

*A Preliminary Study of Factors Influencing Well-Being of the Elderly in a Rural Area of Thailand*

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The Asian Conference on the Social Sciences 2015  
Official Conference Proceedings

**Abstract**

The factors influencing well-being of elderly persons were explored in the rural area of Eastern Thailand. The research conceptual framework was based on the PRECEDE model. A questionnaire was administered to 400 elderly persons by personal interview at community. Data was collected between May and July 2014.

The results found that age, career, level of education, social and religious activities, attitude towards life, relationship with the community, ability to perform daily activities, physical health status, and family relationships were affected the elderly well-being at the 0.05 level of significance. While gender, illness history, marital status was unaffected to elderly well-being.

Various factors affected the elderly well-being was according to Thailand cultural context. Especially, the social and religious activities, relationship with the community, and family relationships were affected factors, its support the cultural context in living together as an extended family, living in a caring community and living in Buddhist communities.

Recommendations are made to improve some factors that can be managed for elderly well-being, especially promotion of physical activities, relationship with the community, etc. Other factors affect elderly well-being should also be explored.

Key words: elder, well-being, rural area, Thailand

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## **Introduction**

Population ageing, as indicated by increasing proportions of older persons in the total population, is occurring throughout Asia. With the exception of Japan, this is a recent process in Asia typically dating back only several decades at most. It is particularly pronounced in countries such as Thailand where fertility rates have fallen rapidly over the past decades. Only five decades ago, total fertility in Thailand was very high at over 6 children per woman while only 5 percent of the population was age 60 or older. At the same time, the population aged 60 and over already doubled to 10 percent by 2000 and is projected to approach 30 percent by mid-century. The government of Thailand is fully aware of these consequences and has formulated policy measures to address them. However given the speed of population aging, much more will need to be done in the years ahead (Knodel & Chayovan, 2008, pp. 1-4).

Because in Thailand, the living conditions of the elderly who lived in the rural and urban areas are different. Studies in the past often study on the determinants of healthy or unhealthy elderly as a whole country, not separated by a residential area. This research is a pilot study to determine the factors that affect the well-being of the elderly in Thailand. In order to determine which variables are factors that affect the well-being of the elderly who lived in the rural area of Thailand. The findings will be used as data to determine the variables of the future studies.

