

Short Communication

**THE EFFECTIVENESS OF AN OLDER ADULT PARTICIPATION ON
HEALTH PROMOTION PROGRAM AT A PRIMARY CARE UNIT IN
KHON KAEN PROVINCE, THAILAND.**

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ABSTRACT

This study applied a participation of older adults people on health promotion program that contributed to health promoting behavior of the older adults at a primary care unit level. A participatory action research was designed to explore the effectiveness of an older adults health promotion program. The qualitative and quantitative data were collected by participatory observation and in-depth interview. The structured interview, used health promoting behavior questionnaire. The participants included 29 older adults living in Chaiso sub-district of Khon Kaen province who volunteered to join the health promotion program at Chaiso health center. The results revealed the effectiveness of participating on health promotion program on health promoting behavior of the older adults before and after participating in older adults health promotion program is significantly different ($p < 0.05$). The effectiveness of the participation included enhancing physical and psychological health, particularly their self-esteem that enables them to being viewed as a worthwhile member in the community. To sum up, the authors illustrated that the 29 older adults had joined the health promotion program which could empower participants to create and share their life experiences and participatory learning leading to enhance their health promoting behavior and life satisfaction from being a member of the older adults health club.

Keywords: Health promotion program, primary health care, Thai older adults.

INTRODUCTION

In the past two decades, many new industrialized countries, including Thailand, have social and economic changes. There has been an increasing economic growth from an agricultural sector to industrial and service sectors (Port Authority of Thailand, 2005). With the aging of the world population, more than one-quarter of the world's population will be over the age of 60 by the year 2100 (WHO, 2005). As in most other countries, the proportion of older adults people is increasing every year in Thailand due to decreased birth rates and increased longevity. The proportion of those 60 years and older in Thailand was approximately 9.2% in 2005, and is expected to rise to 17.1% in 2025 (Department of Economic and Social Affairs, United Nations, 2002). The average life expectancy is predicted to increase from 70.8 years in 2005 to 76.8 in 2025. As individuals live longer, health promotion behaviors become even more important, particularly with regard to maintaining function and independence and improving quality of life (QoL) (QoL; Goldberg and Chavin, 1997; Sims et al., 2000). Issues in health promotion for older persons are related to their independence in every day life, high cognitive and physical function, and active engagement with life. US Department of Health and Human Services (2000) on health promotion and aging highlighted regular exercise, smoking cessation, avoiding excessive alcohol use, nutrition, and having age-appropriate immunization. These behaviors are encouraged with the intention of reducing the potential years of life lost in premature mortality and ensuring better quality of remaining life (Bloom, 2001). There is considerable evidence that health-promoting behaviors of older adults offer the potential for improving health status and QoL as well as reducing the cost of health care (Heidrich, 1998; Beattie et al., 2003).

Choksawadphinyo (2005) used empowerment-based model for enhancing self care of persons living with HIV/AIDS in Thailand. The proposed model guided the clients develop the ability to solve their problems by themselves, which would

lead to conduct appropriate self-care and improve their health and well-being. In addition, Squire (2001) explains that older people should have their fundamental needs for autonomy and empowerment met so that they can participate in their chosen lifestyle. This requires the provision of health promoting environments in the community. Statutory and voluntary should be responsible for providing care that older people can choose for themselves, having a positive view of the health of older people and accepting them as partners in promoting and maintaining their health care. Empowerment and autonomy can still work along with interdependence such as living together, and support one another, respecting older people's values and beliefs and helping them to make their choice of care.

This study aims to demonstrate the effectiveness of the older adults participate in a health promotion program and contribute to their health promoting behavior and the community by sharing their life experiences which enable them to be included as worthwhile members of that community rather than being viewed as a burden.

METHODOLOGY

The authors applied a participatory action research study that based on the older adults participation on health promotion program that lends itself of informing community change. The older adults health promotion program consisting of Thai traditional dances and health promotion group meeting three days a week for six months at Chaiso Health Center. The effectiveness of the older adults participation on health promotion program was health-promoting behavior of the older adults. There are two types of questionnaire which were used in the study: 1) self-administering questionnaire which was used to evaluate older adults's feeling related to health promotion group activities; 2) the structured interview, used health promoting behaviors questionnaire which was used before and after six months from the participation on health promotion program. Cronbach's Coefficient Alpha was used to analyze the internal consistency of each part of the

questionnaire. The coefficients were 0.89 for health promotion behaviors questionnaire.

