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## Original Article

# Self-care practices and health-seeking behavior among older persons in a developing country: Theories-based research



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## ABSTRACT

**Purpose:** The aim of this study was to examine the self-care practices and health-seeking behaviours of older adults in urban Indonesia.

**Methods:** The cross-sectional study was performed from January to March 2014 in the Tammua sub-district of Indonesia. At the time of the study, 273 older adults resided in Tammua, and half of them (51.2%) participated in this study. Data collection was carried out including self-care practices, health literacy, self-efficacy and basic conditioning factors.

**Results:** It was found that most respondents (124; 88.6%) always ate various protein sources daily. However, many participants never limited consumption of sugar (55; 39.3%) or salt (40; 28.6%), and more than half of respondents (96; 68.6%) did not regularly visit MHCs. Health status ( $p < 0.05$ ), health maintenance ( $p < 0.01$ ) and salt limitation ( $p < 0.05$ ) were all significantly associated with salt limitation. It was found that respondents with higher self-efficacy, those who did not want to get information, and those of younger ages are less likely to visit MHCs regularly.

**Conclusion:** An understanding of self-care practices and self-efficacy is needed to improve health care in developing countries. High self-efficacy should be promoted along with adequate health literacy. Older persons should learn the importance of regular health examinations to promote health, prevent diseases, and slow the progress of chronic diseases. The number of respondents who never limit their sugar and salt intake was especially surprising. An intervention program should be developed to limit salt and sugar intake of Indonesian elderly and to motivate older persons to use primary health services.

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## 1. Introduction

Self-care practices are vital to promote health and prevent disease amongst older adults. They also help to improve day-to-day functioning, personal development, and well-being [1]. Self-care practices are especially important in patients with diseases such as hypertension and diabetes mellitus, since they must often self-manage their illness [2–7]. However, before we can work to prevent these diseases in older adults and improve self-care practices, more studies are needed to examine current self-care practices.

In developing countries, relatively little is known about current self-care practices. In Taiwan, the amount of self-care in older adults with diabetes is significantly influenced by gender, education level, economic status, religious belief, social support, and the duration of the disease [2]. In Nepal, it was reported that 22% of hypertensive elderly did not follow low-salt diets [4]. In another example, the education level was significantly related to the self-care practices of hypertensive older adults in Jamaica [5]. More information such as these bits of data is important to help prevent chronic diseases. Moreover, to enhance self-care practices, older adults must be aware of their self-care strengths and weaknesses [12]. Health care providers need to understand self-care practices and pro-health behaviours for older adults in order to implement specific, targeted services based on their patients' needs and priorities [13].

Several studies show high incidence of chronic diseases in older adults in developing countries. For example, one study conducted in four developing countries (India, Cambodia, Indonesia, and Vietnam) revealed that 35% of the elderly suffered from chronic diseases [8]. In Thailand, hypertension and diabetes were most prevalent [9]. In Indonesia, 51.7% of individuals treated on an outpatient basis were older persons with hypertension, and 21.7% of those had diabetes [10]. Chronic diseases often cause few symptoms severe enough to report, so many diseases become quite advanced by the time they are identified. Since chronic diseases negatively affect the quality of life of older adults [11], efforts to promote health and prevent disease via self-care are crucial for older adults.

Many developing countries have high illiteracy rates amongst older people. In Myanmar, 35.5% of the elderly only completed primary school, and 28.3% demonstrated only basic literacy [22]. In Indonesia, 32.32% of the elderly did not even complete elementary school [10]. Importantly, improving health literacy can increase health knowledge and self-reported health status [19]. People with higher self-efficacy are more likely to seek out preventive health care services [16,17], and those with low health literacy levels are known to be less likely to utilize primary health services [18]. Therefore, the determination of health literacy levels is important for helping health care professionals to educate the elderly about self-care practices. Several studies have explored the relationship of health-seeking behaviour, self-efficacy, health literacy, or self-care practices to primary health care separately [17,19–21]. To our knowledge, no study has examined the relationship between all of these concepts simultaneously in older persons in a developing country.

Primary health care for older persons in Indonesia consists of public health centres (PHC) and monthly health check-ups (MHC). They are the first lines of health care for older adults in the communities [14]. The purpose of MHCs is to screen-patients and refer those with serious health problems to more comprehensive health facilities. The service is free of charge and is conducted in the middle of the community to ensure its accessibility for older adults. MHCs consist of assessing activities in daily living, mental health status, and nutritional status. They also monitor blood pressure, blood glucose levels, and urine protein levels. Health education and medications are administered as needed. If the health complaint cannot be treated, individuals are referred to the PHC or another more comprehensive health care service provider [15]. Since the program was launched in 2002, 69,500 MHC stations have been established in 34 provinces in Indonesia [10]. However, the overall use of MHC stations or whether they effectively fulfil the health needs of older adults have not been examined. This study examined the self-care practices and health-seeking behaviours of older adults in urban Indonesia.

## 2. Materials and methods

### 2.1. Study design

The conceptual framework of this study is comprised of one main theory combined with three different concepts (Fig. 1). The self-care theory was developed by Dorothea Orem, [23], the health literacy concept was developed by Nutbeam [24], the health-seeking behaviour concept was developed by Andersen [16], and the self-efficacy concept was developed by Bandura [25].

Self-care practices among older persons are internally and externally oriented actions. Internal activities involve knowledge and skills acquired to reach defined goals of self-care. It includes, among other things, having enough sleep and rest, eating a balanced diet, and exercising regularly. External activities are health-seeking behaviours from the environment [26]. Seeking health advice from health professionals as to how to maintain health and prevent diseases is one external self-care practice. As Orem stated, the purpose of self-care is to maintain health and well-being and promote development and disease prevention [1]. In this study, the term “self-care practice” refers to primary self-care practice. Self-care practice is a learning process that evolves for each individual.

Self-efficacy is an individual's confidence in his or her ability to perform goal-directed behaviour [27]. The stronger their perceived self-efficacy is, the more vigorous and persistent are their efforts [25]. Individuals with higher self-efficacy are better able to perform their self-care practices. Self-efficacy is crucial for enhancing health-promoting actions in older adults [26].

The World Health Organization (WHO) defines health literacy as, “the cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand, and use information in ways that promote and maintain good health.” Amongst people over 65 years of age, 59% score at basic/below basic levels of health literacy [24]. Health literacy skills give older adults the ability to seek health

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