

Health Promotion Behavior and Needs Assessment: What do Thai Elderly Want and Need

Montakarn Chuemchit, Nattawan Deelearthyenyong, Parlop Promluan, Jirapun Khiewkhum,
and Surasak Taneepanichskul, *Member, IACSIT*

Abstract—With the aging of the world population and 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. 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 results of the elderly health promotion behaviors showed 6 aspects as followed; 1.The responsibility of their health 2.The relationship of participants 3.The exercise of participants 4. The food nutrition quality 5. Developing the spiritual of participants 6.Managing the stress.

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 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%). Moreover for brainstorming and analysis resources in the community, they offer activity program for promoting elderly health. After ran these program, most of elderly in the community participate in activity and satisfactory.

Index Terms—Health promotion behaviors, health promotion needs, the Philosophy of the Sufficiency Economy, Thai elderly.

I. 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

Manuscript received August 17, 2012; revised September 27, 2012. This work (AS567A) was supported by the Higher Education Research Promotion and National Research University Project of Thailand, Office of the Higher Education Commission.

Montakarn Chuemchit, Nattawan Deelearthyenyong, Parlop Promluan, and Surasak Taneepanichskul are with the College of Public Health Sciences, Chulalongkorn University, Bangkok, 10330 Thailand (e-mail: montakarn.ch@chula.ac.th, yee2501@yahoo.com, parlop.p@chula.ac.th, surasak.t@chula.ac.th).

Jirapun Khiewkhum is with Department of Family Clinical Practice and Community, Cha-am Hospital, Phetchaburi, 76120 Thailand (e-mail: jirapun.com@hotmail.com).

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 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]-[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.

II. PROCEDURE FOR PAPER SUBMISSION

A. 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.

B. 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.

C. 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. 3. Appropriate program development: Selected participants were asked to brainstorm and analysis resources in the community to develop appropriate program and were evaluated satisfactory after ran program.

D. 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.

III. RESULTS

A. Socio-Demographic Characteristics of the Participants

TABLE I: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE STUDY SAMPLE

| Characteristic | Category | Frequency (%) |
|--------------------|----------------------|---------------|
| Gender | Male | 159 (35.3) |
| | Female | 291 (64.7) |
| Age | 60-65 | 147 (32.7) |
| | 66-70 | 114 (25.3) |
| | 71-75 | 107 (23.8) |
| | 76 and over | 82 (18.3) |
| | Education | No schooling |
| | 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) |

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 I)

B. 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 ($\bar{x} = 3.03$) but for sharing health information with neighborhood was only $\bar{x} = 2.87$ 2) The aspect of "The relationship of participants" found that they got the good taking care from their family ($\bar{x} = 3.36$) but for visiting cousins/friends was only $\bar{x} = 2.73$ 3) The aspect of "The exercise of participants" found that they always had exercises softly i.e. twisting or raising arms and legs ($\bar{x} = 3.27$) 4) The aspects of "The food nutrition quality" found that they always drink water 8-10 glasses per day ($\bar{x} = 3.54$), eat vegetable ($\bar{x} = 3.42$), and eat fruit ($\bar{x} = 3.20$) 5) The aspect of "Developing the spiritual of participants" found that they were respected by acquaintance ($\bar{x} = 3.41$) but they accomplished their goal only $\bar{x} = 2.93$ 6) The aspect of "Managing the stress" found that they were able to deal with problems with consciousness ($\bar{x} = 2.90$) and tell oneself everything can resolve ($\bar{x} = 2.81$)

C. Health Promotion Needs

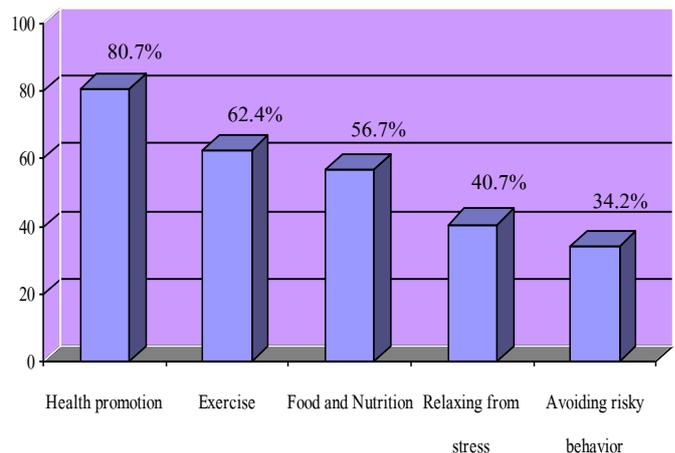


Fig. 1. Diagram for health promotion information needs

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%).

