



# ENHANCING HEALTHY LIFESTYLE AMONG OVERWEIGHT HYPERTENSIVE THAI OLDER PEOPLE

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## Abstract

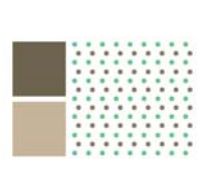
Hypertension and overweight are two prevalent conditions that often affect the same individual and activate excess cardiovascular morbidity. In Thailand, older people often seek late health care services, usually when “extremely ill”, to obtain adequate treatment. Healthy lifestyle behaviors mark a critical point to maintain health, of which certain regimens can be initiated to manage and control health problems. However, not many people know about how older people maintain their subjective physical well-being, while living with overweight and hypertension. This qualitative study aimed to describe about health care seeking behaviors of overweight hypertensive older people. Seven older women and three men participated in this study through purposive sampling. Qualitative data were gathered via in-depth interviews and were analyzed by using content analysis method. The findings illustrated that health care seeking behaviors emerged from understanding to seek health care; acting behaviors based on knowledge, and seeking health care support. The overweight hypertensive older people in Thai cultures really desire to maintain their life ways-whatever routines or traditions they had in place before going into the professional health care. This knowledge is useful to health care providers in developing health care practice with wider implications, with holistic care to older people for alleviating their suffering for promoting healthy lifestyle and healthy blood pressure.

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**Keywords:** Health care seeking behaviors, overweight, hypertensive, older people

## Introduction

Among chronic diseases, hypertension remains the main threat to older people’s health. According to the worldwide hypertension reports, the prevalence of hypertensive older people was 26% and 29% in 2000 and 2007, respectively (Peters et al. 2010). Some people estimated that about 65% of people older than 65 have hypertension (Peters et al. 2010). Predictions indicated that the prevalence will rise to 60% by 2025 (Jan et al. 2010). In Thailand, with a continual upward trend, the number of hypertensive older people increased to 31.7% in 2007 (Wanee et al. 2007). This condition carries a very high risk for other diseases such as stroke, dementia, atherosclerosis, and heart failure (Swami et al. 2005). In general, a greater prevalence of hypertension exists among older people who are less physically active, obese or overweight, with chronic diseases and bad health status (Barbosa and Borgatto 2010). Being overweight increases the risk of developing high blood cholesterol and diabetes, which are two more risk factors for cardiovascular and cerebrovascular diseases (Thomson et al. 2005; Valensi 2005). Importantly, being overweight and hypertensive raise the risk of morbidity and mortality; thus, close monitoring is crucial. Health care providers



should therefore realize and promote good self-care practices for older people to take care of themselves correctly.

In Thailand, most of the overweight hypertensive older people cannot control the severity of the disease and suffer from this condition. Sometimes they are unaware of the signs and symptoms of hypertension. Additionally, older people often seek health care services late, usually when they are “extremely ill”, when it is too late to obtain adequate treatment (Nakagasien et al. 2008; Krairatcharoen et al. 2010). The importance of understanding the constraints to health care seeking behaviors in older people is important for nursing, if a responsive and efficient health care system is to emerge. However, there is a lack of knowledge of health care seeking behaviors among overweight and hypertension older people. Previous studies do not suffice for reflecting the experiences about how older people maintain their subjective physical well-being, while living with overweight and hypertension. To bridge this knowledge gap, this study aims to describe health care seeking behaviors of overweight hypertensive older people.

## **Methodology**

### **Design**

A qualitative study was approached to gain a deeper understanding about health care seeking behaviors among overweight hypertensive Thai older people.

### **Sample**

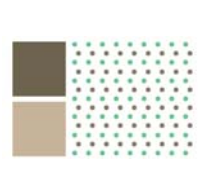
Key informants were selected by purposive sampling from a primary care unit in the western part of Thailand, ensuring that those involved could provide suitable information. They were: 60 years of age or over; a BMI between 25 and 30 (Schulz et al. 2005) and diagnosed with hypertension and able to verbally communicate; and, willing to participate. The older people were not invited for this study including older people living with severe health conditions, or unwilling to participate. A total of 10 older people (3 men and 7 women) who range in age of 61-76 years were interviewed due to the saturation of experiences being reached; in other words, nothing new emerged in the interviews.

