

## **CHAPTER III**

### **DATA EXERCISE**

#### **Assessing Quality of Life of the Elderly People in Thapra village and Health Services Providers' Perspectives on Activities that Affect the Quality of Life of the Elderly People in Khon Kaen Province.**

##### **3.1 Introduction**

Quality of life among the elderly is depending on the context or circumstance in which the elderly people live. WHO (1996) defined QOL as individuals' perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

Elderly population rapidly increases throughout the world. The proportion of age 60 and over is growing faster than any other age group. Between 1970 and 2025, a growth in older population of some 870 million or 380% is expected. In 2025, there will be a total of about 1.2 billion people over the age of 60 (WHO, 2001). The number will continue to rise at a far more rapid rate than in developed countries. It is estimated that by 2025, some 850 million people over the age of 60 will live in developing countries. This will represent 70 percent of all older people worldwide (WHO, 2001).

Assessing QOL of the elderly people becomes important. Not only measurement of health, effects of health care, indication changes in the frequency and severity of diseases but also an estimation of well being. Furthermore, assessing QOL provides perspectives on wellbeing from various dimensions and is useful for different aspects of the health system. . For instance in the medical practice, improving doctors patients relationship, assessing the effectiveness and relative merit of different treatments, in health care service evaluation, as well as in research and in policy making. Therefore, assessing elderly's QOL by a standard instrument will help us to know the multi dimensions of quality of life related to their health care.

A QOL instrument that is accepted worldwide is the WHOQOL-BREF. It has been developed to provide a short form of QOL assessment that looks at domain level profiles, using data from pilot WHOQOL assessment and all variable data from the field trial version of the previous tool (WHOQOL-100). More over, the WHOQOL instrument was improved to be used in a variety of settings while allowing the result from different populations and countries to be compared.

It is important before starting research, that the researcher becomes acquainted with the instruments and the various techniques to be applied. This data exercise will be used as a preliminary study to acquire acquaintance.

One factor that contributes to the QOL of the elderly people is the health service system. health services that function effectively, are accessible and respond to specific physical, mental and chronic disease and health needs are crucial to the well being of

the elderly individual. Therefore, exploring health services providers' perspectives on activities that address QOL of the elderly people will be useful to improve health services.

A pilot study to assess the QOL of the elderly people in Thapra village, combined with exploring perspectives of health service providers on activities that affect QOL will offer the opportunity to gain practical experience in applying research methods and tools.

Therefore, this data exercise is designed to improve my research skills into 3 areas. First to get acquainted with the WHOQOL-BREF, second to gain experience in the interview technique before actual collect data and finally to gain experience in the in-depth interview technique.

### **3.2 Objectives**

- 1). To describe the quality of life of the elderly people in Tha Pra Village, Khon Kaen province.
- 2). To identify the main factors that influence the quality of life of the elderly people inThaPra Village, Khon Kaen province into 4 domains; Physical health factors, Psychological factors, Social factors and Environment factors.

- 3). To explore health services providers' perspectives on activities that address quality of life of the elderly people in Khon Kaen province.

### **3.3 Operational Definitions**

#### **Quality of life (QOL)**

Means individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the persons' physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features of the environment

QOL will be measured by WHOQOL-BREF, which contains 4 domains, 24 topics and 2 topics for overall quality of life and general health facets.

#### **Physical health factors**

Refer to the WHOQOL-BREF domain that contains facets incorporated within 7 topics:

- Activity of Daily Living
- Dependence on medical substance and medical aids
- Mobility
- Energy and fatigue
- Pain and discomfort

- Sleep and rest
- Work capacity

### **Psychological factors**

Refer to the WHOQOL-BREF domain that contains facets incorporated within 6 topics;

- Bodily image and appearance
- Negative feelings
- Positive feelings
- Self-esteem
- Spiritual/religion/personal beliefs
- Thinking, learning, memory and concentration

### **Social relationship factors**

Refer to the WHOQOL-BREF domain that contains facet incorporated within 3 topics;

- Personal relationship
- Social support
- Sexual activity

### **Environment factors**

Refer to the WHOQOL-BREF domain that contains facets incorporated within 8 topics;

- Financial resource

- Freedom, physical safety and security
- Health and social care
- Home environment
- Opportunity in and acquiring new information and skills
- Participation in and opportunity for recreation
- Physical environment
- Transport

#### **The elderly people**

Means the people whom 60 or more than 60 year old in Khon Kaen Province.

#### **Health services**

Refers to the Khon Kaen Provincial health office and Si Chom Pu Community Hospital.

### **3.4 Methodology**

This data exercise is designed as a cross sectional study applying quantitative and qualitative approaches.

