Health Promotion Behaviors among Elderly in Nursing Home at Baghdad City

سلوكيات تعزيز الصحة بين المسنين في دار المسنين في مدينة بغداد

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الخلاصة

الهدف: تهدف الدراسة إلى تقويم سلوكيات التعزيز الصحي من خلال استعمال مجالات التعزيز الصحي مثل الفعاليات الجسمية، النمط الغذائي، استعمال الأدوية، السلامة النفسية، العناية الصحية وتحديد العلاقة بين سلوكيات التعزيز الصحي والخصائص الديموغرافية.

المنهجية: أجريت دراسة وصفية لتقويم سلوكيات التعزيز الصحي في دار رعاية المسنين المقيمين في مدينة بغداد على عينة غير احتمالية "غرضيه" من (80) شخص من كبار السن بين عمر (65-89) سنة الذين يسكنون في دار رعاية المسنين. جمعت المعلومات بطريقة المقابلة شبه الممنهجة من خلال استخدام استبانه مكونة من جزئيين، جزء شمل الصفات الديموغرافية وتشمل (4) فقرات و جزء شمل مجالات سلوكيات التعزيز الصحي و تشمل (60) فقرة موزعة على خمسة أبعاد وهي الفعاليات الجسمية، النمط الغذائي، استعمال الأدوية، السلامة النفسية، و العناية الصحية .

النتائج: أظهرت نتائج الدراسة بأن كبار السن الموجودين في دار المسنين لديهم مستوى من التعزيز الصحي مقبول وخصوصا فيما يتعلق بمجال استعمال الأدوية كان أفضل مجال للمسنين حيث كان مستوى التعزيز الصحي فيه عالي واقل مستوى كان لسلوك التعزيز الصحي في مجال الفعاليات الجسمية هو واطئ. الخصائص الديموغرافية ليس لها تأثير على سلوكيات التعزيز الصحي.

الاستنتاجات: اغلب المسنين غير قادرين على ممارسات النشاطات الجسمية في دار المسنين.

التوصيات: يمكن اعتبار كبار السن في دار رعاية المسنين هدف لتطبيق برامج التعزيز الصحي. تطبيق برامج وندوات التثقيف الصحي بواسطة وزارة العمل والشؤون الاجتماعية التي تحسن من مستوى سلوكيات التعزيز الصحي للمسنين في دار المسنين.

Abstract

Objectives: The aim of this study is to evaluate the elderly health promotion behavior through use five domains of physical activities, nutrition patterns, drugs use, psychological well being, seeking of health care. And also to determine the relationship between health promotion behaviors and demographic characteristics(age, gender, and level of education.

Methodology: non- experimental (descriptive study) conducted in nursing home at Baghdad city among elderlys' on A non-probability (purposive sample) of (N=80) person were matched with them from general population. The data were collected through the use of semi-structured interview by questionnaire, which consists of two parts (1) divide, section A. cover letter and B. Sociodemographic data which consists of 3-items, (2) health promotion behaviors questionnaire consists of 60-items distributed to four dimensions include, domains, physical activities, nutrition patterns , drugs use, psychological well being, and seeking of health care**.**

Results: The findings of the present study indicate that most the elderlys' unable on practicing physical activity in nursing home residents The drug use domain is perfect for health promotion behaviors domains among elderlys' in nursing home residents, and demographic data no impact upon heath promotion behaviors.

Conclusion: most of the elderly's unable on practicing physical activities.

Recommendations: The study recommends that Implementation of health education programs by the Ministry of Labor and Social Affairs to improve the elderlys' health promotion behaviors. The elderly of nursing home residents can be considered the target for programs to applying and reinforcing health promotion issues.

Keywords : health promotion behaviors, elderly, nursing home

INTRODUCTION

Any discussion of old age must start with its definition obviously, this is arbitrary and relative. Life is a continual process of change and ageing begins in the young adult and progressively erodes tissue function throughout the remainder of the life span. However, the pace of ageing varies greatly and there are those for whom the ageing

process takes place more slowly than it does for the general population. There is a weakness in using chronological age as the sole criterion of expected performance. Physiological capacity is shaped not only by genetic factors and by the number of years lived, but also by a variety of life experiences, life style and environmental factors, health behaviors [1]

Older people are a diverse group, most are fit and healthy which health promotion behaviors for older people are about prolonging the period of healthy ageing experienced most older people encouraging full and active participation in society. In some the instances, the health promotion for older people may not need to be every different than for middle-aged or younger people and older people may be included in for the general population special programmed which take account of the particular needs of older people also required to enable and empower older people to increase control over, and to improve their health and well-being [2].

