ความสัมพันธ์ระหว่างเศรษฐกิจพอเพียงกับคุณภาพชีวิตของวัยกลางคน และวัยสูงอายุ จังหวัดปทุมธานี ประเทศไทย

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บทคัดย่อ

การวิจัยนี้มีวัตถุประสงค์เพื่อหาความสัมพันธ์ระหว่างเศรษฐกิจพอเพียงกับคุณภาพชีวิตของวัยกลางคน และวัยสูงอายุและวิธีการเป็นการวิจัยแบบภาคตัดขวาง เลือกตัวอย่างผู้ที่อายุตั้งแต่ 45 ปีขึ้นไป แบบหลายชั้นภูมิ จำนวน 508 คน เก็บรวบรวมข้อมูลโดยใช้แบบสอบถาม และแบบประเมินคุณภาพชีวิตขององค์การอนามัยโลกชุดย่อฉบับภาษาไทย วิเคราะห์ข้อมูลโดยใช้การพรรณนา และทดสอบไควสแคว์

ผลการศึกษา พบว่า กลุ่มตัวอย่างส่วนใหญ่เป็นเพศหญิงร้อยละ 70.1 คุณภาพชีวิตอยู่ในระดับดีร้อยละ 51.8 ระดับปานกลางร้อยละ 43.9 และระดับน้อยร้อยละ 4.3 ตามลำดับ คุณภาพชีวิตของวัยกลางคนเปรียบเทียบกับวัยสูงอายุไม่แตกต่างกัน (p=0.791) ความเข้าใจและการประยุกต์ใช้เศรษฐกิจพอเพียงอยู่ในระดับปานกลางร้อยละ 72.8 ระดับต่ำร้อยละ 20.5 และระดับสูงร้อยละ 6.7 ตามลำดับ เศรษฐกิจพอเพียงมีความสัมพันธ์กับคุณภาพชีวิตโดยรวมอย่างมีนัยสำคัญทางสถิติ (p=0.000) อีกทั้งเศรษฐกิจพอเพียงมีความสัมพันธ์กับคุณภาพชีวิตรายด้านอย่างมีนัยสำคัญทางสถิติกับด้านร่างกาย (p=0.000) กับด้านจิตใจ (p=0.008) กับด้านความสัมพันธ์ทางสังคม (p=0.000) และกับด้านสิ่งแวดล้อม (p=0.000)

คำสำคัญ: เศรษฐกิจพอเพียง คุณภาพชีวิต วัยกลางคน วัยสูงอายุ การประเมินผล

Background

Thailand in the years 1980, 1990, 2000 and 2010 had an elderly population of 2,912,000, 4,014,000, 5,792,970 and 8,011,000 people, or, as percentages of overall population, 6.3, 7.4, 9.5 and 11.9, respectively. Thailand is thus becoming an aging society with more than 10% of its people 60 years in age and older. It is expected that, by the year 2020, the population of Thailand will have increased to 76,100,000 people, of whom 12,272,000 (17.5%) will be elderly.[1]

The National Office of Statistics conducted a survey of the elderly in the year 2007 and found that 21.5% of the elderly assessed their own health as being bad, while 2.8% thought themselves to be in very bad health. The trend in the elderly who still had to work went from 35.8% in 2005 to 36.6% in 2010. Health status and economic situation are therefore a critical point among the elderly at present and in the future.

These factors have had their effects on quality of life of the middle-aged and elderly; the conditions of their day-to-day existence. An enhancement of their quality of life would mean an enhanced use of human resources with greater efficiency and quality in the domain of work, developing not only their personal well-being, but also that of their families,

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communities, societies and, indeed, that of the Nation itself. In the year 1994, The World Health Organization declared that the elements of quality of life lie in four domains, specifically the physical, psychological, social-relations and environmental domains.[2] Past research has recommended that quality of life development should begin before old age and should be carried out at the individual, family and community levels.[3] The principal of the sufficiency economy serves as an important foundation for the practical maintenance of a good quality of life as it shown in the three "loops" and two "knots" – namely, moderation, reasonableness and self-immunity, and knowledge paired with virtue.[4,5,6] However, little research was found to explicit this important relevance between quality of life and lifestyle based on sufficiency economy.

Accordingly, this research scrutinised the relationship of the sufficiency economy principle with the quality of life of the middle-aged and the elderly. It sought to enhance further the quality of life of those who are advanced in age.