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%).

D. Appropriate Program Development

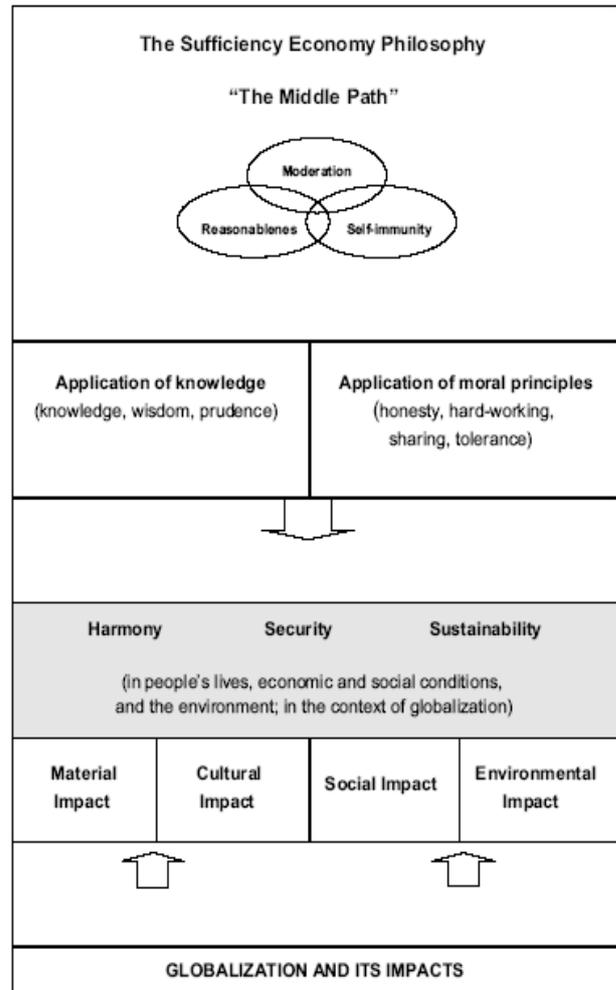
Some participants and peer leaders were asked to brainstorm and analyze resources in the community to develop appropriate activity for elderly health promotion. All of them attended to the training workshop and were taught to analysis strengths, weaknesses, and resources in the community by applying the Philosophy of the Sufficiency Economy.

The Philosophy of the Sufficiency Economy is the king of Thailand's philosophy. King Bhumibol Adulyadej proposed this philosophy to people of Thailand that aim to guides people in living their lives according to the middle path. The concept of the Philosophy of the Sufficiency Economy can be applied to the individual level, the community level and the national level

This philosophy highlights a balance way of living. Three principles; moderation, reasonableness, and self-immunity along with the conditions of morality and knowledge can be applied to any level of the society-from an individual to a country [8] Figure 2 illustrates the Philosophy of the Sufficiency Economy framework

The three interlocking elements represent the three principles of the Philosophy of the Sufficiency Economy: moderation, reasonableness and self-immunity. These three principles are interconnected and interdependent. Moderation conveys the idea of people living their lives on the middle path, not the extremes. People should rely on themselves without overindulgence. This way of living occurs when people have reasonableness - accumulated knowledge and experience, along with analytical capability, self-awareness, foresight, compassion and empathy. They must be aware of the consequences of their actions, not only for themselves but also for others. The third principle, self-immunity, refers to the ability of people to protect themselves against any external turbulence and to cope with events that are unpredictable or uncontrollable. It implies a foundation of self-reliance, as well as self-discipline. Apart from these three components, two other conditions are needed to make the principles of sufficiency economy work: knowledge and morality. Knowledge encompasses accumulating information with insight to understand its meaning and the prudence needed to put it to use. Morality refers to integrity, trustworthiness, ethical behavior, honesty, perseverance, and a readiness to

work hard [8].



Source: Thongpakde (2005).

