

Evaluation of Elderly's Health Promotion at Government and Non-Government Geriatric Homes in Baghdad City: A Comparative Study

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Abstract: *The elderly health promotion at the Government and non-Government homes Geriatric Homes in Baghdad City. A cross-sectional study was carried out among (60) Elderly is selected throughout the use of non-probability sampling approach. The sample of the study includes Elderly who are (65-74) year old and live at Geriatric Homes of Al Salaikh at Al Adhamiya and Al Rahma Home at Al Kadhimiya towns in Baghdad City. The sample is divided into (2) groups; Government and non-Government of (30) elderly each. The elderly health promotion in the Non-Government group experience deteriorating level relative to the domains of health status, health protection and diseases prevention. Elderly health as general is difference comparative to elderly's chronic illness than other aspect to health promotion (Health Protection and Diseases Prevention) because the elderly's share almost the same level of health promotion. Most of the elderly have experienced chronic diseases of hypertension and joint pain.*

Keywords: Evaluation; Elderly Health Promotion Comparative Study

1. Introduction

The health Promotion related of elderly people aims to gather information from the partner countries and identify best practices in the field of health promotion for older people. There is a focus on those models that have a sustainable approach and which regard socio-economic, environmental and life-style related determinants. The health Promotion related of elderly people has as its overall aim in contributing to the development of health promotion for older people through producing guidelines with recommendations for potential actors in this field on national and local level [1].

Health promotion plays an important role in increasing healthy life span, reducing illness burden, slowing down functional decline, improving independence and enhancing quality of life. One of the fundamental purposes of health promotion is to promote a healthy lifestyle (i.e., physical activity, dietary habits and personal hygiene). In general, health promotion is vital in everyday life for any individual, and especially in old age. Globally, health promotion programs have long been based on the idea that provision of knowledge and options available for health care will go a long way towards promoting a change towards more beneficial health care [2].

A major focus on health promotion for elderly people related quality of life is teaching the promotion health and health behavior through play an important role in assisting the elderly people related quality of life to use their psychological assets to cope with fears, anxieties, somatic complaints, and other problem. Emotional and social support during the following the elderly people related quality of life period can be a comfort to assist in reducing problematic out comes that related to this period [3].

As persons live lengthier, health promotion behaviors

become level more essential, particularly with respect to maintaining functional independence and successful quality of life (QoL). A Health promotion is extremely important for the elderly to modify their health behaviors. The necessity to continue this program is evident to sustain good quality of life for elderly people in the geriatric Homes. Health promotion strategies for the elderly generally have three basic aims: maintaining and increasing functional capacity, maintaining or improving self-care and stimulating one's social network. The idea behind these strategies is to contribute to a longer, independent and self-sufficient quality of life. It should be noticed that there is an additional objective to be considered: the significance of social participation and integration of the elderly to maintain quality of life at old age [4].

Health promotion is evaluative reactions to persons, objects, and events. This includes the beliefs about the Elderly People related quality of life object toward health promotion. They also added that elderly can guide our experiences and decide the effects of experience on our behaviors, the specific evaluations of objects, or issues [5].

In Iraqi studies on Elderly at geriatrics homes that indicated of some recommendations which included :need for specialist doctors in geriatrics medicine and nursing staff, providing the necessary health services, need for psychologist and socialist, as well as encouraging of the approaches and issues which are promoted of aging populations and community awareness [6].

2. Methodology of the Study

Subjects: The study population included the (60) Elderly is selected throughout the use of non-probability sampling approach. The sample of the study includes elderly who are (65-74) year old and live at geriatric homes. The sample is

divided into (2) groups; Government and non-Government of (30) elderly each.

Questionnaire

The socio-demographic data sheet, consisted of (6) items of age, gender, marital status, residency, chronic diseases, and socioeconomic status

Health Promotion tool is designed through the use of (3) levels type Likert Scale for the evaluation of attitudes and behaviors relative to the elderly at the geriatric homes. The rating and scoring system of the scale is consisted of (3) for agree, (2) for agree to some extent, and (1) for disagree.

The observational tool is comprised of (3) statements that deal the major domains of the health promotion program. The first statement is measured through (3) items which is dealing with the elderly health as general, the second statement is measured through (18) item which is dealing with the elderly health protection, and the third statement is measured through (10) items which is dealing with the elderly diseases prevention.