### **Procedure**

Prior to the interview, each older person signed a consent form, agreed to have the interview tape recorded and selected a time and place for the interview. In-depth interviews of participants took place in their respective homes, and the interviews lasted 35-50 minutes for each participant. The guidelines were created by the researcher that designed to explore healthy lifestyle behavior among overweight hypertensive older people and were validated by 3 experts. After completion of each interview, the content of the respective tape recording was transcribed by the author verbatim. Moreover, notes taken during each interview were summarized in order to capture all impressions and details of observations made and were used to supplement and complement understanding of the transcription of the tape-recorded interviews.

### **Ethical Considerations**

The study was approved by the ethics committee at Prachomklao College of Nursing in Thailand. Eligible key informants were given an information sheet about the study where they were informed about the purpose and nature of the study, maintenance of confidentiality and anonymity, and his/her right to withdraw from the study at any time, without repercussions. Prior to initiation of the in-depth interviews, a consent form was signed by key



informants. After the research report written and printed completely, the data was analyzed, the transcript and voice recorder files restored in researcher personal computer 2 years for relevant further study. To destroy the information, the file will be deleted latter.

#### Data analysis

A content analysis was used to analyze the data in answering the research questions delineated by Graneheim and Lundman (Graneheim and Lundman 2004). The tape recordings were transcribed verbatim, and repeatedly were read to gain insight into, as well as to examine significant statements regarding the study objectives. Then, each meaning units were required from unit of analysis by labeling words, sentences, or paragraphs that enclosed the same central meaning as coding. The following process was performed by reducing the sentence while preserving the core meaning throughout the condensation process. Then, the meaning units were altered into coding that linked to health care seeking behaviors. Next, the group of coding that shared the same context was gathered as categories, which represent manifest content. The latter process was finding the link and underlying meaning of the category to make themes that refer to the latent content. To enhance the credibility of the findings, the categorization development process and, ultimately, the themes and categories were discussed with the members of the research team.

#### Trustworthiness of the study

To establish trustworthiness in qualitative research, Guba and Lincoln (Graneheim and Lundman 2004) recommend use of the techniques of: credibility, transferability, dependability and confirmability. Member checking was addressed through the interview process. Members of the research team served as auditors, examining the process and product, discussions and critiques conducted. Additionally, the results reflect the key informants' voice about health care seeking behaviors in subjective terms, without the perspectives or imagination of the researchers.

### Results

Various health care seeking behaviors of Thai older people living with hypertension and overweight were discovered. Three main themes were found which included: "Perception why and when to seek health care", "Acting appropriate behaviors based on knowledge" and "Seeking health care support".

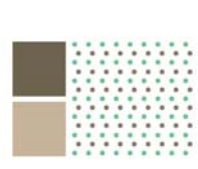
#### 1. Perception why and when to seek health care

"Perception why and when to seek health care" means the awareness of the older peoples' own health status. Their perceived health status was a continuum from normal to severe illness. Two major categories, "Perceptions of ill health related symptoms" and "Decision based on the severity of illness" emerged from the data.

##### 1.1 Perceptions of ill health related symptoms

This category implies key informants suffer from being overweight and hypertensive. It is different from those that are middle-aged, as they cannot do something such as farming. So, the reasons that make them seek health care are "feeling unhealthy", "being unable to work" and "disturbing daily life". The symptoms that affect their health include headache, and dizziness. When being interviewed about their own health, one of them says that:

*"Firstly, I think I am strong but it may not be like in the old days. However, after suffering from this illness, it is not the same. I cannot do a lot of work for fear that blood pressure will*



*increase. If I got headache, I will see the doctor. The doctor also told me that if I cannot control my blood pressure, complications will occur later on such as heart disease. I fear that and I don't want to be like that. I know that I cannot do something like the past...and now...I must take care myself"*

One can say that the fear of severe illness led them to suffering. Also, they are concerned about their activities in daily life that lead to high blood pressure, such as working hard. However, some key informants stated that they are still strong despite old age and having hypertension. They accepted the illness that occurred and tried to take care of themselves in "maintaining" health.

