

# **HEALTH PROMOTION FOR THAI ELDERS WITH HYPERTENSION: A MIXED METHODS STUDY**

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## DECLARATION

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other territory institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository, subject to the provisions of Copyright Act 1968.

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.....19 December 2016.....

Date

## **RESEARCH ETHICAL APPROVAL**

This study was approved by the Human Ethics Committee of The University of Newcastle (Newcastle University's - HREC) approval number H-2014-0328 on November 2014 and by The Nonthaburi Public Health Office, reference number 1565/2014 on the 25 May 2014.

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## ABSTRACT

**Background:** In Thailand and across the globe there are increasing numbers of older people who are living longer but with chronic illnesses and this situation is adding a significant burden on health care systems. Health promotion has been identified as a strategic approach to improving the health outcomes of Thai older people. Key components of health promotion include health public policy, health education, and health literacy.

**Aim:** The aim of this study was to explore the health promotion of and learning by the Thai elderly with chronic illness of hypertension.

**Methods:** A study utilising mixed methods was conducted at five Primary Care Units within metropolitan areas in Nonthaburi, Thailand. A convergent design was conducted using four methods to collect both quantitative and qualitative data. The quantitative part involved a document analysis of the health education materials and health promotion policies which are currently available in Thailand. The qualitative part examined the health care providers' perceptions of health promotion, the education sessions and environments, and the older people's learning experiences with hypertensive health education. The data for each part was collected in parallel and then analysed separately. The findings were merged to critically analyse the findings using joint displays.

**Results:** The document analysis revealed that most of the HEMs available in the PCUs about hypertension were not aligned with Gerogogy. None of the health promotion policies and directives available in the PCUs identify that learning by Thai elders is

different. The policies did not contain any recommendations or guidelines relating to health promotion theories or health literacy. The observations of the environment of the PCUs and the education activities performed by the HCPs revealed that the RNs provided most of the health education. The observations further revealed that there were issues with communication within the PCU environment. Family support and active participation by the elders were not observed in either group or individual health education sessions. Health care providers perceived the importance of elderly health promotion and acknowledged that chronic illness in the elderly makes up a vast proportion of the community morbidity and mortality. Some HCPs recalled health promotion theories, but there was a limited understanding of how these applied to their practice. Government and provincial health policies and directives guided the HCPs' health education activities. However, the strategies that arose from the acknowledgement of the ageing changes were not consistent. The Thai elders overwhelmingly describe the many difficulties they have experienced in their attempt to understand their illness and respond with appropriate self- management strategies.. From the elderly's stories the overarching theme "crossing the river" emerged which describes the Thai elders' experiences living with hypertension. Other themes, "This was not my boat", "Finding a way to cross the river", "Sailing alone", "I would like to get to the other side", and "Staying afloat" also arose from the elders' stories.

**Conclusion:** Current health promotion activities for Thai older people with hypertension require revision. This study shows that there is a disconnection between the health education activities of health care providers and the elderly's experiences and this relates to the current health promotion policies and activities being non-aligned with Gerogogy and not inclusive of health promotion theories and health literacy. These three



deficits have led to a health promotion approach and activities that do not support the learning by Thai elders, which is fundamental to any health promotion program.

This study has provided a better understanding of the three key components of health promotion: health policy, health education, and health literacy, for Thai elders with chronic illness. The Compass of Older People Learning model is designed to guide Thai elders' learning to ensure effective health promotion.

**Key words:** Health Promotion, Health Education, Learning, health literacy, older people, elderly, chronic illness, hypertension, Thailand