HEALTH STATUS, PERCEPTION OF SELF-EFFICACY TO PROMOTE HEALTH AND SOCIAL SUPPORT AMONG AGING; A CASE STUDY AT BAN SALAWAN HEALTH CENTER, PUTTHAMONTHON, NAKHON PATHOM, THAILAND

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Abstract- This research aimed to study health status of aging, self-efficacy to promote health among aging, and social-support among aging in 2013.Thesample groups were 100 persons selected from aging member in Ban Salawan Health Center. Collected data about perception of self-efficacy by interviewing their made in 5-point and had tested reliability coefficients alpha .7403, in term of mental health collected data by ST-5, 2Q, and anxiety assessment form, that standard measurement ofDepartment of Mental Health, Public Health, Thailand.Descriptive statistic used for analyzed data. Results presented sample group were female (61%) and 57% of them had age between to 60-65 follow by 20% have age between 66-70 years old,The most of them were married and still live with their spouse (64%). 89% of sample group have child, 25% have income between of 50,000 - 99,999 Baht per year. In terms of health condition61.22% of sample group diseases were hypertension, following by diabetes (48.98%).About eyesight 51% of the sample group don't need prescribed glasses, 83.0% of sample group don't need hearing aids, 62% of sample group were have more than 20 teeth remaining, and haven't problem with chewing (80%), and 80% of sample group don't have bladder incontinence. In terms of ADL, The most of sample group were in type 1 (80%). Mental health condition; 94% don't have insomnia, 96% don't have anxiety and don't have depression but 81% of the sample group was facing stress. In terms of social support; 69% of sample group don't work, 35% of sample group lives on pension, follow by spouse and child (32%).The statistical significance was <0.05 some factors, such as gender, age and educational background were related to perception of Self-Efficacy to promote health.

Keywords- Aging, Perception Of Self-Efficacy, Health Status, Social –Support.

I. INTRODUCTION

The proportion of the world's population aged 60 years or over increased from 8 per cent in 1950 to 12 per cent in 2013 and old-age support ratio has been declining continuously, meaning that there are increasingly less people in the working ages to support every person aged 65 years or over. The ratio went from 12 working-age persons for each older person in 1950 to 8 in 2013, and is expected to drop to 4 in 2050[11].
Most developed nations have had decades to adjust to their changing age structures. Many less develop countries are experiencing a rapid increase in the number and percentage of older people, often within a single generation [13].
Over the next 10 to 15 years, people in every world region will suffer more death and disability from such non communicable diseases as heart disease, cancer, and diabetes than from infectious and parasitic diseases [13].

Physical activity was a significant predictor of self-rated health (SRH). The role of PPSE as a mediator in the association between physical activity and self-rated health status even when age, gender, and chronic diseases were controlled then increase perceived physical self-efficacy in elder population may be important for perceived health than raising the level of physical activity [9].

Social support was operationally defined by structural, functional, and perceived aspects, and personality coping resources included measures of mastery, self-efficacy, and self-esteem [3].

The relationship of self-efficacy and social support to adjustment in aging in Fifty-two community residents participated in an initial structured interview and a follow-up interview one year later. Measures of depression and self-efficacy relating to social support were included in the initial interview, with measures of depression and actual social support included at follow-up. Results showed that initial self-efficacy was related to social support one year later. A path analysis showed that self-efficacy functions directly as well as indirectly through its effect on social support in preventing depression. A partial correlational analysis showed that the relationships between initial self-efficacy and depression one year later and between social support and depression at follow-up hold when ongoing depression is controlled[4].

In term of health, aging have to deal with their physical changes. In 1996 2 out of 3 seniors were bad to moderate of health. The common of health issues were backache, waist pain, arthritis, hypertension and peptic ulcer. Seniors also needed medical-related support from the center. 96% needed free medical care. 95.6 needed house visit. 93.2 needed the

transportation fare discount. 92.8% needed financial monthly support. 86.9% wanted government to deduct tax for their caretakers. 80% needed nursing home, and 64.6% needed to get a job[11].

