

Older Adult Self-care and Related Factors at Primary Health Care Centers

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ABSTRACT

Background: The capability for self-care has been viewed as a means of lowering the high costs of medical services and enhancing older individuals' quality of life. The World Health Organization advises encouraging self-care and managing illnesses.

Objectives: The study aims to investigate self-care abilities for elderly and associated factors in Kerbala, Iraq. **Methods:** In this cross-sectional study, 260 participants over 60 years old were assessed through a questionnaire that included demographic information and the Self-care Ability Scale for the Elderly. Older people visiting primary health care centers in the Karbala sector in 2023 were chosen by convenience sampling for the study. The descriptive (Frequency, Mean of Score) and inferential method (Independent Sample t-test) was used to analyze the results by SPSS 23.

Results: 168 elderly people (64.6%) had unsatisfactory and 19 (7.3%) good ability for self-care. While, married ($P=0.003$) had high significant with self-care ability compared to single, divorced and widowed people. Self-care capacity is much lower for the least educated (0.000). Therefore, the results showed that the elderly who suffer from diseases (0.000) have a low level of self-care.

Conclusion: Ability of older persons with chronic conditions to care for themselves was found to be inadequate, making the planning and execution of programs to improve self-care for them necessary. The ability of senior people to take care of themselves can be improved by setting up workshops based on identifying age-specific challenges and coming up with solutions to deal with them.

Keywords: Older Adult, Self-care, Chronic Diseases

INTRODUCTION

Ageing is a normal stage of human development from birth to adulthood, and it has been recognized as a phenomenon in the field of global health¹. Also, this stage represents a vulnerable and fragile segment of the population that needs special care because of the various problems that lead to deterioration of the physiological system and the physical ability of the body².

Increased life expectancy, most remarkable human achievements during the 21st century, which led to a substantial increase in the geriatric population worldwide³. According to annual statistics report provided through Iraqi Ministry of Health, the percentage of individuals over 60 years predicted climb from 5% in 2015 to 7.2% in 2050⁴. Keeping this in mind, quick preparation for providing services to this group of individuals in society is essential to prevent this situation. Therefore, healthy aging represent a right for every human being, and enhances relevance the phenomena of aging and avoidance of difficulties in Iraq².

Being able to take care of the elderly is crucial for their health and can be viewed as a deciding element in how they manage their everyday life. Due to aging, many people's self-care ability decreases due to one or more factors, resulting in lower life satisfaction. Therefore, it will be crucial to get knowledge and comprehension of impacting aspects⁵. This age group typically accounts for 60% of the cost of medical treatment; boosting self-care can save costs and prevent health deterioration⁶. Self-care characterized a multidimensional, health-related topic with several literary meanings. Depends on the professional theoretical and

philosophical perspective, there is no consensus about definition and the appropriate interpretation of the concept of self-care. The Self-care Ability Scale for the Elderly (SASE), however, is one tool that is particularly helpful for determining an elderly person's ability for self-care¹. The ability to take care of oneself depends on ability of the person and can be seen as a strength or potential for acts of self-care, which is a requirement for those behaviors⁷. The ability to carry out self-care actions that people do to maintain, improve, or restore their own health is known as self-care agency⁸.

Age-related declines in self-care skills were observed. In addition to age, disability and the requirement for assistance were thought to be risk factors for the elderly's limited capacity for self-care. In a Swedish study, the capacity for self-care declines with age⁹. The ability of elderly people to properly care for themselves may lead to self-actualization. The ability to self-care has been considered by many healthcare organizations and providers as a solution to reduce high costs of medical services, therefore improve both individual and society health¹⁰. Investigating self-health and how older individuals take care of their own health is necessary in light of the country of Iraq's growing aging trend infection.

OBJECTIVE OF THE STUDY

1. Assess older adult self-care.
2. Find-out relationship between older adult self-care and related factors with their sociodemographic characteristics: age; gender; level of education; marital status; smoking habits, and chronic diseases.

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METHODOLOGY

A cross-sectional descriptive research. All visitors to primary health care centers PHCs over 60 years of age were included in the statistical population at Al-Markz sector in Kerbala city during the period 8th January 2023 to 28th February 2023. The sample size was calculated by used the formula for determined the quantitative group Bagheri Nesami et al.¹¹ and likelihood first type error 5% used to identify 260 people.

Four out of the twelve primary health care facilities (PHCs) in Kerbala city are chosen at random. For (260) men and women who visited PHC units for therapeutic or preventive purposes, a convenient sampling technique was used. These older adults were collected from the four centers, including (65) participants from Al-Ausra, (66) Al-Askan, (64) and (65) seniors from Al-Ghadeer and Al-Nasr PHCs, respectively. G-Power 3.1.5 software was used to determine the inclusion of 260 samples in total. The distribution of samples among the centers was about equal.

