

Participation of Family in Promoting Quality of Life for ELDERLY

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Abstract

This research was aimed to study the involvement of the family in promoting the health of the elderly in Hua Sai Sub-district, Bang Khla District, Chachoengsao Province, Thailand. The study was done by the group process. Data were collected using questionnaires and observation of three activities from the participation, i.e., an adjustment in the principle of learning and understanding of elderly status, train to become awareness in the promotion to become quality seniors, and stimulate the awareness good quality of life with sustainability. A sample of 30 people was recruited from the select sampling. The preliminary requirement was set to be the family with seniors at 70 years of age or above. The statistical methods used to analyze data were frequency, percentage, and t-test.

It was found that the adjustment in the principle of learning and understanding of elderly status were higher after the activities were accomplished with a statistical significance at the level of 0.05. Results of training activities to become awareness in the promotion to become good quality seniors with a good sustainability were higher than that of activities before the training with a statistical significance at the level of $p = 0.05$. It was also shown that the activities of involvement of families in promoting quality of life had changed into a positive side after the event were higher than that of activities before the training with a statistical significance at the level of $p = 0.05$.

Keywords: Participation of family, elderly, promoting quality of life

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Introduction

The Population in Thailand has increased from 26,000,000 to over 63,000,000 during the last 50 years. The aging population (60 years and over) has increased respectively as well. The essential cause of rapid decline in elderly population is due to fertility decreasing which 50 years ago, woman had given birth by average 6 times, but currently the average is less than 2. The prior transition has effect with ratio and the child population has decreased rapidly; therefore, ratio of elderly population has been increasing. Thus, the structure of Thai population has changed from young population to aging population (Foundation of Thai Gerontology Research and Development Institute, 2014). The quality of life of the elderly in Thai society, it was found that some were being cared for very well according to principle of Thai society; there are the culture and traditional practices to determine the family institution and supporting as residence for the elderly. The happiness of the elderly in the family is that they can live with the warm family with respect and caring. The role of the family member has realized and learned about the elderly; besides, understanding of the elderly conditions and treatment for avoiding conflicts and promoting good health, which in turn secures the feeling of the elderly on their values that they are meaningful to the family. Therefore, the elderly would like to live long and has effect with the elderly health and the good quality of life.

In Hua Sai Sub-district, Bang Khla District, Chachoengsao Province had 2,423 families: the number of the population was 7,529 and the number of the elderly was 1,071. According to the elderly number which mentioned, the older people with the chronic disease were 286 and 14 were disable. As the research, it was found that most of the family needed to work in remote areas that caused the elderly to feel lonely. Although currently some organizations were concerned and supported welfares, only some older people got this attention. As the informal interview some seniors was found that the activities that were provided for them were good and useful, but when the elderly people went back to their homes; the family member did not understand the changes which occurred with the elderly. Thus, the problem was aware from the researcher who is the scholar of Rajabhat Rajanagarindra University, which has the campus in Hua Sai Sub-district, Bang Khla District, Chachoengsao Province. The research aimed to help the community. Thus, the researcher was interested to study the involvement of family in promoting the health of the elderly; analyzed the problems and explored the solutions together. This research was aimed to be applied with guidelines in promoting health and quality of elderly in community. Hence, the elderly can live happily with the family; including people in the family have realized their roles and also supporting the good quality of life of the elderly.

This research was aimed to experience the involvement of the family in promoting the health of the elderly in order to be guidelines for promoting the health and quality of life of the elderly with the cooperation between the family and community. The results of the study will be useful data for related organizations in adjustment of considering for planning practices in policy framework in promoting the involvement of the family in promoting the good quality of life.

Objectives

The major objective of the research was aimed to study the involvement of the family in promoting the health of the elderly where three minor objectives were, i.e., to adjust the basic of learning and create understanding of the elderly, to practice in order to raise awareness in promoting the health of the elderly, and to maintain the awareness in a long term practicing.

Method

Population and Samples

The population: the people who were 70 years of age or above and people who took care of the elderly who lived together, their names were in the House Registration and lived in Hua Sai Sub-district, Bang Khla District, Chachoengsao Province, Thailand.

Samples: The cooperation of 30 older people who were 70 years and over as volunteers and another 30 people who took care of the elderly.

Variables of the Study

The independent variable of the study was the participation of the family of the elderly by applying Group Dynamics.

