



Study of Relationship between Knowledge, Attitude and Practice of the Elderly with Their General Health in Tehran

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ABSTRACT

Background: With an ever increasing life expectancy and declining birth rate, the attitudes of the 'elderly' proportion of Iran's population continues to increase. The aim of this research is to explore elderly people's attitudes towards health, to increase knowledge and awareness of the elderly in order to prolong their health, and to provide methods in the case of treatment.

Methods: This research makes use of the survey method. In order to gather the information, the questionnaire as well as interview techniques have been used. The population studied in this research is the elderly in the city of Tehran. The sampling technique is the simple random, and 500 elderly were chosen as the sample. The data used 'Chi-Square' and 'Correlation Coefficient' between variables' testing techniques.

Results: The study showed that the respondents emphasized that both traditional and modern ways of treatment can help the health of the elderly. Traditional attitudes of participants are related with general health. This coefficient is 0.146 significant at the level of 0.01. Moreover, there is a relationship between modern practice and general health, this coefficient is 0.263, significant at the level of 0.01.

Conclusion: From the data, it was possible to identify three ways of reasoning among the elderly: emphasize that 'all humans' are of equal value, emphasis on outcomes of treatment of elderly persons, whether traditional or modern ways of treatment are employed, and emphasis on the scarce resources in health care.

Key words: Knowledge, Attitude, Practice, Elderly, Health

In order to evaluate elderly attitudes, major questions have been considered: What factors are effective on the attitude of the elderly to health? Do the elderly make use of traditional methods in the case of health without denying use of traditional techniques in health? Will they have a more positive attitude to health, if the level of education of the elderly is raised?

In research carried out entitled "Evaluation of General Attitudes to Psychiatric Hygiene and Health and Psychiatric Problems in Scotland", attitudes of the elderly to hygiene care and their satisfaction level was researched. The result of the research shows that most of the elderly people in Scotland have a positive attitude to receiving modernized health services and care.

In research by Caroline Mozley (2004) related to elderly attitudes to quality of life, it is stated that among the elderly a continued dependence on receiving modern health services took place from 1980.

In a study in Japan about elderly attitudes to health care and welfare the following results were obtained: the knowledge of the elderly about health care and the welfare state was good in general and the degree of the use of the system was also stated as good. But, 83.3% of them did not show willingness to make use of the welfare system, which shows that they are interested in being dependent on family support. The result of this research shows that family physicians play an effective role in the general care system of elderly patients and they must try to consider the system for their patients especially in societies which are speedily approaching the elderly phenomenon (Takei 1998).

In other research, related to preventive behavior of patients, individuals of lower ages and higher education had strongly negative attitudes to health care but better attitudes to self treatment (Sugisawa 1990).

In a report about the knowledge, attitudes and practice of self-care related to patients with age dependent eye problems in Melbourne, Australia, the following results were obtained: Younger individuals believed that prevention and treatment of blindness was of high priority compared to other illnesses. Those who were better informed regarding age dependent eye problems had better attitudes to treatment of blindness as well as treatment, and preventive care of eye diseases compared to other patients and felt it should receive higher priority. Individuals who had possibly experienced an outbreak of an eye problem, when clearly interested in being under eye care. No relation was seen between knowledge and positive attitude to self practice. The results have shown that there is a deep difference between people's knowledge and correct understanding of age dependent eye diseases, which requires enhancement in care activities (Livingston 1998).

In a study which took place in Pennsylvania, USA, related to elderly women and the meaning of care from their point of view, the following results were obtained: although all the participants in the research had a practical application for the description of care, 80% of the women repeatedly pointed out five cases. These cases included the following: self-involvement of individuals, acceptance of self, satisfaction of self, flexibility, limiting or centering on others. According to the findings, it seems that elderly women had prospective or eventual outlook of the real meaning of care and that of how to continue being in good health (Maddox 2001).

In research about lifestyle, nutrition and care of the elderly in Europe in 2004 the following results were

obtained: In this study of the elderly in Belgium, Denmark, France, Italy, Portugal, Spain, Switzerland and Holland, diet, physical activities, etc was evaluated. The results gained from this research showed considerable differences in life achievement factors among the elderly. There was variety of dietary patterns and consumption of food in Europe according to their geographical patterns of each country.

Similar results were also observed in sports and professional activities. Smoking was usually less among women, the lifestyle of the individual according to his/her care condition was healthy, and there was also daily activity (ADL) which was related to attenuation levels. Inactivity, smoking and a low quality diet drastically reduced attenuation levels, and a blending of the various cases in the lifestyle was seen to create an unhealthy condition. This research showed that a healthy lifestyle among the elderly improved care conditions and reduced related dangers of death. Improvement and continuation of healthy lifestyles for the elderly in Europe is one of the greatest struggles of the societies of the continent (de Groot 2004).