Data analysis

Qualitative data was analyzed by using content analysis which analysing process of interaction of the older adults in health promoting programs. The effects of the older adults participation on health promotion program were presented as mean, standard deviation, and t-tests.

RESULTS

There were 29 participants including 18 females and 11 males. All were between 59 to 84 years old. Ten had previous experience as an older adults group recreation at the Temple of Chaiso

sub-district. Most of the groups were married with living spouses and the others, widowed or widowers. Two were married couples. Most of them still working as a farmer and most of women were house keeper, two men were retired government officers. This background is helpful in understanding that the older adults group members were economically self-sufficient and had supported funds from their children. As noted in the study, some of the activities required financial consideration.

The major finding of this study revealed that health-promoting behavior of the older adults before and after participating in older adults health club activities is significantly different ($p < 0.05$). Nevertheless, there was no significant change in diet behavior score (Table 1).

Table 1. Program effects on health promoting behavior.

Health promoting behavior	\bar{X}	S.D.	t-test	df	p-value
Social interaction					
Before	42.30	4.45	3.83	28	0.001*
After	46.12	2.73			
Spiritual health					
Before	38.03	4.37	2.43	28	0.021*
*After	40.09	3.01			
Physical activity					
Before	23.12	3.47	2.84	28	0.008*
After	25.21	1.76			
Safety habit					
Before	16.57	2.54	2.23	28	0.033*
After	17.84	1.83			
Stress management					
Before	15.63	2.34	2.70	28	0.011*
After	17.33	2.01			
Diet behavior					
Before	17.96	2.48	1.75	28	0.090
After	18.60	2.72			

* Significant

Paired t-test result between the pretest and 6-month measures.

DISCUSSION

The participants in health promotion program were volunteers; older adults aged between 59 and 84 years old, and were able to attend the sessions for six months in the study period. Eight of the members had previous experience in being a member of an older adults club. Most of the members were economically self reliant, and were receiving retirement pensions. Some had experience in formal and informal leadership positions and roles in their current or past careers. Most of the members also belonged to a similar socio economic status. It was found that health promotion behaviors of the older adults before and after participating in older adults health club activities are significantly different, but there were no significant changes in diet behavior. It attributed these results to others older adults health club which had similar activities for the older adults, and it could be explained that their active participation in all sessions of the health promotion group helped them to exchange their life experiences and applied to all activities, particularly health promotion behaviors and health problems. It has been emphasized that Thai traditional dance or any other safe exercise program for enhancing the physiological functioning in older adults should be enjoyable and nonthreatening (Kim et al., 2003). Like in any other group process, the older adults health promotion group began with personal introductions. At this stage they did not feel comfortable to express their feeling. This facilitator conducted a group exercise for the members to get acquainted with one another, eliciting one's name, age, and birthday. When a recall activity was asked for, many participants remembered data that were similar to their own. They were also asked to sequence the names in order of seniority, which made them enjoyable. In addition, the attendance rate (at approximately 90% of the presented) is relatively high compared to the previous studies with older adults populations (Resnick, 2000). The older adults health promotion group continuity in the study period rested on the concept of self-regulation. This

meant that the members had to rely on themselves to develop its goals and objectives, plans and programs of action, and the important decision making process itself. The role of facilitator, while spread out across the study period, was that of a consultant, for instant, a mechanism for checking and clarifying the members' aspirations, rather than being involved in the implementation functions. Such as, when topics for discussion were planned for early in the group's the facilitator clarified how they were prioritized and not intervened as to whether they were suitable or appropriate for the group.

Since the older adults health promotion program was provided at the older adults health club where the older adults lived, easy access to the program and the group dynamic among residents could be the reasons for the high attendance rate, and consequently time or environmental effects were not considered. Further study is necessary to older adults populations with different residential statuses or various health statuses, along with additional strategies to consider the characteristics of the targeted population.

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