More companies are implementing health and wellness strategies in an effort to achieve a healthier population and specialty the elderly for reduce absenteeism, injuries, disability and costs (e.g. health care and benefits. Health promotion behaviors designed to contain health expenditures by reducing health care utilization and improve health promoting healthy lifestyle for old age [3].

The term "health promotion" was introduced in the mid-1980s, in the context of health policy discussion, health promotion targets of the strengthening of health by improving conditions of the life. Based on knowledge about the development and maintenance of the good health, and health promotion is aimed at influencing health related living conditions and behavior patterns in all population groups [4].

The definition of health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical and mental and social well being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is seen as resource for everyday life, not the objective of living. The health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life styles to well being [5].

Health promotion is considered part of primary health care and prevention, since primary prevention takes place before disease or illness occurs. The health promotion is geared towered raising the general level of health and well-being of individual and family ,or community. Health promotion is concluding to be the process of enabling people to increase control over ,and to improve their health. Health promotion targets the strengthening of health by improving conditions of life. [6].

The health promotion for older people also has an important role to play in reducing the disabling effects of illness among those who are already ill. Early recognition and treatment of illness is essential in enabling older people to cope with illness for are essential for improving their quality of life. Health care reform will occur in nursing homes along with reform in the general health care system. Active involvement of nurses in the reform process will ensure that our long term care system is positively modified and refined, with the outcome of improved health care for nursing home residents. Finally health promotion as one reform strategy to improve the health of nursing home residents by educating caregivers to decrease learned helplessness and

increase independence and self sufficiency of resident. Healthy ageing and specifically actively promoting the health of older people are becoming increasingly important in national [7]. The aim of this study is to evaluate the elderly health promotion behavior through use five domains, and determine the relationship between health promotion behavior and demographical characteristics.

METHODOLOGY

A descriptive design was conducted to evaluate the health promotion behaviors of elderlys' at nursing home residents in Baghdad City. The study started from December 8th, 2011, to Jun 10th .2012. The sample was non-probability (purposive sample) of 80 person was selected from general population, who were matched with nursing home residents among elderlys'. and that accepted to participate in the study and taken with seeing to: age, gender, and level of education. Most of them were selected attend at nursing home from the elderlys' persons. The data were collected by semi-structured interviews and constructed with health promotion behaviors questionnaire, after a permission was arranged from permission is obtained from the Ministry of Labor and Social affairs prior to the initiation of the study. The agreement of participation was obtained from the elderlys' nursing home residents on individual base for participation in the present study and being responded to the interviewing. As a result of conducting a pilot study, reliability was determined through the implicated the cronbach alpha technique on ten persons of ,the study from elderlys' in nursing home residents member the statistical application.

RESULTS:

Table (1) : Summary statistics: Mean of score, Standard Deviation, Relative sufficiency, and evaluate according to cutoff point of Health promotion behaviors main domains

Main Domains	No.	Mean of score	Stander deviation	Relative Sufficiency	*Evaluate
Physical activity	80	2.0575	0.3553	68.6	Failure
Dietary patterns	80	1.7575	0.2564	58.6	Pass
Drug Use	80	1.6100	0.2871	53.7	Pass
Psychological well being	80	2.0388	0.3893	67.4	Failure
Health care seeking	80	1.9775	0.3318	65.9	Pass
Overall Health promotion behaviors domains	80	1.8763	0.1935	62.5	Pass

C.C= Correlation Coefficient
C.S= Correlation Significant

The evaluate were done according to applying cut of point (66.66) that studied domains distribution which dose mean that under cut of point is (pass) and upper cut of point is (failure).

According to the results of (table 1), we can conclude that (Drug Use) respondent's domain is the best, then followed by (Dietary patterns), (Health care seeking) all these domains are pass , and Psychological well being domain , and then finally Physical activity domain are failure.