## **Objectives**

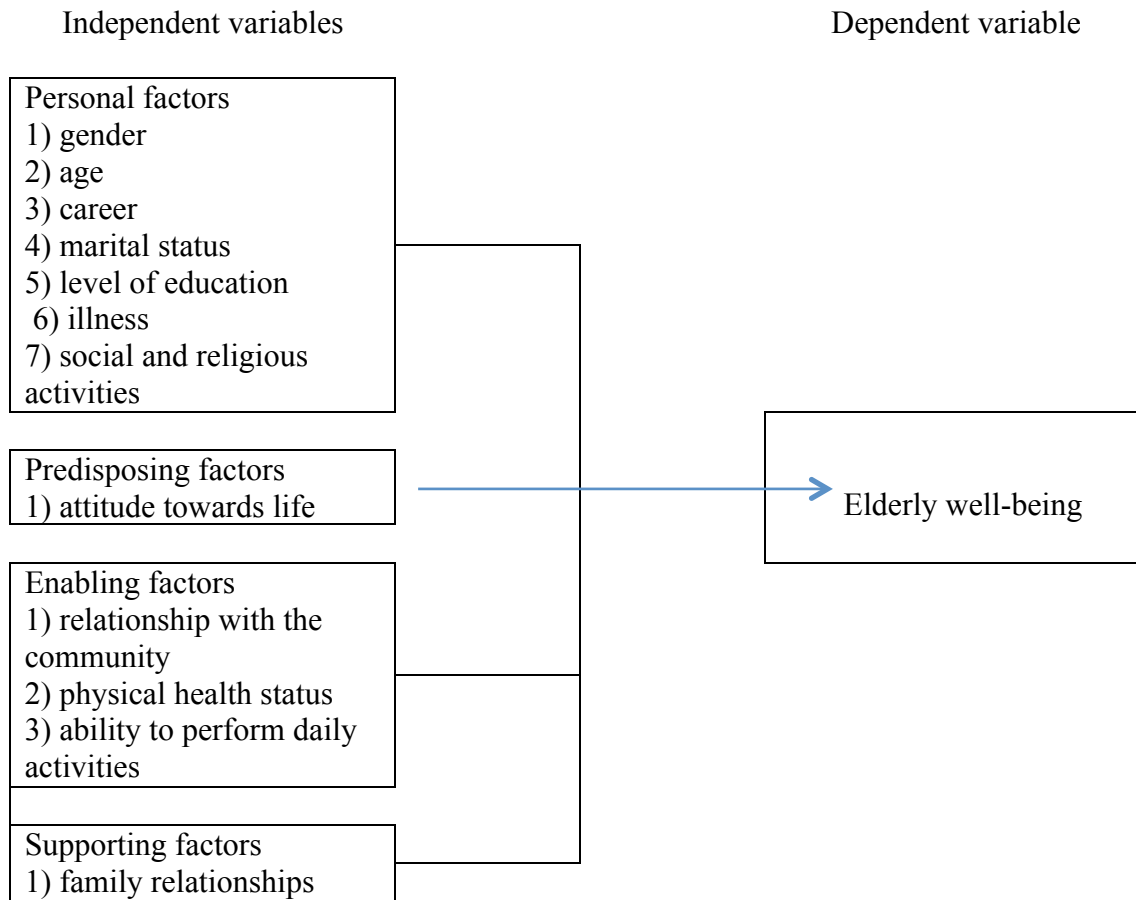
The objective of this study was to determine the personal factors, predisposing factors, enabling factors, and supporting factors that affect the well-being of the elderly who lived in the rural area of Thailand.

Factors were:

1. Personal factors included:
  - 1) gender, 2) age, 3) career, 4) marital status, 5) level of education, 6) illness, 7) social and religious activities
2. Predisposing factors included:
  - 1) attitude towards life
3. Enabling factors included:
  - 1) relationship with the community, 2) physical health status, 3) ability to perform daily activities
4. Supporting factors included:
  - 1) family relationships.

## Research Conceptual Framework

The research conceptual framework is shown in the schematic diagram below.



### Duration Of Study

Data collection of the research conducted between May to July 2014.

### Materials And Methods

#### Participants

Participants were recruited from the population of 784,877 elderly people who lived in the Eastern Thailand in 2014, i.e. Chacheongsao, Chon Buri, Rayong, Chanthaburi, Trat, Prachinburi, Sakeao, Nakonnayok, and Samutprakan Province. Samples were 400 elderly people which selected by multi-stage sampling according to the proportion of population in each province.

#### Research instrument

Information was obtained through six questionnaires, i.e., personal characteristics, attitude towards life, relationship with the community, physical health status, ability to perform daily activities, and family relationships. The questionnaires were constructed based on information from various sources, i.e., from the literature review, from previous studies, and from the suggestion of experts. Cronbach's alpha

coefficient was used to test the reliability of questionnaires. The reliability of all questionnaires was higher than 0.70.

### Data analysis

Data of all variables were analyzed by descriptive statistics using frequency, percentage, arithmetic mean, and standard deviation. One-way ANOVA and t-test were used for analyses the difference of the average between the variables in personal factors, predisposing factors, enabling factor, reinforcing factors, elderly well-being at a level of significance was 0.05.

### Results

Personal characteristics of 400 elders showed that 42.9% of them were male, 62.3% of them were between 60-69 years of age, with the Mean = 64.54 years of age, 60% of them were married, 46.9% of them were agriculturist, 55.2% graduated at the level of primary school, 54.9% had illness history, and 60.50% had social and religious activities in a moderate level.

Personal factors regarding to gender and illness history revealed t- test were unaffected to elderly well-being. Results are summarized in Table 1.

