

Source of Information and Experience of Participation in Elderly Health Promotion Program Funded by National Health Security Local Fund in Northeastern Part of Thailand

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Abstract

Background: Thailand has been deployed the health coverage policy which integrated into the activities of health promotion hospitals and the local administrative organization to provide the health promotion program for Thai people. Due to the population aging in Thailand had been increasing and expanding the number which experiences aging process incorporate with underlying diseases.

Objectives: This study aims to assess sources of information and experiences of participated proportion in health promotion programs among the elderly funded by the National Health Security Local Fund (NHSLF) in Northeastern Part of Thailand.

Methods: A descriptive study was conducted. Sample size calculation to estimate a proportion and systematic sampling was used. The sample included 577 elders 60 or more years of age, registered at 54 Primary Care Unit (PCU) and health promotion hospital in Khon Kaen and Kalasin province, Thailand. A structured questionnaire was used to collect the information which reviewed and tested by experts and Cronbach's alpha was 0.81.

Results: The response rate was 97.57%. The elders comprised more females than males (mean age 64.82, SD 1.36). The proportion of the elderly who perceived information on elderly health promotion services program funded by the NHSLF was 79.2%. The highest source of information proportion that the elderly perceived elderly health promotion services program were village health volunteers (80.3%), public health personnel (60.5%) and community leader announce via community broadcasting program (50.9%). This study also found the highest experience of participating in the elderly health promotion program was nutritional assessment screening, joined the community elderly club, and trained for appropriate exercise. In addition, this study also found having caregivers related to the elderly health promotion services program funded by NHSLF with statistically significant.

Conclusion: The humanize communication by community health volunteers and public health personal were good sources for access to health information among the elderly. In addition, the nutritional assessment joined the community elderly club and trained for appropriate exercise were popular activities among the elderly. The two-way communication technique and family caregiver made the elderly can access health information and participated in the health promotion program.

Keywords: *Source of information, Health promotion, Elderly*

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Introduction

According to the Thai government's policy created universal health coverage for the people since 2001 to make people access the medical services and public health by equal quality standards cover all areas as

well as promote encouraging health accessibility. In the universal coverage program, the NHSLF was an important part to enhance the participation of the sector in the management of community health systems by the cooperation between the local government organizations, health promotion hospitals, and the community. The important principles of the NHSLF were to support the budget for health promotion operations, disease prevention, medical treatment, and rehabilitation, as well as building a collaborative learning process between related organization-level and community level.

The elderly are the one special group that must be cared for inevitably due to the aging process dealing with the life events and social change that made the elderly fall into the high risk of diseases and disability. The Thai elderly health status found about three in five respondents (56%) reported that their health was either fair or very bad/bad ^[1]. In addition, three in four of Thai elderly had underlying diseases and mostly experienced at least one symptom in the past six months ^[2]. Therefore, the NHSLF supports health promotion programs for the elderly to improve their overall well-being. Understanding the health promotion project accessibility and involvement among the elderly of the health promotion program would be beneficial for policy and planning the project regard the elderly health in the community and another similar community context in Thailand.

Objectives

This study aims to assess sources of information and experiences of participated proportion in health promotion programs among the elderly funded by NHSLF in the Northeastern part of Thailand.

Materials & Method

A descriptive study was conducted in Khon Kaen province and Kalasin province, located in the Northeastern part of Thailand. The inclusion criteria were the elderly aged 60 years and over, living in the community where they provided the health promotion program and registered at 54 Primary Care Unit (PCU) or health promotion hospital in Khon Kaen and Kalasin province, Thailand. The exclusion criteria were the elderly who had severe health problems and were unable to communicate and participate. The sample size calculation was calculated based on a pilot study

as assumed proportion = 0.40. The Win Pepi program was used for a sample size calculation with a confidence level of 95%, Acceptable difference = 0.04. Therefore, the sample size required 577 samples.

The study tool was a questionnaire, comprising 3 parts: socio-demographic characteristics, source of information and participation in elderly health promotion programs funded by the National Health Security Local Fund. The questionnaire was reviewed and tested by experts and the reliability test found the Cronbach's alpha was 0.81.

Data were collected through the well-trained interviewers. The data was entered and transferred into the SPSS of Khon Kaen University licensed for data analysis. The data were analyzed using frequency, percentage, mean, SD and 95%CI, chi-squared.

Results

The response rate was 97.57%. The elders comprised more females than males (59.88%) and the mean age was 64.82 (SD 1.36) years old. had completed primary school (91.70%), half of the respondents were married (56.97%).

The highest proportion of the elderly experience in participated in the health promotion program funded by NHSLF were nutritional assessment (71.7%), joined the community elderly club (60.1%), and trained for appropriate exercise (50.0%) respectively.

