
Health Education Interventions for Improving Self-Care Behaviors in the Elderly Population

Fateme Ganji Pour Sarahi¹, Mohammad Azadi², *, Mozghan Ali³, Saeed Abdzade⁴, Faezeh Amirpour⁵

1. Master's degree student in Geriatric Nursing, Shahed University of Medical Sciences, Tehran, Iran

2. MSc in Community Health Nursing, Department of Nursing, TeMS.C., Islamic Azad University, Tehran, Iran

3. Bsc in Nursing, Ayatollah Taleghani Hospital, Urmia University of Medical Sciences, Urmia, Iran

4. Master's student in Health Education and Health Promotion, Shahid Beheshti University of Medical Sciences, Tehran, Iran

5. Bsc in Surgical Technology, Infertility treatment center, Academic Center for Education, Culture and Research (ACECR), Khorramabad, Iran

Abstract

The elderly population faces multiple challenges in maintaining health and independence due to aging-related physical, cognitive, and social changes. Self-care behaviors, including proper medication management, balanced nutrition, regular physical activity, personal hygiene, and preventive health practices, are essential for reducing the risk of chronic disease complications and enhancing quality of life. Despite their importance, many older adults encounter barriers such as cognitive decline, low health literacy, limited mobility, social isolation, and psychological factors that hinder consistent engagement in self-care. Health education interventions have emerged as a critical strategy to address these challenges by providing knowledge, practical skills, and motivational support tailored to the needs of elderly individuals. This article examines the theoretical foundations, types, and delivery methods of health education programs designed to improve self-care behaviors among older adults and explores the barriers and facilitators that affect program implementation. Six practical strategies are proposed, including individualized education, group-based workshops, technology-assisted learning, community-based activities, caregiver involvement, and culturally and contextually appropriate program designs. Evidence from previous studies indicates that multi-component interventions integrating these strategies significantly enhance self-care knowledge, attitudes, and behaviors, fostering greater independence, well-being, and quality of life in elderly populations. Implementing comprehensive, evidence-based, and accessible health education programs not only supports active and healthy aging but also reduces healthcare costs, alleviates caregiver burden, and promotes sustainable improvements in self-care practices.

Keyword: Health Education, Self-Care, Elderly, Interventions, Behavior Change.

1. Introduction

The global population is aging at an unprecedented rate, with the number of people aged 65 and older projected to increase significantly in the coming decades. This demographic shift presents considerable challenges for healthcare systems, families, and communities, particularly in maintaining the health and independence of older adults. Aging is often accompanied by physiological changes, cognitive decline, and the development of chronic conditions such as diabetes, hypertension, and cardiovascular diseases, which can limit the ability of elderly individuals to perform daily self-care activities. Self-care, defined as the set of behaviors individuals engage in to maintain health, prevent disease, and manage illness, is therefore essential for promoting physical, psychological, and social well-being in the elderly population. (Asadi et al., 2025)

Health education interventions have emerged as effective strategies to enhance self-care behaviors among older adults. By providing structured knowledge, practical skills, and motivational support, these interventions empower the elderly to adopt healthier lifestyles, manage chronic conditions effectively, and maintain autonomy. Programs may include individual counseling, group workshops, multimedia and digital tools, and community-based initiatives, often involving family members or caregivers to reinforce positive behaviors. Evidence suggests that health education can significantly improve medication adherence, nutritional habits, physical activity, and preventive health practices, ultimately contributing to a higher quality of life and reduced healthcare costs. (Barcelos et al., 2024)

Given the growing elderly population and the importance of self-care in healthy aging, it is critical to explore and implement evidence-based health education interventions that address the unique needs and challenges of older adults.

1.1 Background of the Topic

The aging population is growing rapidly worldwide, and this demographic trend has significant implications for public health and healthcare systems. Older adults often face multiple health challenges, including chronic diseases, decreased mobility, sensory impairments, and cognitive decline, which can negatively affect their ability to perform daily self-care activities. Self-care refers to the conscious and purposeful actions individuals take to maintain their physical, mental, and social well-being, prevent disease, and manage existing health conditions. Effective self-care is particularly critical for older adults, as it not only helps in managing chronic illnesses but also promotes independence, improves quality of life, and reduces the burden on healthcare systems. (Barcelos et al., 2024)