### 1.2 Decision based on the severity of illness

They consider the severity of hypertension and overweight that they are facing is of low severity. Based from their experiences, their level of blood pressure and weight are unstable. It makes them familiar with these symptoms. In other words, it is normal for these people who live with this illness. To seek health care, overweight hypertensive older people consider the length of time that they are suffering from headache or dizziness, such as five days or over. One of them stated that:

*"My blood pressure is not so high. It fluctuates sometimes. After taking the prescribed drugs and following the doctor's advice, I have better control than before so I think it is not severe. My weight already decreased a lot. Now, I have the problem with dizziness. I suspend from my work and bed rest all the day. But it was no improvement. Then I went to the health care centre."*

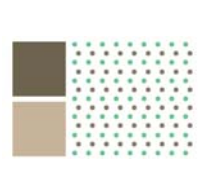
The perceived severity of the old people's health problems is another key factor affecting health seeking behavior. Consequently, the participants base their decision regarding the severity of symptoms on the comparison of past experiences and the changes in prevailing symptoms.

## 2. Acting appropriate behavior based on knowledge

Appropriate behavior theme means the self care practice that the older people perform for maintaining their health based on their knowledge from internal and external resources.

### 2.1 Using internal and external knowledge

The older people try to seek health care or preventing the severity of the illness and the complications when suffering from hypertension and overweight. To perform self care action depended on their understanding and decision on the severity of those symptoms. Then, the older people use their knowledge to manage self care practice because they want to be healthy. If the symptoms are regarded as mild, then self-care is most commonly practiced, using home remedies and drugs bought from a drugstore, often by a family member. From the data shows that the older people tend to take care of themselves by lifestyle modification before seeking help from outside treatments. All of them changed their behaviors from the past even though the symptoms are stable or unstable. Once they know that they are hypertensive and overweight, it is experienced as hard to change behavior because of past habits. Later, they can modify their eating behavior based on knowledge that it is useful to prevent the complications of the disease. They usually exercise by cycling, walking, and jogging, which are believed to reduce blood pressure and increase weight loss. Moreover,



when they are stressed, they chose meditation as their first choice, generally together with other activities such as praying, reading Dhamma books, and going to the temple. For the compliance and alternative medicine, they take medicines regularly, but some forget to do so sometimes. To solve this problem, their family plays an important role in helping to manage the maintenance of their medicine intake. One of them argued that:

*“I take medicines regularly in the morning and evening. I feel better and my blood pressure is stable. I visited the Health Centre once but it was out of stock. I cannot stop because medications are vital for this disease. Moreover, I try to exercise because it can help to reduce the blood pressure.....I watched from the television”*

In addition, the key informants received traditional healing through herbal intake that is common locally to reduce blood pressure. To use Thai herbs, they get their knowledge from reading books, watching television, listening to the radio, and talking with neighbors.

### 3. Seeking health care support

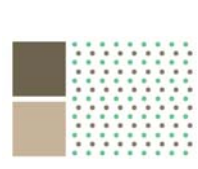
The last theme means that key informants seek ways to deal with their illness from social and professional health support services. All participants take care of themselves as their first choice, and then they seek help from their family. Friends and neighbors would fill in this time. If conditions became serious, they would go to see health care providers. Two major categories were noted as reflecting in this theme including: “Shift in social network support” and “Shift in professional support”.

#### 3.1 Shift in social network support

The older people stated that they tried to take care of their own health problem based on their “knowledge” and “belief”. However, they feel that they live with insecurity. Then, all of them seek health care from other sources to confirm their knowledge. They asserted that they seek ways to manage their problems by consulting with family members. Families can also encourage older people to get appropriate health care. The key informants described more that they take advices from their spouse, daughters, sons, relatives, neighbors or social networks (e.g. friends having done certain activities together in the community). Most of them tend to consult their family members first, and then, the persons outside their family. Generally, for advices concerned with hypertension and overweight treatment as well as the curers. If their family decides that they should or should not to do something, they will accede and follow their encouragement. On the other hand, when their friends recommend the health care service and Thai herbs, some of them do not believe instantaneously; followed with a talk with the family. Families and friends help older people to seek appropriate health care by decision making, and facilitate to use health care services. Family members could facilitate the health seeking behaviors by providing coping resources, medication acquirement, and advice to avoid ineffective or even harmful self-treatment. One of them said that:

*“I talk with my daughter. She told me to eat a low salt diet and reduce the amount of rice in each meal. Moreover, I talk with my friend who has hypertension and overweight. She suggested seeing doctors in other places but I didn’t go. I think that the treatment here is good enough for my symptoms.”*

As shown in the quotation, the key informants selected a way to take care of themselves depending on the severity of the illness. They ask for information from other older people



because they are fellows who tend to have similar diseases. In particular, most advices concern their experiences related to treatments received by that person or their acquaintances, values, beliefs toward the curers, and personal beliefs regarding the health. However, they will use the information if they think that it is useful and safe for their health.

