Original Article

Community and Public Health Nursing
Vol. 4 No. 2, May - August 2019
DOI: http://dx.doi.org/10.21088/cphn.2455.8621.4219.7

Effect of Health Promotion Interventions on Quality of Life (QoL) among Older Adults

Shirley Prakash[1], Gladys J[2], Ankitha S[3], Shalu George[4], Silpa IS[5], Swathy CS[6]

How to cite this article:

Shirley Prakash, Gladys J, Ankitha S *et al*. Effect of Health Promotion Interventions on Quality of Life (QoL) among Older Adults. Community and Public Health Nursing. 2019;4(2):97-100.

Abstract

Background: The Population Census 2011 reveals that there are nearly 104 million elderly persons (aged 60 years or above) in India. A report by UNFPA India estimates that the number of elderly persons is expected to grow to 173 million by 2026. The rapid advancement in technology had taken medical science to higher realms of offering better health care services as well as increased longevity to the population. Combining along with reduced birth rate, the elderly population has considerably increased. A supportive family and environment promotes health and sustains a better quality of life of elderly. Interventions promoting quality of life of older adults reduces the burden of care of them in the society. *Objective* of the study was to assess the effect of health promotion interventions on QoL among older adults. *Method:* Quantitative approach with pre experimental design was used to assess the effect of health promotion interventions on QoL among 30 older adults of a selected old age home, Thrissur, Kerala. After assessing the demographic variables of the study participants the modified WHO BREF scale was administered to assess their QoL. Posttest using the same tool was administered after seven days of the intervention which included brisk walking, stretching exercises and laughter therapy. *Results:* Data was tabulated and analyzed using differential and inferential statistics. The findings revealed that there is a significant difference between pre and post interventional mean score especially in three domains – physical, (54.53 and 73.90) psychological health (58.9 and 72.7) & social relationship (64.33 and 76.33) respectively. Whereas there was no significant difference in pre and post interventional score in the fourth domain. *Conclusion:* The study highlights that health promotion intervention if provided with regular health care services of elderly helps to sustain them with better quality of life with productivity within their limits.

Keywords: Effect; Health promotion Interventions; Quality of life.

Introduction

"Ageing is not lost youth but a new stage of opportunity and strength".

Anonymous

Ageing is an irreversible and progressive physiological phenomenon characterized by degenerative changes in the structure and function of body systems. Globally the population ageing has increased from 9% in 1994 to 12% in 2014, and it is expected to reach 21% by 2050.[1] At present 95 million people in India are above the age of 60; by the year 2025 nearly 80 million more will be added to this population.[2] Globalization, faster life, hike in old age population led the old age into a state of neglect and uncared. This situation resulted in the development of old age homes by both Governmental and Non-Governmental agencies. Some of these homes are tagged as *home of suffering* where the inhabitants experience

Author's Affiliations: [1]Principal, [2]Vice Principal, [3]Lecturer, [4-6]Post Basic B.Sc. Nursing Students, Westfort College of Nursing, Pottore, Thrissur, Kerala 680581, India.

Corresponding Author: Gladys J, Vice Principal, Westfort College of Nursing, Pottore, Thrissur, Kerala 680581, India.

E-mail: shirleyprakash25@gmail.com

Received on 17.04.2019, **Accepted on** 15.05.2019

maladaptation and loneliness due to separation from family members resulting in minor to major physical and mental health problems, this in turn adversely affect the quality of life.[3]

The quality of life of elderly can be maintained through various health promotion strategies which aim at maintaining and increasing functional capacity, maintaining or improving self-care and social network. Some of the common health promotion activities include stretching exercise, brisk walking and laughter therapy. The WHO proposed a timeframe for five years (2016-2020) as a step towards an eventual decade of healthy ageing (2020-2030). Healthy ageing is a process of developing and maintaining the functional ability that enables wellbeing in older age. The vision is 'A world in which everyone experiences healthy ageing' and such health promotion interventions definitely can accelerate the process of healthy ageing.[4]