#### **Quantitative Method:**

**Study Area:** The study area for this data exercise is the Thapra village, Thapra sub-district, Muang district, Khon Kaen.

**Target population:** The target population is the elderly people who are 60 or over 60 in Thapra village.

**Sampling population:** Systematic random sampling was used in the village for 20 elderly people according to following criteria.

#### **Inclusion Criteria**

- 1). Elderly people who live in Tha Pra Village, Khon Kaen Province more than 1 year
- 2). Elderly people who are able to communicate with the interviewers and willing to give the information.

#### **Exclusion Criteria**

- 1). The exclusion criteria are the elderly who are having health problems that prevent communication with the interviewers such as hearing impairment, speech impairment, mental health disorder, etc.
- 2). Elderly people who are not willing to be interviewed..

#### **Qualitative Method**

Using the in-depth interview technique to explore the health services activities that address the QOL of the elderly people in Khon Kaen.

### **Sampling:**

The purposive sampling was used for 2 key informants, one for the Khon Kaen Provincial Health Office and other for the Si chom Pu Community Hospital, according to criteria that key informants are persons responsible for services for the elderly person in their organization. Details are shown in Table-3.1 below :

**Table 3.1: The In depth Interview Key Informants**

<b>Health services</b>	<b>Key informant</b>
1.Khon Kean Provincial Health Office	The non-communicable diseases section public health technician; Responsibility for elderly policy implemented.
2.Si chom Pu Community Hospital	The primary care unit registered Nurse; Responsibility for the elderly health promotion program

## **3.5 Instruments**

### **Quantitative Method :**

#### **The WHOQOL-BREF**

The WHOQOL-BREF includes two main parts of partially close-ended questionnaire.

#### **Part 1:**

Comprises demographic data and additional information about currently illness and health problems.



**Part 2:**

The measurement of the quality of life follows the guiding from WHO domains. The answers for each of the question are divided into a 5-point scale. The measurement of decision making was scored by scale for degree of agreement as follows:

**Table 3.2: Scale for degree of level of agreement.**

<b>Level of agreement</b>					<b>Score</b>
Very good	very satisfied	an extreme amount	completely	always	5
Good	satisfied	very much	mostly	Very often	4
Neither poor nor good	Neither satisfied nor dissatisfied	a moderately amount,	a moderately amount,	quite often	3
Poor	dissatisfied	a little	a little	seldom	2
Very poor	very dissatisfied	not at all	not at all	never	1

The score are scaled in positive direction (i.e. higher score denote higher quality of life).

**Qualitative Method :**

Using in depth interview guideline as an instrument, as shown in Appendix II.

**3.6 Data Collection****Quantitative data**

The data collection was done by using an introductory conversation about their general perception of well being their health and other aspects of their current life. The followed by a formal interview using the WHOQOL-BREF questionnaire.

### **Qualitative data**

The data collection was done by in-depth interview using pre-defined guideline. Appointment was made for convenience of the respondents and suitable locating was selected.

## **3.7 Data Management**

### **Quantitative data**

- 1). Questionnaires were checked on completeness. If there were missing data, before leaving the village the interviewer revisited the respondent.
- 2). The information provided was entered into EPI INFO ver 6 and checked by double entry technique before exporting to the SPSS.

### **Qualitative data**

The interview was audio-recorded. Strict confidentiality was maintained by not recording the name of the key informant.

## **3.8 Data Analysis**

### **WHOQOL-BREF**

A simple quantitative descriptive analysis was done for this study. Descriptive statistics using frequencies, proportions, means and standard deviation for quantitative data will facilitate analysis.

### **In-depth Interviews**

Content analysis will be applied to extract meaning for data from in-depth interviews.

## **3.9 Results**

### **Part 1 Demographic data**

The total sample was 20. There were 9 male and 11 female as the respondents. The proportion between male and female was 1: 1.2. The mean age of the elderly in this study was 69.25 years (SD 5.33), age ranged from 61 to 79 years. 70.0% of them were married. The education level, 85% of the respondents were literate. 15% had no education at all. 70.0% of the respondents were currently ill and on the opinion of their health, 80.0% of respondents stated that there is something wrong with their health and they think that it is their health problem. The demographic or baseline characteristics of the sample are shown in Table 3.3.

