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RESEARCH ARTICLE

**A DESCRIPTIVE STUDY TO ASSESS LEVEL OF HEALTH PROMOTION BEHAVIOR AMONG
 RURAL ELDERLY AT SELECTED VILLAGES OF TRICHY DISTRICT, TAMIL NADU.**

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Abstract

Health promotion behaviour is one of the main standards for determining health that is known as the basic factor in catching plentiful diseases. Assessing such behaviours by the elderly avoids condition to various diseases and has possible effect in promoting health and increasing the elderly quality of life. **Objectives:** 1. To assess the Socio demographic characteristics of rural elderly 2. To assess the Level of Health Promotion Behavior among rural elderly **Methodology:** A descriptive study was conducted at on 200 elderly people by applying Health Promotion Lifestyle Profile-II Tamil version to assess the level of level of Health Promotion behavior and information regarding the sociodemographic characteristics were collected. **Results:** Level of Health Promotion behavior in respondents was determined using the Health Promotion Lifestyle Profile-II Tamil version tool. Out of 200 elderlies. 33.7 % of the respondents were having Poor HPLP and 50 % of the respondents were having General HPLP, 6 % of the respondents were having Good HPLP and 5.5 % of the respondents were having Excellent HPLP. **Conclusions:** The current research has shown that out of 200 elderlies almost 83.7 % elderlies were having poor and general HPLP according to Health Promotion Lifestyle Profile-II Tamil version tool and the score level was 100 and below. So, the results endorse that there is Poor and general HPLP among the geriatric population and adequate measures should be taken to identify factors associated with health promotion behavior of elderly at rural community and designed educational interventions to enhance Health promotion behavior among older adults is the mandate of the present scenario in our country.

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Introduction: -

India, the world's second most populous country, has experienced a dramatic demographic transition in the past 50 years, entailing almost a tripling of the population over the age of elderly 60 years (Government of India, 2011). Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves

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beyond a focus on individual behavior towards a wide range of social and environmental interventions (WHO). Pender et al. classified the health-promoting lifestyle (HPL) into six subcategories of nutrition, physical activities, stress management, health responsibility, interpersonal relations, and spiritual growth. Health promotion behaviours should result in improved health functional capability and improved quality of life at all phases of development. (Pender, 2005). The World Health Organization has placed an emphasis on the importance of health-promoting behaviour as a key approach for maintaining a good Quality of Life (WHO,2002).

In India, there is scarceness of research on Health promotion behavior among elderly from rural poor locality by adopting a HPLP-II scale, which has been linguistically validated in Indian language-Tamil. In this regard, the present study was undertaken to determine the level of Health Promotion Behaviors among rural elderly.

Statement of the Problem: -

A descriptive study to assess level of Health promotion Behavior among rural elderly at selected villages of Trichy District, Tamil Nadu.

Objectives:-

1. To assess the Socio demographic characteristics of rural elderly
2. To assess the level of Health promotion Behavior among rural elderly.

Materials and Methods: -

Research Approach:-

In this study, Descriptive survey approach was adopted, aimed at assessing level of Health promotion Behavior among rural elderly (age 60 years and above)

Research Design:-

The research design adopted for this study was descriptive survey design, to assess level of Health promotion Behavior among rural elderly.

Setting of the study:-

The study was conducted in selected villages of Anbil Primary health center (PHC) at Trichy District, Tamil Nadu.

Sample and Sampling technique Population:-

The target population for the study was elderly in the rural villages. Accessible population for the present study was elderly from selected rural villages were 600. The process selecting a portion of the population to represent the entire population the sample of the study comprised of 200 elderlies in selected villages. Probability Random sampling technique was used to select the samples.

Sample Size:-

The study comprised of 200 elderlies (60 years and above) in selected rural villages.

Sampling criteria:-

Inclusion criteria:-

Elderly who were:

1. both males and females above 60 years of age.
2. willing to participate in the study
3. residing in selected villages
4. available during the study.
5. able to participate in the study.

Exclusion Criteria:-

Those who

1. are not willing to participate in the study.
2. are suffering from cognitive disorder.

Data Collection Instrument:-

Data collection tools were the procedures or instruments used by the researcher to observe or measure the key variables in the research problem.

The following tools are used in this study to collect the data.

Tool 1:-Demographic Characteristics of Elderly.

Tool 2:-Health Promotion Lifestyle Profile-II (Tamil Version)

Descriptions of the tools:-

Tool 1:-Socio Demographic Data

Socio Demographic Data Consists of Demographic variables of elderly such as age, sex, education, marital status, income and Present employment status.