Health education has been recognized as a key tool in promoting self-care among the elderly. By providing knowledge, practical skills, and motivational support, health education interventions enable older adults to make informed decisions regarding nutrition, physical activity, medication adherence, and preventive health practices. Various approaches have been applied, including individual counseling, group-based workshops, digital health platforms, and community-centered programs, often integrating family and caregiver involvement to reinforce healthy behaviors. Research indicates that well-designed health education programs can improve self-care practices, increase awareness of risk factors, and encourage proactive engagement in health management. (Asadi et al., 2025)

Understanding the background and significance of health education interventions is crucial for developing effective strategies tailored to the needs of the elderly. These interventions not only address the physiological and psychological challenges associated with aging but also foster social engagement and personal empowerment, contributing to healthier and more independent lives.

1.2 Problem Statement

The rapid increase in the elderly population worldwide has highlighted the pressing need to address their health and well-being. Aging is often accompanied by multiple chronic conditions, reduced physical and cognitive capabilities, and increased vulnerability to illness, which can significantly impair the ability of older adults to engage in effective self-care. Despite the known benefits of self-care in preventing disease progression, maintaining independence, and improving quality of life, research suggests that many elderly individuals exhibit suboptimal self-care behaviors. Factors contributing to this problem include limited health literacy, inadequate access to tailored health education, social isolation, and lack of motivation or support from caregivers and family members. (Eimer et al., 2023)

The gap between the need for effective self-care and the actual practices of older adults presents a major public health challenge. Without proper interventions, elderly individuals may experience preventable complications, frequent hospitalizations, and decreased overall well-being, placing additional strain on healthcare systems and caregivers. Although health education interventions have been proposed as a solution, there is considerable variability in their design, delivery, and effectiveness. Many programs fail to account for the unique cognitive, physical, and social needs of the elderly, limiting their impact on behavior change and long-term adherence. (Asadi et al., 2025)

Therefore, identifying and implementing evidence-based, culturally sensitive, and accessible health education interventions is critical to improve self-care behaviors in older adults. Addressing this problem not only promotes healthier aging but also reduces healthcare costs, enhances independence, and supports the social and psychological well-being of the elderly population.

1.3 Significance of the Study

The significance of this study lies in its potential to address a critical public health challenge: promoting effective self-care behaviors among the growing elderly population. As individuals age, maintaining independence, managing chronic illnesses, and preventing health complications become increasingly important for both personal well-being and the sustainability of healthcare systems. Despite the known benefits of self-care, many older adults face challenges in adopting and maintaining health-promoting behaviors due to limited health literacy, cognitive decline, physical limitations, social isolation, or inadequate access to appropriate health education. (Asadi et al., 2025)

This study aims to provide evidence-based insights into how health education interventions can enhance self-care practices in elderly populations. By identifying effective strategies for education and skill-building, the research can guide healthcare providers, policymakers, and caregivers in designing programs that are accessible, culturally sensitive, and tailored to the specific needs of older adults. Furthermore, improving self-care behaviors through education not only contributes to better physical and mental health outcomes but also fosters social engagement, empowerment, and a sense of autonomy among older adults. (Barcelos et al., 2024)

In addition, the study has broader implications for reducing healthcare costs and the burden on medical services, as improved self-care can prevent or delay the onset of complications, reduce hospital admissions, and promote long-term health sustainability. Ultimately, the findings of this research can support the development of comprehensive health education policies and interventions that enhance the quality of life for elderly individuals, promoting healthy and active aging in society.

1.4 Purpose of the Study

The primary purpose of this study is to explore and evaluate the effectiveness of health education interventions in improving self-care behaviors among the elderly population. As aging is often accompanied by chronic health conditions, decreased physical and cognitive abilities, and other challenges that can hinder independent self-care, it is essential to identify strategies that empower older adults to manage their health proactively. This study aims to provide a comprehensive understanding of how structured health education programs—whether delivered individually, in groups, or through digital and community-based platforms—can enhance knowledge, skills, and motivation for effective self-care practices.

Specifically, the study seeks to examine the impact of these interventions on key aspects of self-care, including medication adherence, nutritional habits, physical activity, preventive health behaviors, and the ability to manage chronic conditions. In addition, the research aims to identify the barriers and facilitators that influence the successful implementation of health education programs for older adults, including cognitive, physical, social, and cultural factors.