**Table 3.3: Base line Characteristic of the study population**

<b>Characteristics</b>	<b>Number = 20</b>	<b>Percentage</b>
<b>Gender</b>		
Male	9	45.0
Female	11	55.0
<b>Age</b>		
Mean 69.25 SD 5.33	Min 60 Max 79	
60-65	6	30.0
66-69	4	20.0
70-75	7	35.0
76-79	3	15.0
<b>Marital status</b>		
Single	2	10.0
Married	14	70.0
Widowed	4	20.0
<b>Education</b>		
None at all	3	15.0
Primary school	5	25.0
Secondary school	5	25.0
Tertiary	7	35.0
<b>Current ill</b>		
Yes	14	70.0
No	6	30.0
<b>Health problem</b>		
Yes	16	80.0
No	4	20.0

**Part 2: The quality of life of the elderly people in Thapra Village , Khon Kaen Province.**

The overall quality of life and general health facets are shown in Table 3.4 A majority (55.0%) of respondents rate their quality of life as neither poor nor good. Only 1 respondent felt the quality of life of his/her is very good. For perceptions on general health, 60% of the respondents responded good and 20.0% responded very good.

The detail shown as Table 3.4

**Table 3.4: The overall quality of life and general health facets of the respondents.**

<u>Items</u>	Very poor	Poor	Neither poor nor good	Good	Very good
1. The quality of life rating	-	-	11(55.0%)	8 (40.0%)	1 (5.0%)
2. The overall general health	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
	-	1 (5.0%)	3 (15.0%)	12 (60.0%)	4 (20.0%)

### **Physical Health factors**

There were 7 facets for the physical health factor. For pain and discomfort, the respondents felt that physical pain prevents them from doing what they need at the level “a little” 40.0% and “a moderate amount” 30.0%. 30.0% were dependent on medical substances and medical aids for the facets of energy and fatigue, 80.0% were at the moderately level while 75% of the respondents were able to get around. For sleep and rest, 65.0% of the respondents were neither satisfied nor dissatisfied. While for Activities of Daily Living, there were 85.0% who were satisfied, the same percentage as they satisfied with the capacity for their work. The details are shown in Table 3.5.

**Table 3.5: The physical health domain and facets incorporated with domain of WHOQOL-BREF of the sample.**

<b>Items</b>	<b>Not at all</b>	<b>A little</b>	<b>A moderate amount</b>	<b>Very much</b>	<b>An extreme amount</b>
1.To what extent do you feel that physical pain prevents you from doing what you need to do?	6(30.0%)	8 (40.0%)	6 (30.0%)	-	-
2. How much do you need any medical treatment to function in your daily life?	-	7 (35.0)	7 (35.0)	6 (30.0)	-
3.Do you have enough energy for every life?	Not at all	A little	A moderately	Mostly	Completely
	-	3 (15.0%)	16 (80.0%)	-	1 (5.0%)
4.How well you able to get around?	Very poor	Poor	Neither poor nor good	Good	Very good
	-	-	5 (25.0%)	15 (75.0%)	
5.How satisfied are you with your sleep?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
	-	2 (10.0%)	13 (65.0%)	5 (25.0%)	-
6.How satisfied are you with your ability to perform your daily living activities	-	-	3 (15.0%)	17 (85.0%)	-
7.How satisfied are you with your capacity to work?	-	1 (5.0%)	17 (85.0%)	2 (10.0%)	

### Psychological factors

There were 6 facets incorporated with the psychological domains. The data exercise found that the positive feeling of almost respondents at a moderate amount (65.0%) whereas the negative feeling half of the respondent felt quite often. The bodily image and appearance, most of the respondents accept themselves as mostly (70.0%). Half of the respondents were well able to concentrate and 45.0% of them thought that their life was meaningful. The last facets, the respondents satisfied with themselves at 80.0%. The detail has shown as the Table 3.6.

**Table 3.6: The psychological domain and facets incorporated with domain of WHOQOL-BREF of the sample.**

<u>Items</u>	Not at all	A little	A moderate amount	Very much	An extreme amount
1.How much does you enjoys life?	-	2 (10.0%)	13 (65.0%)	5 (25.0%)	-
2. To what extent do you feel your life to be meaningful?	-	1 (5.0%)	6 (30.0%)	9 (45.0%)	4 (20.0%)
3.How well you are able to concentrate?	-	2 (10.0%)	8 (40.0%)	10 (50.0%)	-
4. Are you able to accept your bodily appearance?	Not at all	A little	A moderately	Mostly	Completely
	-	2(10.00%)	1 (5.0%)	14 (17.0%)	3 (15.0%)
5.How satisfied are you with yourself?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
	-	-	4 (20.0%)	16 (80.0%)	-
6.How often do you have negative feeling such as blue mood, despair, anxiety, depression?	Never	Seldom	Quite often	Very often	Always
	2 (10.0%)	8 (40.0%)	10 (50.0%)	-	-

### Social relationship factors

There were 3 facets incorporated with the social relationship domains. The data exercise found almost respondents satisfied with their personal relationship at 50.0% and very satisfied at 45.0%, respectively. Half of them satisfy about their sex life at level neither satisfied nor dissatisfied, 30.0% of them satisfy and 15 % of them very dissatisfied, respectively. The relationship with their friend, there were 95.0% satisfy and very satisfy with their friend. The detail has shown as the Table 3.7.