In Iran, in a study carried out on the general conditions of health of people 15 years and older in Yazd province in 1999, the following results were obtained: In this study, the GHQ questionnaire was used in order to evaluate general health conditions, the questionnaire is a self-evaluation, screening type and is used in clinical studies with the aim of diagnosing defects in the four dimensions of the body, stress and insomnia, problems in private and professional life, depression and so on. Of the 593 people studied it became clear that the province of Yazd possesses a high rate of depression which increases with age, and has been observed in women more considerably than men (Ahmadiyeh 1999).

The studies show that despite studies on health and attitudes to health, whether in the theoretical or practical fields, which have been carried out actively in the West, in Iran practical research has rarely been put to paper and lack of it has created considerable difficulties in the study of problems of health and hygiene among the elderly.

Subjects and Methods

This study was performed on 500 elderly people in Tehran. Site of collection of the information was the parks located in municipalities zones of the North, East, Central, West and South of Tehran. Therefore, in each of the mentioned zones three main parks were selected, and the information was gathered through the questionnaire within the sites. In this research, the sampling method was according to available samples among people within the social group of the study. To this end, the sample units were chosen at random. In the second stage, the

evaluation tool (questionnaire) was distributed among participants in person and was collected after completion.

In the present survey, the questionnaire technique has been used. The questionnaire is composed of closed questions. Type of questions designed and independent variables were based on “Survey questions” and evaluation values were made in five stages. Also, the independent variable questions were designed as closed multiple choice type.

In this survey the participants were requested to give their answers as “I fully agree, I agree, Neutral, I don’t agree, I strongly disagree” and state them clearly after the question. The grades given to the answers which were positive or agreeable was in the order of 5, 4, 3, 2, 1. The grades given to the answers which were negative was in the reverse order.

The attempt was made to present few and simple questions so that participants could give accurate replies with interest. There were 10 questions of general characteristics of the respondents, 8 IADL, 52 attitude evaluation of utilizing traditional treatment methods (using medicinal herbs, bleeding, acupuncture, homeopathy, and hot mineral water treatment), and modern treatment methods (visiting physician, using diagnosed medicine of physicians, rehabilitation, surgery, chemical treatment, and radiation treatment), as Yuan and Bieber (2003) note, and 28 general health questions considered. After preliminary collection, the questions were tested to ensure their freedom from error. The questionnaires were completed by direct reference to the samples.

The current research possesses 2 variables dependent on balance of health and direction taken by health attitudes. Also sex, profession, education, age, marital status, and tribal variables must be researched, which with variables dependent on health attitudes have been studied.

Validity of questionnaire was studied through the Kronbach Alpha method for evaluation of variables dependent on health attitudes questions; 28 and 52, were designed in that order, for which the health Alpha and its dimensions equaled 82%, and direction of health attitudes Alpha was equal to 84%. The results gained showed the internal relativity of the questions within the questionnaire was at a high level.

Considering the nature and method of research, after collection the information was reviewed and controlled, and after coding was entered into a computer, using the SPSS software, the collection of information was analyzed. The relationship between the variables was evaluated by X² and correlation value tests.

Results

This section is about the analysis of the information received. At first, the information related to the participant details and sample characteristics under research were explained. Also, viewpoints of participants of knowledge, attitude, and practice (KAP) in relation with traditional and modern treatment, and their general health (GHQ) were explained.

The minimum age of participants is 60 and the maximum age is 89. Also, the average age of participants is 67.8. 19% of participants are aged women and 81% are elderly men.

53.8% of the participants are composed of Fars, 26.6% are Azeri, 3.2% are Kurd, 3% are Lor, and in 11.8% are other tribal groups. 1.6% of participants did not answer this question. 79.6% of participants of the research are married, but only 2.4% are single. Also, 16% of participants are widows or widowers.

15.8% of participants possess bachelors or higher degrees, 4.8% are Post diploma, 15.8% have diplomas and about two thirds of participants have education lower than diplomas, of which 17.2% are illiterate.

15.8% of participants were still working after the age of 60, and at the same time 62.8% of them are retired. 12.6% of participants chose the housewife option, 8.6% chose unemployment and 0.2% did not answer this question.

Table 1 shows the relationship between general health conditions and the various areas chosen by this research.

| Area | General Health | | Total |
|----------------|----------------|-------------|-------|
| | Favorable | Unfavorable | |
| Central Region | 70 | 30 | 100 |
| South | 63 | 37 | 100 |
| North | 87 | 13 | 100 |
| West | 66 | 34 | 100 |
| East | 89 | 11 | 100 |
| Total | 375 | 125 | 500 |

X²= 31.46 df=4 P=000

As seen on the table, chi-square test shows 31.46 at the level of 0.000. Therefore, the difference of the general health state of participants among the five regions researched is confirmed.

For familiarity with the level of acquaintance of participants to traditional cases, six related questions have been studied for which the minimum grade for participants is six and a maximum grade for participants

for the six questions is 30, the cut point has been considered at 17.5, meanwhile abundance and percentage of participants to the six questions will obtain the traditional cases. Therefore, 86.8% of participants gained a mark above 17.5, while 12.4% got a grade lower than 17.5%. In this way, and related to awareness level of participants to modern cases, and according to the replies given to the six questions 62.2% were above the cut point of 17.5, and 37.8% were below the grade.