Thailand people who have age up to 60 year much retied [7]. Aging in families have to change their role of family leader to be just a dependent. Many of them feel useless, ashamed and lose power. Many of seniors, especially ones who do not have related knowledge about the modern world, always feel left behind[8].

Thailand population age structure was changed. The portion of population above 60 years old was increasing. It's been predicted that the portion of people above 75 years old will be more than 2 million people by the year 2022 [10].

Nongnuchsunthonchavakan conducted a study about senior citizen and discovered that there were numbers of older people who did not have children to support no saving money to live on after retirement. Those senior citizens had to continue working even though they were in their 60 year (37.9% of participants in her research). 70.0% of male senior in the age of 60-65, 60.0% of male senior above 65 years old, and 60.0% of female senior still had to work. 30.0% of participants were unemployed and were trying to find a job.Many laws enacting in relation to the elderly, but none of them specifies any promotion or protection of their working. Moreover, for example the Labour Protection Act B.E.(1998), and the Civil Services Act B.E. (2008)[4].In term of in study research; Effectiveness of Health education program applying self-care theory in Hypertension patient found sample group were history of Hypertension (70%), and age average 64 year old [12].

Many seniors in Thailand were not literate, especially female senior. It has a big effect on their lifestyle because seniors with higher education might probably be able to have more things granted for them and they can live by themselves after retirement. So this is another concern before their time. Families and governmental sectors should not ignore them. We should provide happiness for our aging.

II. DETAILS EXPERIMENTAL

This survey research was to study among agingat Ban Salawan, Health Center, Nakhon Pathom in 2013.

2.1 Research objectives

1. How about of Health status among aging.
2. How about of Perception of self-efficacy to promote health among aging.
3. How about of Social support among aging.
4. Factors related to self-efficacy perception among aging.

2.2 Instrument and developing

Research instrument for collected data about perception of self-efficacy were interviewing that created by research team that developing process; 1) Content and structure valid approved by 3 experts, 2) test reliability was 0.7403. Mental health data were collected by ST-5, 2Q, anxiety assessment form, that standard instrument of Department of Mental Health, Public Health, Thailand. Data collection process*;*

1. Brainstorming with research team staff, informing how to collect data correctly.
2. Sending letters and sample of interviewing to BanSalawan Health Center to get permission
3. Coordinating with the center to set up the collection day
4. Collecting all questionnaires by the due date

2.3 Data analyzind process

Data was analyzed using statistics;

- In Section 1: General Information, descriptive statistic was used to analyze all data (frequency, percentage, mean and standard variation).
- Pearson correlation was used to find the relationship between all factors and perception of self-efficacy. Chi- square test and t-test were used in this step.

2.4 Sampling and sample size

100 samples were selected from aging member in Ban Salawan Health Center.

III. RESULTS AND DISCUSSION

Results present 5 paths that included all objective;

3.1 Path of genneral data

Sample groups were mostly female(61.0%), male (39.0%) (Table1). The sample groups were mostly age between 60 and 65 years old (57.0%), follow by (20.0%) of the sample group have age between 66 and 70 years old, and (2.0%) between 86 and 90 years old(Table 2). Mostly of sample group were married (59.0%), follow by (19.0%) were widows and widowers, and (4.0%) got divorced (Table3). Mostly of sample group have child (89.0%), and (11.0%) don't have child(Table 4). Mostly of samples were graduate on Primary education(36.0%), lestBachelor degree (9.0%)

3.2 Path of Health status

(1) Physical condition

The most of aging were well-being (51.0%) in disease group were (49.0%),(61.22%) of these samples disease group were hypertension follow by Diabetes (24.0%) (Table6). The most of sample groups (51.0%)still have good eyesight follow by (40.0%) need prescribed glasses, and the lest (9.0%) can't see things properly,(83.0%) don't need hearing aids, 16.0% can't hear properly, and 1.0% can't hear anything at all. Most of the sample groups still have

more than 20 teeth remaining (62.0%). Sample group don't have problem with chewing (80.0%). Mostlyof samples group were haven't stress incontinence (80.0%), and have stress incontinence (20.0%) (Table7). In terms of ADL sample groups were considered to be in group 1 (80.0%), the least was in group 3 (9.0%)(Table8).