**Table 3.7: The social relationship domain and facets incorporated with domain of WHOQOL-BREF of the sample.**

<b>Items</b>	<b>Very dissatisfied</b>	<b>Dissatisfied</b>	<b>Neither satisfied nor dissatisfied</b>	<b>Satisfied</b>	<b>Very satisfied</b>
1.How satisfied are you with your personal relationship?	-	-	1 (5.0%)	10 (50.0%)	9 (45.0%)
2.How satisfied are you with your sex life?	-	1 (5.0%)	10 (50.0%)	6 (30.0%)	3 (15.0%)
3.How satisfied are you with the support you get from your friends?	-	-	1 (5.0%)	15 (75.0%)	4 (20.0%)

### Environment factors

There were 8 facets incorporated with the environment domains. The data exercise found that almost respondents felt a moderate amount and very much in the facets of the safety of their daily life at 45.0% and 40.0%, respectively. The physical environment, there were 45.0 % of them felt that a moderate amount and a little at 25.0



% The financial resource, most of the respondent were enough money to met they need at the level of moderately (70.0%) and a little (15.0%). The accessibility information, the elderly respondents can access at level moderately (70.0%) whereas 35.0 of them had opportunity for leisure activities at the level very much, 30.0% extremely and a moderately.

The condition of living place satisfaction were 50.0% and very satisfy were 40.0% where as the elderly respondents satisfy with the accessibility of health services 50.0%. The transport, the data exercise found that 75.0% of them satisfy with their ability to access the transportation. The detail shown as the Table 3.8.

**Table 3.8: The environment domain and facets incorporated with domain of WHOQOL-BREF of the sample.**

<b>Items</b>	Not at all	A little	A moderate amount	Very much	An extreme amount
1.How safe do you feel in your daily life?	-	-	9 (45.0%)	8 (40.0%)	3 (15.0%)
2.How healthy is your physical environment?	-	5 (25.0%)	9 (45.0%)	5 (25.0%)	1 (5.0%)
3.Have you enough money to meet your need?	Not at all	A little	A moderately	Mostly	Completely
	1 (5.0%)	3(15.00%)	14 (70.0%)	-	2 (10.0%)
4.How available to you is the information that you need in your life day-to-day life?	-	-	14 (70.0%)	5 (25.0%)	1 (5.0%)
5.To what extent do you have the opportunity for leisure activities?	-	1 (5.0%)	6 (30.0%)	7 (35.0)	6 (30.0%)
6.How satisfied are you with the condition of your living place?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
	-	1 (5.0%)	1 (5.0%)	10 (50.0%)	8 (40.0%)
7.How satisfied are you with your access to health services?	-	1 (5.0%)	2 (10.0%)	10 (50.0%)	8 (40.0%)
8.How satisfied are you with your transport?	-	-	2 (10.0%)	15 (75.0%)	3 (15.0%)

### The quality of life score.

The data analysis in each facet was decoded as 5 level of score. The Domain scores are scaled in a positive direction (i.e. higher denote higher quality of life). The main score of stems within each domain scores comparable with scored used in the WHOQOL-100, the result as the table 3.9.

**Table 3.9: The domain raw score and transformed score (Comparable with the WHOQOL-100).**

Quality of life's domain	Raw score		Transformed score (Comparable with the WHOQOL-100, 0-100 scale)	
	mean	SD	mean	SD
Domain1 : Physical Health (7 Topics)	24.80 (0-35 scale)	1.88	63.95	6.04
Domain2 : Psychological (6 Topics)	22.95 (0-30 scale)	2.94	71.05	12.50
Domain3 : Social relationship (3 Topics)	12.10 (0-15 scale)	1.37	75.60	11.60
Domain4 : Environment (8 Topics)	29.20 (0-40 scale)	3.67	67.45	11.88
All domains (24 topics)	60.40 (0-120 scale)	5.38	278.05 (0-400 scale)	33.62

The Table 3.9 indicated that the quality of life of the elderly people's perception score, the social relationship domain was the highest score (75.60), the latter was psychological domain, environment and physical health as 71.05 score, 67.45 score and 63.95 score, respectively.

