

## Factors Associated with Quality of Life in the Elderly People with Ability in Sung Noen District, Nakhon Ratchasima Province

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### ABSTRACT

This objectives of this cross-sectional analytical research were to study the level of the quality of life and factors associated with quality of life in the elderly people with ability in Sung Noen district, Nakhon Ratchasima province. The sample group consisted of 334 elderly people which selected by using multistage random sampling. Data collection was done by interview forms based upon the quality of life indicators by the WHO (WHOQOL\_BREF\_THAI) include 20 items within 4 components. The data was analysed by using percentage, mean, standard deviation and correlation tests: chi-square. The findings showed that overall the quality of life in the elderly people with ability was at a good level. Three components of physical domain, social relationships and the environment were rated at good level. A component of psychological domain was rated at a fair level. There was associations at 95% level of significance between the quality of life and health problems. Recommendation from this study was to the related organization should develop the quality of life of the elderly by promoting mental health and caring their own health care.

Keywords : Quality of Life, Elderly, Ability

### 1. INTRODUCTION

Thailand is currently facing an aging society resulting from change in population structure with the decrease in birth and death rate. This phenomena stem from the social and economic development in the previous decades bringing high technology in medicine and public health service, thus, expending the age of people. Increase in seniors at present and future is significant because this group of people has different needs from the adolescents. Society, therefore, needs to provide appropriate support for them (Sutthichai Jitpankul et al, 2002).

Aging is a complex phenomenon that requires increasing numbers of multidisciplinary studies. The term “active aging”, which was adopted by the World Health Organization(WHO), involves optimizing the opportunities for health, participation and security to improve the quality of life (QOL) as individual age (WHO.2002). The challenge for aging studies is to understand the conditions associated with aging as a positive process. And old age as a stage of life in which health, well-being, pleasure and QOL can be increase (Campos et al : 2014).

The elderly people aged 60-70 years, their physical condition and physiology were not changed very much. They can help themselves a lot. Those who are over 80 years old, their physical condition and the physiology have changed noticeable. The elderly people have defects in self-care. So care needs to be taken by someone else to replace the defect.

Sung Noen distric, Nakhon Ratchasima consisted of 11 subdistricts and 127 village. The number of elderly was 14.5 percent. It is likely that the number of elderly people will increase every year. Most of the elderly are self-helpers. Due to the continued rise of the aging population structure, quality of life planning is required to accommodate change. This will affect the quality of life of the elderly in the future certainly.

Researchers as the lecturer at community public health program are interested in studying factors associated with quality of life in the elderly people with abilities in Sung Noen distric, Nakhon Ratchasima province.

## **2. RESEARCH OBJECTIVES**

1. To study the level of the quality of life in the elderly persons with abilities in Sung Noen distric, Nakhon Ratchasima province.
2. To study factors associated with quality of life in the elderly persons with abilities in Sung Noen distric, Nakhon Ratchasima province.

## **3. RESEARCH METHODOLOGY**

1. **Research design** was a cross-sectional analytical research.

2. **Population and sample**

2.1 The population consisted of 12,000 elderly people in Sung Noen distric, Nakhon Ratchasima province.

2.2 The sample group consisted of 334 elderly people with abilities which selected by using multistage random sampling.

3. **Data collection instruments**

Data collection instruments were interview forms based upon the quality of life indicators by the WHO (WHOQOL\_BREF\_THAI) include 20 items within 4 components and contained a five point rating scale. The interview forms divided in 2 part as below:

Part 1 The personal information of the elderly persons

Part 2 The quality of life of physical domain, psychological domain, social relationships and environment of the elderly people assessment

4. **Data analysis**

The data was analysed by using descriptive statistics such as percentage, mean, standard deviation and inferential statistics such as chi-square.

5. **Research ethics**

In this study, researcher considered research ethics involving human based on the freedom, risk protection and fairness to all informants. Researcher sent the consent form in human to research ethics involving human committee at Nakhon Ratchasima Rajabhat University, and the document was certified with reference number of HE-011-2016.

## **4. RESEARCH RESULTS**

Research results were as follows.

1. The characteristics of the sample

The characteristics of the sample was found that 64.7 percent of the sample was female, 35.5 percent male. Aged 60-69 years, mostly in the range of 51.5 percent, followed by more than 70 years 44.3 percent, respectively. The majority of marriages were 62.3 percent, followed by widow / divorced 32.0 percent. Most of them completed primary education 67.1 percent, followed by 27.2 percent of them. The majority occupation of the samples were agriculture 35.9 percent, followed by 34.7 percent not a career. The family income comes from welfare elderly 80.8 percent, followed by the children to 55.7 percent

and 48.8 percent were self-employed. The majority of them lived with their children's families 45.8 percent, followed by their spouses 41.6 percent. The major health problems were 53.6% (Table 1).