Objective

The objective was to establish the relationship of the sufficiency economy and the quality of life of the middle-aged and elderly.

Materials and Methods

Study Design: The study design was that of a cross-sectional study, conducted by assessing the understanding and practical application of the sufficiency economy and quality of life.

Sample: This sample set comprised those who are at least 45 years old, and who indicated complete consciousness and awareness, as well as the ability to distinguish days, times, places and good people. Further, they understood the Thai language, were capable of responding to inquiries and gladly participated with the research.

Sample Selection: Sample size was calculated by formula z^2s^2/d^2 to be 508 persons. Samples were selected by multi-stage sampling, beginning with the province of Pathum Thani, which is subdivided into seven districts. Simple randomised sampling was used to select one sub-district from each district, and one village from each sub-district. Therefore, there were seven villages for the study. In each village, proportionate interpretation of sample sizes was made within the population aged 45 years and above to ensure the consistency of sample size between the villages.

Instrumentality and Data Gathering

Instrumentality: Mode of inquiry used, consisting of: General information within the domain of the individual, including sex, age, marital status, religion, education, profession, income and chronic ailments or diseases. Assessment of understanding and practical application of the principal of the sufficiency economy using standard questionnaires from previous research which was divided into four parts: 1) Understanding of sufficiency economy principal 2) Scoring the importance of sufficiency economy 3) Understanding use of sufficiency economy 4) Levels of applying sufficiency economy in life. Interpretation of the results was shown as low, medium and high. Quality of Life Assessment by the World Health Organization, the Thai-Language Abridgement contained 26 queries (using Cronbach's alpha coefficient 0.8406), of which one was a health question, another pertained to overall quality of life, and 24 were brief questions. Each query was scored at levels 1, 2, 3, 4, 5

Data Gathering: Researchers trained eight nursing students to collect the data under the supervision of registered nurses who were familiar with the study are ahaving provided health services in

these communities.

Data Analysis: Data analysis was performed as a function of frequency, percentage, mean, standard deviation and Chi-square test.

Ethics: The present research was certified by the Subcommittee on Ethics of Thammasat University.

Results

Demographic Characteristics: It was found that, in the sample set of 508 people, most were of the female sex (70.1%), with a mean age and SD of age at 61 and 9.7 years, respectively. Those in the age group 45-59 (middle-age) made up 44.5% of the set, while those 60 years old and above (elderly) made up 55.5%. On marital status, 63.1% were married and living together, while 20.8% were widowed. Those who follow the Buddhist religion made up 97.8%, while those who finished elementary school made up 62.1%. Those who did not pursue a profession made up 48.1%, while those who earned less than 3,000 Baht per month made up 38.4%. Most in the sample set were ill: 41.5% had high blood pressure; 17.1% were diabetic; and 8.1% were suffering from heart disease. In terms of body mass index, people were found to be overweight at levels 2, 1 and 3 in 29.1%, 19.4% and 11.8% of the sample set, respectively. Also, 81.4% of females and 43.7% of males were found to have excessive waist circumferences.

Quality of Life: The question was posed: "Two weeks ago, what do you feel is your quality-of-life level?" It was found that 35.4% were on an intermediate level, 32.9% were on a greater level and 29.3% were on a maximal level. At the same time, 1.8% was on a minimal level, and 0.6% existed on a dreadfully bad level. When responses to the 24 brief questions were compiled, with a point total of 120, the mean and SD were found to be 94.6 and 13.1 points, respectively, which was a moderate level. When the points were sub-grouped, 4.3% were in the 46-70 range (poor), 43.9% were in the 71-95 range (moderate) and 51.8% were in the 96-120 range (good). When quality of life for the middle-aged was compared with that of the elderly, no differences were found (p=0.791, Table 1).

Sufficiency Economy: Point total for the sufficiency economy: 100 points. It was found that the mean and SD values were 67.8 and 9.5, respectively. This was a medium score. When subdivided by level, 20.5% (104 people) were at the low level (31-60 points); 72.8% (370 people) were at the medium level (61-80 points); and 6.7% (34 people) were at the high level (81-100 points). Relationship of the Sufficiency Economy with Quality of Life.