**Part 3 : Factors that influence the quality of life of the elderly people in Thapra Village, Khon Kaen.**

According to the mean of QOL scores as mentioned as table 3.9. To describe the factors that influence the quality of life of Thapra Village elders by cross-tabulation between the lower and higher of the sample mean. The results are as follows:

**Physical domain**

**Table 3.10: Factors that influence the Physical Health domains**

<b>Factors</b>	<b>The WHOQOL100-scale under the sample mean</b>	<b>The WHOQOL100-scale equal and over the sample mean</b>	<b>Total</b>
<b>Age</b>			
60-69	5(50.0%)	5(50.0%)	10(100.0%)
70-79	8 (80.0%)	2 (20.0%)	10(100.0%)
<b>Education</b>			
None at all and Primary school	4(50.0%)	4(50.0%)	8(100.0%)
Secondary school or more	9(75.0%)	3(25.0%)	12(100.0%)
<b>Gender</b>			
Male	7(77.8%)	2(22.2%)	9(100.0%)
Female	6(54.5%)	5(45.5%)	11(100.0%)
<b>Current ill</b>			
Yes	11(78.6%)	3(21.4%)	14(100.0%)
No	2(33.3%)	4(66.7%)	6(100.0%)
<b>Health problem</b>			
Yes	13(81.3%)	3(18.7%)	16(100.0%)
No	-	4(100.0%)	4(100.0%)
Total	13(65.0%)	7(35.0%)	20(100.0%)

The table 3.10 indicated that 13 elderly people was lower than the QOL mean score of the sample. Current ill and Health problem was high number of the elderly people that got the lower score of the QOL. Furthermore, the old aged (70-79), 80.0% of 10 was got the low score of the QOL.

### Psychological Domain

At the sample mean score of The WHOQOL100, the number of the old aged (70-79 year old), the higher education, current ill and the elderly health problem correspond with the lower of the mean score. The detail shown as table 3.10

**Table 3.11: Factors that influence the Psychological domains**

<b>Factors</b>	<b>The WHOQOL100-scale under the sample mean</b>	<b>The WHOQOL100-scale equal and over the sample mean</b>	<b>Total</b>
<b>Age</b>			
60-69	4(40.0%)	6(60.0%)	10(100.0%)
70-79	7 (70.0%)	3 (30.0%)	10(100.0%)
<b>Education</b>			
None at all and Primary school	4(50.0%)	4(50.0%)	8(100.0%)
Secondary school or more	7(58.3)	5(41.7%)	12(100.0%)
<b>Gender</b>			
Male	5(55.6%)	4(44.4%)	9(100.0%)
Female	6(54.5%)	5(45.5%)	11(100.0%)
<b>Current ill</b>			
Yes	10(71.4%)	4(28.6%)	14(100.0%)
No	1(16.7%)	5(83.3%)	6(100.0%)
<b>Health problem</b>			
Yes	11(68.8%)	5(31.2%)	16(100.0%)
No	-	4(100.0%)	4(100.0%)
Total	11(55.5%)	9(45.0%)	20(100.0%)

### Social Relation Domain

This data exercise found that, the higher education, current ill and the elderly health problem correspond with the lower of the mean score. The detail shown as Table 3.11.

**Table 3.12: Factors that influence the social relation domains**

<b>Factors</b>	<b>The WHOQOL100-scale under the sample mean</b>	<b>The WHOQOL100-scale equal and over the sample mean</b>	<b>Total</b>
<b>Age</b>			
60-69	5(50.0%)	5(50.0%)	10(100.0%)
70-79	7 (70.0%)	3 (30.0%)	10(100.0%)
<b>Education</b>			
None at all and Primary school	4(50.0%)	4(50.0%)	8(100.0%)
Secondary school or more	8(66.7%)	4(33.8%)	12(100.0%)
<b>Gender</b>			
Male	6(66.7%)	3(33.3%)	9(100.0%)
Female	6(54.5%)	5(45.5%)	11(100.0%)
<b>Current ill</b>			
Yes	10(71.4%)	4(28.6%)	14(100.0%)
No	2(33.3%)	4(66.7%)	6(100.0%)
<b>Health problem</b>			
Yes	11(68.8%)	5(31.3%)	16(100.0%)
No	1(25.0%)	3(75.0%)	4(100.0%)
Total	12(60.0%)	8(40.%)	20(100.0%)

### Environmental Domain

At the sample mean score of The WHOQOL100, the number of the old aged (70-79 year old), the higher education, current ill and the elderly health problem

correspond with the lower of the mean score of the environment domain. The detail shown as Table 3.12

