

Active ageing level and interest in activities among older people in community group membership, Chiang Mai, Thailand

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ABSTRACT

Background: An efficient strategy for an ageing population is to promote a healthy lifestyle that emphasizes improving and preserving functional capabilities to support the well-being of older people. From an occupational therapy perspective, one must consider the interests and needs of older people when analyzing their activities, as these factors influence improving their personal skills.

Objective: This study aimed to examine the levels of active ageing and the specific areas of interest among older people participating in community groups within Nongpakang Village, Chiang Mai, Thailand.

Materials and methods: This research study involved thirty older people aged 60 years and above, all determined to have no cognitive impairments based on assessments conducted using the Mental State Examination T10 (MSET10). The study employed a cross-sectional survey to examine participants' levels of active ageing and their interest in various activities. Data was collected through structured interview-based questionnaires, ensuring a comprehensive assessment of these factors.

Results: The findings indicate a high level of active ageing among older people, as reflected in the Active Ageing Index (AAI) score of 0.94. Participants' interest in activities was categorized into five domains: manual skills, physical sports, activities of daily living (ADLs), educational and cultural activities, and social recreation. Among these categories, most participants demonstrated a strong preference for ADL and social recreation. Conversely, engagement in handicraft-related activities and manual skills was relatively low, suggesting limited interest in these domains.

Conclusion: The study revealed that the mean score within this AAI group was notably high, indicating a strong level of active ageing among participants. Furthermore, the findings suggest that older people exhibit diverse interests in activities, which vary according to their backgrounds. A comprehensive understanding of these interests can enhance therapeutic interventions, fostering meaningful participation in everyday activities and promoting overall well-being.

Introduction

The ageing population represents a global phenomenon. Nearly all developed countries are currently undergoing demographic ageing, while many developing countries are observing a rapid rise in their ageing populations. In 2005, Thailand moved into an ageing society, as individuals aged 60 or older established 10% of the nation's population. Thailand became a completely aged society in 2023.¹ As people age, the probability of dealing with health problems and degenerative conditions increases.² Consequently, older people could burden their families, communities,

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and society. This will affect the quality of life for older people and result in a strengthened burden on Thai society. In 2002, the World Health Organization (WHO) introduced the idea of active ageing to address the increasing population of older people. The objective is to maintain the active engagement of older people in society, enabling ongoing access to healthcare, social participation, and security.³ The United Nations Development Programme (UNDP) 2005 categorized the active ageing levels into high, moderate, and low classifications.⁴

The Thai government has acknowledged the importance of addressing the ageing population by launching numerous significant projects to enhance engagement across all societal strata. The execution of policies that promote and support active ageing in the elderly depends on the cooperation of all sectors. In 2017, the National Statistical Office (NSO) of Thailand introduced the active ageing concept, integrating a new element known as the enabling environment for active ageing to evaluate the active ageing status of Thai elders in the Thai context. The findings indicated a moderate level of active ageing, with older individuals in Northern Thailand exhibiting the highest levels compared to other regions.⁵ The different levels of active ageing reflect the health status and quality of life of older people based on the four parts of the AAI. The concept of active ageing is complex, encompassing health indicators and social, environmental, and economic dimensions, which differ among contextual and cultural perspectives, requiring careful consideration. Consequently, it is essential to examine active ageing in every component. Promoting proactive planning and strategic preparation for ageing among older people profoundly impacts their overall quality of life and level of independence. By fostering awareness and encouraging engagement in anticipatory strategies, individuals are better equipped to navigate the physical, psychological, and social changes associated with ageing. This approach supports sustained autonomy and enhances well-being, enabling older people to participate actively in daily activities and social interactions.

Occupational therapy (OT) highlights its significance in promoting physical and mental well-being in older people. OT is crucial in helping seniors maintain their independence and improve their daily living skills. The independence of older people influences the value and quality of life. In the geriatric field, occupational therapy focuses on promoting health and well-being and promoting participation in meaningful activities for older people.⁶ Moreover, occupational therapy emphasizes a client-centered approach that prioritizes everyone's desires and needs, particularly their interests in performing activities. Occupational therapists analyze older people's interests and values in their occupation and help them discover abilities, interests, and skills based on their existing experiences.⁷ However, when providing rehabilitation and health promotion intervention for older people, the context must also be considered because it will affect motivation to perform activities. Occupation is unique and tailored to everyone's older people, which

will reflect the ability and the uniqueness of that person.⁸ The ability of older people to perform activities depends on their interest in each one. If older people can perform activities they are interested in, it will help them fulfill their life roles. The interests of older people are different for each age. Therefore, the survey of older people's interests reflects their lifestyle preferences. This will lead to promoting and advising older people about maintaining or adjusting their lifestyle appropriately according to their age.