Ultimately, the study intends to generate practical recommendations for healthcare providers, policymakers, and caregivers to design and implement evidence-based, accessible, and culturally appropriate health education interventions. By doing so, it is expected to contribute to improving the independence, well-being, and quality of life of the elderly population, while also supporting sustainable healthcare practices and reducing the burden on health services.

2. Body of paper

Self-care is essential for healthy aging, encompassing behaviors such as proper medication management, balanced nutrition, regular physical activity, personal hygiene, and preventive health practices. These behaviors help reduce complications from chronic illnesses, maintain independence, and improve quality of life. However, aging-related physical changes, cognitive decline, and social isolation often hinder effective self-care among older adults. (Mousavi & Tavakoli, 2022)

Health education interventions have been shown to enhance self-care behaviors by providing knowledge, practical skills, and motivation. These interventions can be delivered individually, in groups, through digital platforms, or in community settings. Family and caregiver involvement further supports behavior change and adherence. Individual counseling allows for personalized guidance, group programs offer peer support and motivation, and technology-based tools provide flexible access and self-monitoring opportunities. Community-based programs combine education with practical activities, reinforcing learning in real-life contexts. (Eimer et al., 2023)

Despite their benefits, barriers such as cognitive limitations, low health literacy, reduced mobility, and lack of social support can affect the effectiveness of health education programs. Designing culturally sensitive, accessible, and age-appropriate interventions is crucial for addressing these challenges. Evidence suggests that well-structured health education programs can improve knowledge, attitudes, and practical skills, ultimately promoting independence, enhancing quality of life, and reducing healthcare costs among the elderly population.

2.1 Research Method

This study employs a quantitative, quasi-experimental design to examine the effectiveness of health education interventions in improving self-care behaviors among the elderly. The research involves an intervention group, which participates in the structured health education program, and a control group, which does not receive the intervention, allowing for comparative analysis of outcomes.

Participants are elderly individuals aged 60 years and above, recruited using purposive sampling from community centers, senior clubs, and local neighborhoods. Inclusion criteria include the ability to communicate in the local language, basic cognitive functioning, and willingness to participate, while individuals with severe cognitive impairments or acute medical conditions are excluded.

The intervention program is designed to enhance self-care behaviors, including medication adherence, nutrition, physical activity, personal hygiene, and preventive health practices. It is delivered through a combination of individual counseling, group workshops, and digital materials such as videos and printed guides. Family members and caregivers are also involved to reinforce learning and support behavior change. The program lasts six weeks, with weekly sessions of 60–90 minutes each.

Data collection is conducted using standardized questionnaires and observational checklists measuring self-care knowledge, attitudes, and behaviors. Baseline data are collected prior to the intervention, followed by post-intervention assessments immediately after the program and at a three-month follow-up to evaluate the sustainability of the outcomes. Collected data are analyzed using descriptive and inferential statistical methods to determine the effectiveness of the health education interventions in improving self-care practices among the elderly population.

2.2 Literature Review

Self-care is a fundamental component of healthy aging, and numerous studies have highlighted its importance in maintaining physical, mental, and social well-being among elderly populations. Research indicates that older adults who engage in regular self-care activities, such as proper medication management, balanced nutrition, physical exercise, and preventive health practices, experience better health outcomes, reduced incidence of chronic disease complications, and enhanced quality of life. However, many elderly individuals demonstrate suboptimal self-care behaviors due to factors such as cognitive decline, limited health literacy, mobility constraints, and social isolation. (Mousavi & Tavakoli, 2022)

Health education interventions have been widely recognized as an effective strategy to improve self-care behaviors in the elderly. A systematic review by [Author, Year] reported that structured health education programs significantly increase participants' knowledge, attitudes, and adherence to health-promoting behaviors. Individual-based interventions, including one-on-one counseling, have been shown to effectively tailor health information to the specific needs of participants, improving medication adherence and dietary practices. Group-based interventions, such as workshops and peer-support sessions, provide social engagement and motivation, which are critical for sustaining behavior change. (Eimer et al., 2023)

Technology-assisted interventions have also gained attention in recent years. Studies indicate that mobile health applications, online educational modules, and telehealth programs can provide flexible access to information and support self-monitoring of health behaviors, particularly for elderly individuals with limited mobility. Community-based programs that combine education with practical activities, such as exercise sessions, cooking demonstrations, and health screenings, have demonstrated improvements in both knowledge and the application of self-care practices in daily life. (Sardareh et al., 2024)

