

Research on the Dilemma and Strategy of Health Communication for the Elderly Based on KAP Model

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Abstract: In the context of an aging population, health transmission has a positive effect on the prevention of chronic diseases in the elderly. People can obtain news and information in the first time through the information release channels of mobile terminals, and the same is true for health information. While new media brings the advantages of contacting new media health information and cutting off the spreading chain of rumors to the elderly, it also brings many difficulties to the health of the elderly. With the advent of the Internet wave, new media communication channels are also expanding among the elderly. Research on the health promotion of middle-aged and elderly people is not only conducive to improving the health of the population, but also conducive to ensuring the stability and sustainable development of society. Based on the Knowledge, Attitude and Practice (KAP) model as the theoretical framework, this paper analyzes the problems and challenges in the health communication process of the elderly, and proposes improvement countermeasures and suggestions in order to improve the health communication effect of the elderly.

1. Introduction

With the development of society and economy and the continuous improvement of people's living standards, the average life expectancy of human beings is generally prolonged, and the aging of population is becoming more and more obvious, which has become a noticeable problem in the world [1]. With the progress of health concept, pure biomedicine has come to a dead end. In the space of disease, the shadow of human beings has been lingering. From classified medicine to clinical medicine, the pace of medical society is moving in an orderly way. In the new media era, mobile terminals such as mobile phones and tablets have changed the information transmission path [2]. People can obtain news information at the first time through the information release channel of mobile terminal, and so can health information, but its convenience of dissemination has not benefited most elderly groups [3]. New media not only brings the elderly the advantages of contacting new media health information and cutting off the rumor communication chain, but also brings many difficulties to the health communication of the elderly. The digital refugee image of the elderly is constantly solidified, making it an information island for healthy communication [4]. Elderly people are an important part of society, and their physiological, psychological and health needs are special. The research on health promotion of middle-aged and elderly people is not only conducive to promoting the improvement of population health level, but also conducive to ensuring social stability and sustainable development [5].

In the era of old and new media, mobile terminals such as mobile phones and tablet computers have changed the information transmission path. People can obtain news information at the first time through the information release channel of mobile terminals, and so can health information, but its communication convenience has not benefited most elderly groups [6]. In physiology, the elderly have reduced functional reserve, decreased stability of internal environment, weakened resistance and activity. In terms of psychology, the elderly have degenerative changes in their perception ability, obvious decline in their secondary memory ability, gradual decline in their ability to learn concepts, logical reasoning and solve problems, and are prone to large fluctuations and changes in their emotions [7]. The elderly are the frequently occurring population of chronic non communicable diseases. It is of great significance to prevent chronic diseases of the elderly by

providing the elderly with knowledge such as healthy lifestyle through health communication and transforming it into healthy behavior on this basis [8]. Taking KAP model as the theoretical framework, this paper analyzes the problems and challenges in the process of health communication for the elderly, and puts forward improvement countermeasures and suggestions in order to improve the effect of health communication for the elderly.

2. Health needs in the context of aging

Although the aging process of human body varies from person to person, aging is an irresistible natural law and can be expected. The most striking change of aging is the change of appearance, which is mainly manifested as shortened height, whitening hair, eyebrow removal, loose teeth and so on. At present, the middle-aged and elderly residents still lack due attention to disease prevention and health care, and they can't fully master the basic skills of nutrition, health care and medical rehabilitation. Therefore, scientific and effective dissemination of health knowledge among middle-aged and elderly people is of great significance. With the increase of age, the sensory organs of the elderly gradually can't receive information normally and effectively. At the same time, due to the atrophy of memory cells or some diseases, the storage of various memory information will be affected. The main body of cultural construction for the elderly is shown in Figure 1.

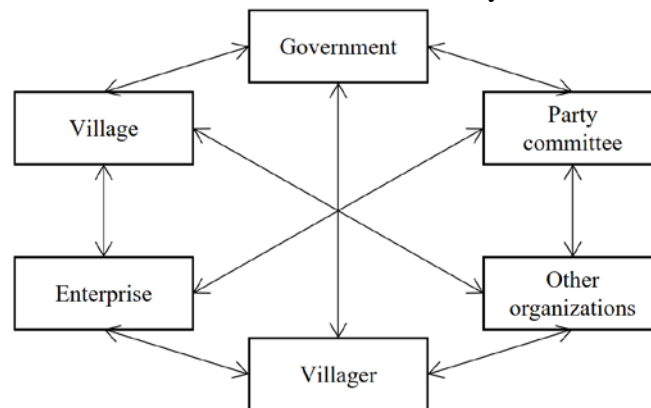


Figure 1 The main body of cultural construction for the elderly

There is lipofuscin accumulation in myocardial cells of the elderly, and collagen and fibers are increasing day by day, which will lead to the decrease of myocardial cell function, heart rate and cardiac output. Its physical manifestation in the elderly is physical decline and mental fatigue. Effective dissemination of health knowledge among middle-aged and elderly people can not only popularize the basic knowledge of medical care and health care, but also improve the health awareness of the elderly population, and further urge the elderly population to change their bad behaviors and lifestyles, thus improving the health status and quality of life of the elderly population as a whole. The eyesight and hearing acuity of the elderly gradually decreased, and the mobility and speed also obviously decreased [9]. Due to insufficient attention distribution, the precision and depth of information coding by the elderly also declined. Old people's learning ability won't change greatly with age, but some factors do affect the learning ability of the old people, such as the decline of learning motivation, attention and memory, the slow transmission of brain information, organ defects and diseases, etc.

