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CONTENTS

Health Practices and Longevity: A Study of the Elderly in Akwa Ibom State, Nigeria

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Abstract
Health practices are patterns of behavioural choices made by an individual from the alternatives that are available according to their socio-economic status. The UNDESA report gives the life expectancy for Nigerians to be below 54 years. We re-examine the 2015 UNDESA report vis-a-vis *the health practices of the Elderly in Nigeria using Akwa Ibom State as reference. The study adopted descriptive survey design and using the multistage sampling technique purposively identify and included men and women aged 65 and above. A total of 24 local government areas were covered in this study and a sample size of 384 respondents were selected using the Bill Godden formula for infinite population. Data collected were analysed using the descriptive statistics The findings showed that 39 percent of the respondents were between 70-74 years. From the correlation matrix, there was a significant relationship between Nutrition and food intake and longevity. Improvement in the socio–economic status of the elderly by regular payment of their pension; as well as increased attention to their health by relevant individuals and groups among other measures that will further promote their longevity are strongly recommended.*

Keywords: Health practices, life expectancy, longevity, the elderly

Introduction

Aging and the aging process are part and parcel of human experiences. As each day passes, a person is one day older, and the older a person becomes, the nearer s/he draws closer to the stage in which biological deterioration of biological tissues become more evident (Ayoade, 2012). As a corollary, aging as a natural process is inevitable. Indeed, ageing well, socially speaking, means having had a saving strategy to face socioeconomic and health challenges that may manifest later in life.

Changes in the body due to age can result in loss of muscle mass, changes in balance and other factors that impact day-to-day functions. Overcoming these changes requires well-thought out strategy, preventive measures and some level of commendable of common sense applications to varying contexts (Stibch, 2010). Successful ageing may be viewed as an interdisciplinary concept spanning both psychology and sociology where it is seen as the transaction between society and individuals across the life span with specific focus on the later years of life. A healthy lifestyle can reduce the risk of heart diseases by as high as 80 percent (Skarnulis, 2006).

Ekong (2006) opined that growing old is a process that takes place in the human body even when it may not be fully discernible how that works. Although old age may not be linked with ill–health or disability, it is a period of increased health challenges for many. Advancing age and poor health are not necessarily synonymous as many people over 60 years still report robust health. Health practices are the behaviours of choice which affect an individual's fitness and health status. The lifestyle or health habits constitute what a person does and what s/he fails to do such as smoking, exercising, reading, overeating, dancing, inactivity, alcoholism, drug abuse and indiscriminative sexual practices (Shehu, 2005). Additionally, health practices are conceived as patterns of behavioural choices made from 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 others (Molarious, Berglund, Eriksson, Lambe, Nordstrom, Eriksson and Feldman, 2007). 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 (Anderson, 1998).

Healthy practices can help in preventing conditions such as high blood pressure, diabetes, weight gain, arthritis, stress and early mortality. 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. 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 (Halme, Seppa, Alho, Poikolainen, Pirkola and Aalto., 2010; Rulgomez, Alonso and Anto., 1995).

Statement of the Problem

Population aging is a major by-product of demographic transition, which has occurred in most parts of the world. In more developed countries where the demographic transition started earlier, the elderly form a significant proportion of the total population (Okumagba, 2011). In less developed countries of Africa, ageing has only recently begun to emerge as an area of social and policy concern. This was so because the elderly constitute a micro-segment of the entire population. Presently, 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. This therefore makes old age a social issue to ponder on.

The longevity of older 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 elderly people. However, family care and support for the elderly is also believed to be a function of culture and social reinforcement (Kalache, 1990; Sijuwade, 1991).

According to World Health Organization (WHO, 2008), the number of the elders aged 65 years and above, is expected to increase by 2025 from 600 million to 1.2 billion. In Nigeria, analysis of the 1991 National Population Census (NPC) also predicted that the population of the elderly aged 65 years 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 60years and above at 6.8 million (Idris, 2012). Conversely, 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 even in Akwa Ibom State has increased significantly surpassing the life expectancy of 52.3 years by UNDESA. Clearly, a disparity exists between theoretical age limit and practical age of the elderly in Nigeria.

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 assist 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 (Lampman, 2002). However, very little research has actually identified the practices that may be responsible for longer lifespan in Akwa Ibom State. Thus, additional study is necessary to investigate the health practices that influence longevity among the elderly in Akwa Ibom State.

