding their bills.

The importance of socio-economic status on the practice of physical activity, smoking, heavy use of alcohol and in particular of high intensity activities during leisure time has been identified in numerous studies [12], [12]; [37]. Different reasons can be given for this. People with lower socio-economic status are more likely to have manual jobs with higher physical demand. In addition, the access to some recreational activities may be limited due to their cost, thereby resulting in the intake of stimulants (drugs and alcohol) to increase their physical strength for the required energy dispensing. Their counterparts with high socio-economic status have money and other influence to enjoy themselves. Cases of obesity, liver cirrhosis, HIV/AIDS, hypertension and other cardiovascular diseases are more rampant among this social group due to their sedentary lifestyle, high consumption of alcohol, poor nutritional habits [30].

B. Level of Education

The level of education of elderly persons influences both their accessibility to information and the ability to process new information; thus, elderly persons with a higher level of education are able to assess and understands the nature of new technology and its risks. In general, the elderly with a higher education are more open to new ideas that help to modify their health practices. In a study conducted on the distribution and determinants of sedentary lifestyle in the European Union by in [37], individuals with a higher educational level (secondary or third level of education) were significantly associated with a lower level of sedentary lifestyle both among men and women. Elderly with high educational levels showed lower prevalence of sedentary lifestyle. This result is consistent with the findings of Crespo, Ainsworth, Keteyian, Health and Smith [10] which confirms that education influences health through health behaviour this correlation is not entirely understood. The individual's level of education also influences his/her dietary habits (over and under nutrition), and its health implications.

C. Nutrition/Food Intake

Nutrition is the health what drug is to the body too and this is coming to the fore as a major modifiable determinant of chronic disease, with scientific evidence increasingly supporting the view that alterations in diet have strong effects, both positive and negative, on health throughout life. Nutrition is the entire process by which our bodies absorb and

make use of foods; nutrients are those substances in foods that sustain our bodies. Nutrients serve three basic functions: (i) building and repairing the body tissues (ii) regulating body processes and (iii) supplying energy [30]. Food choice is an important determinant for health. Poor or unbalanced diets as in the case of excessive eating- a health practice factor, are risk factors for several chronic disease. A diet characterized by a high proportion of high-fat dairy foods, fatty containing sugars and by a low proportion of vegetables, fruit, cereals and legumes poses an increased risk of non-communicable disease, such as cardiovascular diseases and cancer. Shehu, [30] diet has been known for many years to play a key role as a risk factor for chronic disease [42]. Hunger, malnutrition and poor lifestyle remains among the most devastating problems facing the majority of the world's poor and needy people and nearly 30% of humanity are currently suffering from one or more of the multiple forms of malnutrition [41]. Dietary and health practices influence the risk of chronic disease. The (WHO/FAO observed, "To a large extent, physical activity and nutrients share the same metabolic pathways and can interact in various ways. These influence the risk and pathogenesis of several chronic diseases. As such lack of physical activity is already a global health hazard prevalent and rapidly increasing problems in both developed and developing countries, particularly among poor people in large cities" aside from nutrition, other principal risk factors for chronic disease are; tobacco use and alcohol consumption, and are to be placed at the forefront of public health policies and programmes. The burden of chronic disease is rapidly increasing worldwide. It has been calculated that, in 2001, chronic diseases contributed approximately 60% of the 56.5 million total reported deaths in the world and approximately 46% of the global burden of diseases, and the proportion of the burden of NCDs is expected to increase to 57% by 2020 [41,42]. Almost half of the total chronic disease deaths are attributable to cardiovascular disease, with obesity and diabetes also showing worrying trends, not only because they already affect a large proportion of the aged population, but also because they have started to appear earlier in life.

D.Exercise

Growing old is inevitable in life, and it is accompanied by a decline in functional capacity due to certain reorganized degenerative changes that accompany the aging process [37]. It has been shown that, as much 50 percent of this decline in functional capacity is due to lack of in activity that can be prevented by regular exercise [38]. Older adults who participate in aerobic exercise programme have had a decline in their functional capacity greatly slowed down, and some have recorded aerobics capacities equal to sedentary person 25 years of younger.