3. Problems and challenges of health communication for the elderly

3.1. Communication channels

With the growth of age and the decline of physical function, the fear of disease and death among the elderly is increasing, and the demand for emotion is increasing. At the same time, this demand of the elderly will also be projected to the Internet world, that is, it is expressed as a preference for soul chicken soup and health care information. KAP mode, the classic paradigm of health

communication, holds that there is a close relationship between the acquisition of health knowledge and health behavior, that is, when a person's health knowledge has accumulated to a certain extent, it will lead to the change of belief and then the change of action. In the Internet age, the interests and hobbies of young people are the trend of health communication, while the demands of health communication between the elderly and young people are different, and different types of "use and satisfaction" ultimately determine the gap between young people and old people in obtaining and using health knowledge [10]. Health communication for the elderly is of great practical significance to the achievement of health behaviors of the elderly. In order to improve the effect of health communication for the elderly, we should first pay attention to the optimization of health communication process. The fixed mindset and pattern make the elderly be fettered in the new media era, their cognition of new technologies tends to be conservative, and their willingness to learn new media and new technologies is in a negative state. The main body of personal behavior and lifestyle is people themselves, so personal behavior and lifestyle factors have great influence on individual health. Health communication is a systematic process. Only with the orderly cooperation of all links can we improve the awareness rate of health knowledge of the elderly, help them to establish a correct health view, and then realize the change of health behavior.

3.2. Health information

The content of information is the most fundamental purpose for the audience to contact the media. Medical institutions are the main producers of health information, and the current health communication system lacks professional communicators and strong communication media. Commercial websites and mass media will become the main body of health communication, and the uneven quality of health information greatly affects the information reception of the elderly. In the era of Internet, the channels of information dissemination proliferate, and people are no longer limited to obtaining information from a single channel. Because of the nature of authoritative media, it is decided that when faced with major emergencies, it is necessary to verify the authenticity of information before it can be disseminated. People's health care and patient diagnosis and treatment are also health industries. While the mass media is spreading health knowledge, it is very likely that there will be greater industrial support from pharmaceutical companies, advertising companies, private medical institutions and so on. This kind of health propaganda method is exaggerated or biased because of interest-driven, and most of the health communication is lack of standardization, and most of the false content. This kind of nonstandard information mainly points to the elderly with weak judgment. Because of education level and other reasons, the elderly are more easily misled by false information. In the face of uncertain events, if authoritative information can't be followed up in time or not enough to dispel public doubts, rumors will take the opportunity to breed. On the other hand, many application platforms will collect the reading preferences of the elderly, and constantly push various health information of unknown origin and uneven quality to them by pop-ups.

4. Health knowledge dissemination strategy based on KAP model

4.1. Media integration

Because of the mindset and path dependence formed by the elderly, they are more inclined to acquire health knowledge through authoritative mass media, and they are more exclusive to new media forms. The integration of mass media and new media, embedding new media forms into the mass media that the elderly have long trusted, make it easier to accept. Mass media is the first choice for the elderly to obtain health information, and its authority and credibility are its capital. However, the dominance of mass media does not mean that new media is neglected in the health communication of the elderly. The scale of the elderly netizen group is constantly expanding, and the elderly group will become a new force of new media such as the Internet, and the demand for healthy communication of the elderly can not be ignored. In the health communication of the elderly, new media can inject new activities into mass media and extend health knowledge to

mobile terminals such as mobile phones and tablets. Therefore, the elderly can acquire health knowledge anytime, anywhere according to their own needs, adding interactive links such as praise and comment, and increasing their sense of participation in health communication. With the application of big data, the information that the elderly pay more attention to in new media can be used as a health issue in mass media. Make use of the authority of the mass media to give a more comprehensive and authoritative explanation to the wrong information on the Internet, and provide reliable health information for the elderly.

4.2. Interpersonal communication

Life reading of the elderly for many years has formed a fixed behavior path. If the living habits of the elderly are changed subversively, it is difficult for the elderly to accept new technologies and new forms, and the healthy communication of the elderly in the new media era can hardly play its role. According to the traditional theory, interpersonal communication is more effective for behavior change. On the basis of mass media, combining interpersonal communication can enhance the effect of healthy communication among the elderly. In the process of health communication, the communication channel is the bridge for people to obtain health information, and whether the communication channel is smooth or not will affect the access of information. In the process of health communication for the elderly, the health knowledge content is implanted into the old life track of the elderly, integrated into their original life, reducing the efforts made by the elderly to obtain healthy content or adopt healthy behaviors, reducing the difficulty for the elderly to comply with health information as much as possible, and making it easier for the elderly to accept healthy content and healthy lifestyle. The dissemination of health knowledge must be followed up in real time, so that the elderly can acquire health knowledge in time and improve the awareness rate of health knowledge. Secondly, standardize the application platform's collection of user information and media personality push qualification audit.

5. Conclusions

With the country's increasing attention to the field of health and the vigorous implementation of special actions in health knowledge popularization, life and health maintenance of key population, disease prevention and control, the role of health communication in disease prevention has been paid more and more attention. The ultimate goal of health communication is to improve residents' health behaviors, and radiate to group behaviors and social behaviors through the improvement of individual health behaviors, thus improving group health and relieving the pressure of individuals, families and society. When the elderly take protective measures in health information because of fear arousing, health communication can achieve the goal of appeal. Because of this, we should pay special attention to the scientificity and practicability of protection measures, otherwise the better the communication effect, the greater the harm. For the elderly health communication, although the new media brings new communication opportunities, because the new media is far away from the old life of the elderly, the elderly are relatively excluded from the new media and health information spread through the new media platform. The combination of traditional media and new media, which are familiar to the elderly, can not only help the elderly to accept the spread of new media health information more quickly, but also give full play to their advantages and help the new media spread the health of the elderly.

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