The study comprised participants from PHCs with over 60 clients who were willing to participate and cooperate. Convenience sampling technique was use to data collection. With the aid of the investigators, illiterate persons responded to the study's questions through interview. According to their medical histories, people with severe cognitive and mental health issues were excluded from the study. Additionally, uncompleted questionnaires have been ignored and not analyzed. The surveys were done by other people. The Self-care Ability Scale for the Elderly (SASE) was use for data collection⁽¹²⁾. A group of English language experts used the backward-forward method to translate the questionnaire into Arabic. Using pilot research and a panel of seven experts, the questionnaire's validity and reliability were verified ($\alpha=0.73$, $CVI=0.96$) respectively.

Demographic data about the study participants, including their age, gender, marital, education, smoking status, and history of chronic illnesses, were gathered at the start of the questionnaire. The instrument comprises of 17 questions that assess an aged person's capacity for self-care. This measure emphasizes aspects of self-care for the elderly that are particularly crucial, such as daily activities, power, welfare, determination, desires, loneliness, and wearing clothes. Each question's response was based Likert scale that ranges from 1 to 5. Answers should be given as (strongly agree 5), (agree 4), (have no opinion 3), (disagree 2), and (strongly disagree 1); four of the items, including questions 6, 14, 16, and 17, have a negative charge. The highest score 85, and the lowest value 17. Low self-care ability was indicated by a score of 17 to 39.65, moderate self-care ability was shown by a score of 39.66 to 62.25 and strong self-care ability was indicated by a score of 62.26 to 85.

The data was entered into SPSS version 23 and statistically examined when the questionnaire was finished. Quantitative factors were described by standard deviation (SD) and frequency (%). Mean of Score for senior self-care was compared to demographic characteristics through independent t-test. The significance was detected for all findings was less than an equal 0.05.

The required ethical considerations were followed in this study, including disclosure of objectives, freedom to withdraw participation, information confidentiality, and written consent.

RESULTS

According to the study's findings, 195 (75%) of the participants were between the ages of 60 – 69 and the majority 160 (61.5%) of them were

males, as for the marital status, the largest percentage 185 (71.2%) of sample were married, followed by the single and divorced were 36 (13.8%) and 19 (7.3%) respectively. Regarding the educational level, most 127 (48.8%) of them were at the primary level of education, concerning smoking status, the results of this study showed more than three quarter 215 (82.7%) were smokers, and in terms of chronic diseases 241 (92.7) of subjects stated that they have diseases (table 1).

Table 1: Distribution of socio-demographic characteristics for subjects (N.260)

Demographic data	F (%)	
Age groups	60-64	91 (35.0)
	65-69	104 (40.0)
	70-74	33 (12.7)
	75 and more	32 (12.3)
Gender	Male	160 (61.5)
	Female	100 (38.5)
Marital status	Single	36 (13.8)
	Married	185 (71.2)
	Divorced	19 (7.3)
	Widowed	4 (1.5)
	Spirited	16 (6.2)
Level of education	Illiterate	13 (5.0)
	Primary school	127 (48.8)
	Middle school	68 (26.2)
	High school	30 (11.5)
College and above		22 (8.5)
Smoking status	Yes	215 (82.7)
	No	45 (17.3)
Chronic Diseases	Yes	241 (92.7)
	No	19 (7.3)

f= Frequency; %= Percentage

According to the study's findings, 168 respondents (64.6%) had a low level of self-care ability, 73 (28.1%) had a moderate level, and 19 (7.3%) had a high level (figure 1).

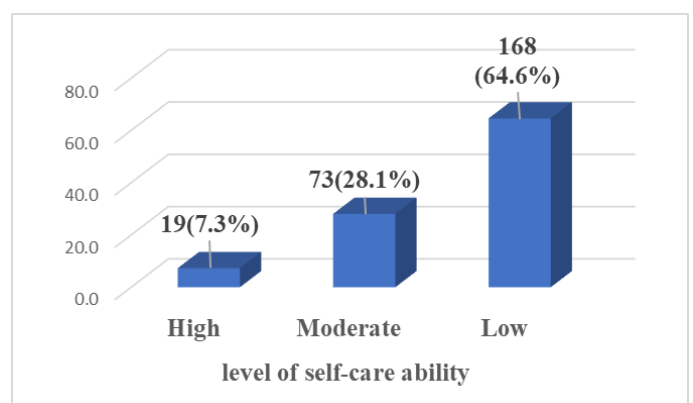


Figure 1: Total level of self-care ability for older adult

Other findings from this study revealed a significant relationship between the older adult's self-care levels with their age group, marital situation, educational attainment, and disease incidence, but no statistically relationship between the older adult's self-care and other demographic information like gender and smoking status at (0.05) P value (table 2).