### 3.2 Shift in professional health support

The older people try to seek self-care knowledge and treatment from many sources. If the symptoms persisted, then they search for healthcare services from professional health care providers. When the severity of illness is perceived as high, several reasons enter into their decision making process. At this stage, the two key decisions of health-seeking behavior for older people are “where” to take the person and “who” can accompany the older individual. The decision on where to go is based on several reasons including the treatment outcome, although it is not given first priority. In this regard, some of them go to visit the traditional healer and stress that “I went there because I heard that he is so keen in remedy”. However, they say that due to higher costs, they stopped taking herbs later on because herbs became more expensive than in the past; while, no improvement has been observed. Furthermore, the bitter taste of herbs is also one reason why it is more difficult to take herbs than modern drugs. After the older people evaluated that health care from the traditional healer is unsuccessful and unsatisfied, they stopped as well. At the same time, they always seek health care from modern medicine depending on the severity of the illness. On the other hand, professional health services are used before traditional healer by some older people because of their belief in both systems.

To visit the professional health service provider, older people explained that they trust their knowledge and ability. They obey the recommendations of the health care provider and try to follow by changing their lifestyle to fit into these living conditions. Some of them go to the hospital if the symptoms are highly severe while some of them go to the health center. However, all of them stressed that they choose the health center first because they think that the symptom is less severe. Moreover, less of them go to the private clinics in case of unimproved symptoms. However, the health centre is where the majority of older people willing to seek health care service. To support this fact, the older people explained that health care providers give a valuable suggestion, caring, holistic care, and using informal languages when talking to them. One of them explained that:

*“After taking medicine, my blood pressure still fluctuates. Then, my daughter took me to the clinic because my neighbor told me that the doctor is skilful. I went twice because the cost is expensive and the doctor talked to me for just a few minutes. Then, I went to the health centre because the nurse gave a good suggestion and understands the older people.”* (D, 64)

With regard to health care seeking behavior from the professional sector, overweight hypertensive older people seek health care because they are concerned about the complications of these illnesses. When accessing health care providers they need quality health care services for controlling hypertension and their weight. Moreover, they need friendly sympathetic curers with good manners in talking and giving them full attention.




## Discussion and Conclusion

The focus of this study was to describe health care seeking behaviors among overweight and hypertensive older people. The results from the analysis did provide valuable information that also supports and strengthens the existing theory. When older people experience symptoms of illness, healthy lifestyle behaviors is expressed as a process for seeking health care. On the basis of the work of Kleinman (1980) it was postulated that health care seeking is the process rather than a single planned behavior. Health seeking behavior is preceded by a decision making process that is further governed by individual and/or household behavior, community norms and expectations as well as provider related characteristics and behavior. For this reason the nature of care seeking is not homogenous depending on cognitive and non-cognitive factors that call for a contextual analysis of care seeking behavior. Context may be a factor of cognition or awareness, socio-cultural as well as economic factors (Kleinman 1980).

In this study, the process is illustrated as involving: recognition for the need of seeking health care, decision and choice on course of action, and evaluation and transition of the sources. The problem recognition means when older people's assessment of their physical health changes as either "severe" or "mild". It thus can be argued that hypertensive and overweight older people tend to make self-assessment of their health conditions based on individual experiences and understanding about hypertension through their own perceptions. Their perception leads to the decisions taken to seek health care. Biswas et al. (2006) and Krairatcharoen et al. (2010) described that health seeking behavior of older people depends on the perception of illness. Older people do not respond to treatment when they explain that their illness is due to their "old-age". In this study, to perceive the severity of symptoms, the older people try to assess themselves by self-observation such as observing the symptoms of high blood pressure or symptoms of overweight.

