Health Status and Health Behavior of the Elderly,
Muang Hong Sub-district, Chuturapakpiman District, Roi-Et Province
ภาวะสุขภาพและพฤติกรรมสุขภาพของผู้สูงอายุ
ตำบลเมืองหงส์ อำเภอจตุรพักพิมาน จังหวัดร้อยเอ็ด

Montira Juntavaree[1] and Peyanut Juntavaree[2]
มณฑิรา จันทวารีย์[1] และปิยะณัฐฏ์ จันทวารีย์[2]
[1]Fucuty of Science and Technology, Rajabhat Maha Sarakham University
[1]คณะวิทยาศาสตร์และเทคโนโลยี มหาวิทยาลัยราชภัฏมหาสารคาม
[2]Sirindhorn Public Health College Ubon Ratchathani
[2]วิทยาลัยการสาธารณสุขสิรินธร จังหวัดอุบลราชธานี

Abstract

This descriptive research aimed to study the health status and health behaviors of the elderly. The participants in this study were 68 elderly people who were selected by using purposive sampling. The instruments used in this study were interview forms on health status and health behaviors. The data collected was analyzed by using statistics, means, frequency, percentage, standard deviation. The research results found that 60.3 percent of the participants were females from between 60-69 years old. 48.5 percent of the participants had health problems, such as joint pain and back pain. In the aspect of mental health awareness, 97.6 percent of them were found to be able to raise grandchildren, make merit, feel respected, cook food, sing lullabies, etc.; 67.6 percent felt that they were happy. In aspects of performing daily routines: 67.6 percent were found to be those who enjoy socializing; moreover, 100 percent had the ability to clean, get dressed, eat, and use the toilet by themselves. The suggestions of this study are that basic information and guidelines to promote health development, self-care, and self-reliance in the elderly can improve their health and quality of life. Moreover, these suggestions can be applied to and used for solving problems that meet the needs of the elderly.

Keywords: health status, health behaviors, elderly

บทคัดย่อ

งานวิจัยนี้เป็นการศึกษาเชิงพรรณา มีวัตถุประสงค์เพื่อศึกษาภาวะสุขภาพและพฤติกรรมสุขภาพของผู้สูงอายุ กลุ่มเป้าหมายที่ใช้ในการศึกษา คือ ผู้สูงอายุ จำนวน 68 คน คัดเลือกโดยการสุ่มตัวอย่างแบบเจาะจง เครื่องมือที่ใช้ในการวิจัย คือ แบบสัมภาษณ์ภาวะสุขภาพและแบบสัมภาษณ์พฤติกรรมสุขภาพ วิเคราะห์ข้อมูลด้วยสถิติ ความถี่ ร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน ผลการวิจัย พบว่า กลุ่มตัวอย่างเป็นเพศหญิง ร้อยละ 60.3 อายุ 60-69 ปี ร้อยละ 48.5 ปัญหาสุขภาพที่พบมากในผู้สูงอายุ คือ โรคปวดข้อ ปวดหลัง ร้อยละ 97.6 ด้านการรับรู้สุขภาพจิตของผู้สูงอายุในประเด็นการรับรู้คุณค่าของงาน พบว่า ส่วนใหญ่ผู้สูงอายุรับรู้ความสามารถทำประโยชน์ ได้แก่ ได้เลี้ยงบุตรหลาน ได้ทำบุญ มีคนเคารพนับถือ ทำกับข้าวและร้องเพลงกล่อมเด็ก เป็นต้น ร้อยละ 97.1 ด้านความรู้สึกว่าตนมีความสุข ร้อยละ 67.6 ด้านความสามารถในการปฏิบัติกิจวัตรประจำวันของผู้สูงอายุ พบว่า ผู้สูงอายุเป็นกลุ่มติดสังคม สามารถช่วยเหลือตัวเองได้ ได้แก่ การทำความสะอาด การแต่งตัว การรับประทานอาหารและการขับถ่าย ซึ่งกิจกรรมทั้ง 4 อย่างผู้สูงอายุทั้งหมด ปฏิบัติได้ ร้อยละ 100 ข้อเสนอแนะ ผลการศึกษาครั้งนี้สามารถเป็นข้อมูลพื้นฐานและหาแนวทางในการสนับสนุนให้ผู้สูงอายุสามารถดูแลตนเองและพึ่งพาตนเองด้านสุขภาพที่เหมาะสมและนำมาใช้ในการดำเนินงานด้านการส่งเสริมสุขภาพให้สอดคล้องปัญหาและความต้องการของผู้สูงอายุต่อไป

