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If you thought active ageing starts at 60, think again

A major health crisis or news of a loved one succumbing to ill health tends to spark change in lifestyle habits. But why wait?

Teo Yik Ying



The root causes of ill health stem from a complex interaction of inherent biological, psychological and socio-environmental factors. ST PHOTO: LIM YAOHUI

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The statistics on obesity and chronic diseases paint a worrying picture.

According to national health surveys, we are seeing a proportionately greater number of obese children and adolescents today than six years ago. There are also rising numbers of young people with diabetes, heart conditions and cancers.

These are warning signs that our youth are starting to accumulate lifestyle risk factors earlier in life which, left unchecked, will eventually trigger a cascade of health problems and chronic diseases in the later stages.

This is why I believe we need to redefine the phrase “active ageing”.

Inculcating the right health-seeking behaviours ought to start from young, and ageing is a process that happens continuously throughout one’s life.

Even the word “active” needs to be broadened to mean “activated”.

Tackling the root causes

The theme of ageing well featured prominently in Prime Minister Lee’s National Day Rally speech, when he introduced the Age Well SG programme and highlighted the importance of maintaining a vibrant social network and an active lifestyle to promote overall health and well-being of the elderly.

We also have the Healthier SG programme which was launched this July to enrol residents aged 40 and above with their family doctors, in order to better manage their health with personalised health plans, which for the first time will formally include social prescribing at a national scale.

Social prescribing, which differs from the conventional medical prescription of medication drugs to tackle individual disease or symptom, is when doctors or allied health practitioners refer patients to community-based programmes aimed at holistically addressing the root causes of ill health.

After all, the root causes of ill health stem from a complex interaction of inherent biological, psychological and socio-environmental factors.

These biopsychosocial factors include lifestyle and health-seeking behaviours, such as habits around nutrition, physical activity, and smoking, as well as the propensity to go for health screening and vaccination; and extend to include the financial stability of a person and one’s relationships with family, friends and colleagues.

Health problems manifest when one or more of these factors go awry for an extended period, to the point the physical body can no longer tolerate the persistent neglect and starts breaking down.

For example, poor lifestyle habits in nutrition, physical activity, smoking, alcohol or sleep, when accumulated over decades, often result in chronic conditions such as diabetes, cardiovascular diseases and cancers.

For these reasons, in tackling lifestyle habits to promote healthy and active ageing, I actually believe we should target the young as early as possible, not just to inculcate a healthy lifestyle, but also to minimise the accumulation of poor habits.

To be truly effective, the healthy lifestyle habits have to start early, and not after a predefined period in adulthood.

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Industry influence on health knowledge

Active ageing should not simply mean physically and mentally active seniors, but rather a population across all ages that is activated enough to want to maintain and improve their health, and actively seeks the know-how to do so.

Unfortunately, this is easier said than done when our youth and young adults are now constantly bombarded with confusing and misleading messages from social media.

In a piece of ethnographic research on digital food marketing by my colleague, Dr Salome Rebello, we observed how present-day young adults actively relied on social media to discover new experiences and promotions.

Food companies generate and exploit these digital marketing to create micro-trends popularised on platforms such as Instagram and TikTok, which allow their food brands to gain a far greater reach within a shorter time, as compared to traditional advertisements only.

This digital marketing ecosystem is not only exploited by food companies, but equally by the tobacco industry to promote the latest e-cigarette innovations and flavours, and by the dietary supplement industry to make unwarranted or exaggerated claims on the benefits of their products.

In engendering a population with the right knowledge and attitude in health, we must not underestimate the impact of digital marketing and online misinformation to bias health literacy.

Beyond the external forces that distract us from our healthy lifestyle goals, there is a need to recognise the resistance from within.

Practice is key

In the social science of public health, we often talk about the concept of Knowledge-Attitude-Practice or KAP. It is never enough to know what are the right health-seeking behaviours (knowledge), if one does not intrinsically believe in it (attitude), and act on the knowledge (practice).

In my work, I have come across people who proudly declare that popping pills to maintain their blood pressure and blood sugar levels are far easier than going through the “torture” of regular exercise and disciplined nutrition.

There are also middle-aged friends who lament their ageing and expanding physiques, and are quick to blame a slowing metabolism, rather than to acknowledge their lifestyles have fundamentally become one more sedentary, stressful and filled with excess as they age.

What about those that have signed up with programmes such as the National Steps Challenge or LumiHealth?

In general, I observe three archetypes of people in a population, which I will illustrate with the example of the National Steps Challenge.

The first group intrinsically embraces a health-seeking lifestyle, and even takes the initiative to find out new ways to improve their health. These are the people who would exercise regularly anyway, with or without the National Steps Challenge.

They would possess all three elements of KAP.

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The second group typically knows what is good for them, but requires the right amount of incentives to get them to actually practice the recommended behaviour.

These may come in the form of gamifying the financial incentives in the National Steps Challenge, or could simply be the support and encouragement from family, friends and colleagues.

But there is a need for constant injections of the right amount of motivation to keep this group going. Too little or when the incentives stop, and these people lapse back to their original sedentary behaviour.

People in the third group will simply not exercise, regardless of how much incentives and knowledge are given to them. The root cause of this inactivity is usually apathy or hubris, but there are also those whose circumstances simply do not grant them the luxury to exercise.

It is important to recognise that any national programme such as Healthier SG or the National Steps Challenge will face varying degrees of resistance from the three archetypal groups in the community.

That is why the success of these programmes depends on our ability to utilise a variety of policy instruments: from education and communication to improve knowledge, to financial and workplace incentives to motivate the right attitude, and to regulation and modifying the environment to engender practice even among the most non-compliant.

We simply have to look at the range of measures Singapore rolled out in the fight against Covid-19 to realise we need multiple tactics in order to activate all three groups of people.

This will be the same as we tackle the root causes of ill health, not stratifying the population by age but rather by their propensity to be activated.

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Starting the ageing journey right

While the group that a person belongs to is mostly static over time, people can shift between the different groups when their personal circumstances – such as their health, wealth, or amount of leisure time – change.

Regretfully, what drives most people in the second and third groups to make a decisive shift towards the first is when a major health crisis hits, or when they witness their peers struggling to cope with illnesses.

The youth and young adults in particular tend to possess the devil-may-care attitude, or to prioritise the accumulation of wealth over health, without realising their chosen lifestyles may in fact be accumulating risk factors for ill health.

Do we wait until we go for our functional screening at 60 years old to realise our vision and hearing have deteriorated, and the condition of our teeth no longer allow us to enjoy the food we love?

Do we wait until we have a persistent headache, pain or discomfort before we go for our health check only to realise then we have a clogged artery, a damaged organ, or elevated blood sugar level?

Or do we recognise that the root of these health problems is actually decades of neglect and poor maintenance of our health, and that forming the right lifestyle habits early in life is actually the foundation to active ageing?

This is why I believe the journey to active ageing must start from young.

- Teo Yik Ying is dean of the Saw Swee Hock School of Public Health at the National University of Singapore.

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