This study sought 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 in Akwa Ibom State, Nigeria. The factors under investigation are: Physical activity; Nutrition (dietary) and Spiritual Health.

Review of Literature

Related literatures were review in line with the objectives for understanding of health practices and longevity among the elder in Akwa Ibom State, Nigeria. As a result, it was pertinent to clarify some of the terms and variables such as Ageing, Health Practices, Physical Activity, Nutrition/Food Intake, Spiritual Health.

Ageing

Aging is a universal phenomenon that is obvious as well as inevitable. Old age is a significant stage in life and normally related to life expectancy of given area, hence the conditions and the needs of the aged becomes imperative. Preparation for old age cannot be over emphasized. Aging can be observed as a consistent pattern of change that every human being undergoes, starting at a very slow rate at around age 30, and progressing at a more rapid rate beyond age 65 (Olowookere, 2003).

The concept of aging is multifaceted. This is because its in-depth description or explanation covers diverse areas of human development. There

are chronological, biological, psychological and social, functional dimensions of aging (Papalia, Feldman and Camp, 2002; Hoyer and Roodin, 2003). The chronological dimension describes the number of years that have slipped away since one's birth while the biological explains the status of vital organs of the body as an individual advances in age. The psychological dimension focuses on individuals' ability to adapt to environmental demands/challenges while social dimension sheds light on how an individual conforms to written and unwritten norms, roles expected of him/her by the society in which he/she operates. The conceptualizations of health practices include the degree of satisfaction of an individuals perceived psychophysiological needs (Dalkey, Lewis and Syder, 1997), and the degree to which the environment is perceived as facilitating or retarding one's functioning capability (Pflaum, 1973).

Health Practices

The concept of health practice is useful when describing and analysing a particular group behaviour, and has received a considerable attention from researchers particularly those in the fields of health promotion and health maintenance. It recognizes the integrated and holistic nature of man's functioning capacity. It considers the relative priority and the unique configuration of values, activities and their interrelationships. It acknowledges the dominance of one interest, which influenced all other activities including social relationships. People, consciously or unconsciously, have their own health practices, which fit within the general framework of a larger health practice. For some, work is the dominant element of their existence; others base their hopes and future in family relationship.

Health Practices to some scholars is referred to as health behaviour while to others is lifestyle, but for the purpose of this study, it will be used interchangeably with health behaviour. Health practice is a very broad concept which encompassing a number of human activities. Burada (1994) described health practice as patterns of behavioural choices made from the alternatives that are available to people according to their socio-economic circumstances and to the ease to which they are able to choose certain ones over others. Various definitions have been suggested. In what is frequently cited as a classic definition, Kasl and Cobb (1966) present a very broad and inclusive definition of health behaviour as "any activity undertaken by a person believing himself to be healthy, for the purpose of preventing disease or detecting it in an asymptomatic stage". Health practices are generally considered a personal issue.

However, health practices and social practices are ways of living adopted by elderly 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 age, education, socio-economic and marital status, and lifestyle.

Benefits of Healthy Practice

A multitude of psychological benefits are associated with an active health practice (International Society of Sport Psychology, 1992; Morgan and Goldson, 1987; Singer, Murphy and Tennant., 1993 and Berger, 1996). Accumulating evidences suggests that for members of the general population, planned and structured physical activity is associated with psychological benefits in four broad areas: enhance mood, stress reduction, a more positive self-concept and higher quality of life.

Though exercise, good diet, safe sex, avoidance of smoking and alcoholic consumption is associated with healthy practice, but only a small proportion of the population of the aged accrue these benefits. Obviously, knowledge (that a particular behaviour has other good or deleterious influences on our health) does not consistently affect our behaviour. Most elderly people, for example, are aware that smoking is unhealthy, but many still smoke. A diet high in fat is unhealthy, yet we eat French fries and ice cream. It seems that personal enjoyment, emotional reactions, habit, and convenience are more important determinants of our behaviour than is knowledge about benefits and/or the health consequences. The promotion and maintenance of healthy practice is the responsibility of an individual (aged and young), community and the government. To this end, Borg and Kristensen (2000) suggested the following tips on how to maintain a healthy and active health practice. Please don't smoke, drink alcohol or use street drugs; minimize prescription drugs; exercise regularly; avoid processed food; avoid sugary drinks and candy; avoid people or situations that consistently bother you; drink plenty of clean water; spend time outdoors regularly; eat small nutritious meals at regular intervals; go to bed and get up at the same time daily; get enough rest and; laugh, play, sing, dance and do something funny every day (Borg and Kristensen, 2000).

