

ORIGINAL ARTICLE

The Correlation Between Health Promotion, Health Education and Health Quality

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ABSTRACT

Background: The health quality of the elderly is characterized by their ability to do their physical activity even though their family or others help them, join the social activity in their living area even though it is minimal, visit elderly health unit even though it is irregularly or not once a month.

Aim: This research investigates the correlation between health promotion, health education, and health quality.

Method: The study employed a quantitative design with a cross-sectional approach. The sampling technique was purposive sampling technique, with the sample's number as many as 200 respondents. The research was conducted in Sleman Regency in the Special Region of Yogyakarta in March. This type of research was designed using the survey method. It was processed with path analysis with the help of the STATA 13 program.

Result: The result shows that there was a correlation between health promotion and health education with a chi-square value of 0.000, there was a correlation between health promotion and health quality with a chi-square value of 0.034, and there was a correlation between health education and health quality with chi-square value of 0.028.

Conclusion: There is a correlation between health promotion, health education, and health quality.

Keywords: Health promotion, health education, health quality

INTRODUCTION

The Human Development Index in Indonesia is increasing nowadays. It can be seen from the grown of its development. In Indonesia, the human development index during 2015-2016 was in medium status with a rate of 0.63 percent from 2015. The human development index was around 70.18 in 2016, which increased 0.63 from 2015 by 69.55 [1]. According to Kowal, the elderly population in 2011 was 7.49% of the world's population, and in 2013, the number of elderly increased up to 11.7%. The elderly population increases as the age of life expectancy increases [2]. Based on the data center of Indonesian population data, the elderly population in 2017 was 23 million people or 9.03 percent. Based on Wahidin, the increasing number of elderly from 2008 to 2012 reached seven percent of the total population. As many as 3,700,000 elderly, or 13.04 percent live in DIY province, 10.4% live in East Java province, 10.34% live in Central Java province, and 9.78% live in Bali province [3]. The total population of elderly in the Sleman regency is 135,000 people (12.95%) of 1,047,000 inhabitants. Some of the elderly in Yogyakarta are active in the community. This condition reflects if the elderly have a quality life and able to work [4]. Improving the quality of public health needs comprehensive system improvement to know that the life expectancy measures all health quality factors. Physical, mental, and social health are the dual dimensions of health quality [5]. The quality of elderly health means that they can do physical activity although assisted by others, communicate with the environment, and come to the elderly health center's events. The nurses who work in four primary health centers, namely Kalasan Primary Health Center, Berbah Primary Health Center, Mlati 1 Primary Health Center, and Sleman Primary Health Center,

informed that there was a lack of treatment records in the primary health center program.

Meanwhile, interviews with eight elderly showed that they came to elderly health care for measuring weight, blood pressure, and nutritional status only. The officers and elderly health care cadres have not yet maximized the empowerment of the elderly. Based on those facts, the researcher had the initiative to research the correlation between health promotion, health education, and health quality in Primary Health Centers in the Sleman regency.

METHOD

The study employed quantitative methods where the data collection results were in numbers, with a cross-sectional approach because the data retrieval was done simultaneously [6]. Purposive sampling was used as a sampling technique that met the criteria of elderly with vulnerable age among 60-74 years, domiciled in the area of Primary Health Centers in Sleman Regency as many as 103,686 people [7]. This research was conducted from March 2018 to completion. Samples were used to minimize the occurrence of bias across SEM estimates of 200 people [8].

RESULTS

Herewith the tables in which designed in this research:

Table 1. The Respondent Characteristics based on sex

Sex	Amount	Percentage
Female	137	61%
Male	88	39%
Total	225	100 %

The STATA test for processing the data resulted in a significant correlation between health promotions and

health education with a chi-square value of 0.000. There was also a correlation between health promotion and health quality, a chi-square value of 0.034. Moreover, it was proven that there was a correlation between health quality and health education with a chi-square value of 0.028.

Table 2. The Respondent Characteristics based on Educational Background

Education	Amount	Percentage
Uneducated	3	1%
Elementary	108	48%
Junior High School	47	21%
Senior High School	49	22%
University	18	8%
Total	225	100 %

Table 3. The Respondent Characteristics based on Religion

Religion	Amount	Percentage
Islam	211	94%
Catholic	12	5%
Christian	2	1%
Total	225	100 %

DISCUSSION

The study resulted in a correlation between health promotion and health education. The health education process is a part of health promotion, including providing community knowledge about health and facilities for behavior change efforts. Health promotion is the process of community empowerment to maintain and improve health. To conduct health promotion, there must be an ability to identify, meet the needs, and control the environment individually or in groups [9]. According to Smith, health promotion requires comprehensive resources in peace, protection, education, food, income, a stable environment, sustainable resources, equity, and social justice [10]. Li stated that health promotion plays a vital role in improving healthy living, improving quality of life and independence, pressing disease growth, and minimizing body function waste [11]. The main goal of health promotion is to introduce a healthy lifestyle through physical activity, cleanliness maintenance, and a good-programmed diet. The previous study's findings have essential roles in some ways, such as improving healthy life span, reducing the burden of disease, slowing functional decrease, increasing self-reliance, and improving quality of life. One of the fundamental goals of health promotion is to promote healthy lifestyles such as physical activity, dietary habits, and personal hygiene.

This study is in line with Reyes' study, which resulted in a significant correlation between health education and the number of visits in the elderly [12]. Generally, health promotion, according to Kickbusch, is a process of developing community competence to maintain and improve health [13]. To realize the optimal level of social, physical, and mental health, the community must know their needs, implement the expectations and control the environment. In conclusion, health promotion is a health program created to create improvements in living patterns within the family and community. According to Yang, factors influence health quality, such as; sex, age, education, employment, economic status, level of

independence, access to health services, lifestyle, and disease [14]. Besides Banister, there is a significant correlation between physical, psychological, social, and environmental factors and the quality of life of the elderly. Quality of life is a study of well-being that can be enjoyed, including life events [15].

CONCLUSION

Based on the result of the study, it can be concluded that there is a correlation between health promotion, health education, and the health quality of the elderly.

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