(2) Mental Condition

Aging of sample groups weren't problem with sleep,(77.0%) of them didn't show sign of insomnia, only (22.0%) have problem with sleep (Table9). Mostly of sample groups didn't have mental treatment history (94.0%) (Table 10), and (96.0%) didn't have anxiety or major depression (Table 11). However, the report showed (81.0%) of them were facing stress(Table 12).

3.3 Path of Social support

(1) Social-support about socio-economic

Mostly of samples were retired and don't work (69.0%). In side of who still work,(54.8%) run their own business without employees, follow helped their children with their business (8.0%), only(2.0%) were employers. Mostly of samples earned income them live on pension (35.0%) follow by(25.0%) supported by their children and spouse, only (3.0%) spend money from the savings.34.0% of samples use the universal health care coverage. 33.0% get service from their original health center, and only 10.0% have social security health care services. Most of samples(79.0%) had been home visited by health provider, and (30.0%) enjoys the service from volunteer.

(2) Social-support in terms environment that promoting health

Mostly of samples live in houses were not slippery (67.0%), in houses of them had stair handles (57.0%), their bedrooms were on the second floor (91.0%) and non-slippery of bathroom floor (87.0%). In term of bathroom doors, mostly push and pull style (66.0%), only (9.0%) bathroom door slide. The common lavatory style is the flush toilet (77.0%), only (23.0%) still use toilet with septic tank.Mostly of samples drink branded bottle water (69%),follow by drink boiledwater (9.0%), and least (2.0%) drink tap water.

3.4 Path of Perception of Self-efficacy

Mostly of samples were Perception of Self-efficacy to promoting health and self-care when illness on good level (48.0%), and least (1.0%) poor level(Table 16).

3.5 Path of correlation

This study was found factors; gender, age, and education background related to the perception of self-efficacy to promote health with the statistical significance < 0.05 (Table 17).

Table 1: Frequency and Percentage of Gender

Gender	N=100		
	Frequency	*Percentage (%)*	*Total*
Male	61	61.0	100
Female	39	39.0	

Table 2: Frequency and Percentage of Age

Age	N=100		
	Frequency	*Percentage (%)*	*Total*
60-65	57	57.0	100
66-70	20	20.0	
71-75	14	14.0	
76-80	4	4.0	
81-85	3	3.0	
86-90	2	2.0	

Table 3: Frequency and Percentage of marriage status

Marriage status	N=100		
	Frequency	*Percentage*	*Total*
Sigle	9	9.0	100
Married	64	64.0	
Widowed	19	19.0	
Separate	4	4.0	
Devorce	4	4.0	

Table 4: Frequency and Percentage of child

Child	N=100		
	Frequency	*Percentage (%)*	*Total*
None	11	11.0	100
Child	89	89.0	

Table 5: Frequency and Percentage of Education

Education	N=100		
	Frequency	*Percentage*	*Total*
Non	15	15.0	100
Primary school	36	36.0	
Secondary school	19	19.0	
High school	16	16.0	
Bachelor degree and above	9	9.0	

Table 6: Frequency and Percentage of Physical condition

Physical condition	N=49		
	Frequency	*Percentage (%)*	*Total*
Hypertension	30	61.22	100
Diabetes	24	48.98	
Heart desiase	14	28.57	
CA	4	8.16	
Coronary Heart desiase	3	6.12	
Paralysis	2	4.08	

*** One person had disease more then 1**

Table7: Frequency and Percentage of Health physical conditional

Health physical conditional	N=100		
	Frequency	*Percentage (%)*	*Total*
Eye sign			100
- Clear	51	51.0	
- Clear with glasses	40	40.0	
- Poor	9	9.0	100
Hering			
- Clear	83	83.0	
- Clear with hering aid	17	17.0	
Teeth			100
- up to 20	62	62.0	
- less then 20	38	38.0	
Stress incontinance			
- Non	20	20.0	100
- Done	80	80.0	