Physical Activity

Physical activity is one of the most basic human functions. Long walk and swimming during weekend for retired (aged) person is important. Physical activity has potential to improve health and well-being. It is positive health behaviour. The technical definition of physical activity is "any force exerted by skeletal muscles that results in energy expenditure above resting level. This broad definition means that virtually all types of physical activity are of interest, including walking or cycling for transport, dance, traditional games and pastimes, gardening and house work, as well as sport or deliberate exercise. In the 21st century, however, everyday life offers fewer opportunities for physical activity, and the resultant sedentary health practices have serious consequences for public health.

Engaging in active leisure activities later in life has been shown to be a significant predictor of well-being, increase morale and successful aging

(Stathi, Fox and Mckenna, 2002 and Netz, Wu, Becker and Tenembaum. 2005). There is a belief that physical activity and exercise have positive effects on mood and anxiety and a great number of studies describe an association of physical activity and general well - being, mood and anxiety. Physical activity can reduce symptoms of depression and possibly, stress and anxiety, it may also confer other psychological and social benefits that affect health, like. building of social skills, self-esteem and improve the quality of life (Dunn and Others, 2001).

Nutrition/Food Intake

Nutrition is to 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: (1) Building and repairing the body tissues; (2) regulating body processes and (3) supplying energy (Shehu, 2005).

The need to pay special attention to the nutrition of the elderly emanates further from the fact that, nutritional needs of individual change with age basically due to some physiological changes that come with the process of ageing. Masoodi (2009) identified the nutritional needs of the older adults that prolong that life as fellows;

i. Energy for maintaining and balancing the metabolic stages of the cell, saving body's protein and safeguarding the activity of the muscles. For this purpose, they are required to take pure meat, fish, eggs, skimmed milk and grains in their diet.
ii. Reduces fat intake to prevent illness such as diabetes, high blood pressure, cardiovascular illness, kidney and liver failure. Also reduces intake of simple and complex sugars.
iii. They are encouraged to take fibers that are soluble in water like carrot, beans, oranges, which help to lower the blood sugar level.
iv. Elderly are expected to take liquids like 6 – 8 glasses per day
v. Trace element (minerals) such as; calcium, zinc and iron should be taken.

Spiritual (Religious) Health

One may ask, what is it that brings true joy and fulfillment in life? Is it a good job or a new car? Is it family and friends? Even amidst friends, family and material possessions, many people are left lonely and unfulfilled. We have heard a lot from the medical field about physical health, mental health, and our social connections, but the effect of spirituality on health is often overlooked or dismissed. (Longo, Peterson, 2002). However, these four dimensions (physical, mental, social and spiritual) are aspects of life that need to be brought into balance in order for our lives to be as rewarding as possible.

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).

In most healing traditions, and in the beginnings of Western medicine, concerns of the body and spirit were intertwined. But with the coming of the scientific revolution and enlightenment, these considerations were removed from the medical system. Today, however, a growing number of studies reveal that spirituality may play a bigger role in the healing process than the medical community previously thought (Jonas, 2001).

Theoretical Framework

Sociological theories of aging differ from biological theories because they tend to focus on roles and relationships that occur in later life. Major sociological theories of aging include: disengagement theory, activity theory, and continuity theory (Tabloski, 2006). For this study, continuity theory will be used as the theoretical standpoint.

Continuity Theory

Theories regarding aging are centered on a basic attempt to better understand the physical, social, and psychological effects that occur during the process of aging. Better understanding and knowledge of this process leads to the development of various ways by which the experience of this process can be improved and enhanced. Based on these varied approaches, various psychosocial, physical, sociological and biological theories of aging have been proposed. This theory was first proposed by Robert Atchley in 1971, through his article 'Retirement and Leisure Participation: Continuity or Crisis?' published in the journal The Gerontologist. He later published another article 'A Continuity Theory of Normal Aging' in the same journal, where he further developed his previously proposed theory. He expanded it so as to cover a wide range of internal and external constructs related to an individual's aging. This theory was further strengthened and refined by him in his book 'Continuity and Adaptation in Aging: Creating Positive Experiences'.