Table 1 Quantity and percentage of characteristics of the sample (n=334)

Variables	Quantity	percentage
<b>Sex</b>		
Female	216	64.7
Male	118	35.3
<b>Age</b>		
60-69 years old	186	55.7
More than 70 years old	148	44.3
<b>Marital status</b>		
Married	208	62.3
Single/ Divorced/ Widower	126	37.7
<b>Occupation</b>		
none	116	34.7
working	218	65.3
<b>Living</b>		
Living alone	31	9.3
Mixed arrangements	164	49.1
Living with couple	139	41.6
<b>Chronic diseases</b>		
No	155	46.4
Yes	179	53.6

3. The quality of life of the elderly was overall good level ( $\bar{X} = 79.23$ ,  $SD = 8.26$ ). Three components of physical domain, social relationships and the environment were rated at good level. There were 3 levels of social relationships ( $\bar{X} = 21.64$ ,  $SD = 2.42$ ), followed by the environment ( $\bar{X} = 20.88$ ,  $SD = 2.77$ ) and the physical domain ( $\bar{X} = 19.66$ ,  $SD = 3.11$ ). A component of psychological domain was rated at a fair level ( $\bar{X} = 17.05$ ,  $SD = 3.22$ ). (Table 2)

Table 2 Means and standard deviations of level of QOL in the elderly

Domain QOL	Means	SD	Meaning
Physical	19.66	3.11	Good
Psychological	17.05	3.22	Fair
Social relation	21.64	2.42	Good
Environment	20.88	2.77	Good
Overall	79.23	8.26	Good

3. Factors such as sex, age, marital status, occupation, and living were not correlate significantly with the overall quality of life. Health problems (Chronic diseases) was associated with quality of life at the 0.05 statistical significant. (Table 3)

Table 3 Compare between independent variables with QOL in the elderly people

Variables	QOL				p-value
	fair		good		
	n	%	n	%	
<b>Sex</b>					
Female	16	13.6	102	86.4	.089
Male	37	17.1	179	82.9	
<b>Age</b>					
60-69 years old	33	17.7	153	82.3	.070
More than 70 years old	20	13.5	128	86.5	
<b>Marital status</b>					
Married	35	16.8	173	83.2	.103
Single/ Divorced/ Widower	18	14.3	108	85.7	
<b>Occupation</b>					
none	19	16.4	97	83.6	.122
working	34	15.6	184	84.4	
<b>Living</b>					
Living alone	5	16.1	26	83.9	.201
Living with couple or other	48	15.8	225	84.2	
<b>Chronic diseases</b>					
No	11	7.1	144	92.5	.000*
Yes	42	23.5	137	76.5	

\* Chi-square  $p < 0.05$

## 5. DISCUSSIONS

Researcher provided discussions as follows.

1. The results showed that the elderly people with ability in Sung Noen distric, Nakhon Ratchasima province satisfied for the quality of life in overall was rated at good level because of the elderly who are self-helpers. The elderly make no burden to care and have the ability to be self-reliant. These affect the elderly in a good quality of life. This corresponds to the research of Kerdsiri Hongthai et al. (2014) who studied factors correlated quality of life of the elderly people in residential homes which found that overall quality of life is good level.

The quality of life of the elderly in social relationship was good. This is due to the fact that most of the elderly have good interactions with their families, which reflects that the elderly are well taken care of by the family. Including satisfaction from the help from the Tambon Administration Organization. Welfare program such as the elderly subsistence allowance, helping people in the community. In the community there are activities to improve the quality of life of the elderly. This corresponds to the research of Dorji et al.(2017) who

studied QOL among senior citizens in Bhutan which found that the social relationships domain of QOL had the highest mean score and corresponds to the research of Tharin Sukanun et al. (2011) who studied quality of life of the elderly in bansuan municipality, Chonburi province, Thailand which found that the quality of life of the elderly in social relationship was good.

The quality of life of the elderly in the environment is good. Due to the elderly's satisfaction with the place of living, security and safety in daily life have enough daily living. The elderly proud of their own community. This corresponds to the research of Kerdsiri Hongthai et al. (2014) who studied factors correlated quality of life of the elderly people in residential homes which found that the quality of life of the elderly in the environment is good level.

The quality of life of the elderly in the physical domain is good. Because the sample is a self-help group. So the elderly can go anywhere by themselves. Elderly people had good health behavior such as eating, exercise and sleep.

The quality of life of the elderly in the psychological level is fair. Due to the elderly, there are anxiety, loneliness, and fear when experiencing health problems.

2. Factors such as sex, age, marital status, occupation, and living were not correlate significantly with the overall quality of life. Health problems (Chronic diseases) was associated with quality of life at the 0.05 statistical significant. Because of the majority health problems of samples 53.6 percent, hypertension, diabetes. This corresponds to the research of pattaraphong (2012) who studied factors associated with quality of life of the elderly who receive subsistence allowance in Panna nikhom distric, Sakon nakhon province which found that diseases affect to the quality of life. And this corresponds to the research of Dorji et al. (2017) who studied QOL among senior citizens in Bhutan which found that health problems contributed significantly to overall QOL.

## 6. RECOMMENDATIONS

1. The health team should be aware of the factors related to the quality of life in the elderly persons and applied this awareness to comprehensively enhance the quality of life in the elderly

2. The related organization should develop the quality of life of the elderly by promoting psychological and caring their own health care.

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