Once the older people have recognized their symptoms as problematic and acknowledged the need to seek health care, they decide to select the appropriate sources for seeking health care. The Thai older people reported a path to health care that began with them, moved to family and friends or neighbors, and consulted with health care professionals as a final resort. According to Pang et al. (2003) has reported a similar pathway for health seeking behavior for Chinese Americans. In this study, three distinct features have been indicated by researchers characterizing pathways to health care service utilization among overweight hypertensive older people. Firstly, family members play a dominant role more than friends and neighbors in providing advice, information, decision making and actual healing practice. Secondly, older people try to use internal resort that refers to their knowledge and belief in taking care of themselves. Lastly, older people use folk sector after seeking the popular and professional sector, some older people combined professional sector and popular sector. However, previous studies (Pang et al. 2003; Nakagasien et al. 2008) found that older people used folk healer and home remedies before seeking professional help, but sometimes professional help and home remedies are merged.

For taking care of themselves, older people use their knowledge based on the perception of the severity of the symptoms and the safety for their life. The reason for performing self-care practiced is due to fear of the severity of the illness and to maintain health. The older people indicated that they try to modify their lifestyle to reduce the risk. The ways for managing the

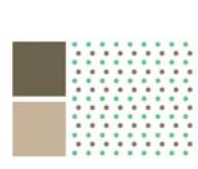


symptoms come from their knowledge and experiences in the past. Self-care practice was taking care of one's health to maintain health and to enhance healthy lifestyle such as exercise/physical activities, eating behavior, and taking medicine. The older indicated that after they searched for information from various sources and linked the information with their own experience. If that is ineffective, they consulted with others recommended by family members, friends and neighbors. The results showed that social support was used as their first choice including physical and emotional support; advice and guidance; and assistance in times of personal crisis. As shown in previous studies (Pang et al. 2003; Nakagasien et al. 2008) social network members often provide coping resources, especially in transportation assistance, medication acquirement and health care service. However, deciding to seek professional support rested mostly with family members because they believe in sharing the decision making with family members. Then, they will decide to seek health care from the professional sector or folk sector later.

The study on healthy lifestyle behaviors among older people who are living with overweight and hypertension; illustrated that a variety of resorts were taken into consideration. For using professional sector, it is clear that older people prefer to use health care centers than government hospitals and clinics because of familiarity and service from health care providers and convenient for going. These findings agreed with the previous studies (Nakagasien et al. 2008; Krairatcharoen et al. 2010 ) found that health care providers are a major reason why older people seek health care from a particular health care provider due to trust in their service provider, and faith in the health care setting. However, perception of the severity of the symptoms and decision from their family members are important reasons for seeking health care. Once they think that the symptoms have grown severe, they changed to the professional sector. Moreover, they change to the folk sector after the two sectors were unsatisfied. According to Kleinman (1980) a health care system is the cultural system which people use to solve their health problems and related to their belief. According to Nakagasien et al. (2008) found that eating herbs is the way agriculture people in Northeast of Thailand cure disease. They believe that herbs can help relieve illness and reduce blood sugar level. However, using health care systems, the evaluation about the outcome of the treatment leads to the transition of resort in seeking health care. If the level of their blood pressure is stable they will still use the health care system that they are satisfied with. On the other hand, if they are unsatisfied, they will turn to others.

The knowledge from this study is considered to be a possible tool in understanding overweight hypertensive older people's reasoning. Health care providers should take into consideration the older peoples' experiences, beliefs, cultural and understanding about their conditions. This to improve health care providers' understanding of the older people's needs of health care by assessing own health and evaluating the severity of the illness based on individual experiences and perception. Moreover, by this reasoning health care providers can motivate the family caregiver to support the older person to handle the condition. The overweight hypertensive older people of Thai cultures really desire to maintain their life ways-whatever routines or traditions they had in place before going into the professional sector. This is possibly explained by the fact that use of health services is the result of an interaction process between factors related to the individual, the healthcare system and the context in which it occurs. The important factor is individual beliefs about health and illness, and cultural factors, which might influence health seeking behavior and self-care. For use in the professional sector, it is shown that older people with overweight and hypertension seek





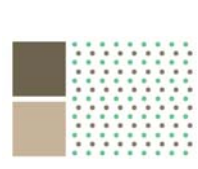
health care from particular health care providers, due to their trust in offered service provision, convenience, and familiarity. The learning about people's traditions, life ways and beliefs about health care can be a great step in understanding the older people's reasoning to seek health care. This knowledge is useful in developing of health care practice and health care system with respect to the cultural situation for promoting healthy lifestyles that is living life in a way that promotes physical and mental well-being. Furthermore, is useful for accessing to health care and following the regional action plan on healthy ASEAN lifestyles.

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