An essential public health goal relating to elderly is to reduce age related disabilities. In the next 20 years, the number of people over 60 years of age will double, raising the issue of finding feasible means for their independent living and better quality of life.[5] In other words this population may become a social burden. Health care providers have a definite role in health promotion of elderly population. They can employ healthy and practical strategies to promote health and prevent illness in elderly, also turn their life into a productive one which will be useful for aged persons as well their fellow beings

Materials and Methods

The study was done at selected government old age home, Ramavarmapuram, Thrissur district, Kerala. Quantitative approach was used in the study. The research design used in the study was pre-experimental one group pretest posttest research design. 30 samples aged above 65 years who are residing in government old age home Ramavarmapuram were selected by purposive sampling technique. After obtaining informed consent from eligible study participants their demographic data was collected using the pretested proforma. Modified WHO BREF scale was used to assess the pre interventional QoL. Intervention was given and seven days after the last session of intervention QoL was assessed using modified WHO BREF scale.

Results

The data was tabulated and analyzed based on objectives and hypotheses and using descriptive and inferential statistics like frequency, percentage and paired 't' test.

Section A: Description of Socio - demographic variable

Table 1: Frequency and Percentage distribution of samples based on demographic data (n=30)

SI No	Demographic variables	Frequency (f)	Percentage (%)
1	*Age*		
	65–75	17	56.66
	76–85	12	40
	86–95	1	3.33
2	*Sex*		
	Male	8	26.66
	Female	22	73.33
3	*Monthly income*		
	Below 5000	19	63.33
	Above 5000	11	36.66
4	*Educational status*		
	Illiterate	13	43.33
	Primary	14	46.66
	Secondary	1	3.33
	Graduates	1	3.33
	Post-graduation	1	3.33
5	*Marital status*		
	Single	13	43.33
	Married	6	20
	Divorce	1	3.33
	Widow	10	33.33
6	*Health and illness status*		
	Yes	6	20
	No	24	80

Table 1 reveals that out of 30 samples, who participated in the study, majority (57%) belongs to the age group of 65 to 75 years, 73% were females and 33% were males. Majority of the study participants (63.33%) have monthly income above Rs.5000, 46.66% had primary education, 43% of subjects were illiterate. 80% of the subjects had non communicable diseases such as hypertension, diabetes mellitus and old age related problems such as pain, weakness.

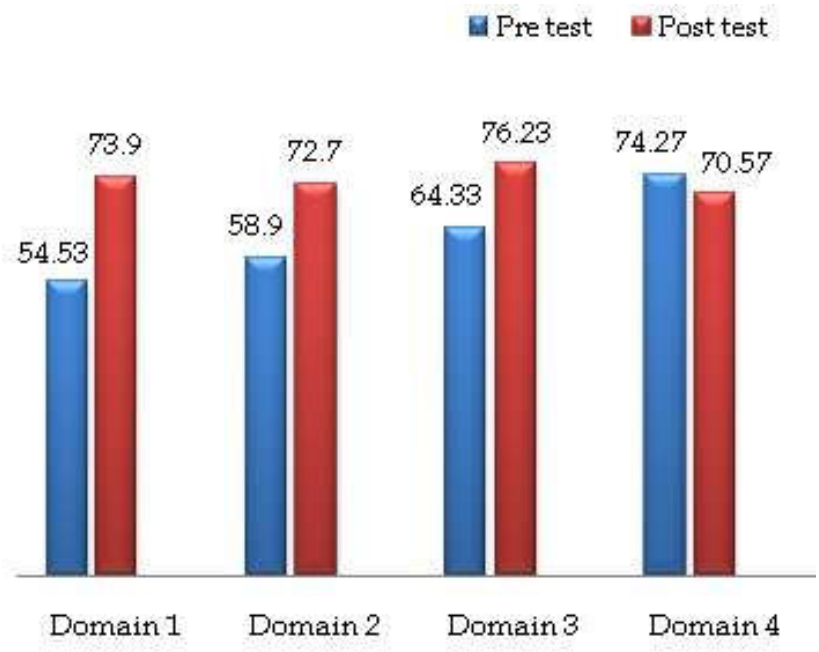

Fig. 1: Domain wise Mean score of QoL among older adults before and after intervention

