PERCEPTIONS AND SATISFACTIONS REGARDING TO THE NATIONAL POLICY IMPLEMENTATION FOR THE ELDERLY: CASE STUDY IN PHRASAMUTCHEDI DISTRICT, SAMUTPRAKAN PROVINCE, THAILAND

Surasak Ammartyothin[1, 2], Sathirakorn Pongpanich[2, *]

[1]Mobile Check Up Unit of Bangkok Hospital Medical Center, Bangkok, Thailand
[2]College of Public Health Sciences, Chulalongkorn University, Bangkok 10330, Thailand

ABSTRACT: A cross-sectional study to determine the perceptions and satisfactions towards the national policy implementation for the elderly was conducted. A total of 423 subjects 60 years or older were enrolled by systematic sampling from 8 sub districts of Phrasamutchedi district, Samutprakan province and data was collected thorough interview questionnaire by trained healthcare workers. The questionnaire was formulated to assess the perceptions and satisfactions of the elderly towards different services provided in the national policy for elderly. The population enrolled had 58.39% elderly females and 41.61% males, 46.09% were married and lived with spouses, 45.39% did not work and 43.97% did not have recurring income. The survey on the elderly perceptions and satisfactions showed that only some services had high perception (>60%) but many services had low perceptions (<35%). The study also revealed that elderly people in Phrasamutchedi district were not aware about many social welfare services available in the community. In some services though there was good perception, the access to the services were restricted. To understand the correlation between perception and satisfaction of the elderly towards different services, the statistical analysis was done using the Spearman rank correlation. With 95 percent confidence level we found that perceptions and satisfactions of the elderly towards social welfare services for the elderly in the allowance payment (p 0.042), annual health check up (p 0.047), religious services (p 0.020), providing recreational activities (p 0.032), elderly community centers (p 0.018) and integration of elderly in groups clubs (p 0.042) on special day had significant correlation. The rest of the services did not show any correlation between perceptions and satisfactions. The factors which influenced the perceptions and satisfactions were tested using a chi square test and we found that marital status (p 0.000), education level (p 0.000), type of work (p 0.007) and source of income (p 0.003) showed significant association. Though some services had good perception, the access to the services was restricted and therefore reduced utilization of the services. To enhance the perception and utilization of many services, suitable and effective methods should be found to increase the participation of the elderly. The areas that need more focus are: the services need to be better linked to each other, improved access to the services, and must be coordinated along with local agencies or bodies to improve the utilization of the elderly services.

Keywords: Elderly, National policy, Perceptions, Satisfactions, Thailand

INTRODUCTION

Over the past few decades the population structure of Thailand has changed rapidly with a constant rise in the elderly population. According to the UNFPA report the population of children (<15 years) is on a decline and the population 60 and over is increasing [1]. The Thai Elderly Report of 2009 reports that in 1960 there were about 1.5 million people aged ≥60 years (about 5.4 percent of the total population) but in 2009 the population aged ≥ 60 has increased to 7.6 million people (about 10% of the total population) [2]. It has been estimated that the population of elderly is expected to be 17.8 million by the year 2030 representing 25% of the population [2].

With the rise in population ≥60 years, the government outlined the first national plan for the elderly in 1982 with a goal to develop their social and health needs [3]. Subsequently, the second national policy was developed in 2002 in which the development of economic and social security for the elderly was given priority. The plan included many social welfare and protection schemes to give

* *Correspondence to: Sathirakorn Pongpanich*
E-mail: Sathirakorn.P@chula.ac.th

out financial assistance to the elderly, enable better quality ageing reducing dependency, participation of the elderly in activities and healthcare [3]. In the year 2005, the preparation of the elderly welfare schemes in the six standards include elderly health and medical care, elderly revenue, elderly housing, elderly recreation, social security and protection of family and caregivers and build a network in support of the elderly.

The problems and obstacles to welfare services of the elderly [4] in the rural areas are: a) elderly welfare services are not able to respond to the needs of the elderly in rural areas such as the elderly welfare home services b) the need is more in the rural areas but there is no coverage and the allowances are insufficient. Due to changes that in the structure of the elderly population, there is greater demand and therefore a need to increase the existing services so as to provide wide coverage to the large number of elderly [4].