Table 2: The relationship between older adult self-care and related factors with their socio-demographic characteristics

Demographic data	Level of self-care ability			Df.	Sig.	
	High	Moderate	Low			
Age groups	60-64	14	35	42	6	0.000
	65-69	3	27	74		
	70-74	0	4	29		
	75 and more	2	7	23		
Gender	Male	12	43	105	2	0.860
	Female	7	30	63		
Marital status	Single	0	6	30	8	0.003
	Married	18	50	117		
	Divorced	1	9	9		
	Widowed	0	4	0		
	Spirited	0	4	12		
		0	0	13		
Level of education	Illiterate	0	0	13	8	0.000
	Primary school	0	27	100		
	Middle school	0	21	47		
	High school	8	14	8		
	College and above	11	11	0		
Smoking status	Yes	17	54	144	2	0.062
	No	2	19	24		
Chronic Diseases	Yes	13	70	158	2	0.000
	No	6	3	10		

Sig.= Significant. Df.= Degree of freedom

DISCUSSION

The world population's aging problem is a relatively recent development. Adopting proper measures to improve their health status is therefore crucial to addressing the issues posed by this phenomena, and international organizations have made it a priority^{13,14}. The study's findings indicated that around half of the older adults in Kerbala City had poor self-care skills. About 168 (64.6%) people reported having significant difficulties with daily tasks like shopping, performing housework, managing alone, and depending on others. This result was in line with research by Noohi, Karamitanha, and Shoghli (2022) that found poor levels of self-care among the elderly.

The result was agreement with findings Avazeh et al.,¹⁵; SangSefidi et al.,¹⁶. However, in Anbari et al.; study, the participants have slightly desirable levels of self-care skill¹⁷. The findings of another study related to self-care behaviors carried out in the United States revealed that elderly self-care status modest level of desirability¹⁸. Since the older participants were diabetics in the study by Anbari et al., this discrepancy may result from the difference in the samples as well as in the type of questionnaire used¹⁷. Concerning for study by Jordan et al., access facilities, culture variances, and educational disparities may be the primary causes of this disparity. Overall, clients can affect level of comfort, function capacities, and disease processes by learning self-care skills. Additionally, this finding suggests that older adults require self-care rehabilitation education; adhering to healthy behaviors is crucial for chronic patients to feel better, reducing the frequency of hospitalizations and their treatment costs, in addition to prevent development the sign and symptom^{18,19}. The age group 60-69 years had highest percentage (75%) self-care habits. The sample's level of self-care fell as people aged. Similar research' findings also show that participants' levels of self-care decline with age^{14,19}. Additionally, according to recent studies, 80% of senior people have at least one chronic condition that increases their chance of incapacity and

demise¹³. The finding may have several causes, including the fact that clients' rates of mental and physical sickness rise with age, which in turn raises the prevalence disability in this population. Most important of challenges are increase incidence of chronic diseases within age group, where around 70% elderly have chronic diseases²⁰. The worst at taking care of oneself were those with little education. A higher mean score for self-care skills was found among more academics. Similar findings were observed by Tabrizi et al.²¹ and Noohi, Karamitanha & Shoghli¹⁴. The argument that older persons with greater levels of education typically more get knowledge through media, social support, or books in order to continue engaging in self-care activities may be used to support this conclusion.

Married seniors with greater levels of education frequently have easier access to medical resources, better financial situations, and a higher frequency of medical procedures. Higher educated people are better able to take care of themselves as a result. Marriage status and self-care skills were found to be significantly correlated, with married people having higher levels of self-care than others. This outcome is corroborated by Iranian article¹⁴. In relation to role of spouse provides in reduce progression to premature aging through help with a healthy lifestyle and emotional support, when a person's ability to care for himself is reduced. The findings also indicate a statistically significant link between the capacity for self-care and a reduction in the impact of chronic diseases. This conclusion is agreement with findings of the study conducted by Avazeh et al²².

The study's findings provide important information about older adults' capacity for self-care in relation to geographic and sociocultural circumstances. The elderly filled out the questionnaires on their own, therefore there may have been an under or over response. Additionally, due to the population and study methodology, any generalization must be used with caution.

CONCLUSION

This study showed that self-care ability of the chronically ill elderly was low. Therefore, the development and implementation of self-care promotion programs appears essential. Organizing workshops based on identifying aging and age-specific problems and finding solutions to deal with them can be effective in improving elderly self-care ability.