The stability of the study instruments is determined through test-retest reliability. Pearson correlation coefficient for such reliability is estimated. Data are collected from (10) elderly for this purpose. Results indicate that all instruments, which are applied in the present study, have acceptable reliability (Health as General 0.70, Health Protection 0.78 and Diseases Prevention 0.72). Data are analyzed through the application of Statistical Package of Social Sciences (SPSS) program of these approaches (Descriptive Statistical Data Analysis Approach and The Inferential Statistics Data Analysis).

3. Results

Table 1: Self-Evaluation of Elderly's Health Status

Health Status	Government Group (N= 30)		Non-Government Group (N=30)	
	F	%	F	%
Poor	30	100	30	100
Fair	0	0	0	0
Good	0	0	0	0
Total	30	100	30	100

F: Frequency, %: Percentage, Poor: (30-49)

Results out of this table reveal that elderly have experienced poor health status at the pretest for both of the Government and Non-Government groups.

Table 2: Overall Evaluation of Elderly's Health Promotion for the Government and Non-Government Groups

Health Promotion	Government Group (N= 30)				Non-Government Group (N=30)			
	F	%	M.S	S.D	F	%	M.S	S.D
Low	30	100	1.00	0.000	30	100	1.00	0.000
Moderate	0	0			0	0		
High	0	0			0	0		
Total	30	100			30	100		

F: Frequency, %: Percentage, M.S: Mean of Scores, S.D: Standard Deviation, Low: (31-51), Moderate: (52-72), High: (73-93)

This table indicates that the overall evaluation of the elderly's health promotion is low for both of the Government and Non-Government Groups at the evaluation test.

Table 3: Overall Evaluation of the Elderly's General Health for the Government and Non-Government Groups

General Health	Government Group (N= 30)				Non-Government Group (N=30)			
	F	%	M.S	S.D	F	%	M.S	S.D
Low	30	100	1.00	0.000	30	100	1.00	0.000
Moderate	0	0			0	0		
High	0	0			0	0		
Total	30	100			30	100		

F=frequency, %= percentage, M. S= mean of score, Ass.= assessment, level of assessment: (1-1.33) = low = L, (1.34-1.67) = moderate = M, (1.68-2.00) = high = H

This table reveals that the overall evaluation of the elderly's general health is low for both of the study and Non-Government Groups at the test.

Table 4: Overall Evaluation of Elderly's Health Protection for the Government and Non-Government Groups

Health Protection	Government Group (N= 30)				Non-Government Group (N=30)			
	F	%	M.S	S.D	F	%	M.S	S.D
Low	30	100	1.00	0.00	30	100	1.00	0.00
Moderate	0	0			0	0		
High	0	0			0	0		
Total	30	100			30	100		

F: Frequency, %: Percentage, M.S: Mean Scores, S.D: Standard Deviation, Low: (18-30), Moderate: (31-43), High: (44-54)

This table reveals that the overall evaluation of the elderly's health protection is low for both of the Government and Non-Government Groups at the pretest.

Table 5: Overall Evaluation of the Elderly's Disease Prevention for the Government and Non-Government Groups

Disease Prevention	Government Group (N= 30)				Non-Government Group (N=30)			
	F	%	MS	S.D	F	%	M.S	S.D
Low	30	100	1.00	0.000	30	100	1.00	0.000
Moderate	0	0			0	0		
High	0	0			0	0		
Total	30	100			30	100		

F: Frequency, %: Percentage, M.S: Mean of Scores, S.D: Standard Deviation, Low: (10-16), Moderate: (17-23), High: (24-30).

This table indicates that the overall evaluation of the elderly's disease prevention is low for both of the Government and Non-Government Groups at the pretest.

4. Conclusions

The study concluded that the elderly health promotion in the Non-Government group experience low level for all domains of health status, health as general, health

protection and diseases prevention. Elderly health as general is difference comparative to elderly's chronic illness than other aspect to health promotion (Health Protection and Diseases Prevention) because the elderly's share almost the same level of health promotion. Most of the elderly have experienced chronic diseases of hypertension and joint pain. But, few of them have visual and hearing impairment, asthma, peptic ulcer, heart failure and diabetes mellitus. Elderly socio-demographic characteristics of being widowed, retired, low socioeconomic status and urbanized residents play an important role on the elderly to be residents at the geriatric homes because most of elderly have lost partners, do not have remunerated, unable to handle the life by their own out of the geriatric homes and they have no any other places to go. Elderly's socioeconomic status of the Government group is found to have progressive effect on their disease prevention rather than health protection because the elderly are able to cover the payment of their medications and health services.

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