Tool 2:-Health Promotion Lifestyle Profile-II

The original validated English version of Health promotion Lifestyle profile (HPLP) Adult Version is a Standardized Scale Developed by Walker et al 1995.HPLP II consist of 52 items with six Subscales i.e. self-actualization, Health responsibility exercise nutrition interpersonal support and stress management. HPLP is 4-Point Likert Scale with Responses of 1 -never, 2- sometimes, 3- often, and 4 –regularly Minimum score is 52 and the Maximum score is 208. The Score was categorized as Poor (52-91), general (92-131), good (132-171) and excellent (172-208) levels of Health promoting Lifestyle. Interview technique was used to collect the data from the Subjects.

Translation of Tool to Tamil Version:-

WHO Process of translation was used to translate HPLP-II instruments was used. The process was involved like Forward translation, Expert panel Back-translation, Pre-testing and cognitive interviewing and Final version.

Validity and Reliability: -**Content validity of the tool:-**

Content validity refers to the degree to which an instrument measures what it is supposed to measure. Validity of the HPLP-II tool was ascertained by 11 experts from experts in the field of Psychiatry, Medical-surgical Nursing, Psychiatric Nursing, Community health Nursing, Psychology, Nutrition, Geriatrics and Statistics to get their opinion and suggestion regarding the relevance, adequacy and appropriateness of items in the tools. Language validity-Bilingual validity was obtained for the translated Tamil version. The modifications were made in the tool as per the validators' suggestions.

Pre-testing and Reliability:-

Pre-testing is the trial administration of a newly developed instrument to identify flaws and assess the time requirements. Reliability of the research instrument is defined as the extent to which the instrument yields the same results on repeated measures. It is then concerned with consistency, accuracy, precision, stability, equivalence and homogeneity. Reliability of Tool was established using split half method. The following findings are obtained. Cronbach's α coefficient was obtained in order to provide an overall measure of the internal consistency of the Translated Tamil version Health Promotion Lifestyle Profile-II. The computed value of the alpha coefficient was 0.88 with a high degree of internal consistency.

Data Collection Procedure:-

After getting approval from Institutional Ethical Committee and Permission from Deputy Director of health service (DDHS), Tiruchirappalli. House to house survey was conducted to enumerate total number of elderly at Villages of Anbil Primary Health Centre Lalgudi, Taluk, Trichy District. The elderlies residing in the selected villages were 600, among them 240 were males and 360 were females. All the males and females were line listed in the table separately. Among them, 200 Elderly (80 males and 120 proportion to size) were randomly selected females were selected based on probability using a random table-number.

After getting informed consent, Elderly were interviewed separately in their residence and Health Promotion Lifestyle Profile-II (Tamil Version) was applied to assess the level of Health Promotion behavior and information regarding the sociodemographic characteristics were collected using a pretested structured proforma.

Data Analysis:-

The collected data has been organized, tabulated and analyzed by using descriptive Statistics such as frequency and percentage.

Results:-

Table.1 shows that distribution of elderly in relation to their age group reveals that 53 % of were in the age group of above 70 years. Distribution of elderly in relation to gender reveals that 40 % of the elderly were male and 60% of the elderly were female. Distribution of the elderly in relation to their Education reveals that 37 % of them were not having formal education,32.5 % of the were having primary were education and only 20.5 of them were having secondary and above level education. Distribution of the elderly in relation to their marital status reveals that 84 % of the were married and 16 % were never married, widowed, divorced and separated. Distribution of the elderly in relation to their Income reveals that 84 % of their family income were having below Rs. 10,000. Distribution of the elderly in relation to their current employment status reveals that 6.5 % of them were employed, 93.5 % of the were not employed.

Table:2 Shows that Level of Health Promotion behavior in respondents was determined using the Health Promotion Lifestyle Profile-II Tamil version tool. Out of 200 elderlies. 33.7 % of the respondents were having Poor HPLP and 50 % of the respondents were having General HPLP, 6 % of the respondents were having Good HPLP and 5.5 % of the respondents were having Excellent HPLP (Figure-1)

Table 1:-Distribution of samples according to socio-demographic variables

Demographic Variable	Characteristics	Frequency	%
Age	a) 60 – 69	94	47
	b) 70 – 79	77	38.5
	c) Above 80	29	14.5
Gender	a) Male	80	40
	b) Female	120	60
Education	a) No formal education	74	37
	b) Primary	65	32.5
	c) Secondary	25	12.5
	d) Higher Secondary	26	13
	e) Graduate	10	5
Marital Status	a) Never Married	2	1
	b) Married	168	84
	c) Widowed	13	6.5
	d) Divorced/Separated	17	8.5
Income (Total Family Income per month in Rupees.)	a) Below 5000	116	58
	b) 5001 – 10,000	51	25.5
	c) 10,001 – 20,000	17	8.5
	d) Above 20,000	16	8
Current Employment Status	a) Employed	13	6.5
	b) Unemployed	187	93.5

