



The effects of Health Pronotion Behavior Level and Health Status on the Life Satisfaction and Depression of the Low Economic Elderly

First M. K. Kim¹

¹Department of Nursing, University of Sungshin Women's, Korea

Abstract

Background/Objectives: The purpose of this study was to investigate how much the health status and health promotion behavior affect the life satisfaction and depression of the low economic elderly. **Methods/Statistical analysis:** Descriptive statistics, t-test, ANOVA, Pearson correlation test, and multiple regression analysis were performed to analyze the data using SPSS 20.0. **Findings:** Pearson's correlation coefficient showed negative correlation between health promotion behavior, health status, Regular Diet and depression. The health promotion behavior and life satisfaction had a positive correlation. Depression and life satisfaction had a strong negative correlation. increase The experience of alcoholic drinking influenced to depression level and the light physical activity to decrease. Of health status, better subjective health status and of social demographic features, the low monthly income influenced to increase depression. The experience of smoking influenced to increase life satisfaction, and the light physical activity such as walking too. Of social demographic features, the better monthly income influenced to increase life satisfaction. **Improvements/Applications:** These results will be used as materials for the improvement of the life satisfaction and depression of the elderly.

Index Terms

Human, Health, Depression, Old man, Life Satisfaction

Corresponding author : M. K. Kim

malgina2r@hanmail.net

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I. INTRODUCTION

The purpose of this study was to investigate how much the health status and health promotion behavior affect the life satisfaction and depression of the low economic elderly.

II. RESEARCH METHOR

In this study, the relationship between the independent variable and the dependent variable is shown.

A. Hypotheis Setting

<HYPOTHESIS 1> There will be a high correlation between the elderly's practice of health promotion behavior, health level factors, and elderly depression and life satisfaction.

<HYPOTHESIS 2> The degree of health promotion behavior of the elderly (drinking experience, smoking experience, physical activity and exercise, eating habits) will affect depression and life satisfaction.

<HYPOTHESIS3> The elderly's health level factors (subjective health status, physical exercise ability and daily life performance ability, oral health status, pain level) will affect crying and life satisfaction.

B. Analysis Method

Descriptive statistics, t-test , ANOVA , Pearson correlation test, and multiple regression analysis were performed to analyze the data using SPSS 20.0.

III. RESULTS

A. Figures and Tables

1) Effects of Health Promotion Behavior Practice Level and Health Level Factors on Depression.

Table 1 shows the results of multiple regression analysis to analyze the effect of health promotion behavior practice and health level factors on the elderly's depression.

Table 1. Effects of Health Promotion Behavior and Health Level Factors on Depression

model	Non-standardization factor		Standardization factor	t	p
	B	Standard error	β beta		
(a constant)	3.80	0.26	—	14.50	0.00
Demographic characteristics variable					
gender	0.18	0.11	0.12	1.70	0.09
age	0.05	0.09	0.03	0.62	0.54
Education	0.17	0.07	0.12	2.40	0.02
Monthly income	0.24	0.07	0.17	3.41	0.00
married	0.07	0.13	0.04	0.58	0.56

Health promotion behavior practice variable	Family form	0.14	0.1	0.10	1.50	0.14
	Rental form	0.16	0.08	0.10	1.99	0.05
	Smoking experience	-0.09	0.1	-0.06	-0.85	0.40
	Drinking experience	0.16	0.08	0.12	1.98	0.05
	Severe exercise	-0.02	0.03	-0.03	-0.52	0.60
	Weak exercise	-0.03	0.02	-0.13	-1.72	0.09
	Time of day walking	-0.08	0.05	-0.13	-1.51	0.13
	Flexibility exercise	-0.01	0.01	-0.03	0.53	0.60
	Strength training	0.03	0.06	0.03	0.48	0.63
	Regular diet	-0.03	0.03	-0.05	-0.97	0.33
Health level variable	Subjective health status	-0.10	0.05	-0.15	-2.30	0.02
	Physical exercise capacity	-0.04	0.04	-0.06	-0.90	0.37
	Daily life performance ability	-0.09	-0.04	-0.13	-2.16	0.03
	Oral health conditions	-0.19	0.03	-0.32	-5.81	0.00
	Degree of pain	0.05	0.05	0.06	1.07	0.29

*) Model summary : F=8,394(p=0.000), R²=0.381, Adj. R²=0.335

Table 2. Health Promotion behavior practice and health level effect on life satisfaction

model	Non-standardization factor		Standardization factor	t	p	
	B	Standard error	β beta			
(a constant)	2.11	0.38	—	5.590	0.00	
Demographic characteristics variable	gender	-0.33	0.15	-0.17	-2.19	0.03
	age	0.04	0.13	0.02	0.310	0.76
	Education	-0.22	0.10	-0.12	-2.18	0.03
	Monthly income	-0.35	0.10	-0.19	-3.47	0.00
	married	-0.32	0.18	-0.14	-1.79	0.07
	Family form	-0.30	0.14	-0.16	-2.15	0.03
	Rental form	0.02	0.12	0.01	0.200	0.84
	Smoking experience	0.26	0.15	0.13	1.720	0.09
	Drinking experience	-0.10	0.12	-0.06	-0.88	0.38
	Severe exercise	0.02	0.05	0.03	0.480	0.63
Health promotion behavior practice variable	Weak exercise	0.04	0.02	0.15	1.790	0.07
	Time of day walking	0.03	0.07	0.04	0.430	0.67
	Flexibility exercise	-0.01	0.02	-0.02	-0.27	0.79
	Strength training	0.11	0.08	0.09	1.420	0.16
	Regular diet	0.01	0.04	0.04	0.230	0.82
	Health Subjective	0.13	0.07	-0.02	2.010	0.05

level variable	health status			
Physical exercise capacity	0.08	0.06	0.09	1.320.19
Daily life performance ability	0.03	0.06	0.04	0.600.55
Oral health conditions	0.09	0.05	0.2	1.930.06
Degree of pain	-0.06	0.07	-0.06	-0.890.37

*) Model summary : F=8,394(p=0.000), R²=0.381, Adj. R²=0.335

IV. CONCLUSION AND SUGGESTIONS

A First, according to demographic characteristics, there are differences in health promotion behaviors, health conditions, life satisfaction, and depression of the elderly, so a health promotion program should be prepared by accurately grasping individual characteristics.

Second, since there is a difference in life satisfaction depending on the economic level of the low-income class, the government should establish a policy to achieve economic stability through job creation for the elderly.

Third, since pain affects health promotion behavior, a pain management program should be prepared.

Fourth, there is a need to develop support services that can improve life satisfaction by activating programs and periodic visit nursing services for the elderly living alone and low-income seniors.

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