Ageing relates directly to health problems in terms of physical health, mental well-being, and functional ability.⁹ The importance of promoting active ageing in older people relates to performing various activities efficiently. Supporting older people at different levels of age should suit everyone's abilities. Occupational therapists must focus on helping older people engage in activities that align with their interests, which will contribute to developing their skills. This study aimed to investigate the levels of active ageing and the activity interests of older people who are members of the Senior Activity and Service Center of Nongpakrang Subdistrict Municipality, Mueang District, Chiang Mai, Thailand. By focusing on this specific population, the research aims to provide valuable insights into their ageing experiences and preferences, thereby contributing to the development of tailored programs and interventions that support their well-being and active engagement.

Materials and methods

Study Design

This study was a cross-sectional survey of older people that provided data on the active ageing level and interest in activities in a study area.

Study Setting and Participants

The study setting was a Nongpakrang village in Chiang Mai, Thailand. The participants were 30 older people who attended community groups in Chiang Mai. The inclusion criteria were being 60 years or older, being voluntary participants in the study, and being cooperative in understanding the questionnaire. The exclusion criterion was cognitive deficit found by using the MSET10 (scored according to the participant's education).¹⁰ All of the participants gave their informed consent to take part in this study.

Data Collection

The data were collected between August and November 2023. Researchers visited the community to explain the study's objectives and obtained informed consent from all participants. Socio-demographic and cognitive data were gathered using the MSET10 screening tool. Active ageing levels were assessed with the AAI,¹¹ which comprises four equally weighted components: health, social participation, security, and an enabling environment for active ageing. Interview-based questionnaires were administered to explore participants' interests in daily and meaningful activities.¹² The questionnaire contained 36 items across five domains, including manual skills, educational and cultural activities, physical sports, activities of daily living

(ADL), and social recreation. The tool had undergone content validity testing and demonstrated high internal consistency (Cronbach's $\alpha=0.91$). Interviews were conducted individually in a private setting at the community center.

Data Analysis

Socio-demographic characteristics were analyzed using frequencies and percentages. AAI scores and activity interest scores were examined using means and standard deviations. The AAI was calculated as a weighted average of four components: health, participation, security, and an enabling environment for active ageing. Scores ranged from 0 to 1 and were categorized as low (0.000-0.499), moderate (0.500-0.799), and high (0.800-1.000).

Results

A total of 30 older people agreed to participate in this study. The results were divided into three parts: socio-demographic characteristics of participants, AAI, and interests in activities as follows.

Socio-demographic characteristics of participants

The socio-demographic characteristics of the study participants are outlined in Table 1, providing a detailed overview of their profiles. Most participants identified as Buddhists (96.67%), with a smaller proportion identifying as Christians (3.33%). Regarding gender distribution, females constituted a significantly larger percentage than males (83.33% and 16.67%, respectively). Participants' ages ranged from 60 to over 80 years, with the largest age group being 70-74 (33.33%). Marital status data revealed equal proportions of married and widowed individuals (46.67% each), while single participants represented a smaller group (6.67%). Educational attainment varied among participants, with 36.67% having completed less than high school, 26.67% being high school graduates, 33.34% having obtained a bachelor's degree, and 3.33% reporting some college education. Employment status showed that 53.33% of participants were actively working, while 46.67% were not employed during the study. Additionally, most participants (76.67%) lived in single-parent families, whereas 23.33% resided in extended-family households.

Table 1. Socio-demographic characteristics of participants (N=30).