คำสำคัญ : ภาวะสุขภาพ, พฤติกรรมสุขภาพ, ผู้สูงอายุ

Introduction

According to the results of the Thai people's health survey in 9,195 of the elderly based on physical examination during 2008-2009 by Thai National Health Examination Survey, it was found that most of the elderly assessed their health in overall at the moderate level which was accounted for 4840 percent. 38.10 percent responded to the survey that they had a good health. However, 12.50 percent and 1.00 percent of them assessed their health level as low and very low, respectively.

According to study based on secondary data on illnesses in the community of health service receivers, the most three frequent health conditions found are (1) muscle pain, back pain, waist pain which 60 percent of the patients are the elderly, (2) respiratory disease which is mostly found in children, (3) gastritis which is usually found in the reproductive age group. These diseases can be prevented. The study found that looking at the solution should be a proactive solution to the management of health problems by using the concept of community participation in the management of health problems.

Muang Hong Sub-district Administrative Organization has a policy that promotes the development of the quality of life of the elderly, which is supported by government budget and academic knowledge from many sectors. Muang Hong Sub-district Administrative Organization promotes elderly health by organizing and establishing health promotion activities and an elderly school as a body of knowledge to promote learning and develop potentials of the elderly, which is consistent with the second national strategy

regarding social security of the elderly. In addition, the elderly school was established from the idea of enhancing the model to promote the potential of the elderly for learning and self-development as well as participation in social activities. The participation process of the local community, network associates, and some communities have established a vision for the development of the elderly saying, "creating knowledge, taking to practice, and sharing."

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In 2018, the researcher together with Muang Hong Sub-district Administrative Organization and Thai Health Promotion Foundation studied the mentioned secondary data on illnesses in the community of health service receivers, and we found that finding solutions to the problems could be a vital process to the causes of the health problem since the community had not yet surveyed basic health information of the elderly to provide health services that could the needs of the elderly. In addition, the researcher was granted a research scholarship for conducting research concerning the health status and behaviors of the elderly in Muang Hong Sub-district, Chuturapakpiman District, Roi-Et Province.

Research questions

1. What is the health status of the elderly Muang Hong Sub-district, Chuturapakpiman District, Roi-Et Province?

2. What are the health behaviors of the elderly Muang Hong Sub-district, Chuturapakpiman District, Roi-Et Province?

Objectives

1. To study the health status of the elderly Muang Hong Sub-district, Chuturapakpiman District, Roi-Et Province;

2. To Study the health behavior of the elderly Muang Hong Sub-district, Chuturapakpiman District, Roi-Et Province.

Research methods:

This research is a descriptive study.

Population and sample group

The population consisted of 68 elderly who were over 60 years old. They voluntarily participated in the study that took place in the area of Muang Hong Sub-district Municipality, Chaturaphak Phiman District, Roi Et Province.

Research Instrument

1. The health status interview form for the elderly consisted of the following data: (1) general information, (2) health status and illness in the past six months (3) mental health awareness (4) Barthel Activities of Daily Living--ADL, with criteria for Activities of Daily Living As follows:

- Unable to Activities of Daily Living (0-4 score)
- Unable to Activities of Daily Living (0-4 score)
- Somewhat able to do Activities of Daily Living (5-11 score)
- Be able to do Activities of Daily Living (12–20 score)

2. Interview forms of health behaviors of elderly

2.1 Content Validity of the research tools: The interview was proposed to specialists in order
to check content validity, language, and assessment. The content validity of the tools: IOC of 0.75. The questionnaires are adjusted for use by three specialists.

2.2 Reliability: The researcher improved and adjusted the created interview under suggestions by the specialists. The 30 improved questionnaires were used for a try out on Coke Lam Sub-district Chuturapakpiman District, Roi-Et Province, to collect data on health status and illness in the past six months, mental health data, health behaviors of the elderly. The data collected was analyzed using Cronbach's alpha coefficient (0.80).

