

Health Promotion Behaviors and Health Promotion Needs of Elderly in Thailand: A Cross-Sectional Survey

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Abstract. With the aging of the world population and as individuals live longer, health promotion behaviors and health promotion needs become even more important, particularly with regards to improve health and well-being of elderly people. This study is a cross-sectional descriptive study. The questionnaires were used for collecting data from 450 both male and female subjects, aged over 60 years old, residing in Cha-am district, Phetchaburi province, Thailand. The objectives of this study were: 1). To study the elderly health promotion behaviors and 2). To examine the elderly health promotion needs. Descriptive statistic were used for data analysis and illustrated as frequency, percentage, and mean. The study findings showed that 64.7% of subjects were female and 35.3% were male. The results of the elderly health promotion behaviors showed 6 aspects which revealed that; 1. The aspect of “The responsibility of their health” found that they frequently observed and concerned their own health problem (= 3.03) 2. The aspect of “The relationship of participants” found that they got the good taking care from their family (= 3.36) 3. The aspect of “The exercise of participants” found that they always had exercises softly, for instance, twisting or raising arms and legs (= 3.27) 4. The aspects of “The food nutrition quality” found that they always drink water 8-10 glasses per day (= 3.54) 5. The aspect of “Developing the spiritual of participants” found that they were respected by acquaintance (= 3.41) 6. The aspect of “Managing the stress” found that they were able to deal with problems with consciousness (= 2.90). The results of the elderly health promotion needs revealed that three priorities of health information’s resource were; Mass media especially television (76.4%), Health care provider (66.0%), and Audio lines in the community (56.2%). Three priorities of health information’s content were; Health promotion (80.7%), Exercise (62.4%), and Food and Nutrition (56.7%). Three priorities of health promotion’s activities were; Monthly health check (98.4%), Monthly activity between community member i.e. go to temple and travel (95.8%), and daily appropriate exercise (94.4%). The result of the study suggested that should have the health promotion program for increasing the activities of elderly people, supporting, focus on health promotion information, health service in the community, appropriate exercise, and community participation.

Keywords: The elderly s’ heath, Health promotion behaviors, Health promotion needs, Thailand

1 Introduction

By 2050, 22 percent of the world populations are predicted to be over 60 years old, representing a doubling of the elderly fraction of population worldwide [1]. As same as other countries, the proportion of elderly people in Thailand is increasing every year. The population aged 60 and older comprised over 10 percent of the whole population since 2004, and they increased to 10.4, 10.5 and 10.7 percent of population in 2005, 2006, and 2007, and will represent 15.28 percent by 2020, or might say that at that time 1 in 6 of Thai population is the elderly[2].

With the rapid increase of the elderly, the health problems of elderly also increasing important. From Survey of Ministry of Public health (2007) found that most of elderly have personal illness, for instance, High blood pressure, (hyper cholesterol), Osteoarthritis, heart disease, and Diabetes [3] With the aging of the

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world population and as individuals live longer, health promotion behaviors and health promotion needs become even more important, particularly with regards to improve health and well-being of elderly people. Some study propose that health promotion behaviors and health promotion needs of elderly people offer the potential for improving their health status as well as reducing the cost of health care [4, 5, 6]. In addition, a health promotion lifestyle contribute to a positive quality of life because the individual who engages in a health promoting lifestyle will remain healthy and functional without the burden of disease and disability [4, 7].

However, There were limited research studied health promotion behaviors and health promotion needs among elderly people in provincial, Thailand. Therefore, this study examined the elderly health promotion behaviors and explored the elderly health promotion needs. This study will also offer some insight into health promotion behaviors and health promotion needs of the Thai elderly population in provincial, which is important baseline for further research and for developing health promotion interventions in the community.

2 Methods

Design: This study was a descriptive study to examine the elderly health promotion behaviors and to explore the elderly health promotion needs among Thai elderly in provincial of Thailand.

Sample and procedures: The sample included 450 both male and female subjects, aged over 60 years old who was residing in Cha-am district, Phetchaburi province, Thailand. Participants were conveniently selected from 9 sub-districts. Subjects who consented to participate in the study were interviewed by trained interviewers with a structured questionnaire at the time of consent. This study was approved by the Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University. The researcher clearly explained the purposes and the procedures of the study to the participants. Inform consent of the participants which contains information of confidentiality, free participation, freedom to withdraw, and no use for other purpose.