Continuity theory emphasizes continuity over the life course. Atchley (1999b) says that people age best if they can view change in later life within an existing pattern of thought or behaviour. People also adapt best if they can use strategies from their past experience to cope with current challenges. Atchley applies continuity theory to internal structures such as a person's sense of self. He also applies it to external structures like the environment, relationships, and activities. Continuity theory suggests that mildly active people in their middle years will feel most stratified with a mildly active old age. Very active people will stay very active. Atchley says that a person's own preferences and social expectations create continuity in later life.

From the angle of the desire to live long, with the continuity theory in mind, the elders desire to live long, has prompt some to adopt (continue)

healthy behavioural lifestyle that will promote their health positively. Thus, this theory was adopted because; it seeks to discuss all the health practice variables (internal and external structure). Because of this health behavioural consciousness, the elderly tends to practice healthy lifestyle continuously despite their age with the desire to live long.

Methodology

The study adopted survey research design. The study area was Akwa Ibom State, Nigeria. The population of the study consists of all elderly men and women aged 65 years and above in Akwa Ibom State. The Bill Godden's (2004) formula for infinite population was used to estimate a sample size of 384, because the actual population is not known. Purposive and snowball sampling techniques was adopted for the study. A questionnaire entitled Health Practices of the Elderly in Akwa Ibom State (HPEAKS) was used for data collection. This instrument was subjected to face and content validity while the internal consistency of the instrument was established by test-retest reliability technique. The instrument was administered on 30 respondents outside as a pre-test who are not expected to form part of the main study. The State was divided into 3 clusters in line with the existing Senatorial Zones. The snowball sample selection technique was adopted to purposively identify and include men and women reported to be 65 years old or older. From each cluster, eight local government areas were randomly selected for inclusion into the study. Thus, 24 local government areas were covered by this study. From the 24 local government areas, 16 men and women aged 65 years and above were drawn using the purposive sampling technique. This produced a total sample size of 384 respondents, 260 questionnaires were duly completed, returned and used for the analysis of the study. Apart from the simple descriptive statistics, questions constructed to measure each of the variables were scored to produce indexes that were put into correlation. The correlation matrix generated was used to interpret the levels of influences of the various variables on each other.

Results and Discussion

Socio-Demographic Characteristics of Respondents

Respondents were requested to indicate their sex, age, level of income, financial sustainability, level of education and their present occupation. The results are shown on Table 1.

Table 1: Frequency and percentage distribution of the socio–demographic characteristics of respondents

S/N	Variables	Frequency	Percentage (%)
1	**Sex**		
	Female	101	38.8
	Male	159	61.2
	Total	260	100%
2	**Age**		
	65-69	91	35.0
	70-74	102	39.2
	75-79	30	11.5
	80-84	16	6.2
	85and above	21	8.1
	Total	260	100%
3	**Level of Monthly Income**		
	No income	34	13.1
	50,000-100,000	137	52.7
	150,000- 200,000	62	23.8
	250,000 and above	27	10.4
	Total	260	100%
4	**Financial Sustainability**		
i.	Lecturing /Contract with previous employer		
	Yes	68	26.2
	No	192	73.8
	Total	260	100%
ii.	Private Business		
	Yes	153	58.8
	No	107	41.2
	Total	260	100%
iii.	Monthly Pension		
	Yes	135	51.9
	No	125	48.1
	Total	260	100%
iv.	Children and Spouse		
	Yes	142	54.6
	No	118	45.4
	Total	260	100%
5	**Level of Education**		
	No Formal Education	18	6.9
	Adult Literacy	10	3.8
	Primary School Level	27	10.4
	Secondary School Level	71	27.3
	Tertiary Education	134	51.5
	Total	260	100%
6	**Present Occupation**		
	Trader/Petty Trader	79	30.4
	Civil Servant	31	11.9
	Contract Staff	63	24.2
	Pensioner and Others	87	33.5
	Total	**260**	**100%**

Sex

The shows that the total number of respondents was 260 constituting 101(38.8%) female and 159(61.2%) male. Thus, it can be deduced from the result that the views being expressed in this study are representative of both male and female with the male respondents in majority.