**Table 3.13: Factors that influence environment domains**

<b>Factors</b>	<b>The WHOQOL100-scale under the sample mean</b>	<b>The WHOQOL100-scale equal and over the sample mean</b>	<b>Total</b>
<b>Age</b>			
60-69	3(30.0%)	7(70.0%)	10(100.0%)
70-79	8(80.0%)	2 (20.0%)	10(100.0%)
<b>Education</b>			
None at all and Primary school	4(50.0%)	4(50.0%)	8(100.0%)
Secondary school or more	7(58.3%)	5(41.7%)	12(100.0%)
<b>Gender</b>			
Male	5(55.6%)	4(44.4%)	9(100.0%)
Female	6(54.5%)	5(45.5%)	11(100.0%)
<b>Current ill</b>			
Yes	9(64.3%)	5(35.7%)	14(100.0%)
No	2(33.3%)	4(66.7%)	6(100.0%)
<b>Health problem</b>			
Yes	11(68.8%)	5(31.3%)	16(100.0%)
No		4(100.0%)	4(100.0%)
<b>Total</b>	11(55.5%)	9(45.0%)	20(100.0%)

#### **All of Quality of Life Domain**

All of Number of the Thapra village elderly people (20 persons) perceived themselves have had the health problem that in line with the lower of their quality of life. Furthermore, the people who got sick (Current ill), the old aged, and the higher education, the number of the elderly people dramatically high in the lower score too. The detail as the table that shown below;



**Table 3.14: factors that influence all of QOL domain**

<b>Factors</b>	<b>The WHOQOL100-scale under the sample mean</b>	<b>The WHOQOL100-scale equal and over the sample mean</b>	<b>Total</b>
<b>Age</b>			
60-69	4(40.0%)	6(60.0%)	10(100.0%)
70-79	7 (70.0%)	3 (30.0%)	10(100.0%)
<b>Education</b>			
None at all and Primary school	4(50.0%)	4(50.0%)	8(100.0%)
Secondary school or more	7(58.3%)	5(41.7%)	12(100.0%)
<b>Gender</b>			
Male	5(55.6%)	4(44.4%)	9(100.0%)
Female	6(54.5%)	5(45.5%)	11(100.0%)
<b>Current ill</b>			
Yes	10(71.4%)	4(28.6%)	14(100.0%)
No	1(16.7%)	5(83.31%)	6(100.0%)
<b>Health problem</b>			
Yes	11(68.8%)	5(31.3%)	16(100.0%)
No		4(100.0%)	4(100.0%)
<b>Total</b>	11(55.5%)	9(45.0%)	20(100.0%)

**Part 4 : Health services activities that address quality of life of the elderly people in Khon Kaen province**

To assess the information, in-depth interview was done by interview with the key informant at the Khon Kean Provincial Health office and Si Chom Pu Hospital, the detail are as follows;

The Khon Kean Provincial Health office (KK PMO);

At present, there are 3 main jobs of the KK PHO; first are the administration, health services and technical services. KK-PMO contains 15 sections that are responsible for MOPH policy implementation. The non-communicable disease control section works for the elderly people that were supported by Medical Service Division, Health Division and Mental Health Division.

The project that health system offer to the elderly people in KK PHO were;

The mental health project, the activities of KK PHO was the coordinator who setting up the workshop “ Training for the Trainers”. The respondent came from the 1 or 2 staffs from Community Hospital. The 2 days workshop content was how to setting up the elderly people group in the community and become friendly. The trainers came from the Division of Mental Health and Psychiatry Hospital. After training completely, the trainee received the budget funding to implementation their plan and setting up the elderly people group in the village. The roles of the KK PMO were the supervisor and monitor the activities of the trainees.

The role of the division of Medical Service, mostly the main function was non-communicable diseases, especially hypertension and DM controlled. The high-risk group, not only the elderly people but also for the normal population. The main activities are prevention by using screening test (Urine Strip) for DM, and Blood pressure measurement for the high-risk group.

The other activities of the Medical service division were support the document as a tool for health education for the elderly people into 2 issue, the first was the elderly dental health, second was accident in the elderly people. Last year, there were 2 researches project that the Medical service division using KK PHO as the study area. The one was the exercise program among the elderly and the other was the quality of life of the dementia elderly. The non-communicable disease control section staff acted as the assistant researcher and data collectors. However, the research projects now are on the analysis and writing process. Even now, KK PHO did not receive the information back from the Medical Services Division.

The Health Division is the one division, which work for health promotion in the elderly group. Because of there are too many of activities that the health division wanted the KK PHO to done specific the activities and not enough money to provided for the community hospital and health center. Some time obstructed the activities and cause conflicted with the Public Health staffs. The projects that the division of health provides were the elderly exercise project, the aging society and the aging volunteer community project.