**Table1.** Showing a result of the statistical analysis by t-test

Variables	t-test	Sig.
Personal factors		
- gender	1.082	.056
- illness history	-.801	.424

\*p < .05

Personal factors regarding to age, career, level of education, and social and religious activities revealed F- test were affected to elderly well-being, where the values of F-test = 3.330, Sig = .006, F-test = 5.518, Sig = .001, F-test = 1.416, Sig = .001, F-test = 4.218, Sig = .001, respectively. While marital status was unaffected to elderly well-being. Results are summarized in Table 2.

Predisposing factor regarding to attitude towards life revealed F- test were affected to elderly well-being, where the values of F-test = 3.146, Sig = .006. Results are summarized in Table 2.

Enabling factors regarding to relationship with the community, physical health status, ability to perform daily activities revealed F- test were affected to elderly well-being, where the values of F-test = 3.500, Sig = .006, F-test = 4.008, Sig = .021, F-test = 3.002, Sig = .044, respectively. Results are summarized in Table 2.

Supporting factor regarding to family relationships revealed F- test were affected to elderly well-being, where the values of F-test = 4.650, Sig = .001. Results are summarized in Table 2.

**Table2.** Showing a result of the statistical analysis by One-way ANOVA

Variables	F-test	Sig.
Personal factors		
- age	3.330	.006**
- career	5.518	.001**
- marital status	1.207	.268
- level of education	1.416	.001**
- social and religious activities	4.218	.001**
Predisposing factor		
- attitude towards life	3.146	.001**
Enabling factors		
- relationship with the community	3.500	.001**
- physical health status	4.008	.021*
- ability to perform daily activities	3.002	.044*
Supporting factor		
- family relationships	4.650	.001**

\*\*p < .01, \*p < .05

### Discussion And Conclusions

Personal factors found 4 variables were affected to the elderly well-being, i.e., age, career, level of education, and social and religious activities. Age was affected to elderly well-being is opposite with the study of Mroczek & Kolarz (1998) who has demonstrated that the possibility the well-being may actually improve with age. Career was affected to elderly well-being is consistent with the study of Sirgy (2010) who indicated that career was related to greater well-being. Level of education was affected to elderly well-being is consistent with the study of Chow (2010) who found that education was significantly related to psychological well-being. Social and religious activities was affected to elderly well-being is consistent with the study of Chandler & Meisenhelder (2002) who found that there was a protective factor of religion to health and that religious belief played a role in averting physical and mental health problems.

Predisposing factor found attitude towards life was affected to the elderly well-being is consistent with the study of Mock & Eibach (2011) who suggested that when aging attitudes are less favorable older subjective age predicts lower life satisfaction and increased negative affect. And Heidrich (1993) who indicated that older age was related to lower levels of purpose in life.

Enabling factors found 3 variables were affected to the elderly well-being, i.e., relationship with the community, physical health status, and ability to perform daily activities. Relationship with the community was affected to elderly well-being is consistent with the study of English (2013) who indicated that community participation was affected the subjective well-being of elders in the community. Physical health status was affected to elderly well-being is consistent with the study of Heidrich (1993) who indicated that poor health was associated with more

depression and anxiety of the elders. Ability to perform daily activities was affected to elderly well-being is consistent with the study of Kendig, Broening, & Young (2000) who supported that activity is important in mediating the impacts of illness on well-being.

Supporting factor found family relationships was affected to the elderly well-being is consistent with the study of Knodel & Chayovan (2008) who has indicated that the Thai population is relatively homogeneous in major cultural aspects, and a strong sense of moral obligation that adult children should support and care for elderly parents has been a pervasive aspect of Thai cultural values and provides a strong normative basis for the prevailing pattern of familial support.

As noted before, the conclusions from this study will be explained according to group of factors based on PRECEDE model. The activities should be done in future are; to explore others related factors, and to support activities for improving quality of life of Thai elders.

## **Acknowledgement**

Author wish to express my sincere thanks to the Ministry of Education of Thailand, and Rajabhat Rajanagarindra University for support the fund of this research, and Dean of the Faculty of Science and Technology for providing me with all the necessary facilities for the research, and I am also grateful to all of the elderly people who the samples of this study.

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