FACTORS AFFECTING THE HEALTH OF OLDER PERSONS

[1]MASARIN SUKOLPUK, [2]WILAIPORN KHAMWONG, [3]SUPARPIT VON BORMANN, [4]PORNNAPA CHAIARSA, [5]PONGPINIT CHAIWUT, [6]NARONGSAK BOONKAO

[1,2,3,4,5,6]Boromarajonani College of Nursing, Changwat Nonthaburi, Nonthaburi, Thailand
E-mail: [1]sukolpuk@yahoo.com, [2]wilaipornkw@bcnnon.ac.th, [3]suparpit@bcnnon.ac.th, [4]yui_pnp@hotmail.com, [5]pongpinit20@bcnnon.ac.th, [6]nokk2002@gmail.com

Abstract - This descriptive research was aimed to study factors affecting health promotion behavior of elderly.Samples consisted of 382 older persons age >60 years living in Nonthaburi Province. Simple random sampling technic was used. The instrument used in the study was a questionnaire about the factors influencing health of elderly. Data were analyzed by using Stepwise Multiple Regression. The results showed that age, health status, perception of health, access to health, social support and health information could significantly predict health of older persons. The analysis of variance of the forecast was 27.36($p<.01$) with 37.0% power of prediction. The prediction equations are as follows:

1. General information:

Health of older persons =97.32-.138age-5.562health status-.451 perception of health+.426 access to health+.770social support+.299health information

2. Standard information: Health of older persons =-.08age-.285health status-.274 perception of health+.120access to health+.167social support +.156health information

Age, health status, perception of health, access to health, social support and health information could significantly predict health of older persons. Administrators may use this data for promoting health of elderly.

Keywords - Factor, health, older person, Thai

I. INTRODUCTION

The change of population structure nowadays indicates the number of older persons is increasing. Thailand is approaching aging society within 20 years (from 2010–2032)[1]. The survey by National Statistics Office shows the steady and fast increase in the proportion of older persons in 2007[2].In 1994, older people yielded 6.8% of population whereas in 2007 the rate increased to 10.7%. Based on the rapid change in population structure, the committee for long-term planning expected that the number of elderly will be up to 10.78 million by 2020. This is in line with the success determinant index in country development for health care that Thai people has continuous increase of age on average.

The change in population structure will affect several aspects, including workforce, economic, health care, health care system, social welfare, etc. A study by Jitapankul and Suriyawongpaisal[3]in 1999 found that the main problem of Thai older persons is health conditions. Non-communicable diseases such as diabetes, hypertension, heart disease, cerebrovascular disease and cholesterol. A survey of health conditions of Thai elderly from the Department of Health, the Ministry of Public Health in 2002[4] described the situation of problems in health care for elderly in community. The report showed that most elderly have chronic illness, psychiatric problems, lack of economic stability. For health problems, most elderly lack of skills and knowledge in self-care, no support in health or less access to health and health promotion services. This can be the main factor leading to social problem in the future.

Nonthaburi is one of the provinces in the suburban of Bangkok. The speedy development results in the increase of migrant in Bangkok and surrounding areas. Nonthaburi Statistic Office reported in July 2012 that there were 48,000 older persons or 18.95% of 258,000 population of Nonthaburi[5].However, the crucial point is not about the age or number, but it depends on individual health. How to increase life span with good health and high quality of life. It is due to the fact that the older age the more physical and mental health problems. These problems will affect the cost of health care for elderly. The researchers are interested to explore the factors affecting health of older persons. The information gained from this study could be used as fundamental data to plan and prepare society to be ready for aging society in the near future. Therefore, this study was aimed to study factors affecting health promotion behavior of elderly living in Nonthaburi province, Thailand.

II. RESEARCH METHODOLOGY

This studyis a descriptive research. Population were48,000older persons age >60 years living in Nonthaburi Municipality[6], Nonthaburi province, both males and females, who can take care of themselves. Samples consisted of 382 older persons age >60 years living in Nonthaburi Province. Sample size was calculated using Yamane at confidence level .95[7].Stratified random sampling technic was used. The instrument used in the study was a questionnaire about the factors influencing health of elderly.

Measurements used in this research was questionnaire composed of 3 parts:

Part 1 General information questionnaire include gender, age, marital status, religion, source of income, health status, and chronic illness.

Part 2A questionnaire was adapted from Warin[8]. It has 34 items assessing factors affecting health of older persons, including health condition, perception towards health condition, access to health services, social support, and information.

Part3A questionnaire assessing health status of older persons adapted from a questionnaire of quality of life[9]. The 26 items in this questionnaire is consisted of physical, mental, social relation, and environmental aspects.