Characteristics	N	%
Gender		
Male	5	16.67
Female	25	83.33
Age (years)		
60-64	3	10.00
65-69	8	26.67
70-74	10	33.33
75-79	7	23.33
>80	2	6.67
Marital status		
Single	2	6.67
Married	14	46.67
Widowed	14	46.67
Education		
Less than high school	11	36.67
High school graduate	8	26.67
Some college	1	3.33
College graduate (bachelor's degree)	10	33.34
Religion		
Buddhism	29	96.67
Christian	1	3.33
Current working status		
Not working	14	46.67
Working	16	53.33
Family type		
Single parent family	23	76.67
Extended family	7	23.33
Chronic health conditions		
No	5	16.66
Yes*	25	83.34

*Note: *older people with chronic health conditions include hyperlipidemia, heart disease, hypertension, arthritis, and diabetes.*

Active Ageing Levels

The characteristics of active ageing among community group members are presented in Table 2. The active ageing levels were classified based on the AAI. All thirty participants demonstrated a high level of active ageing, encompassing health, social participation, security, and an enabling environment for active ageing. The average AAI score within this group was 0.94, reflecting a consistently high level of active ageing across participants.

Interest in Activities

The activities can be divided into five categories: manual skills, physical sport, ADL, educational and cultural activities, and social recreation. Most of the participants were interested in ADL and social recreation. The activities are shown in Table 3.

Table 2. Active ageing Index by dimensions (N=30).

Components	Active ageing levels			(Mean±SD)	Interpretation
	High N (%)	Moderate N (%)	Low N (%)		
Health	26 (86.67%)	4 (13.33%)	0 (0.00%)	0.884±0.074	High
Social participation	29 (96.67%)	1 (3.33%)	0 (0.00%)	0.956±0.072	High
Security	30 (100.00%)	0 (0.00%)	0 (0.00%)	0.937±0.070	High
Enabling environment for active ageing	30 (100.00%)	0 (0.00%)	0 (0.00%)	1.000±0.000	High
Total AAI score				0.944±0.040	High

Table 3. Interest in activity categories (N=30).

Activity category	Interested N (%)	Not interested N (%)
Manual skill	22 (73.33%)	8 (26.67%)
Educational and cultural activities	27 (90.00%)	3 (10.00%)
Physical sport	29 (96.67%)	1 (3.33%)
ADL	30 (100.00%)	0 (0.00%)
Social recreation	30 (100.00%)	0 (0.00%)

This study categorizes activities into five distinct domains. The manual skills category (5 activities) includes tasks requiring technical proficiency and craftsmanship, such as sewing, car repair, handicrafts, woodcarving, and artistic endeavors like painting and drawing. The educational and cultural activities category (2 activities) emphasizes intellectual engagement through writing and reading, fostering cognitive stimulation and cultural appreciation. The physical sports category (3 activities) consists of sports participation, cycling, and general physical exercise, all contributing to physical well-being and mobility. The ADL category (8 activities) encompasses essential daily tasks that support independence and functionality, including mending clothes, shopping, dressing, laundry, house cleaning, cooking, driving, and ironing. Lastly, the social recreation category (18 activities) covers a diverse range of leisure and communal activities, such as gardening, poetry writing, social gatherings, club participation, card games, listening to the radio, watching television or movies, dancing, visiting others, chess and checkers, dominoes and puzzle games, festival-related

activities, collecting items, singing, baking, religious practices, volunteer work, and musical pursuits. These categories provide a structured framework for assessing participants' engagement in meaningful activities.

Discussion

The result of AAI is calculated based on four components: health, social participation, security, and an enabling environment for active ageing. This study utilized a small, community-based sample, which may limit the generalizability of the findings. The results indicate that older individuals attending community groups in Nongpakang exhibited a high level of active ageing, with an overall mean AAI score of 0.944. These findings are consistent with those of Muengmoon¹³, who reported that older adults engaged in community groups demonstrate a high level of active ageing. Such results suggest that structured community participation plays a significant role in promoting well-being and facilitating active ageing.

The high AAI scores observed in this study may reflect the municipality's ongoing support for older adults through

the development of community centers, health promotion initiatives, and skill development programs. Wongsala *et al.* discussed the three pillars of active ageing, emphasizing the importance of involving older adults in programs and activities specifically designed for them.⁹ This research highlights the significance of access to culturally relevant resources and engagement in local daily-life activities as essential factors in promoting active ageing. Furthermore, previous studies indicate that access to these resources empowers older adults to maintain autonomy and social inclusion, reinforcing the importance of a supportive community environment.¹⁴ These findings suggest that policymakers should continue developing health and social policies that align with older adults' perspectives and support their autonomy, participation, and security-ultimately contributing to an improved quality of life.