The proportion of the elderly who perceived information on elderly health promotion services program funded by the NHSLF was 79.2%. The highest source of information proportion that the elderly perceived health promotion services program were village health volunteers (80.3%), public health personnel (60.5%) and community leader announce via community broadcasting program (50.9%) respectively. The lowest source of information proportion that the elderly perceived elderly health promotion services program were leaflet (4.0%), newspaper (4.7%), and radio (10.1%) respectively. (Table1)

Table 1 Source of information proportion that the elderly perceived elderly health promotion services program

Variables	Number	Percentage
Perceived information on elderly health promotion services program funded by the National Health Security Local Fund (n=563)		
Yes	446	79.2
No	117	20.8
Source of information proportion that the elderly perceived elderly health promotion services program (n=446)		
Village health volunteer	358	80.3
Public health personnel	270	60.5
community leader announce via community broadcasting program	227	50.9
Television	81	18.2
Neighbor	68	15.2
Radio	45	10.1
Newspaper	21	4.7
leaflet	18	4.0

Factor related to perceived information on elderly health promotion services program funded by the NHSLF

This study found having caregivers related to the elderly health promotion services program funded by the NHSLF by statistically significant. (Table 2)

Table 2 Factor related to Perceived information on elderly health promotion services program funded by the NHSLF

Variables	Elderly perceived information on elderly health promotion services program funded by the NHSLF				p-value
	Yes		No		
	n	%	n	%	
Gender					
Male	137	80.1	34	19.9	0.697
Female	306	78.7	83	21.3	
Age group (year)					
60-69-years-old	196	76.0	62	24.0	0.081
70 and over	250	82.0	55	18.0	
Education level					
Primary school	400	79.1	106	20.9	0.771
Secondary school and over	46	80.7	11	19.3	
Had chronic diseases					
Yes	274	79.9	69	20.1	0.627
No	172	78.2	48	21.8	
Had caregiver					
Yes	431	80.6	104	19.4	0.001*
No	15	53.6	13	46.4	

*Statistical significant at level 0.05

Discussion

This study found nearly eighty percent perceived information on elderly health promotion services program funded by the NHSLF. Health promotion has long been recognizing as a tool and strategy for prevention of functional decline and improving the health and quality of life among the elderly^[3]. Similar to the study of Booranarek et al^[4] found most of the elderly reported easily and conveniently accessible to health services (91.19%). The information that the elderly perceive might be a protective factor that increases control with affect to the elderly health behavior and become even more important, particularly with regard to maintaining functional independence and improving quality of life (QoL)^[5].

Regards nearly eighty percent that the elderly perceived health promotion information, the most source of information that the elderly accessed was from their social networks such as community health volunteers, public health personals, and community leaders. The social network influences the elderly as a primary factor in the adoption of health behaviors and their quality of life^[6, 7]. The social interaction between the elderly and their social network were communicated by the two-way communication which the sender transmits a message to another person, who is the receiver. When the elderly get the message, they send back a response, acknowledging the message was received. This technique was effective to the elderly people who are the functional decline, facing with the hearing problems and poor eyesight. The two-way communication made the elderly easy to send back the response, and ask for more information. In addition, the health volunteers and public health personals working closely with the elderly, therefore, the elderly easily access those other sources of health promotion information.

Health promotion programs for the elderly funded by NHSLF includes health promotion activities, health screening, and prevention activities for decrease complications of the diseases and rehabilitation program. The most frequent that the elderly joined were nutritional assessment, joined the community elderly clubs, and trained for appropriate exercises. Due to functional decline may be the main reason for the high risk of malnutrition and increases the risk of multi-morbidity, and disease-related malnutrition^[8]. The nutritional screening might be benefits to the elderly to meet the nutritional needs of people at old age.

The elderly joined the community elderly club benefit for social interaction with other peoples including the community health volunteers and public health personals that consequently the information in health promotion program^[9]. Piriyaakunkit et al^[10] stated the elderly persons who were members of the elderly club had significantly higher knowledge about the elderly club activity than those who were not members. This study also found more than half of the elderly trained and joined exercise for the elderly club activities, similar to Ethisan et al^[11] found 58.7% of the elderly performed exercise such as brisk walking, housework, and aerobic exercise which the elderly easily to perform by themselves no sporting equipment and practicing at their residence.

In part of factor related to perceived information on elderly health promotion services program, the elderly caregiver plays an important role to assist the elderly in psychological support, financial support, information support, and support the elderly in daily life^[12], and also assistant to accessibility to the source of health promotion information.

Conclusions

The highest source of health promotion information among the elderly were community health volunteers, public health personnel and the elderly participated in the nutritional assessment, joined the elderly club, and trained for appropriate exercise regards the health promotion project funded by NHSLF. Two-way communication by close up people and the family caregiver made the elderly accessed health information and participated in the health promotion program.

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Conflict of Interest: none

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