Table (2): Distribution of Health promotion behaviors overall evaluate in the studied sample according to age groups with cause's correlation ships

Age Groups	Freq.'s & Percents	Health promotion behaviors overall evaluate			C.S. P-value
		Pass	Failure	Total	
65 – 69	Freq.	28	11	39	C.C.=0.219 P=0.403 NS
	% Age Groups	71.8%	28.2%	100%	
	% H.P.B.O.A.	49.1%	47.8%	48.8%	
70 – 74	Freq.	16	5	21	
	% Age Groups	76.2%	23.8%	100%	
	% H.P.B.O.A.	28.1%	21.7%	26.3%	
75 – 79	Freq.	6	6	12	
	% Age Groups	50%	50%	100%	
	% H.P.B.O.A.	10.5%	26.1%	15%	
80 – 84	Freq.	6	1	7	
	% Age Groups	85.7%	14.3%	100%	
	% H.P.B.O.A.	10.5%	4.3%	8.8%	
85 – 89	Freq.	1	0	1	
	% Age Groups	100%	0.0%	100%	
	% H.P.B.O.A.	1.8%	0.0%	1.3%	
Total	Freq.	57	23	80	
	% Age Groups	71.3%	28.8%	100%	
	% H.P.B.O.A.	100%	100%	100%	

HOBOA= health promotion behavior overall

Table (2) shows "Age Groups" that were distributed due to the Health promotion behaviors in overall evaluate by under and upper cutoff point that had been "pass and failure" respectively. The vast majority of pass evaluate were recorded with the first of the three age groups as well as at the fifth group however a causes correlation ship through a contingency coefficient reported a non significant difference at P>0.05 . Also this table include that exploring the correlation between the age group and evaluate the result show are (65-69)years (39%), (70-74)years (21%), (75-79) years (12%), (80-84)years (7%), and (85>)years are (1%) that there has been no significant association between age group and evaluate with (C.C.= 0.219).

Table (3): Distribution of Health promotion behaviors overall evaluate in the studied sample according to gender with cause's correlation ships

Gender	Freq.'s & Percents	Health promotion behaviors overall evaluate			C.S. P-value
		Pass	Failure	Total	
Male	Freq.	38	12	50	C.C.=0.134 P=0.226 NS
	% Gender	76%	24.0%	100%	
	% H.P.B.O.A.	66.7%	52.2%	62.5%	
Female	Freq.	19	11	30	
	% Gender	63.3%	36.7%	100%	
	% H.P.B.O.A.	33.3%	47.8%	37.5%	
Total	Freq.	57	23	80	
	% Gender	71.3%	28.8%	100%	
	% H.P.B.O.A.	100.0%	100.0%	100%	

This table shows that correlation between gender and evaluate that (50%) of study sample male, (30%) are female. That there has been no significant relationship between gender and evaluate with (C.C =0.134).

Table (4): Distribution of Health promotion behaviors overall evaluate in the studied sample according to Level of education with cause's correlation ships

Level of education	Freq.'s & Percents	Health promotion behaviors overall evaluate			C.S. P-value
		Pass	Failure	Total	
illiterate (Not reads and writes)	Freq.	18	11	29	C.C.=0.287 P=0.408 NS
	% Edu. Level	62.1%	37.9%	100%	
	% H.P.B.O.A.	31.6%	47.8%	36.3%	
Reads and writes	Freq.	6	5	11	
	% Edu. Level	54.5%	45.5%	100%	
	% H.P.B.O.A.	10.5%	21.7%	13.8%	
Primary school	Freq.	8	3	11	
	% Edu. Level	72.7%	27.3%	100%	
	% H.P.B.O.A.	14%	13%	13.8%	
Secondary School	Freq.	7	1	8	
	% Edu. Level	87.5%	12.5%	100%	
	% H.P.B.O.A.	12.3%	4.3%	10%	
High School	Freq.	7	0	7	
	% Edu. Level	100%	0.0%	100%	
	% H.P.B.O.A.	12.3%	0.0%	8.8%	
Institute	Freq.	4	1	5	
	% Edu. Level	80%	20%	100%	
	% H.P.B.O.A.	7%	4.3%	6.3%	
College	Freq.	5	1	6	
	% Edu. Level	83.3%	16.7%	100%	
	% H.P.B.O.A.	8.8%	4.3%	7.5%	
Post Graduate	Freq.	2	1	3	
	% Edu. Level	66.7%	33.3%	100%	
	% H.P.B.O.A.	3.5%	4.3%	3.8%	
Total	Freq.	57	23	80	
	% Edu. Level	71.3%	28.8%	100%	
	% H.P.B.O.A.	100%	100%	100%	

The table shows that correlation between level of education and evaluate that(29%) of the study sample are illiterate,(11%)are read write and primary school ,(8%) are secondary school,(7%) are high School, (5%)are institute, (6%) are college, and post graduate are(3%). Was no significant between association education level and evaluate with (C.C =0.287).

