

**HEALTH STATUS AND FACTORS RELATED TO
HEALTH STATUS OF THE ELDERLY
IN PAPAYOM DISTRICT PATTHALUNG PROVINCE**



Mrs. Sutsawat Ammarittagul

**A Thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Public Health in Health Systems Development**

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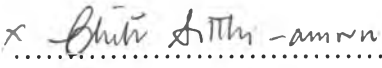
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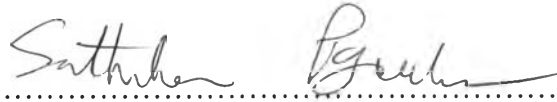
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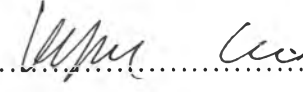
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 Dean of the College of Public Health
(Professor Chitr Sitthi-amorn, M.D., M.Sc., Ph.D.)

THESIS COMMITTEE

 Chairperson
(Associate Professor Sathirakorn Pongpanich, M.A., Ph.D.)

 Thesis Advisor
(Valaikanya Plasai, M.P.H., Dr. P.H.)

 Member
(Vandee Bhokakul, M.D.)

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The survey research during the 1st – 30th October 2004 was conducted with the objectives to study health status, health behavior, social support and accessibility in health services of the elderly in Papayom district, Patthalung Province, Thailand. Sampling group of 350 people was selected by stratified-two-stage method. Interview questionnaires were assessed on their reliability and accuracy of contents by experts and their validity by using Cronbach alpha co-efficiency test. Each scale's reliability value was on health behavior 0.69, on social support 0.72 and on health status 0.79

The analysis of the result was made by SPSS/win programme, version 11.0. The research showed that the majority of the respondents were female at the ratio of male: female 1:2 in the age groups of 60-69 years old, married life, with primary education in agriculture occupation. Their income from their children. The average ages of the parents were 71.8 and 77.6 years old respectively. Their health behavior at the average was at 91.3%, social supports at high level at 90.2%, the accessibility in health services at state hospitals. The convenience in their traveling and satisfaction from the services were at 96.9%. As for their overall health status, it was at 47.1% which means female's health status was better than male's. The chronic diseases, were mainly found, were hypertension, diabetes mellitus, heart disease. The acute disease was back and waist pains. The individual health problems were problems in sighting 47.7%, in chewing 44.9%, in sleeping pattern 24.3% and in hearing 18%. The study of the factors in health status in term of the statistically significant value 0.05 was applied to age group, level of education, ability in reading and writing, in their occupations, types of jobs, need in taking care, the relationship in the family, level of health behavior, social supports, illnesses, types of diseases, and choices in using health welfare benefits.

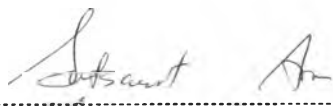
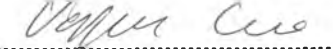
I recommended that the government should give their support in services and advices, provide special clinics to the elderly, organize training and work shops to the care-givers and related groups, provide part of funds to the elderly for their savings, cover welfare benefits to the needy, promote income and occupation for their whole life, and promote the participation of the community in development of the quality of life in the elderly by taking part in activities in health promotion and in continual basis.

Field of study Health Systems Development

Student's signature

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ABBREVEATIONS

ADS	:	ACTIVITY OF DAILYS
BMI	:	BODY MASS INDEX
COPD	:	CHRONIC OBSTRUCTIVE OF PULMONARY DISEASE
DM	:	DIABETES MELLITUS
NCD	:	NON COMMUNICABLE DISEASE
QOL	:	QUALITY OF LIFE