Despite these advances, several challenges remain. Barriers such as cognitive impairment, low motivation, cultural factors, and socioeconomic constraints can limit the effectiveness of health education programs. Moreover, the sustainability of behavior change is often contingent upon ongoing support from caregivers, family members, and healthcare providers. Overall, the literature emphasizes the need for evidence-based, culturally sensitive, and accessible health education interventions that address the unique physical, cognitive, and social needs of elderly populations. (Mousavi & Tavakoli, 2022)

3. Proposed Key Sections for the Article: An Overview

This article is structured into several key sections to provide a comprehensive understanding of health education interventions aimed at improving self-care behaviors in the elderly population. The sections are designed to present the background, rationale, and significance of the study, followed by a detailed review of existing literature, research methodology, findings, and discussion. Each section builds upon the previous one, ensuring a logical flow from identifying the problem to proposing evidence-based solutions. The proposed structure also highlights practical implications, challenges, and recommendations for implementing effective health education programs for older adults. (Bashirian et al., 2023)

3.1 Theoretical Foundations of Health Education in Elderly Self-Care

The theoretical foundations of health education provide the framework for understanding, designing, and implementing interventions aimed at improving self-care behaviors among the elderly. Health education in this context is guided by various behavioral and cognitive theories that explain how knowledge, attitudes, and skills influence health-related behaviors. Among the most widely applied models are the Health Belief Model, Social Cognitive Theory, and the Theory of Planned Behavior, which collectively emphasize the importance of perceived susceptibility, self-efficacy, and intention in promoting behavior change. (Dwarswaard et al., 2016)

The Health Belief Model suggests that elderly individuals are more likely to adopt self-care behaviors if they perceive themselves at risk of adverse health outcomes, believe that specific actions will effectively reduce these risks, and feel confident in their ability to perform the required behaviors. Social Cognitive Theory highlights the role of observational learning, social support, and reinforcement, suggesting that older adults are more likely to engage in self-care when they observe peers performing these behaviors successfully and receive encouragement from family or caregivers. The Theory of Planned Behavior further emphasizes the importance of intention, attitudes, subjective norms, and perceived behavioral control in predicting self-care practices. (Bashirian et al., 2023)

In addition to these behavioral theories, gerontological principles play a significant role in designing effective interventions. Aging affects cognition, memory, physical ability, and motivation, requiring programs that are tailored to the capabilities and learning styles of elderly participants. Health education for the elderly should therefore combine clear, practical guidance with motivational strategies that reinforce autonomy, confidence, and engagement. (Dwarswaard et al., 2016)

By grounding interventions in these theoretical frameworks, health educators can design programs that not only increase knowledge but also enhance skills, motivation, and long-term adherence to self-care behaviors. This foundation ensures that educational strategies are evidence-based, culturally appropriate, and responsive to the unique physical, cognitive, and social needs of older adults. (Bashirian et al., 2023)

3.2 Health Education Interventions: Types, Approaches, and Delivery Methods

Health education interventions play a pivotal role in enhancing self-care behaviors among elderly populations by providing knowledge, practical skills, and motivational support. These interventions can be delivered through multiple types and approaches, each tailored to the cognitive, physical, and social needs of older adults. Understanding the diversity of intervention methods is essential for ensuring their effectiveness and sustainability. (Esferjani et al., 2022)

Individual-Based Interventions are one-on-one programs tailored to the specific needs and health conditions of the elderly participant. These interventions focus on personalized guidance in areas such as medication management, nutrition, physical activity, and chronic disease monitoring. Individual counseling allows for close assessment of the participant's abilities, facilitates goal setting, and provides immediate feedback, making it particularly effective for those with complex health needs or low motivation. (Edeh et al., 2025)

Group-Based Interventions involve workshops, support groups, or educational sessions with multiple participants. This approach leverages peer interaction, shared experiences, and social support to motivate participants to adopt healthier behaviors. Group interventions not only deliver health information but also create a sense of community, which is critical in reducing social isolation and promoting adherence to self-care practices. (Esferjani et al., 2022)

Technology-Assisted Interventions have gained prominence in recent years, particularly through mobile applications, online modules, and telehealth platforms. These tools allow flexible access to educational content and enable self-monitoring of health behaviors, such as tracking physical activity, medication adherence, or dietary intake. Technology-assisted interventions are especially beneficial for elderly individuals who may have mobility limitations or limited access to in-person programs. (Edeh et al., 2025)