Heydarnejad and Dehkordi [15] postulated that exercise can improve and maintain Health Quality of Life (HQL) and increasing the HQL is one of the primary goals of health improvement in older persons. Various modes of exercise have been offered to improved physical functions and HQL in older adults. The goal of exercise for the elderly is to reserve capacities and therefore maintain the ability of performs daily activities. Exercise and recreation are the two most interrelated activities that people often depict as being frivolous, lazy and worthless adventures. In the past, majority of the people saw exercise and recreation as an opportunity to

play with their peer group. The rapid pace of medical and technological advancement revealed the indispensable and inherent values of exercise and recreation in maintenance of healthful living [23]. Taylor, Walker [38] observed that, in order to keep our body and mind healthy; they must constantly be put into active use. Life according to him is something moving, something dynamic, and if we allow our body and mind to be inactive, we are acting contrary to the forces of life. Udoh [33], Walker, [38] and US department of Health and human services in [37] concluded that vigorous exercise was shown to increase longevity.

E. The Influence of Spiritual Practices of Health of Those Who Live Long

It has been observed that spiritual practices tend to improve coping skills and social support, foster feelings of optimism and hope, promote healthy behaviour, reduce feelings of depression and anxiety, and encourage a sense of relaxation. By alleviating stressful feelings and promoting healing ones, spirituality can positively influence immune, cardiovascular (heart and blood vessels), hormonal, and nervous systems [8]. An example of a religion that promotes a healthy lifestyle is seventh Day Adventists, four square, Redeemed, Apostolic, Islam et. Al. those who follow this religion and other religion, a particularly healthy population, are instructed by their church not to consume alcohol, eat pork, or smoke tobacco. Zemore, [43] in a 10 years study of seventh day Adventists in the Netherlands, researchers found that Adventist men lived 8.9 years longer than the national average, and Adventist women lived 3.6 years longer. For both men and women, the chance of dying from cancer or heart disease was 60 to 66% less, respectively, than the national average [12]. Again, the health benefits of religion and spirituality do not stem solely from healthy lifestyles. Many researchers believe that certain beliefs, attitudes, and practices associated with being a spiritual person influence health Sulmasy, 2009, Ironson, Solomon Balbin et al, in [33].

It is a long-standing teaching of the Church that one cannot praise God enough, and in praising him one obtains healing. Therefore, in our sick bed, troubles times, and at the death of our dear ones, we are to praise God. Christian healing ministries make use of Psalms profusely in their healing activity. The Psalms generally recommended range from that of praise such as Psalms 100, 146, 148 to vindictive ones like Psalms 35, 109, 120 and so forth. Enemies of the agents who perpetrate illness are believed to be always fought with these Psalms and prayers. Apart from Psalms, other prayers are used and recommended, all in the name of Jesus, as instruments of healing. It is a common belief among Christian healing ministries that every sickness must go when fought against with prayer [1], [39].

IV. METHODOLOGY

Vandeikya LGA was carved out of Gboko LGC in 1976. It is located between latitude 7°5' and 7°15' north of the Equator and Longitude 9° and 9°6' east of Greenwich. The projected population of the local government is 316,600 (National Population Commission, 2016). It has a landmass of 183,939 square metres (0.7 sq miles) with a population of well over 80,288. Vandeikya is in the South Eastern part of Benue State and shares boundaries with [Obudu](#) and [Bekwara](#) in Cross River State to the East, Ushongo to the North and Konshisha LGA to the West. There are twelve administrative council

wards namely Mbadede I, Mbadede II, Mbagbam, Mbagbera, Mbajor, Mbakaange, Mbakyaha, Mbatyough, Mbayongo, Ningev, Nyumagbagh, Township and Tsambe. The indigenous community is the Tiv people who speak the Tiv language. The Vandeikya people are a hospitable group and are predominantly Christians with a few traditionalists. Vandeikya Local Government area is dominated by undulating terrain with much of the area being below 183 m (600 ft) above the sea level. Agriculture is the mainstay of the people; with arable land for sheep, goats and cattle rearing. Over 80% of the population are directly engaged in the peasant farming of virtually all major food crops, with concentration on rice, sweet potatoes, cassava, sorghum, citrus, spices, pepper, groundnut and bambara nuts. The cross-sectional survey method was used to elicit information from the respondents. The entire local government was divided into twelve clusters according to the districts areas in Vandeikya LGA of Benue State. The snowball and accidental

sampling technique was adopted for the study. From each of the districts areas of the LGA, men and women aged 65 years and above were drawn. The researcher and eight trained research assistance administered 183 copies of questionnaire to the sample population. Twelve elderly persons that is one from each of the 12 wards were purposively selected for focus group discussion to compliment the information gathered with the use of structured instrument. The questionnaires retrieved from the fieldwork were edited, audited, coded and data fed into computer using the SPSS version 20 data based soft ware. The analysis of data was done using descriptive data. Variables were quantified in the table and frequency distributions run in percentages. An analysis was done on both results from the interview responses with which conclusions were drawn.