Measure: 1.Health promotion behavior: Participants were asked about 6 aspects of health promotion behavior; 1.1) The responsibility of their health 1.2) The relationship of participants 1.3) The exercise 1.4) The food nutrition quality 1.5) The Developing the spiritual and 1.6) The Stress Management. The criteria for specific health promotion behavior were; very frequently, frequently, rarely, and never 2.Health promotion need: Participants were asked about health information's resources, health information's content, and health promotion's activities. These items reflect what respondents want and needs.

Data analysis: Descriptive statistics including frequencies and percentages were used for socio-demographic data. Mean and Standard Deviations (S.D.) were used to consider the elderly health promotion behaviors and needs.

3 Results

3.1. Socio-demographic Characteristics of the Participants

The majority of the participants was female (64.7 %), 60-65 years old (32.7%), with elementary school (84.4%), and married (59.3%) The mean age was 69.54 years old (SD + 6.66). Examining the living arrangement of the elderly, 70.0% of the elderly lived with children/family, followed by husband/wife (58.2%) (See Table 1)

3.2. Health Promotion Behaviors

The results of the elderly health promotion behaviors showed 6 aspects which revealed that; 1) The aspect of "The responsibility of their health" found that they frequently observed and concerned their own health problem (= 3.03) but for sharing health information with neighborhood was only (= 2.87 2) The aspect of "The relationship of participants" found that they got the good taking care from their family (= 3.36) but for visiting cousins/friends was only(= 2.73 3) The aspect of "The exercise of participants" found that they always had exercises softly i.e. twisting or raising arms and legs (= 3.27) 4) The aspects of "The food nutrition quality" found that they always drink water 8-10 glasses per day (= 3.54) , eat vegetable (=3.42), and eat fruit (=3.20) 5) The aspect of "Developing the spiritual of participants" found that they were

respected by acquaintance (= 3.41) but they accomplished their goal only (= 2.93 6) The aspect of “Managing the stress” found that they were able to deal with problems with consciousness (= 2.90) and tell oneself everything can resolve (= 2.81)

Table1: Socio-demographic characteristics of the study sample

Characteristic	Category	Frequency (%)
Gender	Male	159 (35.3)
	Female	291 (64.7)
	60-65	147 (32.7)
	66-70	114 (25.3)
	71-75	107 (23.8)
	76 and over	82 (18.3)
Education	No schooling	42 (9.3)
	Elementary School	380 (84.4)
	Middle School	11 (2.4)
	High school and over	17 (3.8)
Marital Status	Single	23 (5.1)
	Married	267 (59.3)
	Widowed	138 (30.7)
	Divorced/Separate	22 (4.9)
Living arrangement	Alone	26 (5.8)
	Husband/wife	262 (58.2)
	Children/Family	315 (70.0)

3.3. Health Promotion Needs

The results of the elderly health promotion needs revealed that five priorities of health information’s resource were; Mass media especially television (76.4%), Health care provider (66.0%), Audio lines in the community (56.2%), Talking with family members/friends (46.2%), and Others (print media, talk with health voluntary) (23.0%). Five priorities of health information’s content were; Health promotion (80.7%), Exercise (62.4%), Food and Nutrition (56.7%), Relaxing from stress (40.7%), and Avoiding risky behavior (34.2%) (See figure 1) Three priorities of health promotion’s activities were; Monthly health check (98.4%), Monthly activity between community member i.e. go to temple and travel (95.8%), and daily appropriate exercise (94.4%). They suggest that should have activities twice a month but should have exercise every day. Type of exercise were stretching, walking, and cycling. Activity Timing preferred morning session and most of them would like to join the health promotion activity (83.3%).