The relationship of the overall sufficiency economy and overall quality of life was found to be statistically significant (p=0.000, Table 2). The score of sufficiency economy has the format: (point total; mean, SD) min, max. Thus, we had: Moderation (11; 8, 1.5) 2, 10; Reasonableness (35; 24.6, 4.7) 9, 35; Self-Immunity (15; 12.4, 2.5) 3, 15; Knowledge (18; 10.1, 2)4, 15; and Virtue (21; 12.8, 3.2)4, 19. Each quality of life domain has the format: (point total; mean, SD) min, max. Thus, we had: Physical Domain (35; 26.5, 4.3)14, 35; Psychological Domain (30; 24, 3.9)3, 30; Social- relationship Domain (15; 11.9, 2.4)3, 15; and Environmental Domain (40; 32.2, 5.4) 19, 40.

Upon evaluating the relationship between the domains of the sufficiency economy and those of the quality of life, it was found that the overall point distribution of the sufficiency economy was related in a statistically significant way to the quality of life domains. These latter included the Physical Domain (p=0.000), Psychology Domain (p=0.008), Social-relationship Domain (p=0.000) and the Environmental Domain (p=0.000)- see Table 3.

Additionally, for the sufficiency economy principle, with its three "loops" and two 'knots," it was found that: 1) Moderation was related to overall quality of life in a statistically significant manner (p=0.003), with a statistically significant relationship with the Physical Domain and Social Relationship Domain. 2) Reasonableness was related to overall quality of life in a statistically significant manner (p=0.007), with a statistically significant relationship with the Environmental Domain. 3) Self-Immunity is related to overall quality of life in a statistically significant manner (p=0.002), with a statistically significant relationship with the Social Relationship Domain and Environmental Domain. 4) Knowledge was not related to overall quality of life (p=0.123) but did have a statistically significant relationship with the Physical Domain. 5) Virtue was related to overall quality of life in a statistically significant manner (p=0.000), with a statistically significant relationship with the Physical Domain, Social Relations Domain and Environmental Domains.

Discussion

A majority of the sample set enjoyed a quality of life on a moderate or average level, trending upward toward a maximal level. Only a minority now found itself trending downward toward a minimal level. There were no differences in quality of life between the middle-aged and elderly groups (P=0.791). Nonetheless, the quality of life of the elderly group was trending better than that of the middle-aged group, probably because the members of the elderly group were content with their condition of life and tend to accept things as they are. As for the middle-aged group, they still had to work, earn an income and assume various other burdens. These findings were consistent with the research that found that the majority of the sample (ageing) enjoyed an equal or better quality of life as compared with the general population.[8] Other research that indicated that the total score of WHOQOL-BREF-THAI was in the range 26-130 points, and the score of the workers in Guangdong province, People's Republic of China was in the range 27-100 points.[9]

The overall sufficiency economy was related to overall quality of life and is related to each of the four domains in a manner consistent with the research that found that all five variables of the sufficiency economy jointly predicted the people's quality of life.[10] As such, if the quality of life of the elderly is going to be enhanced, numerous similar topics will need to be integrated. This is similar to the research that suggested that making use of a variety of interventions, such as care plans and treatment goals, was beneficial to the elderly.[11] The sufficiency economy is related to the quality of life in each of its four domains, as discussed below.

Physical Domain: As based on the principle of the sufficiency economy, Virtue teaches living life with endurance, knowing that problems do have their solutions. Likewise, whenever families do encounter problems of one sort or another, their members do not resort to extreme measures to deal with them. Rather, they draw together and seek advice on how best to solve them. Knowledge prevents disease and illness and helps shop selectively for foodstuffs and utensils that are made locally here in Thailand. Moderation helps refrain from purchasing foods and beverages that are of no benefit to your health. Additional factors include reasonableness or the inclusiveness, discretion and scrutiny in living one's life, and Self-immunity, which is no involvement in such vices as addictive substances or gambling. Effect on Physical Domain of Quality of Life: Freedom from illness; ability to do things as needed or desired; bodily strength and vigour; ability to work or do virtually anything; restful, comfortable sleep; and, should there be illness, satisfaction in ac-

quiring care and the ability to come and go freely. These results are consistent with the research that stated that the quality of life of the elderly with diabetes mellitus was at the good level.[12]

Psychological Domain: On the basis of the principle of the sufficiency economy, one finds satisfaction in his own condition of life, with the willingness to live in a simple, yet well-ordered fashion, without luxury or opulence. He has savings and no debt, and assists those who are desperate; he serves the common welfare. Effect on Psychological Domain of Quality of Life: The condition of being stress-free, joyful, peaceful, hopeful and well-focused and not sad, depressed, hopeless, worried or anxious. This is contrary to the research performed on the older outpatients living alone and independently that showed that correlates of these dimensions of quality of life were depression, having no caregiver and never having married.[13]