These services focused on the immediate and temporary relief needs but did not focus on systematic or structural problems [5]. The operations and planning was from top-down and so the local government offices had to wait for operations and planning from the centre [5]. There seemed to be lack of participation from the people and the reason for that was unclear. With a rising elderly population, the need to increase and improve services exists. Before that, there is a big challenge to understand the perceptions and satisfactions of the elderly towards the existing services after the policy implementation and what factors influenced the perceptions and satisfactions.

Therefore the aim of this study was to evaluate the perceptions and satisfactions of the elderly towards the national policy for elderly and understand the factors that influenced the perceptions and satisfaction of the elderly population.

MATERIALS AND METHODS

A cross sectional study was conducted in 8 sub-districts of Phrasamutchedi district, Sumutprakan province in the elderly population (±60 years) registered in elderly clubs. There was a total of 2,445 elderly people registered in the elderly clubs and from this, the study sample was randomly selected by systemic sampling, so as to have a proportional representation from each sub-district. Each member had equal opportunity to be selected and therefore the sample was representative of the population. The sample size was calculated using Cochran's formula with a desire to achieve ±5% precision and 95% confidence interval.

$$N=[Z^2pq]/e^2=[1.96^2(0.5)][1-0.5/(0.5)^2]=384.16$$

Though the sample size calculated was 384, a total of 423 potential subjects were selected for the study and all those who were approached, agreed to participate in the study. Participants ±60years old who provided informed consent to participate in the study were included but members of the club whose records were present but were not alive were excluded.

Potential participants were contacted by Phrasamutchedi health officers or local health care workers and invited to participate in the study. The purpose of the study was explained to them as well as their rights to decline to participate or withdraw or refuse to answer any questions were made clear. Each individual participant was asked to sign informed consent and the anonymity of the participants were protected with data stored only by participant numbers and kept in a controlled space. Ethics committee approval was obtained from the Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University.

The study was based on a questionnaire which had four parts a) general data and b) Chula ADL index [6] c) the geriatric depression scale [7] and d) evaluation about perceptions and satisfactions towards National Elderly Policy implementation. Data was collected by health officers by a questionnaire during face-to-face interviews in the homes of the elderly. Cronbach's Alpha Coefficient was used to test the reliability of the questionnaire [30 subjects for pre-test], coefficient α= 0.8. Descriptive statistics was used to analyze general data, statistical analysis to understand the factors that influenced the perception and satisfaction was done using Chi-square test. The correlation between perceptions and satisfaction (two non parametric ranked variables) was analyzed using Spearman's correlation.

RESULTS

The general data is summarized in Table 1. Other data not shown in table included the mean income which was THB 2,357.68 because only 56% had recurring revenue, 44% had no income (Table 1). Most of the elderly (70.21%) felt that the current economic situation affected them with high cost of living, consumer expenses and less income different from report of project monitoring system. and evaluation of national plans of the elderly [8]. Overall 71 percent of the elderly population was satisfied with their financial status, higher than the

Table 1 General data, characteristics of the study subjects

Characteristics of the sample	Elderly male	Percent (%)	Elderly female	Percent (%)	Total	%
N=423	176	41.61	247	58.39		
Marital status						
Single	24	13.63	28	11.33	52	12.29
Married	92	52.27	103	41.7	195	46.09
Widowed/separated by divorce	60	334.09	116	46.96	176	41.59
Education level						
No education	58	32.95	103	41.7	161	38.06
Primary school	92	52.27	112	45.34	204	48.22
Secondary school	24	13.64	28	11.33	52	12.29
Bachelor degree	2	1.14	4	1.62	6	1.41
Work						
Not working	83		109		192	45.39
Work to earn income	50		72		122	28.84
- non contract job	19		26		45	36.88
- Commercial sector	21		37		58	47.54
- farming/agriculture	7		8		15	12.29
- others	3		1		4	3.27
Work to help family, no income	43		66		109	25.76
Revenue (Income)						
Recurring income	97		140		237	56.02
No Income	79		107		186	43.97
Source of Income						
Children	66		106		172	40.66
State aid (THB 500 USD 18 approx)	56		67		123	29.07
Daily wages	36		53		89	21.04
Current Economic situation						
Effect	131		166		297	70.21
No effect	45		81		126	29.78

target set in the plan (over 60 %), other data showed that 3.7% of elderly lived alone, 8.98% lived with one member (spouse), 14.42% lived with ≥3 persons (spouse/children) and 26 % lived with ≥5 persons (children/grandchildren).