Age

The percentage distribution of the respondents according to age shows that 35%) were between 65-69years, 39.2% were between 70-74years, 11.5% were between 75-79years, 6.2% were between 80-84years and 8.1% were 85years and above. Thus, majority of respondents were between ages 70-74. This implies that a respondent has lived above the life expectancy of 52.9 years for male and 51.97 for female as recorded by UNDESA, 2015.

Level of Monthly Income

Findings on the level of monthly income of respondents shows that 13.1% had no income, 52.7% earned between 50,000-100,000, 23.8% earned between 150,000-200,000 and 10.4% earned between 250,000 and above. From the statistics, it can be deduced that income can be a contributing factor to longevity, because the respondents are financially capable to provide basic needs for themselves.

Financial Sustainability

On financial sustainability of respondents, the findings revealed that 26.2% responded they lecturing and on contract with previous employer, while 73.8% responded that, they were not lecturing or on contract with previous employer. 58.8% of the respondents solely agreed that they depend on their private businesses, while 41.2% were not involve in any business. 51.9% of the total respondents agreed they depend on their monthly pension, while 48.1% were not pensioners. On support from children and spouse, 54.6% of the total population agreed that they are sustained financially from their children and spouse, while 45.4% were not dependent on their children and spouse.

Present Occupation

Data collected shows that 30.4% of the total population of the respondents were trader/petty traders, 11.9% were civil servants, while 24.2% were contract staff and 33.5% were Pensioners and others. By implications, this shows that majority of the respondents were pensioners.

Results and Discussion

The following results were obtained after both the administration, and analysis on the data of the study, using simple percentage and Correlation Matrix for other data collected.

Exercise and Physical Activities

In this section, respondents were asked relevant questions on the type of exercise and physical activities they participate in, which contribute to their longevity. The questions and responses are shown in the table 2 below:

Table 2a: Respondents level of exercise and physical activities (N = 260)

Exercise/Physical Activities	No of Time							
	None		Daily		Weekly		Monthly	
	N	%	N	%	N	%	N	%
Football	223	85.8	3	1.2	16	6.2	18	6.9
Golf	231	88.8	-	-	8	3.1	21	8.1
Jogging	92	35.4	42	16.2	79	30.4	47	18.1
Cycling	90	34.6	48	18.5	70	26.9	52	20.0
Walking	2	.8	246	94.6	9	3.5	3	1.2
Stairs Climbing	84	32.3	103	39.6	41	15.8	32	12.3
Swimming	208	80.0	1	.4	10	3.8	41	15.8
Lawn Tennis	178	68.5	18	6.9	52	20.0	12	4.6

Table 2b

No of Practice per week	1hours		2 hours		3 hours		4 hours		5 hours	
	N	%	N	%	N	%	N	%	N	%
	152	58.5	83	31.9	12	4.6	12	4.6	13	5.0

Football

Table 2a, shows that 85.8% of the respondents do not play football at all, 1.2% play football daily, 6.2% play weekly, while 6.9% of the total population plays football monthly.

Golf

Data on golf, shows that88.8% of the respondents do not play golf, 3.1% plays weekly, while 8.1% play golf monthly.

Jogging

About 35 of the respondents do not participant in jogging, 16.2% jog daily, 30.4% jog weekly, while 18.1% of the respondents jog monthly.

Cycling

Approximately 35 of the total population of the respondents do not ride bicycle, 18.5% ride bicycle daily, 3.5% agreed to ride bicycle weekly, while 1.2% ride bicycle monthly.

Walking
The table also revealed that, 0.8% of the respondents do not involve in walking exercise, 94.6% agreed to walking daily, 3.5% walk weekly, while 1.2% agreed to participate in this exercise monthly.

Stairs Climbing
The above table revealed that 32.3% of the total population do not climb stairs, 39.6% attest that they climb stairs daily, 15.8% climb stairs weekly, while 12.3% agreed to be climbing stairs monthly.

Swimming
The data show that 68.5% of the respondents do not swim, 0.4% swim daily, 3.8% swim weekly, while 15.8% agreed to swimming monthly.