Also regarding participant attitude to the six traditional questions, 78% were above the cut point grade of 17.5, and 21.6% gained a lower grade. In this case, regarding the attitude level of participants about the six modern questions, 55% were above the 17.5 grade and 45% were below it.

Meanwhile, in the case of participant performance related to the six traditional questions, 96.8% were above the 17.5 grade and 2.8% were below it. In this case, regarding the performance of participants in the case of the six modern questions, 98% were above the 17.5 grade and 2% below it.

As pointed out before, the participants grades for answering the 28 questions related to the general health status (GHQ), the replies were evaluated in mixed form and the cut point to the total of replies and according to the studies of other researchers, grade 23 was considered. Therefore, 75% of participants gained a score of above 23, which shows a suitable general health status, but only 25% of the participants gained a score below 23 which is due to their unsuitable general health conditions.

Table 2 shows the relationship between knowledge, attitude, and practice of participants from a traditional outlook with their general health.

As seen on the table, traditional knowledge, attitude and practice of participants is related to general health, in such a way that Spearman coefficient is in the following order for knowledge and general health 0.107 significant at the level of 0.05. Also, for attitude and general health this coefficient is 0.146 significant at the level of 0.01. And, for practice and general health this coefficient is 0.146 significant at the level of 0.01.

Table 3 shows the relationship between knowledge, attitude, and practice of participants from a modern outlook with their general health.

As it is also observed in the table, there is a relationship between modern practice and general health, in such a way that the Spearman coefficient for modern practice and general health is 0.263 significant at the level of 0.01. Of course this relationship is different in various regions studied, in that the relationship has been shown to be

more meaningful in the northern and eastern regions.

Discussion

Many studies show that there is a logical relation between knowledge, attitude and practice of individuals and their health. This study has also attempted to evaluate the relationship between education and awareness of the elderly in the case of utilising traditional treatment methods (using medicinal herbs, bleeding, acupuncture, Homeopathy, and hot mineral water treatment) and modern treatment methods (visiting physician, using diagnosed medicine of physicians, rehabilitation, surgery, chemical treatment, and radiation treatment) with their general health conditions. The results of this research shows that many factors are involved in this relationship.

The region of residence of participants is one of the factors which is effective in the general health conditions of the elderly. The elderly who live in the areas of North and East of Tehran usually possess better general health, while the elderly living in the South of Tehran possess poorer general health.

In this study, it can be seen that there is a meaningful relationship on the level of 0.05 (Table 2) between traditional learning and general health conditions. Also, there is a meaningful relationship at the level of 0.01 between traditional attitudes and general health conditions. In addition, the relationship between traditional performance and general health conditions is significant at the level of 0.01.

In this research, the relationship between modern practice and general health conditions is significant at the level of 0.01 (Table 3).

The results reached from this information are that there is a close relationship between the level of awareness and knowledge of the elderly, their attitudes towards hygiene and their health performance, with their general health conditions.

According to the results and information of this research, the following suggestions may be put forward:

- To realize the aim of healthy elderly individuals, attention must be given to suitable education to improve their health.
- General training for elderly health must be included within general media programs.
- Increase of availability of physicians, hygiene and health services, rehabilitation and related equipment for the elderly.
- Execution of preventative plans for illnesses specific to the elderly
- Execution of family physician and health care plans for the elderly within the context of 'Area Based' health and welfare plans

- Execution of health care within the home plans for the elderly
- Directing of educational, health, and the creation plans in order to raise the elderly life quality.

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Table 2: Relation between Knowledge, Attitude, and Practice of Participants from a Traditional Outlook with their General Health

| | General Health | Traditional Knowledge | Traditional Attitude | Traditional Practice |
|-----------------------|----------------|-----------------------|----------------------|----------------------|
| General Health | 1.000 | 0.107* | 0.146** | 0.164** |
| Traditional Knowledge | 0.107* | 1.000 | 0.688** | 0.441** |
| Traditional Attitude | 0.146** | 0.688** | 1.000 | 0.628** |
| Traditional Practice | 0.164** | 0.441** | 0.628** | 1.000 |

Note: * significant at the level of 0.05
 ** significant at the level of 0.01

Table 3: Relation between Knowledge, Attitude, and Practice of Participants from a Modern Outlook with their General Health

| | General Health | Modern Knowledge | Modern Attitude | Modern Practice |
|------------------|----------------|------------------|-----------------|-----------------|
| General Health | 1.000 | 0.002 | 0.012 | 0.263** |
| Modern Knowledge | 0.002 | 1.000 | 0.850** | 0.278** |
| Modern Attitude | 0.012 | 0.850** | 1.000 | 0.301** |
| Modern Practice | 0.263** | 0.287** | 0.301** | 1.000 |

Note: * significant at the level of 0.05
 ** significant at the level of 0.01