Regarding activity preferences, older adults demonstrated the highest interest levels in ADLs and social recreation. ADLs, which encompass fundamental self-care tasks, are essential for maintaining independence and preventing institutionalization. Limitations in performing ADLs can result in adverse outcomes, such as increased dependency and a diminished quality of life.^{15,16} Therefore, ensuring that older adults retain the ability to perform ADLs should be a primary focus of age-related programs. Social recreation was also universally valued, likely due to its comprehensive benefits for both physical and mental health.¹⁷ These activities foster social interaction and emotional well-being and help mitigate feelings of loneliness and isolation, which are prevalent among older adults.

Among the activities examined, manual skills received the lowest interest among older adults, with woodcarving being the least preferred. Manual skill-based tasks require high attention to detail and involve various physical abilities, such as manual dexterity, agility, and bodily strength. These activities are often perceived as complex and time-consuming.¹⁸ In contrast, woodcarving demands fine motor skills, hand strength, and endurance, which tend to decline with age.^{19,20} Age-related deteriorations in motor function, especially in tasks requiring precision, may contribute to the lack of interest in such activities. Modifying these tasks to accommodate physical limitations or providing assistive tools may enhance engagement among older participants.

Finally, as highlighted by Punyakaew *et al.* this study examines active ageing levels and time-use patterns among elderly individuals in a suburban Thai community.²¹ The findings indicate that individuals with higher levels of active ageing engage more frequently in leisure and social participation. Understanding time allocation among healthy elderly individuals is essential for developing effective active ageing strategies, as increased leisure and social interaction can enhance the quality of life for those with moderate and low levels of active ageing. Consequently, participation in meaningful daily activities fosters a sense of purpose and personal fulfillment among older adults. Promoting healthy ageing requires a comprehensive approach that integrates medical and physical health interventions with robust social and

psychological support systems. Programs designed to improve lifestyle quality through personalized activities-tailored to individuals' physical capabilities and personal interests-may mitigate the effects of age-related diseases and support ageing with dignity.

Limitations

This study has several limitations that should be acknowledged. First, the sample was limited to older adults attending a community group in Nongpakang village, Chiang Mai, Thailand. Consequently, the study did not encompass diverse subgroups, such as home-bound or bed-bound elders, nor did it account for variations across ethnic, racial, or cultural backgrounds. As such, the findings cannot be generalized to all older adults in Chiang Mai or Thailand. Second, the relatively small sample size further limits the generalizability of the results. Future research should include a larger and more diverse sample, incorporating older adults from various settings, including those who are home-bound or bed-bound, and individuals from different geographic regions.

Another limitation is that while this study explored older adults' interests in activities, it did not examine the underlying factors influencing these choices in depth. Preliminary findings suggest potential gender differences in activity interests. Therefore, future studies should investigate demographic and psychosocial factors, such as gender, health status, and cultural influences, that may shape older adults' engagement in meaningful activities.

These findings underscore the importance of considering older adults' preferences and functional capacities when designing and implementing activity programs. Occupational therapists and healthcare providers can utilize this evidence to develop tailored interventions that align with older adults' needs and abilities, enhancing health, well-being, and active ageing across diverse populations.

Conclusion

This study examined the active ageing levels of older adults by assessing the AAI, which ranges from 0 to 1, and exploring their interests in activities. The findings indicate that older adults participating in community groups in Nongpakang village, Chiang Mai, Thailand, exhibited a high level of active ageing, with a mean AAI score of 0.94. All four AAI components-health, social participation, security, and enabling environment-were also at high levels.

Regarding activity preferences, most participants expressed strong interest in ADLs and social recreation, whereas manual skills, particularly woodcarving, were the least favored. These results highlight the diversity of activity preferences among older adults and underscore the importance of aligning activity programs with their capabilities and interests.

These findings suggest that occupational therapists and other health professionals should consider older adults' preferences and functional capacities when designing and implementing interventions to promote active ageing.

Ethical approval

This study was approved by the Ethics Committee of the Faculty of Associate Medical Sciences, Chiang Mai University (number: AMSEC-66EX060).

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Conflict of interest

The authors declare no conflicts of interest concerning the research, authorship, or publication of this article.

CReDIT authorship contribution statement

Donyaporn Srijomthong: data analysis; **Supawadee Putthinoi:** data collection and analysis; **Autchariya Punyakaew:** research design and manuscript publication.

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