Fig. 2. The Philosophy of the Sufficiency Economy Framework

Some participants and peer leaders were asked to attend the training workshop for brainstorming and analyze strengths, weaknesses, and resources in the community by applying the Philosophy of the Sufficiency Economy to develop appropriate activity for elderly health promotion. (Table II show the results of the training)

TABLE II: KNOWLEDGE UNDERSTANDING AND APPLYING THE SUFFICIENCY ECONOMY PHILOSOPHY.

| Item | Results | | | |
|---------------------------------------------------------|-----------------|------|----------------|------|
| | Before Training | | After Training | |
| | max-min | mean | max-min | Mean |
| 1. Having knowledge about the philosophy | 1-5 | 3.54 | 3-5 | 3.86 |
| 2. Understand the philosophy | 1-5 | 3.38 | 3-5 | 3.85 |
| 3. Can analysis the philosophy with works or activities | 1-5 | 3.28 | 3-5 | 4.00 |
| 4. Applying the philosophy with works or activities | 1-5 | 3.32 | 3-5 | 4.00 |

After brainstorm and analyze strengths, weaknesses, and also resources in the community between peer leader and community member, they offer activity program for promoting elderly health as follows; 1. Appropriate exercise 3-5 days per week, for example, Qi gong (18 strokes) exercise 2. Monthly health check by health care provider in the

community 3. Monthly Meeting for recreation activity and 4. Daily community audio for promoting knowledge and tips for elderly health.

After ran these program, most of elderly in the community participate in activity and satisfaction in terms of health and well-being.

IV. DISCUSSIONS

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) [9] which reflect that the elderly anxious about their health so they practice daily activity for promoting their good health [10], 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 [11].

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.

ACKNOWLEDGEMENTS

This work (AS567A) was supported by the Higher Education Research Promotion and National Research University Project of Thailand, Office of the Higher Education Commission

REFERENCES

- [1] *Meeting Report, Aging, longevity and health*, Mechanisms of Ageing and Development, vol.132, pp.522-532, 2011.
- [2] *Thai health 2007: preparing to aging society*, Institute of Population and Social Research, Nakornpratom: Mahidol University Press, 2007.
- [3] *Thai Elderly Health*, Matichon Newspaper, October 1, 2008.
- [4] L. Tae, K. Il, and L. Kyung, "Health promotion behaviors and quality of life among community-dwelling elderly in Korea," *International Journal of Nursing Studies*, vol. 43, pp.293-300, 2006.
- [5] S. M. Heidrich, "Health promotion in old age," *Annual Review of Nursing Research*, vol.16, pp. 173-195, 1998.
- [6] B. L. Beallie, N. Whitelaw, M. Meller, and D. Turner, "A vision for older adult and health promotion," *American Journal of Health Promotion*, vol. 18, no. 2, pp.200-204, 2003.
- [7] L. Moward, "Correlates of quality of life in older adult veterans," *Western Journal of Nursing Research*, vol. 26, no. 3, pp. 293-306, 2004.
- [8] P. Mongsawad, "The philosophy of the sufficiency economy: a contribution to the theory of development," *Asia-Pacific Development Journal*, vol.17, no.1, pp. 123-143, 2010.
- [9] V. Sittisart, J. Sukdee, and S. Sukdee, "Health Promotion Behaviors of Elderly In The Primary Health Centre Bansaohin Responsibility of Tambon Watprik Amphur Muang Phitsanuloke Province," Boromarajonani College of Nursing Buddhachinaraj, 2007
- [10] N. J. Pender, *Health Promotion in Nursing Practice*, 2nd ed. Connecticut: Appleton & Lange, 1996.
- [11] B. Caring for the old in a changing society, *World Health Forum*, July 1986, pp: 181-184.
- [12] N. Thongpakde, *Thailand's Economic Development and the Philosophy of Sufficiency Economy*, 2005.



Montakarn Chuemchit was born in Phetchaburi province, Thailand on August 25, 1978. Finished Bachelor of Arts in Journalism and Communication, 1999, Second Class Honors, Thammasat University, Bangkok, Thailand. Master of Arts in Communication Arts, 2002, Very good Thesis Title "The Victimization of Women in Newspapers and Their Survival", Chulalongkorn University, Bangkok, Thailand. In present, Ph.D. Candidate on Public Health Sciences at the College of Public Health Sciences. Chulalongkorn University. Bangkok, Thailand.

She is a RESEARCHER at College of Public Health Sciences. Chulalongkorn University, Bangkok, Thailand. Her research interest is elderly health, women health, gender, sexuality & sexual health and violence against women.