

“Healthy Sound” a Health Communication Innovation for Behavioral Changes among Patients with Diabetes Mellitus and Hypertension

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ABSTRACT

Background: Chronic diseases are significant global health problems. Those diseases are associated with unhealthy behaviors (i.e., high fat intake, less exercise, substance use, etc). So far, promotion of healthy behaviors has not been well successful. Therefore, it is important for health providers to create new approaches to promote health and well-being.

Objectives: To examine the effectiveness of a “Healthy Sound” innovation on behavioral changes among patients with Diabetes Mellitus (DM) and hypertension

Methodology: This study was a quasi study (one-group pretest-posttest design). Twenty patients with DM and hypertension were recruited. The health communication intervention called “Healthy Sound” was developed in regards to Health Belief Model, aiming to improve consuming behavior and exercise practice. It consisted of two main approaches: 1) verbal healthy education and 2) a “Healthy Sound” voice box used as a reminder. After verbal health education was provided, a “Healthy Sound” box was hung on participant’s refrigerator for one month. As the refrigerator was opened, healthy messages were spoken to remind participants about healthy consumption and exercise practice. Data were collected before and after implementing the intervention from March to May 2010 employing an interview questionnaire. Descriptive statistics and Wilcoxon Signed Ranks Test were used for data analysis.

Results: The majority of participants were females (60%). An average age of participant was 68.85 (SD = 8.39). Participants with DM, hypertension, and both diseases were 45%, 30%, and 25% respectively. After implementing the intervention, participants’ perceptions toward the severity of DM and hypertension, benefits of healthy behaviors, and self-efficacy to practice advised behaviors were significantly higher than before implementing the intervention ($z = -3.70, -3.69, -3.77, p < .01$ respectively). On the other hand, participants’ perceptions toward barriers to perform recommended behaviors was significantly lower after implementing the intervention ($z = -2.68, p < .01$). Furthermore, 70% of participants were satisfied with the intervention and indicated that a “Healthy Sound” box accounted for their behavioral changes especially sugar consumption.

Conclusion: The “Healthy Sound” innovation showed its effectiveness on behavioral changes among patients with DM and hypertension. Health providers should take it into account to promote healthy behaviors.

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