Data collected on elderly self activity competency in the previous month (based on Chula ADL Index assessment) showed that more than 75% of the elderly completed their daily activities on their own except traveling which only 59.81% traveled by themselves. The survey on the mental state of elderly was assessed by the Geriatric Depression Scale (Chula ADL score) and found that 67.84% of elderly have no depression (Scores < 5) and 27.42% of the mild depression (scores between 5 -9) and 4.7% have moderate depression especially in the elderly who suffer from chronic disease and those who do not have income.

Evaluation of the perceptions and satisfactions of elderly towards the National policy implementation

The services that the elderly had good perceptions were: allowance payment (95.5%), elderly religious services (79.3%), recreational activities (78.25%), home visit and supervision (70.3%), facilities for the security of the elderly (69.3%), public health services like annual health check (67.4%), counseling (66.2%) and education about useful information through media (66.9%). The services which had medium levels of perception were - residential service (elderly housing 46.1%) and mobile community services (47.3% and elderly service centers (45.4%). The rest of the services had poor perception (35% or less).

Even among the services which had good perception levels, the access to the services were restricted except in services like- allowance payment (95.5%), elderly religious service (76.6%) recreational activities (77.07%) , assistance in traditional funeral (67.8%). The rest of the services which had good perceptions, the access was restricted severely (Table 2). Most of the other services had poor perception and access (Table 2).

Among the services with good access, the elderly allowance payment had good satisfaction levels (94.5% had medium to high satisfaction), elderly recreational activities (75% medium to high satisfaction), annual health checkup (47% had medium to high satisfaction), elderly religious service (75%). Important services like elderly

Table 2 Perception and satisfaction survey and association between perceptions and satisfactions of the elderly

Characteristics of sample	Perception of services (%)	Access to services (%)	Satisfaction levels (%)			Correlation (Spearman's)	*P* value
			Low	Med	High		
Education service							
Training and education depending on skill needs	31.7	7.33	3.55	2.84	0.95	0.328	0.067
Useful information through media	66.9	35.7	12.06	20.57	3.07	0.159	0.052
Public Health services							
Counseling service	66.2	55.1	9.93	19.15	26	0.123	0.06
Annual health check up	67.4	52.7	6.15	14.66	31.9	0.398	0.047*
Residential services							
Provide housing, clothing, and shelter	46.1	20.1	4.26	10.64	5.2	0.204	0.06
Housing survey for hygiene and safety	34.3	12.5	3.78	7.09	1.65	0.261	0.057
Provided family support services for the elderly	17.3	3.3	1.89	1.42	0.0	0.488	0.065
Provided daily elder centre- not free service	13	1.42	0.0	0.95	0.47	0.683	0.091
Assurance and Revenue services							
Provided the allowance payment	95.5	95.5	0.95	58.15	36.41	0.438	0.042*
Provided career support to the elderly	13.2	2.36	1.42	0.95	0	0.561	0.073
Welfare promotion fund of the elderly	10.4	3.78	2.13	1.65	0.0	0.0461	0.063
Special discount services such as tourist attraction places	14.9	2.36	0.95	1.18	0.24	0.538	0.088
Social Services							
Elderly service centre	45.4	13.47	5.44	7.33	0.71	0.254	0.054
Assistance in traditional funeral	67.8	67.8	3.78	31.91	32.15	0.115	0.052
Elderly home visit and supervision	70.4	56.74	3.07	28.37	25.29	0.125	0.052
Elderly religious service	79.4	76.6	1.65	16.55	58.4	0.356	0.020*
Facilities and services to the security of the elderly	69.3	46.8	1.42	5.44	39.9	0.197	0.095
Support to family members	27.9	8.5	4.73	3.78	0.0	0.322	0.052
Promotion of values and coexistence	25.3	13.9	7.56	4.9	1.42	0.247	0.057
Advocacy to family members and people	31.9	11.82	5.2	5.4	1.18	0.264	0.061
Living with family with quality	30.3	7.09	3.78	3.31	0.0	0.349	0.055
Mobile community services by local government	47.3	33.33	4.96	26	2.36	0.322	0.055
Elderly volunteer services and care	38.5	8.3	2.13	5.2	0.95	0.328	0.051
Recreational services							
Recreational activities for the elderly	78.25	77.07	2.13	21.75	53.2	0.344	0.032*
Integrate the elderly in groups/clubs/associations	24.8	15.4	9.93	4.96	0.47	0.251	0.042*
Elderly community centre	20.8	6.62	4.49	2.13	0.00	0.381	0.018*
Providing tour for the elderly	27.9	7.56	3.78	3.07	0.71	0.327	0.051