Table 2:-Distribution of elderly according to level of Health promoting behaviour. (n=100)

Level of HPLP	HPLP Score	Frequency	%
Poor HPLP	52-91	77	33.5
General HPLP	92-131	100	50
Good HPLP	132-171	12	6
Excellent HPLP	172-208	11	5.5

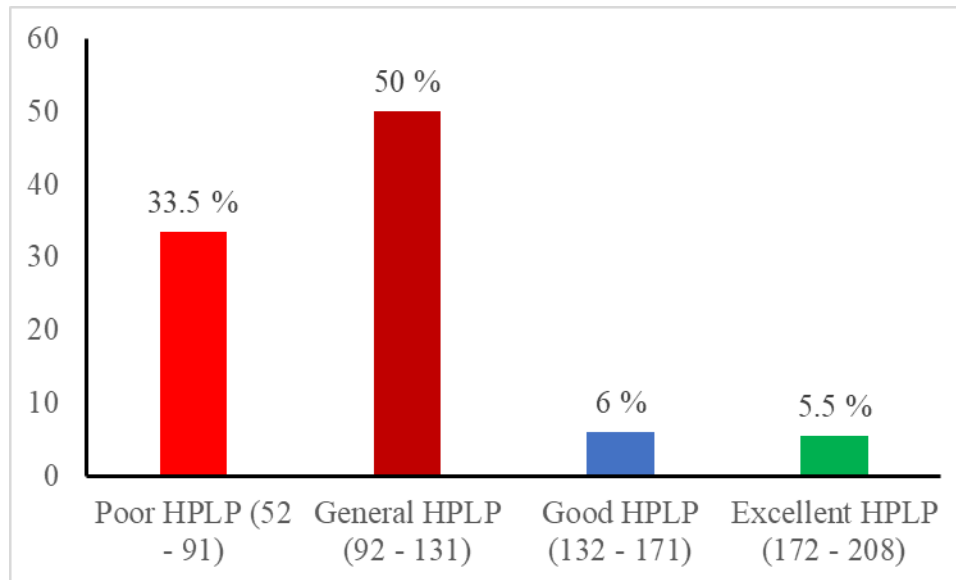


Figure 1:-Distribution of elderly according to their level of Health promoting behaviour among rural elderly.

Discussion:-

Level of Health Promotion behavior in respondents was determined using the Health Promotion Lifestyle Profile-II Tamil version tool. Level of health promotion in the present study showed that Out of 200 elderly, 33.7 % of the respondents were having Poor HPLP and 50 % of the respondents were having General HPLP, 6 % of the respondents were having Good HPLP and 5.5 % of the respondents were having Excellent HPLP. Health promotion is the combination of environmental and educational supports for actions and conditions of living conducive to health. Health promotion includes social, environmental and political processes that encourage individuals, groups of people or populations to increase control over, and to improve their health (Donev, D et al 2007). Health promotion increases the healthy lifespan of individuals, decreases disease burden, slows functional loss, promotes autonomy, and thus increases quality of life (Drewnowski A et al 2001)

Based research finding revealed that the health promotion behavior of rural elderly is poor and general. Hence developing countries like India has to has adopt the world health organization health care for the elderly programme as a priority, through radical shift in focus from a clinical model to a health promotion model of care Policies that promote lifelong health, including health promotion and disease prevention, rehabilitative care, mental health services, promotion of healthy lifestyles and a supportive environment, can reduce disability levels associated with old age.

The current study has several limitations that are worth noting. First, the sample for this study was comprised of rural elderly which limits the variation of locality of elderly. Results may not generalize to other locality like people residing in urban area. On the other hand, the Health Promotion Lifestyle Profile-II had not previously been studied in elderly in India. So the current study adds to the literature on this measure by examining its validity in another demographic group. Physical and emotional conditions of the aged can disturb the elderly response to questions and also for some demographic data elderly families provided information. For the reason of some cultural and social conditions in study field we cannot generalize the findings to other parts of the country thus, the findings point to the need for further research in other districts of state or country that have different socio-cultural conditions.

So far, it is one of the few studies in Indian background with this scale, it would contribute markedly about health promotion behaviour. The sample size was small to determine the level of Health promotion behavior in the older adults. In future longitudinal studies on a larger group of elderly at rural elderly are needed.

Acknowledgment:-

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Conclusion:-

The present study had shown Out of 200 elderlies 83. % of the respondents were having low health promotion behavior (33.5%) and general health promotion behavior (50%). Healthcare services should emphasize giving information on health promoting behavior among the elderly to promote their health status and quality of life. From the findings of this study, the investigator endorses government and other health care providers is to concentrate on elderly health promotion behaviours in all communities in other parts of the country specially in rural area, and also in designing suitable intervention programs based on effective factors on health promotion behaviours of the elderly people.

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