Social-Relationship Domain: From the principle of the sufficiency economy, we derive virtue, whereby we assist those who are in desperate circumstances within the community, we donate, we are charitable with our money and goods according to our status, and we participate in the religious observances of our communities and expend our bodily strength in service to others. Self-immunity may be in the form of participation in a neighbourhood watch for the internal peace and orderliness of the community and forming groups for collective problem-solving. Moderation may be to be familiar with spending and saving, and is not a cause of distress for society. Effect on Quality of Life within the Social-Relationship Domain: From friendships with other people, is satisfied with assistance received from friends and is content with married life. This effect is consistent with the research that suggested that older people needed to be encouraged to form social engagements.[14]

Environmental Domain: Virtue comes from the principle of the sufficiency economy, whereby people participate in campaigns to separate their rubbish prior to discarding it. Yet, there are some sectors in which waste water is not being treated prior to disposal. Self-immunity would involve examination and cares for electrical devices and appliances, inspection and maintenance of car and motorcycle engines, and monitoring of his neighbourhood with a watchful eye and attentive ear. Reasonableness means to plan expenditures for the practical necessities of life, to be exemplary in converting old or discarded material objects into useful items, to participate in the planting of trees, both around his home and within his community, to turn off electrical devices and appliances, to care for the environment, to use resources thoughtfully, to be conscientious and to plant family vegetable gardens, and reduce the use of chemical substances. Effect on Quality of Life within the Environmental Domain: Life assumes a certain level of stability. There is satisfaction in the home. People are able to pay for what they need. They use public health services according to their needs. They receive the information they need to live their lives. They have opportunities for rest and relaxation. Homes are situated in healthful surroundings. They are satisfied with their ability to travel about and commute freely.

Conclusions and Recommendations: The quality of life of the sample set is, for the most part, at moderate level and inclining upward to a maximal level. The middle-aged and elderly groups do not differ in their quality of life. Overall quality of life is affected by the principle of the sufficiency economy. The principle has its effect on the overall and each of the four quality of life domains, namely the physical, psychological, social relationship and environmental domains. Moreover, the sufficiency economy, with its the three "loops" and two "knots" - namely

moderation, reasonableness and self-immunity, and knowledge paired with virtue – invariably have its effect on quality of life.

Accordingly, the principle of the sufficiency economy has practical application to the conduct of daily life that should not be overlooked. It can affect the quality of life only for the better. The implementation of a sufficiency economy program for the promotion of a better quality of life among the elderly is therefore desirable. In applying this result, communities and related organisations need to be concerned with community contexts and the needs of the elderly themselves.

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Table 1 Number and percentage of samples by age group and quality of life level (n=508)

Age group (year)	Quality of life level(scores)				Chi-square (p-value)
	Poor (46-70) (%)	Moderate (71-95) (%)	Good (96-120) (%)	Total (%)	
45-59	11 (4.9)	101 (44.7)	114 (50.4)	226 (100)	0.468 (0.791)
≥ 60	11 (3.9)	122 (43.3)	149 (52.5)	282 (100)	
Total	22 (4.3)	223 (43.9)	263 (51.8)	508 (100)	

Table 2 Number and percentage of samples by sufficiency economy and quality of life level (n=508)

Sufficiency economy (scores)	Quality of life level(scores)				Chi-square (p-value)
	Poor (46-70) (%)	Moderate (71-95) (%)	Good (96-120) (%)	Total (%)	
Low (31-60)	11 (10.6)	56 (53.8)	37 (35.6)	104 (100)	27.694 (0.000)
Medium (61-80)	11 (3)	159 (43)	200 (54.1)	370 (100)	
High (81-100)	0 (0)	8 (23.5)	26 (76.5)	34 (100)	
Total	22 (4.3)	223 (43.9)	263 (51.8)	508 (100)	

Table 3 Number and percentage of samples for relation by sufficiency economy and quality of life (n=508)