training and education, providing shelter and clothing, family support, hygiene survey, elderly community centers, elderly career support, welfare promotion fund had low satisfaction levels. Some of these services had poor access but many of services lacked perceptions too. Services provided to promote integration in the form of groups, clubs or associations for the elderly, 69.03% of the respondents interviewed said there services were not available in the community, 24.82% were aware of these services and 6.15% of the elderly did not know anything at all. *Most* of the elderly are not members of the elderly club and data showed that only 1 in 4 are club members. Only 15.37% had

Table 3 Factors associated with perceptions and satisfactions of the elderly

Type of service		Sex		Marital status		Education		Employment		Type of work		Revenue		Source of income		Economic status	
		Chi Sq	*p value*	Chi Sq	*p value*	Chi Sq	*p value*	Chi Sq	*p value*	Chi Sq	*p value*	Chi Sq	*p value*	Chi Sq	*p value*	Chi Sq	*p value*
Education, training in skill needs	Perception	2.578	0.276	29.62	0.000	3.382	0.496	19.78	0.001	34.32	0.000	11.56	0.009	31.89	0.001	18.69	0.000
	Satisfaction	2.175	0.337	4.058	0.669	4.899	0.298	6.192	0.185	31.74	0.000	0.761	0.683	16.52	0.169	5.301	0.071
Health counseling at least once a year	Perception	0.412	0.814	38.35	0.000	4.337	0.362	9.79	0.044	15.08	0.058	2.18	0.336	29.6	0.003	12.16	0.002
	Satisfaction	0.113	0.945	18.11	0.006	7.823	0.098	2.832	0.586	21.12	0.007	5.039	0.08	18.62	0.098	1.093	0.579
Health checkup once a year	Perception	3.17	0.205	17.11	0.009	14.14	0.007	7.08	0.132	9.774	0.281	0.759	0.684	28.35	0.005	6.877	0.032
	Satisfaction	0.746	0.689	16.38	0.012	9.786	0.044	1.161	0.885	2.673	0.953	0.236	0.889	18.58	0.099	0.809	0.667
Housing survey for hygiene and safety once a yr	Perception	0.4	0.819	10.97	03089	5.131	0.274	5.54	0.236	18.45	0.018	2.618	0.27	26.72	0.008	30.28	0.000
	Satisfaction	0.852	0.653	4.802	0.569	13.48	0.009	10.27	0.036	12.35	0.136	5.972	0.05	12.66	0.394	0.985	0.611
Elderly family support services	Perception	3.072	0.215	52.37	0.000	12.52	0.014	11.56	0.021	19.37	0.013	1.322	0.5	12.1	0.438	3.307	0.191
	Satisfaction	0.172	0.679	3.316	0.371	1.045	0.593	1.335	0.513	1.662	0.798	1.842	0.175	4.887	0.558	0.501	0.479
Allowance payment	Perception	0.887	0.642	6.899	0.33	20.56	0.000	16.96	0.002	21.14	0.007	2.682	0.262	99.99	0.000	7.699	0.022
	Satisfaction	4.54	0.208	18.44	0.03	33.54	0.000	28.27	0.000	34.99	0.000	7.252	0.064	1.005	0.000	4.771	0.189
Career support services for elderly	Perception	1.571	0.456	24.34	0.000	9.389	0.052	52.55	0.000	31.34	0.000	18.55	0.000	81.76	0.000	3.127	0.209
	Satisfaction	5.667	0.017	1.517	0.678	0.694	0.707	1.686	0.43	0.907	0.924	0.59	0.442	3.243	0.778	3.947	0.081
Providing elderly service centers	Perception	0.108	0.947	11.98	0.062	8.434	0.077	8.094	0.088	25.52	0.001	0.278	0.87	51.98	0.000	31.9	0.000
	Satisfaction	0.883	0.643	2.795	0.834	6.56	0.161	1.322	0.858	7.062	0.53	0.199	0.905	17.66	0.126	0.542	0.763
Elderly religious service	Perception	0.373	0.83	5.126	0.528	4.459	0.347	6.734	0.151	9.527	0.3	13.89	0.001	45.74	0.000	12.5	0.002
	Satisfaction	5.103	0.078	10.04	0.123	4.679	0.322	3.409	0.492	5.667	0.684	13.63	0.001	47.47	0.000	0.837	0.653
Recreational activities for elderly on special days	Perception	0.545	0.762	15.46	0.017	4.811	0.307	16.86	0.002	32.97	0.000	18.94	0.000	28.29	0.005	34.87	0.000
	Satisfaction	3.441	0.179	13.83	0.038	2.288	0.683	7.912	0.095	11.19	0.191	9.894	0.007	13.9	0.307	0.783	0.676
Integration of elderly in form of groups, clubs	Perception	1.167	0.558	38.08	0.000	2.527	0.64	7.154	0.128	16.11	0.038	6.355	0.042	24.96	0.015	3.553	0.169
	Satisfaction	0.391	0.822	23.97	0.001	0.97	0.914	3.974	0.41	5.136	0.743	4.165	0.099	3.836	0.986	0.872	0.647