V. RESULT AND DISCUSSION

Table 1:- Socio- Demographic Characteristics of the Respondents

sex	Frequency	Percent
male	108	56.8
female	75	44.2
Total	183	100
Age		
65-69	47	24.7
70-75	40	21.1
76-80	62	34.6
81 above	34	17.6
Total	183	100
educational background		
non-formal	91	47.9
primary	39	20.5
secondary	26	13.4
tertiary	27	18.2
Total	183	100
occupation of respondent		
petty trader	47	24.7
civil servant	18	9.2
farmer	99	57.1
retiree	19	10.0
Total	183	100
Religious Affiliation		
Christianity	136	76.3
traditional	47	24.7
Total	183	100
monthly income of respondent		
50,000-100,000	23	12.1
150,000-200,000	27	16.2
250,000 and above	37	19.5
I don't know	96	53.2
Total	183	100

Source: field work, 2019.

The information in the table above shows that majority 56.8% of the respondents are male, while 44.2% are female. This indicates that more male participated in the study. It is also revealed that majority of the respondents 32.6% were within the age range of 76-80 years old 24.7% were within the age range 65-69, 21.1% were within the age range of 70-75 years, 32.6 were within the age range of 76-80 years old and 17.9% fall within the age range of 81 and above years. The data on age clearly shows that there are the existences of people that live above the age limit stated by WHO. This becomes compulsory to investigate the influence of health practices on their longevity. In addition, the table indicates that majority of the respondents 47.9% have no formal education, 20.5% have primary school education certificate, 13.7 have secondary school certificate and 14.2% obtained higher certificate. This shows that the study covers all level of

educational in the local government area, and this might have influence on their health practice. The data on occupation of the respondents shows that majority of them 52.1% were farmers, 24.7% were petty traders, 9.5% were civil servants and 10% were retirees. This implies that most of the old persons in the local government area are farmers. This might be attributed to the fertile soil of the area. The row data on religious affiliation of the respondents shows that 71.6% were Christians, 24.4% were traditional worshipers. This implies that people in Vandeikya local government area are mostly Christian. The table also indicates that majority of the respondents 50.5% did not know how much they earned a year, 14.2% earned about 150,000-200,000, 19.5% earned 250,000 and above and 12.6% earned about 50,000-100,000 a year. This gives an insight on the annual income of the old persons in the local government area.

Table 2: Responses on food intake/Nutritional Practices and long life In Vandeikya LGA.

How many times do you eat a day?	Frequency	Valid Percent	Do you consume fruits or vegetable a day?	Frequency	Valid percent
once	42	23.0	yes	22	12.0
twice	92	50.3	no	126	80.9
more than two times	49	26.8	yes, but not always	35	7.1
Total	183	100	Total	183	100
Do you take break- fast every day?			Do you drink alcohol or smoke?		
yes	40	21.9	yes	109	59.6
no	143	78.1	no	74	40.4
Total	183	100	Total	183	100.0
Do you eat at least one serving of daily food like milk, cheese, yoghurt per day?			Do you believe that what you eat contribute to your long life?		
yes	51	27.9	yes	36	19.7
no	132	72.1	no	147	80.3
Total	183	100	Total	183	100.0

Source: Field Work, 2018

Data presented in table two in respect to food intake / nutritional practice of the respondents indicate that 50.3% eat twice a day, 26.8% eat more than twice and 23% eat only once a day. The table also shows that 80.9% did not consumed fruits or vegetable a daily, 12% agreed that they eat fruits and vegetables daily and 8.1% opined that they eat fruits and vegetable but not all times. The table also indicates that 78.1% did not eat breakfast, 21.9% eat breakfast every day. Furthermore, the table indicates that 59.4% drink alcohol and 41.6% is not alcohol drinker. In addition, the table shows that 72.1% do not eat at least one serving of daily food like milk, cheese, yoghurt per day, and 27.9 eat at least one serving of daily food like milk cheese, yoghurt. The table in respect to respondent perception on whether the food they eat influence their longevity indicates that 19.7% agreed that the

