Self-rated health puts aging and health needs on the agenda

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Implementation of national surveys where the population can estimate and assess their own health may give policy makers important insights into the different health interventions that should be implemented. According Siddhivinayak Hirve, PhD student at Umeå University, this may include a simple tool that harmonizes the assessment of health in developing countries with the rest of the world.

When the World Health Organization, WHO, conducted a study of aging in a global context and health among adults, in 2007, they asked the simple question "In general, how would you rate your health today?" The results showed that every other elderly person, over 50, who lived in rural areas in India said that they felt very bad, bad, or moderate.

In his thesis, Siddhivinayak Hirve has examined the factors that influence the assessment of own estimated health in older individuals in the population in rural India. The thesis shows that women report worse health than men. Self-reported health also deteriorated with age. The effect of age in terms of self-rated health was affected by participants' ability to move, ability to see, hearing, relationships, pain, sleeping problems, and more.

"Smoking and use of tobacco were factors that could be linked to at least one chronic disease, which in turn affected the self-reported health effects," says Siddhivinayak Hirve. "Our studies also demonstrate that a large social network results in better self-rated health and also a higher quality of life."

A four-year follow-up study that Siddhivinayak Hirve has conducted showed that the risk of dying was larger in those who reported poorer health compared with those who reported that they had good or very good health at the start of the study. For men, there was an increase in the risk of death by up to 300 per cent, and among women the corresponding risk increased up to 64 per cent, during the monitoring period. Furthermore, the risk of dying increased by about 70 per cent in those who did not have a life partner, husband/wife in life. This risk factor was most evident among men.

There were also differences in the way people reported self-rated health. Those who had higher education or higher socioeconomic status were found to have lower thresholds for reporting poor health, and also had higher expectations and set higher standards for their health, compared to people with lower education and socioeconomic status.

Siddhivinayak Hirve concludes, based on his findings, that it is possible to use information on self-rated health from major national surveys, such as the planning of health care, even in small, isolated areas.

"My goal of this thesis has been to put aging on the agenda, both among scholars and policy makers," says Siddhivinayak Hirve. "This is particularly important in countries where it has a rapidly aging population. The value of asking the simple question, "In general, how do you feel today?" Is very high and can be very helpful to identify health needs, and plan for targeted interventions in health. This is particularly true in developing countries."

He also points out that measurements of self-rated health provides a driving force to strengthen research on health for the adult and aging populations in low-and middle-income countries that harmonize with international research.