Lawn Tennis
About 69% of the respondents do not play lawn tennis, 6.9% play lawn tennis daily, 20% play weekly, while 4.6% agreed to played lawn tennis monthly.

Hours of practice per week
Data on Table 2a, shows that 58.5% of the total population of respondents practice for 1 hour per week, 31.9% practice for 2 hours, 4.6% practice for 3 hours, 4.6% practice for 4 hours, while 5.0% of the respondents practice for 5 hours per week.

From the results on Table 2a, it was revealed that the elderly participate actively in exercise like walking, jogging, stairs climbing, cycling and lawn tennis, and this implies that their frequent participation in these activities has also contributed to their longevity.

Table 3: Respondents nutrition and food intake

S/N	Variables	Frequency	Percentage (%)
1	Favorite Food		
i.	Tea bread beans oats egg		
	no food	8	3.1
	Breakfast	252	96.9
	Total	260	100%
ii.	Rice and stew, garri, fufu and soup		
	no food	20	7.7
	Lunch	240	92.3
	Total	260	100%
iii.	Semo, wheat garri soup and fruits		
	Dinner	260	100%
2.	How many times you eat daily		
	Once	0	0
	Twice	34	13.1
	Three Times	226	86.9
	Total	260	100%
3.	Food Supplement		
	Yes	93	35.8
	No	167	64.2
	Total	260	100%
4	Serving of Dairy Product		
	Yes	200	76.9
	No	60	23.1
	Total	260	100%
5	Take Fruits and Vegetables per day		
	Yes	236	90.8
	No	24	9.2
	Total	260	100%
6	Amount of Fluid Consume		
	Less than 3 cups	52	20.0
	3 to 5 cups	159	61.2
	More than 5 cups	49	18.8
	Total	260	100%
7.	Belief of what you eat contribute to longevity		
	Yes	236	90.8
	No	18	6.9
	Not sure	6	2.3
	Total	260	100%
8	Poultry and fish intake		
	Once a month	53	20.4
	Daily	195	75.0
	Don't eat	12	4.6
	Total	260	100%

Favourite Food

As indicated in Table 3, 3.1% of the respondents indicated that they do not take breakfast, while 96.9% of the total population agreed to taken tea, bread, beans, oats, rice and egg for breakfast. On lunch, 7.7% of the respondents indicated that they do not take lunch, while 92.3% agreed to taken rice and stew, garri, fufu (carbohydrates) & soup for lunch.

How many times you eat daily
The data above revealed that, 13.1% of the total population of the respondents eat twice, while 86.9% of the respondents agreed they ate three times daily.

Food Supplement
From Table 3, shows that 35.8% of respondents agreed that they take food supplement, while 64.2% of the respondents do not take food supplement. This implies that their longevity is not as results of food supplement.

Serving of Dairy Product
Table 3 also shows that 76.9% of the respondents take serving of dairy product, while 23.1% do not take any dairy product.

Fruits & Vegetables intake per day
Table 3 shows that 90.8% of the respondents take fruits and vegetables per day, while 9.2% do not take fruits and vegetables.

Amount of Fluid Consume
The amount of fluid consumed by respondents shows that 20% consume less than 3 cups, 61.2% consumes 3 to 5 cups, while 18.8% of the respondents agreed to consume more than 5 cups.

Belief what you eat contribute to longevity
From the above table, it was revealed that 90.8% of the total population belief that what they eat contribute to their longevity, 6.9% of the population do not belief, while 2.3% of the population were not sure if what they eat contribute to their longevity. This implies that the type of food an individual eat tends to contribute positively or negatively to his/her health.

Poultry & Fish intake
The amount of poultry and fish intake by respondents shows that 20.4% of the total population eat poultry & fish once a month, 75% eat poultry and fish daily while 4.6% do not eat.

Spiritual Health
The researcher sought to know the respondents' spiritual health activities that contributed to their longevity. Their responses are shown on the table 4 below.