access to these services which is similar to the data reported in the report of project monitoring system and evaluation of national plans of the elderly, No. 2 [8].

Factors that influenced perceptions and satisfactions of the elderly towards national policy for the elderly

The chi-square test was used to test the factors (demographic and socio-economic factors) that influenced the perceptions and satisfactions of elderly to some of the services which had good perception and satisfaction.

Table 3 shows that the factors like education level (p<0.000), type of occupation (p<0.000), source of income (p<0.000) and economic status (p 0.022) are significantly associated with the perceptions and satisfactions of elderly in the areas of assurance and revenue services. But sex and marital status did not have any association. Marital status (p<0.000) and economic status (p 0.044) were strongly associated with perception and satisfaction in the areas of public health services.

DISCUSSION

In general the perceptions of the elderly towards many services seem to be low and most of the services are limited by poor access. For example, services to promote integration in the form of groups, clubs or associations for the elderly, 69.03% of the respondents interviewed said there services were not available in the community, 24.82% were aware of these services and 6.15% of the elderly did not know anything at all. *Most* of the elderly are not members of the elderly club and data showed that only 1 in 4 are club members. Only 15.37% had access to these services which is similar to the data reported in the report of project monitoring system and evaluation of national plans of the elderly, No. 2 [8]. There has been some positive response to the new policy with regard to the elderly allowance payments, and a few services provided by the government. The general response from the elderly found that perceptions towards public health services and social welfare services are low. Recreational activity in the form of elderly clubs had the highest participation from the elderly but they did not participate in the planning processes, and they did not have opportunity to share ideas.

To enhance the perception and utilization of many services, suitable and effective methods should be found to increase the participation of the elderly. To improve the elderly welfare services, the areas that need more focus are: the services need to be better linked to each other; improve access, and better planning along with local agencies or bodies to improve the utilization of the services. The participation of the elderly in the planning process also should be considered to ensure that the services are better utilized and to improve the quality of life.

LIMITATION

The limitations are that there has not been similar research study in the past about perceptions and satisfactions towards national elderly policy implementation. Therefore, we do know how people have perceived the change in the policy before. This study is limited by its geographic area of which is a coastal area, and 8 sub-districts so may not reflect the situation of the whole population or in other districts.

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