Community-Based Programs combine education with practical, real-world activities conducted in community centers, senior clubs, or healthcare facilities. These programs may include exercise classes, cooking demonstrations, and health screening events, integrating hands-on learning with social engagement. By embedding education within the community context, these interventions enhance motivation and facilitate the application of self-care behaviors in daily life. (Esferjani et al., 2022)

Overall, selecting the appropriate type and delivery method of health education depends on the participants' cognitive and physical abilities, cultural background, social support, and access to resources. Evidence indicates that multi-component interventions, which integrate individual counseling, group sessions, and community or technology-based elements, are most effective in improving knowledge, attitudes, and self-care behaviors among the elderly population.

3.3 Understanding Self-Care Behaviors and Challenges Among the Elderly Population

Self-care among the elderly encompasses a wide range of activities aimed at maintaining physical, mental, and social well-being. Core self-care behaviors include adherence to prescribed medications, engaging in regular physical activity, maintaining a balanced diet, practicing proper hygiene, monitoring health status, and participating in preventive health measures such as regular screenings and vaccinations. These behaviors are essential not only for managing chronic diseases but also for preserving independence, enhancing quality of life, and reducing reliance on healthcare services. (Shi et al., 2024)

Despite the critical importance of self-care, elderly individuals often face numerous challenges in performing these behaviors consistently. Physiological changes associated with aging, such as decreased mobility, sensory impairments, and reduced muscle strength, can limit the ability to engage in physical

activity or prepare nutritious meals. Cognitive decline, including memory loss and reduced executive function, can affect medication adherence and the ability to plan and follow through with complex daily routines. (Edeh et al., 2025)

Social and environmental factors also play a significant role. Isolation, limited social support, and inadequate caregiver involvement can decrease motivation and reduce adherence to self-care practices. Moreover, low health literacy, cultural beliefs, and socioeconomic constraints may hinder understanding of health information or access to resources necessary for maintaining self-care. (Asadi et al., 2025)

Psychological factors, such as depression, anxiety, or low self-efficacy, further exacerbate challenges in sustaining self-care behaviors. Elderly individuals who lack confidence in their ability to manage their health are less likely to engage in proactive behaviors or adhere to recommendations. (Edeh et al., 2025)

Understanding these behaviors and challenges is crucial for designing effective health education interventions. Programs must be tailored to address not only knowledge gaps but also physical limitations, cognitive capacities, social support structures, and motivational needs. By considering the multifaceted barriers that older adults face, health educators can develop strategies that promote sustainable self-care practices and improve overall health outcomes in this population.

3.4 Barriers, Facilitators, and Contextual Considerations in Implementing Health Education Program

The successful implementation of health education programs for elderly populations is influenced by a variety of barriers, facilitators, and contextual factors that affect the adoption and sustainability of self-care behaviors. Understanding these elements is crucial for designing interventions that are both effective and practical. (Shi et al., 2024)

Barriers to effective health education among older adults are often multifaceted. Cognitive impairments, including memory loss and reduced attention span, can hinder learning and retention of health information. Physical limitations such as reduced mobility, visual or hearing impairments, and chronic pain may restrict participation in educational sessions or practical activities. Low health literacy is another critical barrier, as older adults may struggle to understand complex health instructions or interpret medical information accurately. Psychological factors, including low self-efficacy, depression, or fear of failure, can further reduce motivation to engage in self-care. Socioeconomic challenges, such as limited access to transportation, financial constraints, and inadequate social support, also play a significant role in limiting participation in health education programs. (Asadi et al., 2025)

Facilitators, on the other hand, can enhance the effectiveness of these interventions. Strong social support from family, caregivers, and peers can motivate elderly individuals to adopt and maintain self-care behaviors. Tailoring educational content to participants' cognitive abilities, cultural backgrounds, and personal preferences increases engagement and retention. The use of interactive methods, practical demonstrations, and reinforcement strategies can improve understanding and skill acquisition. Additionally, leveraging technology, such as mobile health applications or telehealth platforms, provides flexible and accessible options for learning and self-monitoring, particularly for those with mobility restrictions. (Shi et al., 2024)

Contextual considerations also significantly affect program implementation. Cultural beliefs, community norms, and societal attitudes toward aging and health can influence how older adults perceive the importance of self-care and their willingness to participate in interventions. Programs must account for local healthcare infrastructure, availability of resources, and community support networks to ensure accessibility and sustainability. Coordinating with healthcare providers, community organizations, and policy initiatives further strengthens program delivery and enhances long-term adherence. (Mousavi & Tavakoli, 2022)

In summary, effective health education interventions for elderly populations require a comprehensive understanding of the barriers, facilitators, and contextual factors that shape participation and outcomes. Addressing these elements in program design ensures that interventions are practical, culturally sensitive, and capable of promoting sustained improvements in self-care behaviors among older adults.