The role of KK PHO, there are no curative program for the elderly people. There were the rehabilitation projects that support some of medical equipment such as hearing aids, lens for cataract. Distribution of this medical equipment was up to physician's consideration at the community hospital. The KK PHO acts as the distributor.

There are no projects and no programs more. There are only one public health staff in KK PHO does the entire job.

### **Si Chom Pu Community hospital**

Si Chom Pu hospital is the community hospital contains 30 beds. The area responsibility of Si Chom Pu hospital is Wang Peom sub district that contains 12 villages. There are 3 main jobs of Si Chom Pu hospital. There are primary and secondary care, preventive and health promotion, and co ordination with another the organization.

The responsibility section of the elderly people is the Primary Care Unit (PCU). The activities that the Si Chom Pu hospital did for the elderly people were;

#### **1. Curative program**

There was no specific clinic for curative the elderly people in Si Chom Pu hospital. No green channel for the elderly people. How ever, the hospital support the golden card (30 Baht policy) for the elderly people that was help the elderly people easy to access for curative at Si Chom Pu hospital.

#### **2. Health promotion**

With funding and technical support form KK PHO, Si Chom Pu hospital set up the Health promotion program for the elderly people are as follows;

##### **1. The Si Chom Pu elderly people monthly meeting program.**

Objectives;

1. To encourage the elderly people in doing the Daily Activity of living correctly and live in the society with happily
2. To support the elderly people evaluated their health
3. To give the health information to the elderly people

Target population: 150 the elderly people from 4 villages

Place: Si Chom Pu temple

Time: monthly meeting

Activities:

1. Health education from director of Si Chom Pu hospital, nurses, abbot and sometime by the elderly themselves
2. Clinical examination for the elderly people , blood pressure measurement and urine stripe test screening for hypertension and DM.
3. The elderly people exchange their part experience about activity of daily living

At the beginning, program was supported by KK PHO. The benefit of the program not only the elderly people learning about the health education, they also have had opportunity to detection early and exchanging their ideas, got a friend and no time to lonely. Sometime the elderly people bring some kind of food jointed lunch together.

## 2. The morning exercise program

Health Promotion Center Region 6 Khon Kean set up the exercise program for nurse training. After training, the representative of Si Chom Pu hospital set up the Shi-Kong (the Chinese method for exercise) exercise in the morning (5.30-

6.30 a.m.) at the sport field in front of Si Chom Pu hospital. The target population is the elderly people in the area of responsibility of Si Chom Pu hospital. However, not only the elderly people joint the program but the teenager and the hospital staffs also.

Because of the program have just only started up for 3 month, there were 20-30 person per day. The elderly people who live around the hospital can access.

### 3. The elderly people health education program

There was document that gave to the elderly people while they were in meeting;

A manual of elderly health promotion

Accident in the elderly people

Dental health in the elderly people

Personal health record for the elderly people

KK PHO supports all that.

There were no program, project and no activities else. The rehabilitation, there are no activities. Because of the hospital lack of the Physio-therapy and the giving the medical aids to the elderly who disability, up to the considerable of the Hospital director.

## 3.10 Discussions

The data exercise, the cross-sectional survey of the assessing the quality of life of the elderly people in Khon Kaen, there are 6 points for discussion

1. The characteristics of sample, the proportion of gender of elderly respondent is in line with of proportion of the country and the global trend that trend towards a higher proportion of the female elderly than the male elderly when their age increases. Such a trend will maintain even until 2020 (United Nations, 1994).
2. Quality of life of the elderly people means individuals' perception of their position in life in the context of the culture and value systems in which the live and in relation to their goals, expectation, standard and concerns(WHO, 1996). The way to assess was try to assess the feeling or the perception of the elderly people that quite differ scale among the elderly people. It is an ordinal scale. It can not tell that the satisfied level from the other one is equal.
3. The data exercise finding shown that, the lowest score was the physical health factors (63.95) and the later was the environment factors (67.45). For more detail, the finding indicated that the frequency table shown that almost the elderly (100.0%) depend on the medical substance and medical aids, further more the elderly people felt that they got pain that prevent them from doing what do they need for 70.0%. The results was in agreement with Wongboonsin (1998) the Thai elderly have a higher life expectancy, or longer life does not necessarily reflect health aging, unless with proper health care before retirement. Chayowan (1995), she found that what elderly prepare for themselves are financial and living place. Them seem to forget about their health. The data exercise shown that the respondents elderly people, there were improper health care before retirement that may

decrease health expectancies to the state of illness, disability, or even handicap, despite the long life. The study of this area need more to looking into the detail to improve the elderly health in the future is the important.