Presentation of Research Variables on Health Practices and Longevity of the Elderly in Akwa Ibom

Table 4: Correlation matrix of health practices among the elderly in Akwa Ibom State

		(A)	(B)	(C)	(H)
Age	(A)	1.00			
Nutrition and Food Intake	(B)	.40	1.00		
Physical Activities	(C)	.58 -	.15	1.00	
Spiritual Health	(H)	.15	.10	.15	1.00

The responses to the foregoing variables were scored to arrive at indexes which were then put into a simple correlation. The correlation matrix is showed on Table 4. The result shows that the correlation coefficients between health practices and longevity of the elderly in Akwa Ibom State are generally low. However, of the health practices variables, exercise and physical activities (r = .58) has the strongest positive and significant relationship with longevity of the elderly in Akwa Ibom State. This was followed by nutrition and food intake (r =.40) and spiritual health r = .15. Physical exercises correlates positively with long life among the respondents followed by nutrition and food intake, there was a positive spiritual health exercise activities which contributed to their live span. Thus, from these findings we can deduce that health practices have a strong influence on the longevity of an individual. It determines and pattern how long a person can live, the kind of food you eat, your regular exercise and your spiritual health are all contributing factors to longevity. On the bases of this, it is pertinent to adopt a healthy lifestyle.

Discussion of Findings

Demographic characteristics and Longevity of the Elderly in Akwa Ibom State

The demographic data on respondents show that majority of the sampled population were aged between the ages of 70-74 years representing 39%. However, other age category of respondents between 65-69, 75-79 years, 80–84 years, and 85 years and above equally participated in the research. This study rejects the classification by the United Nations Economic and Social Affairs (UNDESA) (2015) life expectancy table result which puts Nigerian men at 51.97 and women at 52.6 years, this means that men and women in Nigeria especially Akwa Ibom State do live long. Over 60% of the respondents were males. The educational attainment of respondents reveals that 51.5% out of the total number of respondents attained tertiary education, 27.3% of the total population attended secondary education, 10.4% of the total population attended primary education, while 3.8% and 6.9% attended adult literacy education and no informal education respectively. This means that the sampled respondents who are mostly in their 70's had high level of education; by implication it means the sample populations are literate.

The findings that socio–economic status of the elderly is a contributory factor to their longevity is corroborated by Isiugo-Abanihe and Wahab (2009) who reported that the quality of elderly family care is positively related to the income, being better where the household income was higher. They opined that elders who worked in the formal sectors of the economy were not as economically healthy as their colleagues from the informal sectors. Similarly, Adler *et al.* (1993), Borg and Kristensen (2000) opined that socio-economic status is positively correlated with understanding health education information, making informed decision about health and health care, access to health care services, health maintenance and healthier lifestyle. This implies that, the higher the socio-economic status of the elderly, the better healthy practices they adopt which tends to contribute to their longevity.

Nutrition/Food Intake and Longevity of the Elderly in Akwa Ibom State

The finding of this study shows that nutrition and food intake has a significant influence on the health and longevity of the respondents. Thus, from the nutrition and food intake evaluation suggested, it was established that majority eat three times daily, eat fruits and vegetables per day, take 3–5 cups of fluid per day and belief what they eat contribute to their living long. From the findings above, it has revealed that nutrition and the type of food one eat contribute significantly to their longevity. This finding conforms to Blanchard (2009) that what we eat has a significant impact on memory and the general functioning of the body. Hence, dietary has a great influence on the longevity of the elderly. This finding also corroborates with the findings of Masoodi (2009) who state that nutritional needs of individual changes with age basically due to some physiological changes that come with the process of ageing and as a result, he identified the nutritional needs of the older adults that prolong their life.

According to Masoodi, the elderly are expected to take liquid up to 3–8 glasses per day, trace element (minerals) such as calcium, zinc, iron, and vitamins should be taken for optimal longevity. However, the study is not in conformity to the submission of Asuni (1974) that many amongst the aged are undernourished and about 40% of adults admitted to hospital show signs of malnutrition. In the light of the above discussion, it may be ideal to state that nutrition and food intake is positively related to longevity.

Exercise and Physical Activities and Longevity of the Elderly

Regular exercise and physical activity is widely claimed to sustain good health and longevity. Thus, respondents were asked to evaluate their involvement in physical activities and exercises with a view to ascertaining their effects on elder's longevity. Among the physical activities suggested, walking, stair climbing, jogging, gardening and farming appear to be very common among respondents. The findings also conform to the submission of Stathi, Fox and Strawbridge (2002) that engaging in active leisure activities later in life has

been shown to be significant predicator of well–being, increase morale and successful aging.