Authorship Contribution: All authors share equal effort contribution towards (1) substantial contributions to conception and design, acquisition, analysis and interpretation of data; (2) drafting the article and revising it critically for important intellectual content; and (3) final approval of the manuscript version to be published. Yes.

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Potential Conflicts of Interest: None

Competing Interest: None

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REFERENCES

1. Tabrizi S, Behghadami A, Saadati M, et al. Self-Care Ability of Older People Living in Urban Areas of Northwestern Iran. *Iran J Public Health* 2018;47(12):1899
2. Al-Abedi G. Survey of Knowledge, Attitudes and Practice of the Elderly toward COVID-19 Pandemic in Al-Amara, Iraq. *Adv Gerontol* 2022;12(3):230-5
3. Noohi S, Karamitanha F, Shoghli A. Self-Care Ability of the Elderly and Related Factors. *Preventive Care Nurs Midwifery J* 2022;12(4):19-20
4. Republic of Iraq Ministry of Health. National Health Policy for All Iraqi Citizens, Report 2014- 2023, 2014: 1-31.
5. Sundsli K, Söderhamn U, Espnes A, et al. Ability for Self-Care in Urban Living Older People in Southern Norway. *J Multidiscip Health* 2012;5:85-95.
6. Arrar A, & Al-Abedi A. Quality of Life Among Ischemic Heart Diseases Patients in Misan Center for Cardiac Diseases and Surgery in Al-Amara City. *Bahrain Med Bull* 2021;43(3):45-50.
7. Söderhamn O, Lindencrona C, Anna-Christina K. Validity of Two Self-care Instruments for the Elderly. *Scand J Occup Ther* 1996;3:172-9.
8. McLaughlin J, Zeeberg I. Self-Care and Multiple Sclerosis: A View from Two Cultures. *Soc Sci Med* 1993;37:315-29.
9. Haveman-Nies A, De Groot C, Van Staveren A. Relation of Dietary Quality, Physical Activity, and Smoking Habits to 10-Year Changes in Health Status in Older Europeans in the SENECA Study. *Am J Public Health* 2003;93:318-23.
10. Al-Abedi A. Identification Of Pregnant Women's Satisfaction among Antenatal Health Care Services in Primary Health Care Centers at Al-Amara City/Iraq. *Bahrain Med Bull* 2021;43(2): 492-3.
11. Bagheri Nesami M, Ardeshiri M, Holari B. Self-Care Behavior and Its Related Factors in the Community-Dwelling Elderlies in Sari. *J Clin Nurs Midwifery* 2014; 4(4):48-56.
12. Guo L, Söderhamn U, McCallum J, et al. Testing and Comparing Two Self-Care-Related Instruments among Older Chinese Adults. *PLoS One* 2017;12(8):182792
13. AlAbedi A, Arar A, Alridh A. Assessment of Pregnant Women Knowledge and Practices Concerning Iron Deficiency Anemia at Al-Amara City/Iraq. *Medico Legal Update* 2020;20(3): 1368-73
14. Noohi S, Karamitanha F, Shoghli A. Self-Care Ability of the Elderly and Related Factors. *Preventive Care Nurs Midwifery J* 2022;12:4.
15. Avazeh M, Babaei N, Farhoudi S, et al. The Study of Self-care and Related Factors in the Elderly with Chronic Diseases in 2018. *J Health Care* 2019;21(2):135-44.
16. SangSefdi S, Ghanbari Moghaddam A, Mohamadzadeh M, et al. Self-Care and Its Predictive Role in the Quality of Life of the Elderly Living in the Community. *J Gerontol (joge)* 2018;2(4): 64-70.
17. Anbari K, Ghanadi K, Kaviani M, et al. Self-Care and Its Related Factors in Diabetic Patients of Khorramabad City. *Yafteh* 2012;14:49-57.
18. Jordan N, Jordan L. Self-Care Behaviors of Filipino-American Adults With Type 2 Diabetes Mellitus. *J Diabetes Complications* 2010;24(4):250-8.
19. Jang E, Shin H. Self-Care Performance of Middle-Aged Stroke Patients in Korea. *Clin Nurs Res* 2019;28(3):263-79.
20. Maaten S, Kephart G, Kirkland S, et al. Chronic Disease Risk Factors Associated With Health Service Use in the Elderly. *BMC Health Serv Res* 2008;8(1): 237.
21. Tabrizi S, Behghadami A, Saadati M, et al. Self-Care Ability of Older People Living in Urban Areas of Northwestern Iran. *Iran J Public Health* 2018;47(12):1899-905.
22. Avazeh M, Babaei N, Farhoudi S, et al. The Study of Self-Care and Related Factors in the Elderly with Chronic Diseases in 2018. *J Health Care* 2019;21(2):135-144