

Analysis of the Status Quo and Influencing Factors of Active Health Behaviors of Elderly Patients with Hypertension in Rural Areas

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Abstract

Background: At present, the prevalence of hypertension among the elderly in China is 54.4%, and the prevalence rate of the elderly in rural areas (29.4%) is higher than that in urban areas (25.7%), but the rate of awareness, control and treatment is low. The core of active health is "initiative", which is the ability of individuals to consciously and actively practice healthy behaviors, and integrate active health into the daily life of elderly hypertensive patients, which is conducive to improving their health awareness, enhancing their ability to obtain health information, controlling the progression of diseases, and reducing the burden of social pension. Objective: To investigate the level of active health behavior of elderly hypertensive patients in rural areas and analyze its influencing factors. Methods: From June to August 2023, 212 rural elderly hypertensive patients in Dengfeng City, Zhengzhou City, Henan Province were selected as the research objects, and the general information questionnaire, the active health behavior scale for hypertensive patients, the chronic disease Resource Questionnaire and the self rating health behavior scale were used to investigate the patients. Results: the active health behavior score of rural elderly hypertensive patients was (91.99±17.03), the average score of the scale items was (3.07±0.58), the chronic disease resource utilization score was (43.88±9.21), and the health behavior ability score was (58.22±18.60). Pearson correlation analysis showed that chronic disease resource utilization was positively correlated with active health behavior (r = 0.827), and health behavior ability was positively correlated with active health behavior (r = 0.827). 0.782). The results of multiple linear regression analysis showed that chronic disease resource utilization and health behavior ability were the influencing factors of active health behavior of elderly hypertensive patients in rural areas. Conclusion: the active health behavior of rural elderly patients with hypertension is at a medium level, which needs to be further improved. We should actively take measures to improve the resource utilization level and health behavior ability of rural elderly patients with hypertension, so as to improve their active health behavior level and promote healthy aging.

Keywords

Elderly, Hypertension, Chronic Disease Resource Utilisation, Health Behaviour Competence, Active Health Behaviour