type of food they eat influences their longevity while 80.3% disagreed that the food they eat have no influence on their long life. In focus group discussion, one of the elder man respondent who claimed to be about 84 years who spoke in Tiv dialect said:, *Mhemban yan kwaghyan kwa mon ken yange man ka ihemba lum "Akpu", this can be translated as ,I mostly eat once a day and it is mostly "Akpu" (fermented cassava).* Another respondent who spoke with me in pigin said that: *I no dey get food like yoghurt, milk to drink, I like drinking "gogoro" (I don't take yoghurt and milk, but only hot alcoholic drinks).* Another participant said in Tiv language that: *"mye atamakyon man ahuyayue, kpa ka hamashien ga, mhemba soon Nyam ndor"* meaning I eat fruits and vegetable but not always, I prefer fresh meat. A traditional ruler of Mbaduku who is said he is about 70 years old said that: *it is not eating good and quality food (balance*

diet) that keep people longer because there are some people who claimed to be eating good and quality food(balance diet) but they died before some of us. It is the decision of God to determine the longevity of the people. A respondent in Mbaakon who was said to be about 72 years said: for me, I mostly eat “iyo” or “Atsaka” (Yam, Sweet Potato) in the morning, in the afternoon, I eat “Rwuam iyo” (pounded yam) in the evening.

As a follow up of table 2, the chart shows that the common source of water available for drinking in the area is stream/ river water (43.2%), follow by well water (30%), treated sachet/ bottle water (13.7%) and pipe borne/ borehole water (13.1) respectively. The traditional leader in Mbagbera ward said that: the common source of water in my village is stream or river water and well water and People hardly drink treated sachet/ bottle water. Another respondent who was said to be 69 years in Inigev ward lamented that she drink mostly well water. Similarly another respondent in Mbaduku ward said: I drink stream water mostly but sometime I drink sachet water only when there is an organized occasion in my area.

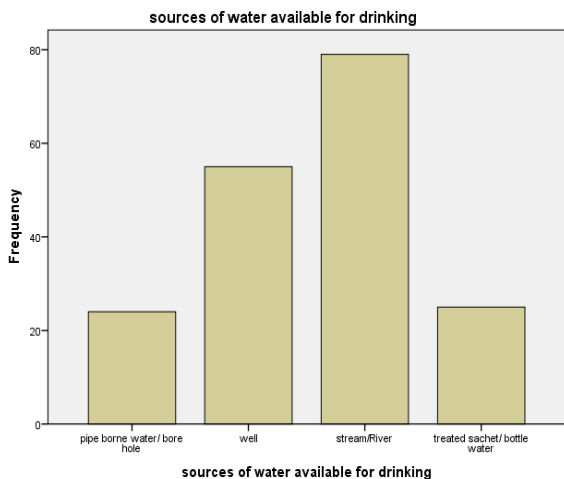


Table 3: Respondents responses on exercise and long life in Vandeikya LGA of Benue State, Nigeria. (Source: field work, 2018)

Do you exercise yourself every day?	Frequency	Valid Percent
yes	32	17.5
no	151	82.5
Total	183	100.0
If yes, what type of exercise does you like practicing?		
walking	34	18.6
I don't exercise	149	81.4
Total	183	100.0
Do you involve in farming activities?		
yes	131	71.6
no	52	28.4
Total	183	100.0
How often do you involve in farming?	frequency	valid percent
every day except Sunday	78	42.6
occasionally	105	57.4
Total	183	100.0
Do you think it is exercise that makes you to live long?		
yes	35	19.1
no	148	80.9
Total	183	100.0

The table above seek to elicit information on the respondents' perception on the importance of exercise on longevity. The row data shows that 82.5% do not take part in any of the exercise, 17.5 agreed to take part in exercise. The table also shows that 18.6% do only walking, 81.4 do not take part in any of the exercise. The information on whether the participants take part in farming activities indicate that 71.6 do farming activities, 28.4% do not take part in farming activities. 42.6% of those who took part in farming do it daily, 57.4% do it occasionally. Again, the respondent were asked their perception on the influence of longevity on long life

shows that 80.9% were of the view that it was not exercise that influence their long life, while 19.1% agreed that exercise influences their long life. In a focus group discussion, one the respondent with Higher National Diploma said that: he do walking every day to be physically fit. Two of the participant with non-formal education laugh and asked: *are old people taking part in exercise? I don't take part in any of the exercise because I am not young any longer.* Many of the respondents that took part in the discussion said that they do not know the important of exercise to long life.

