

Barriers and Facilitators for Accepting Health Education of Chinese Rural Older Adults in Henan Province: A Qualitative Study

Huizhong Zhang, Yan Zhang*, Xin Wen, Yuwen Yan, Xizheng Li, Yutong Tian

School of Nursing and Health, Zhengzhou University, Zhengzhou, China

Email address:

3156871248@qq.com (Huizhong Zhang), zhangyanmy@126.com (Yan Zhang), wenxin_zzu@163.com (Xin Wen), Yanyvwen_office@163.com (Yuwen Yan), 1224728440@qq.com (Xizheng Li), 17839939224@163.com (Yutong Tian)

*Corresponding author

Abstract

Background: As global aging continues to intensify, the health status of the elderly people requires urgent attention, and health education provides a pathway for active aging. However, the current outlook of rural elderly people receiving health education is not optimistic. *Objective:* The purpose of this study is to analyze and explore the facilitators and barriers to the acceptance of health education by rural older adults, to help healthcare professionals gain a deeper understanding of the perceptions and needs of rural older adults with regard to health education, and then to improve the content and methods of health education from the perspective of rural older adults. *Methods:* In this study, a purposive sampling method was adopted, and eligible rural elderly individuals were selected from Hebi city, Henan Province, China, from March to May 2023 as the research participants. A semistructured interview method was used to collect data. The interview data were analyzed using the qualitative content analysis method to obtain relevant themes and subthemes. *Results:* 14 participants were recruited for the interviews, 8 were male, 6 were female, most had an elementary school education and were farmers. The results of the thematic analysis revealed nine facilitators and nine barriers: facilitators at the microsystem level: holding correct health concepts, wishing to enjoy a good later life, enthusiastically learning, and not wanting to add trouble to others; barriers at the microsystem level: inadequate awareness of health education, limited personal learning ability, and negative attitudes toward health; facilitators at the mesosystem level: having a sense of family responsibility, ethical benefits to family members, reducing financial burden, villagers helping each other; barriers at the mesosystem level: limitations on life's chores, insufficient intergenerational support, and social group interference; facilitators at the macrosystem level: helping from the State and Society; and barriers at the macrosystem level: lacking learning opportunities and resources, shortcomings in health education, and complexity of the health communication environment. Among the findings, our important and unique finding is that inadequate intergenerational support somewhat hinders older adults' exposure to health education. *Conclusion:* There are numerous and complex facilitators of and barriers to accessing health education for rural older adults; of these, a lack of intergenerational support is particularly important. In the future, health education needs to be centered on the families of elderly people with the assistance of village committees so that elderly people and their children can learn and communicate together.

Keywords

Health Education, Rural Elderly, Barriers, Facilitators