The dependent variable of the study was 4 elements of World Health Organization: 1) Physical 2) Psychological 3) Social relation 4) Environment

Methodology

The researcher conducted the research by using Group Dynamics. At the beginning: preparing area and contacted and coordinated with other people for selecting 30 elderly volunteers who were 70 years of age or above. Besides, 30 people who took care of the elderly, all of them gave great cooperation. The study began with involvement of the family for promoting the health of the elderly with pattern of experiment “*One Group Pretest-Posttest Design*”. The research studied in the role of the family in promoting the health of the elderly and acting of the family in promoting the health following the perception of the elderly. Later, 30 people who took care of the elderly attended 3 activities for adjustment in the principle of learning and understanding of elderly status, trained to become aware in the promotion to become quality seniors, and stimulate the awareness of good quality of life with sustainability. At the end of the activities, the researcher followed the results with the study of the family roles in promoting the health of the aging people and also the role of the family in promoting good quality of life following the perception of the elderly

The instruments for collecting data were questionnaires of the role of the family in promoting good quality of life of elderly. The questionnaires of the role of the family in

promoting good quality of life following the perception of elderly and the proficiency test from 3 activities.

The instrumentation of the research, the researcher studied on concepts, theories and the involved research on the role of the family in promoting quality of life of elderly. Besides, the questionnaire and tests were investigated for quality and validity by 3 experts. The instruments were proved and used with trial samples which had similarity with the 30 real samples. The results were used to find the reliability of the questionnaires and proficiency test.

Data collecting by using questionnaires of the role of the family in promoting the good quality of life and the questionnaires in performing the role of the family in promoting good quality of life following the perception of the elderly. Before and after participating the activities of group process and evaluating the knowledge of people who took care of the elderly both before and after attending the activities.

The statistical methods used to analyze the data were frequency, percent and the comparison of t-test scores before and after the participation of activities. T-test and the role of the family in promoting good quality of life following the perception of the elderly were used.

Results and Discussion

People who took care of the elderly were 30 volunteers, who consisted of 22 females or 73.33 percent and 8 males or 26.67 percent. The most of them were from the age of 40-49 years: 11 people or 36.67 percent, in the age of 50-59 years: 7 people or 23.33 percent, in the age lower than 30 years: 5 people or 16.67 percent, in the age of 31-39 years: 4 or 13.33 percent and in the age of 60 and over: 3 years or 10 percent in respectively. The status of 18 of them was married or 60 percent, 8 people were single or 26.67 percent, the number of the divorced and separated was 3 or 10 percent and other was 1 or 3.33 percent in respectively. Most of them had relationship with the elderly as children: 20 people or 66.67 percent. There were 7 that had relationship as grandchildren or 23.33 percent. There was only 1 as a relative or 3.33 percent and others were 2 or 6.67 in respectively.

The 30 elderly volunteers who participated consisted of 23 females or 76.67 percent and 7 males or 23.33 respectively. Most of them were aged 80-89 years: 18 people or 60 percent, aged 71-79 years: 11 people or 36.67 percent, and lower than 70 years: 1 person or 3.33 percent respectively. Most of them were widowed, divorced and separated: 20 people or 66.67 percent, 7 of them were in marriage status or 23.33 and 3 were single or 10 percent in respectively. Most of them have chronic diseases as arthritis: 12 people or 40 percent, high blood pressure: 10 people or 33.33 percent, and other diseases 9 people or 30 percent, heart disease: 5 people or 16.67 percent, diabetes: 4 people or 13.33 and there were 3 people or 10 percent without chronic diseases, allergy: 2 people or 6.67 percent respectively. Most of them graduated from primary school: 15 people or 50 percent, a lot of them graduated in secondary school and others: 12 people or 40 percent and there were 3 people or 10 percent had no education respectively. According to income, most of them

have income under 1,000 Baht (29 U.S. dollars) per month: 23 people or 76.66 percent, the elderly with income between 1,000-3,000 Baht (29-86 U.S. dollars) per month: 3 people or 9.99 percent, the elderly with income over 3,000 Baht (over 86 U.S. dollars) per month: 2 people or 6.66 percent and there were 2 elderly did not state their income or 16.66 percent respectively.

Conclusion

According to the activities, it was found that the results of the activities for basic adjustment of learning and understanding of elderly status were higher after the activities with a statistical significance at level of $p=0.05$. The result of training and stimulate the awareness good quality of life of the elderly was higher after the training with a statistical significance at level of $p=0.05$ and the results of the simulation for the awareness of good quality of life with sustainability were higher after training with a statistical significance at the level of $p=0.05$. The study of the involvement of the family in promoting the health of the elderly was found that the role of family had changed into the positive side after the activities with the statistical significance at the level of $p=0.05$ all of in physical, psychology, social relation and environment. This is because the participation of this group process activities which the researcher and others arranged; thus, this is a cause of learning and had changed in every aspect and it was consistent with Connie (2008) which stated that family should be created with understanding of the changes in elderly which this group process was arranged, the volunteers who took care of the elderly understood more and was aware of the difference and have learned to take care of the elderly in an appropriate way. The members of the family in all ages were part of helping each other. The elderly can share their experiences with people in the family and family members should understand in the good quality of the elderly as Campbell (1976); Young and Longman (1983) define the meaning of "good quality of life of elderly" means the good feeling of themselves, their lives and being active, also have self-confidence to admire themselves and face the obstacle with confidence; besides, they feel that they are not a burden on their children and can attend activities in their community.

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