Data Analysis

The data about the population characteristics consisted of gender, age, marital status, educational background, occupation, health status and illness in the past six months, mental health data, health behaviors of the elderly, and Barthel Activities of Daily Living--ADL. Descriptive statistics, such as frequency distribution, and percentage were used.

Rights protection for samples

Before conducting the collecting data, taking into account the ethics of the researchers, and protecting the rights, the samples that participated in the samples were clarified with the purpose of the study. Data collection methods and the benefits that the sample would receive from the participation as well as the rights of the samples, were informed. The sample group did not lose any benefits, and the information in the questionnaire will be kept confidential. It would not be disclosed, and the results would be assessed and summarized as an overview for the purposes of the study only. This research has been approved by the committee. Ethics of research in humans from Sirindhorn College of Public Health, Ubon Ratchathani (Number IRB: SCPHBI003).

Results

1. Characteristics of health status and health behaviors of the elderly

1.1 According to Table 1, there were 68 elderly people in Muang Hong Sub-district. 41 of them were females, which was accounted for 60.3 percent. 27 of them or 39.7 percent were males. 33 of the elderly were between 60-69 years old which was accounted for 48.5 percent. The average age was 72 years old.

1.2 Health status of the elderly

According to Table 2 on Health promotion and illness in the past 6 months, the interviews revealed that most of the elderly perceived that they have Health promotion or chronic illness, of 41 people, 60.3 percent.

1.3 Mental Health Awareness

According to Table 3 Mental Health Awareness, in the perception of the mental health

awareness in the elderly regarding the perceived value of the work, it was found that the majority of the elderly or 66 of them (97.1 percent) could contribute themselves in raising grandchildren, helping others, making merit, being respected, cooking and singing lullaby, etc.

Table 1

Characteristics of Muang Hong, Chuturapakpiman District, Roi-Et Province (n=68)

Characteristics	Frequency	Percentage
Gender		
Male	27	39.7
Female	41	60.3
Age		
60–69	33	48.5
70-79	20	29.4
Over 80	15	22.1
Marital Status		
Single	3	4.4
Couple/Married	42	61.8
Widow/Divorce/Separate	23	33.8
No education	13	19.1
Primary School Level	55	80.9

Table 2

Frequency and percentage of elderly people classified by the acknowledgement of health status and illness in the past 6 months (n=68)

Health promotion	Frequency	Percentage
congenital disease		
Yes	41	60.3
No	27	39.7
health problems *		
Knee joint pain/low back pain/back pain	40	97.6
Hypertension	4	9.8
Heart disease/panting	3	7.3
Gastritis/stomachache/constipation	12	17.7
Diabetes	6	14.6

Table 2 (Continue)

Health promotion	Frequency	Percentage
Asthma	3	7.4
Others: palpitation, allergy, insomnia, lost appetite	2	4.9
In this past 6 months, have you gotten sick?		
Yes	38	55.9
No	30	41.1
Illness		
Knee joint pain/low back pain/back pain	19	50
Having a cold/ cough	8	21.1
Headache	6	15.8
Hypertension	2	5.3
Fainting, palpitation	1	2.7
Vision issue (blurred vision, experience pain, unclear vision) Stomachache/constipation	2	5.2

*each elder had more than one health problems

Table 3

Frequency and percentage of elderly people classified by using mental health awareness (n=68)

Mental Health Awareness	Frequency	Percentage
Work value awareness		
- Be able to contribute	66	97.1
- Unable to contribute	2	2.9
Feeling of happiness		
- Happy	46	67.6
- Unhappy	22	32.4
Causes of unhappiness		
- Health	14	63.6
- Family	2	9.1
- Income	6	27.3

Table 4

The frequency and percentage of the elderly people who are able to do daily routine

Activities of Daily Living	Be able to		Somewhat able to		Unable to	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
1. Feeding	68	100	0	0	0	0
2. Grooming	68	100	0	0	0	0
3. Transfer	67	98.5	1	1.5	0	0
4. Toilet use	68	100	0	0	0	0
5. Mobility	67	98.5	1	1.5	0	0
6. Dressing	67	98.5	0	0	0	0
7. Stairs	65	95.6	3	4.4	0	0
8. Bathing	68	100	0	0	0	0
9. Bowels	68	100	0	0	0	0
10. Bladder	66	97.1	2	2.9	0	0