Quality of measurements

1. Three experts, including gerontology nurse lecturer, nurse expert in health promotion behavior, and a nurse specialized in gerontology, validated the measurements. After the experts' comments, the researchers adjusted some items accordingly.
2. All measurements were tried out with 30 people who have similar characteristics to the samples. Reliability tested by using Cronbach's alpha coefficient showed good quality (r=.85).

Data collection was conducted in Nonthaburi Municipality.

III. RESULTS AND DISCUSSION

1. General information: The majority were females (72.5%) age60-65 years (29.8%) married (51.6%) completed primary school (44.0%) had pension for elderly (67).

2. Health status: Most participants had moderate health status (64.7%) and had hypertension (51.3%).

3. Perception for health status: Most participants perceived their health status regarding hearing difficulty, ache at joint or muscle, difficulty in walking/standing/sitting/ handling something, eye sight problems (Mean = 3.18,2.78,2.79, 2.69, respectively).

4. Access to health care services: Most participants had access to health services in hospitals. They used less services provided by health center/health promoting hospital/community health center.

5. Social support: Most participants were looked after by family or close friends who make them happy.

6. Health information: Most participants received information via media and other sources in Nonthaburi province. Most popular media was television, followed by newspaper, radio, and brochure. Announcement in the village by chief of the village or health personnel was less popular.

7. Health status: Most participants had moderate health status, followed by good and not good.

8. Factors affecting health status of older persons: Age, health status, perception of health, access to health, social support and health information could significantly predict health of older persons. The analysis of variance of the forecast was 27.36 ($p<.01$) with 37.0% power of prediction. The prediction equations are as follows:

1. General information:

Health of older persons =97.32-.138age-5.562health status-.451 perception of health+.426 access to health+.770social support+.299health information

2. Standard information:

Health of older persons =-.08age-.285health status-.274 perception of health+.120access to health+.167social support +.156health information

Based on the results of the study, most participants perceived their health status in moderate level. This might be due to the nature of elderly that have changes in physical, mental, social aspects. Their condition is exacerbated by chronic diseases. If older persons cannot adapt themselves with the changes, it may results both self and family because the elder the more vulnerable for diseases. They will be more dependent as well. When considering access to health care services, most participants received services from hospital. This might imply that services provided in hospital can response to their need better. For social support, if it is adequate, older persons will have a tendency to have less stress and can adapt themselves better. This will lead to better quality of life. Health information gained from various sources enables older persons to have good health behavior.Moreover, the results showed that health status, perception of health status, access to health care services, social support, and gaining health information can predict health status of older persons. This may be due to internal and interpersonal factors. Particularly, those who received appropriate support from social can have better adjustment. The results are in line with a study by Kulprasutidiloket al.[10] who found that social support has positive effects on quality of life, self-esteem, and self-efficacy of elderly. Social support also had indirect effect on quality of life of elderly because it enables them to be more optimistic. All variables can explain quality of life of elderly (54%).

CONCLUSION

Age, health status, perception of health, access to health, social support and health information could significantly predict health of older persons. Administrators may use this data for promoting health of elderly.

ACKNOWLEDGMENT

Thanks Dr. Kamolrat Turner and Mr. Suraporn Oansuan who inspire the researchers and give useful advice. Thanks to health personnels, village health volunteers, Nonthaburi Municipality. Lastly, thanks

to Boromarajonani College of Nursing, Changwat Nonthaburi for funding.

REFERENCES

[1] Policy and Strategic Office. Public health statistics in 2006. Policy and Strategic Office, the Ministry of Public Health,2007.
[2] National Statistic Office. A survey of aging population in Thailand. Bangkok: Text and Journal Publication Ltd., 2008.
[3] Jitapankul S, Suriyawongpaisal P. Health problems of elderly in Thailand. Bangkok: Holistic Publishing, 1999.
[4] Department of Health.A survey of health conditions of Thai elderlyin 2002.the Department of Health.the Ministry of Public Health. 2002.
[5] Nonthaburi Provincial Statistics Office. Provincial statistics report in 2008. Nonthaburi: Nonthaburi Provincial Statistics Office. Nonthaburi, 2008.
[6] Nonthaburi Municipality Office. Annual report. Nonthaburi Municipality Office,2012.
[7] Srisatidnarakura B. Nursing research methodology. 2ed. Bangkok, Chulalongkorn University,2002.
[8] Warin A. A study of factors affecting health promotion in elderly in Nonthaburi Province. Nonthaburi Provincial Public Health Office. Nonthaburi, 2004.
[9] Mahatnirankul S, et al. Comparison of quality of life questionnaire of World Health Organisation, 100 and 25 index. SuanPrung Hospital, Chiang Mai,1997.
[10] KulprasutidilokA, Jirawongnusorn S, Chitmanasak N, Supawantanakul D.Path analysis of factors affecting quality of life in the elderly in Bang Khen district, Bangkok. Journal of Health Science Research. vol.8,pp.35-46,2014.

★★★