Table 4: Responses on the respondents believe in God and long life in Benue State, Nigeria

Do you believe the existence of God?	Frequency	Valid Percent	Do you have a bible or prayer book which you read?	frequency	valid percent
yes	171	93.4	yes	101	55.2
no	12	0.6	no	82	44.8
Total	183	100	Total	183	100.0
Do you pray to God for long life?			Do you believe that persons with strong religious and spiritual beliefs live longer?		
yes	166	90.7	yes	144	78.7
no	17	9.3	no	39	21.3
Total	183	100	Total	183	100.0

Source: Field Work, 2018

The above seek to find out the respondent belief on the existence of God and long life shows that 93.4% believe in God, 0.6% did not. The table shows that 55.2% have a bible or prayer book, but many in these categories are Christians. The table also shows that 90.7% pray to God for long life, 9.3% did not pray to God for long life. The responses on whether the ones spiritual belief and practice has influence on long life shows that 78.7% agreed that their strong religious and spiritual beliefs help them to live long.

In a focus group discussion, one of the respondents who were regarded as the oldest woman in Nigeve ward said that: *she pray for her and her children long life and that she have strong believed in God as the giver of long life.* Another respondent in Tsambe ward also said that: *I stay in this world*

because of the mercy and love of God on me. A respondent in Mbazor ward lament that: *he is more than 75 years now, and he belief that it is God that protected him up to this point despite the fact that he has no son to give him good food. He painfully lamented that his parent died when he was 20 and 22 years old respectively.*

Another respondent and a petty trader who was 68 years old from Mbayongo ward said that: *without the mercy of God he would have not live out to this stage because he has faced a lot of spiritual attack from his kinsmen so God is the giver of long life.*

Table 5. Respondents responses on medical check-up and longevity of elderly persons

Have you ever gone to hospital or clinic for medical check-up?	Frequency	Valid Percent
yes	36	19.7
no	147	80.3
Total	183	100.0
if no, why didn't you go for medical check up		
no money	85	46.4
no hospital/clinic close to me	31	16.9
I don't know I am suppose to go for medical check up	67	36.6

Total	183	100.0
If yes, how many times do you go for medical check-up?		
once a year	84	46.2
twice a year	19	10.4
as much as I can	79	43.4
Total	182	100.0

The respondents were asked to indicate if they went for medical check-up or not. The result shows that 80.3% did not attend medical check-up, while 19.7% went for medical check-up. The result on why respondent failed to go for medical check-up indicate that 46.4% said they have no money, 36.6% said they don't know of the medical check-up. The table also shows that those that go for medical check up 42.2% attended it once, 43.4% said they go for it as much as they can. A respondent in Mbaduku ward lamented in pidgin

that: "I no get money wel I go go for hospital, my children sef no get money to take me go hospital" this can be translated as, I don't have money to go to hospital, even my children have no money to take me to the hospital.

Another respondents in Mbayongo council ward said that: I don't know that I am suppose to check myself in the hospital, but I know that I am suppose to go to hospital only when I am ill. A respondent in Mbadzor ward said that: I don't have resource to go to the hospital for medical check-up but I only go to clinic only when I am sick.

Table 6 Correction on religious affiliation and longevity * what do you think is the reason why you live long?

Variable	What do you think is the reason why you live long?				Total	
	God making	exercise	inherited from my parents	food intake		
Religious Affiliation	Christian	84	3	2	47	136
	traditional	30	5	6	6	47
Total		92	8	8	75	183
Chi-Square Tests		Value	df	Asymp. Sig. (2-sided)		
Pearson Chi-Square		30.474 ^a	3	.000		

Source: Field Work, 2018.

The table above shows a cross tabulation (Pearson chi-square). The table indicates that there is significant relationship between one's religious affiliation and long life.

This implies that those who are Christians have more believe that it was God that makes them to live long. This is because the chi-square value is greater than the df at 0.05.

Table 7 Correction on educational background and longevity

variable	What do you think is the reason why you live long?				Total	
	God making	exercise	inherited from my parents	food intake		
educational background	non-formal	65	5	0	11	81
	primary	16	2	0	14	32
	secondary	6	0	3	20	29
	tertiary	5	1	5	35	46
Total		92	8	8	75	183
Chi-Square Tests		Value	df	Asymp. Sig. (2-sided)		
Pearson Chi-Square		55.254 ^a	9	.000		

Source: Field Work, 2018.

