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Self-perceived health and its determinants for older people in Russia

Introduction

The respondent's self-perceived health is a widely used indicator of subjective health population and epidemiological surveys, which allows regular monitoring of health (see e.g. Kozyreva, Smirnov 2000, Samorodskaya 2022). Poor self-rated health is a predictor of an increased risk of death (Lorem et al., 2020). Self-rated health is also considered as a factor of quality of life both in old age and among various groups of patients: the lower it is, the worse the quality of life. However, the self-rated health reflects a combination of factors, both related and unrelated to the objective state of health, which the respondent is guided by when answering the question. Therefore, understanding which factors more or less influence the assessment of health as poor or, conversely, good is important, especially among the elderly or those close to old age.

Data and methods

Data

We used data from the 1st wave of the National Survey of Ageing conducted in Russia in 2021. The main respondents over the age of 50 were selected for the study. The sample size was 2,775 men and women.

Dependent variable

The respondent's self-perceived health was used as a dependent variable in response to the question: "How would you rate your health at the present time?" with 5 options on the Likert scale of "Excellent", "Very good", "Good", "Satisfactory", "Poor". For further analysis, the variable was recoded into a dichotomic one, where 0 is poor and satisfactory health, 1 is good, very good or excellent health.

Independent variables

As independent variables, we considered *sociodemographic factors* (age, gender, marital status, education), *medical factors* (BMI, number of chronic diseases, number of pills taken daily, self-assessment of vision and hearing, pain, restrictions on the ADL and IADL scales), *behavioral risk factors* (smoking, frequency of alcohol consumption), the *use of medical services* (the fact of hospitalization in the last 12 months), an *indicator of mental health* (verbal fluency test results – the number of animals named in 1 minute).

Method

We use logistic regression analysis. We built 3 logistic regression models for all respondents, respondents aged 50-69 and 70 years and older, in which only sociodemographic and behavioral risk factors were used as independent variables, as well as 3 models for the same age groups, in which all independent variables are considered as factors.

Results

When considering the socio-demographic factors of self-assessment of health with control for behavioral risk factors, it was found that, in general, men and working not retired older population

rate their health better. The same was found for respondents with lower education compared with high education, as well as for divorced and widowed compared with those who are single and never married. However, when dividing the elderly into two age groups, it was found that after the elderly over the age of 70, there was no significant influence of socio-demographic factors on self-assessment of health.

When we included health-related medical factors in the regression analysis. The results show that married people rate their health significantly better in the model for all respondents, while those with lower-than-average education rate their health significantly worse. Among medical factors, the probability of assessing health as good or better significantly decreases with an increase in BMI, the number of chronic diseases of the respondent, and the number of pills taken daily. In addition, respondents who experience pain, have been admitted to the hospital at least once in the last year, and have problems with vision and hearing are more likely to assess their health as poor or satisfactory. A statistically significant influence of similar medical factors was also found in a subsample of respondents aged 50 to 69 years. Among respondents over the age of 70, those who quit smoking, experience pain, take pills daily, and have been hospitalized in the last year are significantly less likely to rate their health as good. The respondent's BMI continues to have a significant impact. In this age group, there is practically no effect of the state of vision and hearing.

References

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