Score of sufficiency Economy	Score of quality of life									
	Physical Domain		Psychological Domain		Social Relation-ship Domain		Environmental Domain		Total	
	14-24 (%)	25-35 (%)	3-17 (%)	18-30 (%)	3-9 (%)	10-15 (%)	19-29 (%)	30-40 (%)	48-64 (%)	85-120 (%)
1. Moderation										
2-6	25 (39.7)	38 (60.3)	2 (3.2)	61 (96.8)	17 (27)	46 (73)	146 (32.8)	299 (67.2)	23 (36.5)	40 (63.5)
7-10	122 (27.4)	323 (72.6)	19 (4.3)	426 (95.7)	73 (16.4)	372 (83.6)	172 (33.9)	336 (66.1)	89 (20)	356 (80)
Chi-square test	4.038*		0.167		4.237*		1.764		8.751**	
2. Reasonableness										
9-22	53 (34)	103 (66)	10 (6.4)	146 (93.6)	34 (21.8)	122 (78.2)	63 (40.4)	93 (59.6)	46 (29.5)	110 (70.5)
23-35	94 (26.7)	258 (73.3)	11 (3.1)	341 (96.9)	56 (15.9)	296 (84.1)	109 (31)	243 (69)	66 (18.8)	286 (81.2)
Chi-square test	2.78		2.944		2.569		4.282*		7.251**	
3. Self-Immunity										
3-9	28 (36.8)	48 (63.2)	5 (6.6)	71 (93.4)	27 (35.5)	49 (64.5)	34 (44.7)	42 (55.3)	27 (35.5)	49 (64.5)
10-15	119 (27.5)	313 (72.5)	16 (3.7)	416 (96.3)	63 (14.6)	369 (85.4)	138 (31.9)	294 (68.1)	85 (19.7)	347 (80.3)
Chi-square test	2.716		1.348		19.446**		4.723*		9.488**	
4. Knowledge										
4-9	67 (34.4)	128 (65.6)	10 (5.1)	185 (94.9)	36 (18.5)	159 (81.5)	67 (34.4)	128 (65.6)	50 (25.6)	145 (74.4)
10-15	80 (25.6)	233 (74.4)	11 (3.5)	302 (96.5)	54 (17.3)	259 (82.7)	105 (33.5)	208 (66.5)	62 (19.8)	251 (80.2)
Chi-square test	4.424*		0.790		0.120		0.035		2.378	
5. Virtue										
4-11	61 (39.9)	92 (60.1)	8 (5.2)	145 (94.8)	41 (26.8)	112 (73.2)	72 (47.1)	81 (52.9)	52 (34)	101 (66)
12-19	86 (24.2)	269 (75.8)	13 (3.7)	342 (96.3)	49 (13.8)	306 (86.2)	100 (28.2)	255 (71.8)	60 (78.3)	295 (83.1)
Chi-square test	12.725**		0.662		12.385**		17.036**		18.160**	
Total										
33-61	51 (42.5)	69 (57.5)	10 (8.3)	110 (91.7)	36 (30)	84 (70)	59 (49.2)	61 (50.8)	46 (38.3)	74 (61.7)
62-90	96 (24.7)	292 (75.3)	11 (2.8)	377 (97.2)	54 (13.9)	334 (86.1)	113 (29.1)	275 (70.9)	66 (17)	322 (83)
Chi-square test	14.055**		6.992**		16.262**		16.441**		24.247*	

Note: *p-value<.05 **p-value<.01

The Relationship between a Sufficiency Economy and The Quality of Life Of The Middle-Aged and Elderly in Pathum Thani Province

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Abstract

Objective: To show the relationship between the sufficiency economy and Quality of Life (QoL) of the middle-aged and elderly. Materials and Methods: Cross-sectional study; subjects selected: age 45 years and above; multi-stage sampling: 508 individuals. Data gathering by use of questionnaire and WHOQOL-BREF-THAI. Data analysis: descriptive data and Chi-square test.

Results: The majority of the sample set was mostly female (70.1 %). The quality of life (QoL) was rated as follows: good, 51.8%; moderate, 43.9%; and poor, 4.3%. QoL comparison for middle-aged and elderly was not statistically significant (p=0.791). Comprehension and application of the sufficiency economy was moderate 72.8%, low 20.5% and high 6.7%. Interrelation of sufficiency economy with overall QoL was statistically significant (p=0.000). Additionally, interrelation of sufficiency economy with QoL was statistically significant in physical (p=0.000), psychological (p=0.008), social-relations (p=0.000) and environmental (p=0.000) domains

Keywords: sufficiency economy, quality of life, middle-aged, ageing, elderly, evaluation

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