The table above indicates that there is significant relationship between the educational backgrounds of the respondents and the perceive factor that influence longevity in Vandeikya LGA of Benue State. It has been revealed above that those with non- formal education, primary school certificate believes that it is the mercy of God that keep them up to the age, while majority of respondents with secondary certificate and tertiary certificate arraigned themselves with food- intake as best practice that contributed to their longevity.

respondents are from the age of 65 and above. This study therefore rejects the classification by United Nations Economic and social Affairs [34, WHO [42] life expectancy table which put Nigeria men at 51.97 and women at 52.6 years. This implies that men and women in Nigeria particularly Vandeikya Local government of Benue State live longer than they perceived. The responses from the questionnaire, as well as focus group discussion in respect to health practices of elderly people help in providing answer to objective two.

VI. DISCUSSION OF FINDINGS

The finding on age shows that (table one) all of the

The finding also shows that majority of elderly people in Vandeikya Local Area did not eat balance diet and drink treated water. They consumed more of starchy food and

carbohydrate. This finding agreed with WHO [41] that the foods the elderly takes in Africa is mostly carbohydrates more likely to have an important influence on their lifestyle. The study also revealed that elderly persons in the area 82.5% did not take part in exercise. This means that the exercise has no influence on their longevity. This finding disagreed with Udo [33] who postulated that exercise can improve and maintain Health Quality of Life (HQL) and increasing the HQL is one of the primary goals of health improvement in older persons. The finding also shows that elderly persons in the area strongly take part in church and spiritual activities for their long life. the study tallies with WHO,[41] who averred that Hunger, malnutrition and poor lifestyle remains among the most devastating problems facing the majority of the world's poor and needy people and nearly 30% of humanity are currently suffering from one or more of the multiple forms of malnutrition.

The finding on objective two which seek to find out factors that contribute to the longevity of elderly people in Vandeikya LGA shows that majority of the respondents attributed their longevity to God. The respondents on these categories were Christians, and those from lower educational background. Those with higher educational background arraigned themselves with nutrition as contributed factor for longevity. This finding agreed with Alia,[1], Wegh, [39] who opined that it is a common belief among Christian healing ministries that every sickness must go when fought against with prayer. The finding of this study therefore, has been able to highlight the factors that influence the elderly people to live longer than the stipulated UNDESA [34], WHO [42] life expectancy record for male 52.29 and females 51.97 years. According to WHO (2018) life expectancy in Nigeria are 54.7 for male and 55.7 years for female. Deducing from the above findings, it is becomes clearly to state that spiritual health have more significantly related to persons who live long in Vandeikya LGA of Benue State, Nigeria.

VII. CONCLUSION

Health practices are generally considered a personal issue, however, health practices and social practices or ways of living adopted by elderly persons which reflect personal, group and socio-economic identities. Although health practices reflects individual identities, they are primarily a reflection of the norms and values of the group to which individual belong. Healthy practices can be defined as collective patterns of health-related behaviour, based on choices made from available options. This suggests that health is related to choice of lifestyle and demographic parameters such as religious affiliation, age, education, socio-economic and marital status, and lifestyle Victor [37], Fajemilehin and Odebiyi [13].

VIII. RECOMMENDATIONS

Based on the result of the findings, the following recommendations are made:

- i. The WHO, and UNDESA should update their finding on life expectancy in Nigeria for proper and accurate documentation.
- ii. Health Education should be intensified in the area to

improve elderly awareness of the consequences of unhealthy practices with the intention of encouraging them to adopt best better health practice such as eating of balance diet, exercise because regular exercise enhance good blood circulation, reduce stress, control obesity and prevent heart diseases.

- iii. The elderly persons should pay more attention to their food intake by eating more fruits, vegetable, iron reduce their salt/ sugar intake as well as reduce eating of red meat and should always take their breakfast for optimal longevity.
- iv. The Benue State government should be endeavouring to improve the socio-economic level of the elderly by regular payment of their pension, making available portable water and establishment of agency that could be handling the affairs of the elderly persons in the state.
- v. Religious and community leaders should be engage in a crusade of promoting health practice of elderly persons.
- vi. The government and non-governmental organisations should create more awareness and make health care facilities available for continues medical check-up by elderly persons to enhance their longevity.

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