DISCUSSION

The study indicated that better domains effect and high health promotion behavior domains was drug use among elderlys' in nursing home residents. The overall studied domains indicate that the drug use domain was the better for health promotion behaviors evaluation, but this results inconsistent with many previous study.

German and Burton (1999) [8] has discovered that differences in health beliefs, attitudes, language ,disease, and supervision on medication intake have impact upon the understanding of the use of medication and its effect on human health.

Glantz (1985) [9] notes that the elderly themselves might perpetrate their own medication misuse due to misunderstanding, misinformation, error, ignorance, confusion, or a memory problem.

These results of previous study are inconsistent with study findings which indicate that the use of medication as an aspect of health promotion behaviors has presented on evidence that elderly nursing home residents are very careful about their medication. This has emerged for two reasons, the first reason, they are experiencing chronic illness and they have to take care about their treatment, and the secondary reason, they are supervisors at the elderly nursing home who monitor and follow up their medication intake. The policy of the elderly nursing home is found to be another factor that control the use of medication when restrictions are initiated.

Relative to the dietary pattern, it is depicted that the elderly nursing home residents have sufficient, regular and adequate meals. Mahanaz (2008) [10], has found consistent findings with our study ones. These findings have indicated that the study participants in nursing home residents engaged in health promotion behaviors which approximately 64.6% of the elderly engaged in low salt diet and low fat diet, 76.8%, and 75.6% consumed milk and dairy and meat, fresh vegetables and fruits respectively. This results indicate agree with this study result for dietary patterns domain high percentage from other domains for health promotion behaviors among elderly.

Olayiwola (2010) [11], which study dietary pattern ,food habits and nutrient intake of elderly in nursing home were observe to be similar to those in nursing home 90% of the elderly third time daily and source of these foods was often from the institution cafeteria which sufficiency needs for elderly. The results of the study is consistent with this previous study.

Haghani and others (2009) [12] who report that research findings for Iranian elderly engaged health promotion behaviors, who lived in nursing home residents, who had better Perceived health status. However the participants of this study engaged in health-promoting behaviors that getting health care such as blood pressure (BP) check-up (89.8%), About 81.7% of the elderly had a health check-up which was respectively is indicate for health care services that least once health problems in the nursing home among elderly.

Parko (2009) [13], who studied psychological well-being of older adults residing in nursing home a total of 82 residents were findings residents' psychological well-being for residents have psychological problems. Nassar (2010) [14], both discovers of the study findings for investigation of the psychological well-being of 90 elderly persons living dependent, and retirement in nursing homes suffer from psychological disorder such as depressive symptoms and loneliness.

In study for (Maust et. al., 2006) [15], for evaluation of psychological problems in nursing home a sizeable majority of the residents reported high levels of depressive symptoms and low life satisfaction, and functional impairment.

Centers for Disease Control and Prevention indicated that about 28 percent to 34 percent of adults aged 65 to 74 and 35 percent to 44 percent of adults ages

75 or older are inactive in nursing home resident, this meaning they engage in no leisure-time physical activity. National data indicate that few older persons engage in regular physical activity. Only 31 percent of individuals aged 65 to 74 report

participating in 20 minutes of moderate physical activity 3 or more days per week, and even fewer (16 %) report 30 minutes of moderate activity 5 or more days per week [16].

The data analysis has revealed that there is no significant correlation between age groups and health promotion behaviors evaluation

Through the implementation of the result, the study indicates that there is no significant correlation between age and gender, and health promotion behaviors (Tables 4-9 and 4-10). Supportive evidence is reported through the work of both Froster and Gariballa (2005) [17] who found no significant correlation between age, gender and health promotion behaviors.

These results is supported by the study those Pednekar others (2006) [18], and Christenson (2002) [19], who found that there is no significant relationship between education level, age, gender and health promotion behaviors.

CONCLUSION:

The findings of the present study indicate that most the elderlys' unable on practicing physical activity in nursing home residents The drug use domain is perfect for health promotion behaviors domains among elderlys' in nursing home residents, and demographic data no impact upon heath promotion behaviors.

RECOMMENDATIONS

The elderly residents can be considered the target for programs to applying and reinforcing health promotion issues.

1. Supply of health programs to improve elderly physical activity in nursing home resident.
2. Implementation of health education programs by the Ministry of Labor and Social Affairs to improve the elderlys' health promotion behaviors.
3. wellbeing by provide jobs for the unemployed, improve the essential services for families by providing them with essential living needs.

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