4 Discussion

Based on the current research findings, found that Thai elderly have had responsibility of their health by frequently observed and concerned their own health problem as same as study of Vipaporn Sittisart (2007) [8] which reflect that the elderly anxious about their health so they practice daily activity for promoting their good health [9], for example, consult with practitioners and health volunteer immediately when they observed their health problems, they always had exercises softly, and had a quality nutrition. For relationship between family and friends found that they had a good relationship with family, friends, and neighbors because of Thai tradition and culture. Thai people had a high respect for the elderly, especially their parents and grandparents. Children were expected to look after their parents so as to express gratitude to them. Neglect of the aged was very rare [10].

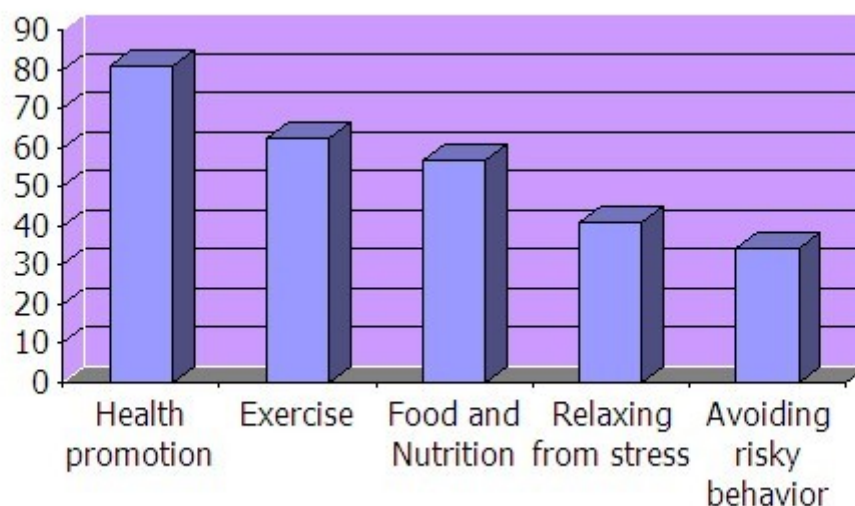


Fig. 1: Diagram for health promotion information needs

However, most of the elderly have to stay alone in day time because their descendant has to go to work.

In a survey carried out by the Institute of Social Research, old people indicate that one their main problems consisted of loneliness [10]. Nevertheless, living in their own family settings is very important for old people so Clubs for elderly can be used to join and meet each other for reducing loneliness is essentiality. For Health Promotion Needs reflected elderly needs of health information's resource, health information's content, and health promotion's activities that can be used as the basis for guiding important directions and planning health promotion activities in the community. The finding of this study suggested that should have the health promotion program for increasing the activities of elderly people, supporting, focus on health promotion information, health service in the community, appropriate exercise, and community participation.

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6 References

- [1] Meeting Report. Aging, Longevity and Health. *Mechanisms of Ageing and Development*. 2011,132:522-532)
- [2] Institute of Population and Social Research. *Thai Health 2007: Preparing to Aging Society*. Nakornpratom: Mahidol University Press, 2007.
- [3] Matichon Newspaper. *Thai Elderly Health*. October 1, 2008.
- [4] L. Tae, K. II, and L. Kyung. Health promotion behaviors and quality of life among community-dwelling elderly in Korea. *International Journal of Nursing Studies*. 2006, 43: 293-300.
- [5] Heidrieh, S.M. Health Promotion in old age. *Annual Review of Nursing Research*. 1998,16: 173-195.
- [6] Beallie,B.L., Whitelaw,N., Meller, M., and Turner, D. A vision for older adult and health promotion. *American Journal of Health Promotion*. 2003,18(2): 200-204.
- [7] Moward, L. Correlates of quality of life in older adult veterans. *Western Journal of Nursing Research*. 2004,26(3): 293-306.
- [8] Sittisart,V., Sukdee, J., and Limkamontip, S. Health Promotion Behaviors of Elderly In The Primary Health Centre Bansaohin Responsibility of Tumbon Watprik Amphur Muang Phitsanuloke Province. Boromarajonani College of Nursing Buddhachinaraj. 2007
- [9] Pender, N.J. *Health Promotion in Nursing Practice*. 2nd ed. Connecticut: Appleton & Lange. 1996.
- [10] Siriphanich, B. Caring for the old in a changing society. *World Health Forum* . 1986 ,7: 181-184.