In addition, the environment factor, because of the Thapra village is setting in the urban area of Muang District. The Physical environment problem occurred such as the traffic noise, smoke from the industrial. Somehow cause the elderly people who living in the village to be annoyed. The data exercise shown that more than 60.0 % of the sample felt that the healthy of their physical environment was a little to a moderate amount. The responsibility organization should be recognize and improved. The benefit for improvement not only for the elderly people but for every people in the village also

4. Factors influencing the Thapra Village Elderly People QOL finding need the larger sample size to be tested for inferential statistics. Therefore, this data exercise, the appropriate statistics was proportion, to describe factors that influence of the QOL. However, the preliminary results shown that the health problem, current ill, the old aged (70-79) and the higher education was corresponded with the lower WHOQOL-100 score.
5. The qualitative technique needs for Triangulation. The in depth interview technique that used to explore the health services activities that address QOL of the elderly people in Khon Kaen Province, there was only one method to assess the data. To assess the qualitative data, it should be recognized with the organization setting, time frame, organization environment (such as the Hospital's director policy), respondent and their



relationship, behavior, action and activities of the organization. It needs for multiple type of evidence gathered from different sources. In this data exercise, interview with the staff who are responsibility with the elderly people, then there are a lot of work that they did. It should be bring the data together of different types of evidence in order to test sources of information against each other is a way to determine which explanation are accurate and which one should be reject. However, the preliminary study shown that The role of KK PHO was MOPH policy implemented. There are 3 main jobs which are coordination, financial and technical support. The community hospital is the implementation area. The programs emphasize on the mental health, health promotion and curative activities. At present KK PHO, there is no database of the quality of life of the elderly people.

6. This data exercise indicated that not only the MOPH should do more activities the others ministry (For instance, Ministry of interior: in case of freedom, physical safety and security) should joint also. Wongboonsin (1998) suggest in growing concern for the aging population in Thailand as “a holistic approach is suggested. It includes the development of knowledge and responsibility of the population at individual, family and community level. In addition, efficient use of appropriate science and technology is part of philosophical base. This regard weight must be put equally on prevention, care, and rehabilitation.”

### **3.11 Conclusions**

This preliminary study found that the Thapra Village elderly people QOL in the area of Physical domain quite lowest. In addition, the highest proportion of factors that affect QOL was the health problem, current ill, the old aged (70-79) and the higher education, respectively. The health services activities from MOPH, at the PHO level acted as MOPH policy implemented. The community hospital took role as the operational organization. At present, Khon Kaen there was no Elderly People QOL data base at all. How ever, this is only the preliminary study, It needs to study for more detail.

### **3.12 Limitations**

1. The sample size of this was small, outcome can not be generalized for the elderly people in Khon Kaen.
2. The finding of this study are relatively limited. For quantitative data, there is no sample size calculation for acceptable error.
3. Time constraints; there was a quite short time to do a data collection that affect to sample size.

### 3.13 Lesson Learned

1. The WHOQOL-BREF is the instrument for assessing the quality of life, that I learned are useful and helped me understand how to approach and manage the manual contexts of the quality of life of the elderly people. Normally the WHOQOL-BREF are self-administered; however, elderly respondents may have difficulties to manage completion, using an interviewer who read the questions seem were appropriate. Thus, the communication skills were important. There were need the local language, loud and pay attention to the respondents.
2. At the beginning of interview, the introduction need to be informed.
  - Because of the WHOQOL-BREF is the subjective instrument, The answer of the subject comes from their feeling, then, no answer right or wrong, sometime the elderly showed fear to give a wrong answer. Therefore, introduction before interview is important.
  - The scale of measurement difficult to answer the question such as very poor, poor, neither poor nor good, good , and very good , sometime its causes data collection error.
  - Some of the question the elderly shy to answer; such as asking about sexual life, about the money that they have, etc.
3. The in-depth interview guideline need to be tested before actual collect data. In addition to, the research need to be more experienced in how to approach the respondents. I learned form this study, the in-depth interview environment should privacy, quite and more concentrate. However, the

question are the open-end, give opportunity for the respondent explain about their activities or opinion, some time should have the amusing question at the beginning for the good atmosphere.

4. The in-depth interview need the researcher and key informants good relationship and trust. The data that the key informants give, the feeling of them should feel free to tell, to answer the question. In addition, the output of the data collection should not interpreted the meaning of the mean of the respondents. The data collector should pay attention in every word that the respondents say.

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