Spiritual Health and Longevity

The influence of spiritual health on longevity shows a positively strong relationship and cannot be over emphasized. Respondents appear to uphold tenaciously to their religious belief and the blessing attached is long life and sound health. Thus, respondents were asked to evaluate their spiritual health practices with a view to ascertaining their effects on their longevity. Among the spiritual health practices suggested, reading and studying the bible, attending church programs and serving the lord in church, believing in God, praying to God, believe that people with strong religious and spiritual beliefs live long appears to be very common among respondents. This finding agrees with the findings of Sulmasy (2009) which believe that, certain beliefs, attitudes, and practices associated with being a spiritual person influence health. Jonas (2001) in his study found that spirituality may play a bigger role in the healing process than the medical community previously thought. 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.

Conclusion

Findings from this study show that physical activities and exercise such as walking, jogging, stairs climbing, gardening, and farming lawn tennis among others were a common health practices among the elderly. This is vividly shown in the high response of the respondents who affirmed that they carry out these activities on daily and weekly bases, because of the benefits and positive influence it has on their health. This is further complemented with the high responses of the respondents that they practice these activities and exercise 1 to 2 hours per week. Most of the elderly resort to these health practices because these led to reduced stress, depression and anxiety, improved their physical appearances, enhanced good blood circulation, controlled obesity and prevent heart diseases. The study found that most elders participate in exercises and physical activities in moderation. Thus, hundreds of people are living long as a result of positive health practices. The increase in number of the aged in Akwa Ibom State can be due to a healthier practice, proper nutrition and food intake. In all, the study revealed the following:

- Nutrition and food intake is significantly related to longevity of the respondents in Akwa Ibom State at .40 on the correlation matrix table, which is a strong positive correlation. Nutrition and food intake influences the longevity of the elderly. It also revealed that the respondents are cautious of what they eat and when they eat. The respondents also involved in fruits, vegetables, poultry and fish intake daily. They also drink 3-5 cups of fluid daily; these make their skin look healthy.

- Exercise and physical activities is said to be positive and significantly related to longevity. This means that as the elderly participate actively in exercise, the tendency of living a healthier and long live is also high.

- Finding also shows that socio-economic and demographic characteristics such as education, income and financial sustainability of the respondents significantly correlate with longevity. This means that these variables have positive influence on the respondent's quest for long live.

Health practice is any behaviour performed by a person regardless of his/her perceived or actual health status, in order to protect, promote or maintain his or her health, whether or not such behaviour is objectively effective toward that end. Health practices are based on factors such as individual's personality, cultural heritage, family mode of living, education, income and occupation. Based on findings of this study, the following conclusions were drawn:

Longevity is associated with nutrition and food intake. The kind of food taken daily by elders could make or mar their possibility to live long. To promote longevity, most elders practice eating more of dairy products, daily intake of fruits and vegetables, fish and poultry products and drinking at least 3 to 5 cups of fluids every day. Moreso, the elderly who live long in Akwa Ibom State adopt healthy practices such as regular exercise and physical activities (walking, stairs climbing, jogging, cycling, lawn tennis, gardening and farming).

Recommendations

Based on the research findings, the following recommendations were made:

- Since nutrition and food intake influences elderly's longevity, it is therefore recommended that they should pay more attention to their food intake by eating more of fruits, reduce their salt intake and should not skip their breakfast. Moreso, the intake of red meat should be reduced and more sea foods and food containing more of iron and vegetables should be taken for optimum longevity.
- Regular exercise and physical activities should be encouraged among the elderly. Because exercises enhance good blood circulation, improve physical appearance, reduces stress, anxiety and depression and it also helps to control obesity and prevent heart diseases.
- Since family care and support has a positive influence on longevity, family members, spouses and children should be encouraged to render care and support to the elderly.
- Akwa Ibom State government should make provisions for recreational and leisure facilities for the promotion and maintenance of positive health practices for the elderly in the state. The communities should also be encouraged to do the same.

- Since socio economic status influences the elderly health practice, the government should endeavour to improve the socio economic level of the elderly by regular payment of their pension.
- Religions and community leaders should be involved in the crusade of promoting healthy practices. The religions leaders in their various churches and mosques should pay attention to the health of the elderly in their congregation, by organizing health talk and checkups for them so as promote their longevity.

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