Table 2: Effect of Health Promotion Interventions on Quality of Life (QoL) among older adults

Domain	Mean score		SD		DF	*'t' value	'p' value	Significance
	Pre	Post	Pre	Post				
Physical Health	54.53	73.9	15.852	11.099	29	6.566	0.00	Significant
Psychological health	58.90	72.90	16.53	11.148		4.906	0.00	Significant
Social relationship	64.33	76.23	27.01	20.36		3.237	0.03	Significant
Environment	74.27	70.47	18.42	10.5		1.48	0.14	Not significant

*0.05 level of significance

Section B: Comparison of pre and post interventional level of QoL among older adults

Data shown in figure 1 shows that the mean pretest score of domain 1 (physical health) which was 54.53 has been improved to 73.90 after the intervention. In domain 2 psychological health the mean pretest score was 58.90 and it has been improved to 72.7, in domain 3 social relationship the pretest score was 64.33 and it has been improved to 76.23 and in domain 4 environment pretest score was 70.57 and post test score was 74.27 (Table 2).

Discussion

The findings of this study were supported by a similar study conducted at old age home in Chennai to assess the effectiveness of laughter therapy on quality of life among elderly at old age home. The result revealed that the experimental group recorded an improved quality of life after the therapy. In the experimental group 86.7% had higher quality of life and 13.3% had better quality of life. In control group 63.3% had good quality of life, 23.4% had better quality of life and 13.3% had poor quality of life [6].

Another experimental study was conducted to assess the efficacy of health promotion interventions on the self-care behavior, and quality of life of older adults residing in selected old age homes in Uttar Pradesh. The obtained 't' value 55.32 shows the mean differences between post test self-care behavior and quality of life of older adults in experimental and control group was significant at 0.01 level. The result supported that the health promotion interventions are very suitable and practical non pharmacological measures to improve self-care behavior and quality of life of older adults [7].

The results of the present study depicts that, the calculated t value in Domain 1, 2 and 3 are greater than the table value, hence there was statistically significant difference in these domains, whereas there was no statistically significant difference in the domain 4 as the calculated t value is less than the table value. The findings revealed that

there was a significant improvement in domain 1, 2, 3 of quality of life of older adults after health promotion interventions such as brisk walking, basic stretching exercise and laughter therapy but there was no significant improvement in domain 4 after the intervention.

References

1. Ilgaz A, Gozum S, Health promotion interventions for older people living alone: a systematic review [Internet]. 2019 Available from: https://journals. sagepub.com/doi/abs.
2. Borglin G, Edberg AK. The experience of Quality of life among older people. Journal of ageing studies. 2003;19(2):32–33.
3. Davidhizar R, Schearer R. Humor: no geriatric nurse should be without it. Journal of geriatric nursing. 2002;13(5);276–78.
4. World health organization (WHO). World health statistics 2013. [cited 2013 Dec 15th]. Available from :http://www.who.int/gho/publications/world health statistics /2013.
5. WHO. Health and development through physical activity and sport.http//whqlibdoc.who.int/ hp/2003WHO NMHNPH 03.2.pdf(2006).
6. Sharpe PA *et al.* The effects of exercise in elderly women, Nursing clinics of North America, 2008;14(8):56–60.
7. Mikol D. Health promotion among the elderly. The Nursing Journal of India. 2004;72(3):53–54.
8. Sarasa Kumari RS. Socio-economic conditions, morbidity pattern and social support among the elderly women in a rural area, Thesis Work, Thiruvanathapuram, 2001.
9. N Reena. Elderly population in India. Health journal of Indian Medical Association; 2001:40–42.