Table 5

The frequency and percentage of the elderly people who are able to do daily routine (n=68)

Abilities to do daily routine	Frequency	Percentage
Unable to Activities of Daily Living (bed) (0-4 score)	0	0
Somewhat able to do Activities of Daily Living (home-bound) (5-11 score)	0	0
Be able to Activities of Daily Living (social-bound) (12–20 score)	68	100

Table 6

Frequency and percentage of elderly people classified by using health behaviors and health risk behaviors (n=68)

Health Behaviors	Frequency	Percentage
Participating in health promotion activities (exercise)		
- Yes	8	11.8
- No	60	88.2

Table 6 (Continue)

Health Behaviors	Frequency	Percentage
Health promotion activities (exercise)		
- Stick exercise	6	75
- Qigong	2	25
Health promotion activities that are not done		
- Take care of grandchildren	10	16.7
- Do household chores	10	16.7
- Others (farming, stretching, gardening,)	40	66.6
Health promotion activity (eat 5 food groups)		
- Yes	68	100
- No	0	0
Risk behaviors		
Smoke		
- Yes	12	17.6
- No	56	82.4
Drinking		
- Yes	7	10.3
- Alcohol	4	57.1
- Tea/ coffee/ energy drink	3	42.9
- No	61	89.70

1.4 Activities of Daily Living

According to Table 4-5 Abilities to Do Daily Routine, it was found that most of the elders were able to do 4 activities including cleaning, get dressed, eat, and use toilet. 68 elderly people could do all these four activities which was accounted for 100 percent. There was no elderly that could not do activities in daily life.

1.5 health behaviors of elderly

According to Table 6 Health Promotion Behaviors, In the aspect of health promotion activities, there were 8 elderly or 11.8 percent of the elderly who exercised regularly for 3 days a week and 30 minutes a day, in which 6 of them (75 percent) did stick exercise while 2 of them (25 percent) did Qigong.

Discussion

60.3 percent of participants were mostly female whose age were between 60-69 years. The most common health problem in the elderly was joint pain and low back pain, which was accounted for 97.6 percent. This result was different from Sumran Pengsawadd's study (Pengsawadd, 2020)

about health status of the elderly in Bangsaphan Noi District, Prachuap Khiri Khan Province, which found that most of the elderly had high blood pressure, followed by diabetes. The result was also different from the study of the Bureau of Health Promotion, Department of Health (Bureau of Health Promotion, Department of Health 2013), who surveyed the health status of Thai elderly, in which the results found that most common illnesses found in Thai elderly were namely high blood pressure and diabetes. Therefore, the caregivers of the elderly and related persons must pay more attention to these issues.

In the aspect of mental health awareness and in the perception of the mental health awareness in the elderly regarding the perceived value of the work, it was found that the majority of the elderly (97.1 percent) could contribute themselves in raising grandchildren, helping others, making merit, being respected, cooking and singing lullabies, etc. This result was consistent with Watchapolprasit Konkaew's study (Konkaew, 2015) (about the health behavior of the elderly of Klongtumru sub-district, Amphoe mueang Chonburi which found that the elderly felt that they were valuable when they were doing things such as cooking and raising children.

In the aspect of the abilities to do daily routine, it was found that most of them were the social-bound elderly This consistent Sumran

Pengsawadd's study (Pengsawadd, 2020) about Health Status of Elderly in Bangsaphan Noi District, Prachuap Khiri Khan Province which found that the health status of elderly were at good levels or the elderly were social-bounded. The activities that most of the elderly could not perform were stepping up-down stairs and taking a bath.

Suggestions

In this study, it was found that 88.2 percent of the elderly did not exercise. Therefore, the caretakers should encourage the elderly to exercise, such as Qigong etc. because exercise in the elderly helps prevent diseases that are caused by aging. Moreover, exercise also slows down the degeneration of the body, making the heart, blood vessels, and lungs stronger. It also helps improve balance, which prevents the elderly from walk agile and falling as the exercise makes their bones stronger, slows down osteoporosis. Each type of exercise has different health benefits.

Acknowledgement:

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