3.5 Proposed Recommendations and Practical Strategies for Enhancing Self-Care Through Health Education

Improving self-care behaviors among elderly populations requires the implementation of well-structured, evidence-based health education interventions. Based on the theoretical foundations, literature review, and analysis of barriers and facilitators, the following six recommendations and practical strategies are proposed to enhance the effectiveness and sustainability of such programs:

1. Tailored Individual Education Programs

Health education should be customized to meet the specific physical, cognitive, and health needs of each elderly participant. Individualized counseling sessions allow for personalized goal setting, targeted skill-building, and monitoring of progress. This approach is particularly effective for individuals with chronic diseases or low motivation, ensuring that recommendations are realistic and achievable.

2. Group-Based Workshops and Peer Support

Organizing group sessions and peer-support programs fosters social engagement, motivation, and accountability among participants. Through shared experiences and interactive activities, elderly individuals are more likely to adopt and maintain self-care behaviors, while simultaneously reducing social isolation and promoting mental well-being.

3. **Integration of Technology-Assisted Learning Tools**

Digital platforms, mobile applications, and telehealth services provide flexible access to health education content and self-monitoring tools. Technology-assisted interventions can help track medication adherence, physical activity, nutrition, and other behaviors, making it easier for elderly individuals to stay engaged and for caregivers to provide ongoing support.

4. **Community-Based Practical Activities**

Incorporating hands-on activities such as exercise classes, cooking demonstrations, and health screenings within community settings allows elderly participants to apply knowledge in real-life contexts. Community-centered programs also foster social connections and create a supportive environment that reinforces learned behaviors.

5. **Caregiver and Family Involvement**

Engaging family members and caregivers in health education programs strengthens adherence and sustainability. Educating caregivers about self-care strategies enables them to provide encouragement, reminders, and practical assistance, which is critical for elderly individuals facing physical or cognitive limitations.

6. **Culturally Sensitive and Accessible Program Design**

Programs should be designed with consideration for cultural beliefs, language preferences, literacy levels, and socioeconomic conditions. Materials should be easy to understand, visually clear, and delivered in formats that accommodate sensory or mobility limitations. By implementing these strategies, health education interventions can more effectively enhance self-care behaviors, promote independence, and improve the overall quality of life of elderly individuals.

4. **Conclusion**

Health education interventions play a critical role in promoting self-care behaviors among elderly populations, addressing both the knowledge and skills required for maintaining physical, mental, and social well-being. The aging process introduces multiple challenges, including chronic health conditions, cognitive decline, mobility limitations, and social isolation, all of which can hinder the adoption of effective self-care practices. This study highlights that carefully designed interventions, grounded in behavioral and gerontological theories, can significantly improve adherence to medication, nutrition, physical activity, personal hygiene, and preventive health measures.

The literature and practical evidence reviewed indicate that multi-component programs—combining individual counseling, group-based workshops, community activities, and technology-assisted learning—are most effective in enhancing self-care behaviors. Successful interventions also rely on addressing

barriers such as low health literacy, physical and cognitive limitations, psychological challenges, and socio-economic constraints, while leveraging facilitators including social support, caregiver involvement, and culturally sensitive program design.

Moreover, the sustainability of behavior change among elderly individuals is closely linked to ongoing support, reinforcement, and practical application of learned skills in daily life. By adopting a holistic approach that considers the physical, cognitive, social, and environmental needs of older adults, health education programs can empower elderly populations to take greater control over their health, maintain independence, and improve overall quality of life.

In conclusion, implementing evidence-based, accessible, and culturally sensitive health education interventions is essential for fostering sustainable self-care practices in the elderly. These interventions not only benefit individual health outcomes but also contribute to reducing healthcare costs, alleviating caregiver burden, and promoting active and healthy aging in society.

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