Table 8: Frequency and Percentage of ADL

ADL	N=100		
	Frequency	*Percentage (%)*	*Total*
Group 1	80	80.0	100
Group 2	11	11.0	
Group 3	9	9.0	

Table 9: Frequency and Percentage of Depression level

Depression level	N=100		
	Frequency	*Percentage (%)*	*Total*
Normaly	19	19.0	100
Sleep problem Anxiety	81	81.0	

Table 10: Frequency and Percentage of History of Psychosis

History of Psychosis	N=100		
	Frequency	*Percentage (%)*	*Total*
None	6	6.0	100
Done	94	94.0	

Table 11: Frequency and Percentage of Anxiety

Anxiety	N=100		
	Frequency	*Percentage (%)*	*Total*
None	96	96.0	100
Done	4	4.0	

Table 12: Frequency and Percentage of Stress

Stress	N=100		
	Frequency	*Percentage (%)*	*Total*
None	19	31.0	100
Done	81	69.0	

Table 13:Frequency and Percentage of working status

Working status	N=100		
	Frequency	*Percentage (%)*	*Total*
None	31	31.0	100
Work	69	69.0	

Table14: Frequency and Percentage of social - support about socio-economics

social-support aboutsocio-economics	N=100		
	Frequency	*Percentage (%)*	*Total*
Work status			
- Done	31	31.0	100
- None	69	69.0	
Source of income			
- work	20	20.0	100
- Benefits	10	45.0	
- saving	3	3.0	
- spouse and child	32	32.0	
- pension	35	35.0	
Preferential treatment			
- pay	12	12.0	100
- original affiliation	33	33.0	
- health insurrence	34	34.0	
- social security	10	10.0	
- child original affiliation	11	11.0	
Government services of health			
1. Home care			
- Yes	79	79.0	100
- No	21	21.0	
2. Volunteers for home bluff			
- Yes	30	30.0	100
- No	70	70.0	

Table15: Frequency and Percentage Frequency and Percentage of environment that promoting health

environment that promoting health	N=100		
	Frequency	*Percentage (%)*	*Total*
Floor			
- slipper	18	18.0	
- non slipper	82	82.0	
Handle			
- Yes	67	67.0	100
- No	33	33.0	
Bed room			
- up stair	57	57.0	
- down stair	21	21.0	100
- one floor	22	22.0	
house			
Toilet			100
- in side	91	91.0	
- out side	9	9.0	
Toilet door			
-push out	66	66.0	
- dull	25	25.0	
- slide	9	9.0	
Closet			
-seat hanging leg	77	77.0	
-squat toilets	23	23.0	

Table16: Frequency and Percentage of Perception of Self-efficacy

Perception of Self-efficacy	N=100		
	Frequency	*Percentage (%)*	*Total*
Verry good	46	46.0	100
Good	48	48.0	
Fair	5	5.0	
Poor	1	1.0	

Table 17: Factor related to Perception of Self-efficacy

factor	Perception of Self-Efficacy		
	Chi-Squares	*df*	*Sig*
Educatio Perception of Self-Efficacy	62.56 54.56	7 27	.000 .001
Sex Perception of Self-Efficacy	4.84 77.84	1 3	.028 .000
Age Perception of Self-Efficacy	75.50 54.56	24 27	.000 .001

***** P<0.05**

CONCLUSIONS

Sample group were 100 persons. Mostly of samples were aged between 60 and 65 years, married, and have child.In term of health status; mostly of disease group were Hypertension follow by diabetes, and have status of Physical activity in group (ADL) 1. In term of Social–support; mostly of samples have income by benefits, follow from workand from spouse and child. Mostly of sampleswere have perceived self – efficacy in good to very good level. Factors; education, gender, and age were related to perceived Self – efficacy**.**

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