



## CHAPTER V

### SUMMARY AND DISCUSSION

The research was done in the form of survey research with the objective to study health status and factors related to health status of the elderly in Papayom district, Patthalung Province. Sampling groups was from Thai population, 60 and over 60 years of age for a number of 350 people. The sampling group was done by stratified random sampling. The materials consist of 5 sections namely 1). General interview questionnaire on personal data, economic and social life 2). Interview questionnaire on health behavior 3). Interview questionnaire on accessibility in health service 4). Interview questionnaire on social support and 5). Interview questionnaire on health status. The questionnaires were assessed on their reliability and accuracy of contents by experts. The assessment of validity was used with the 40 elderly with similar characteristics by using Cronbach alpha co-efficiency test. The scale of reliability value on health behavior at 0.69, on social support at 0.72, on health status at 0.79. Field data was collected by 4 public health officials. The data was in descriptive form, frequency, percentage; averagemean, standard deviation and time square ( $x^2$ ).

The results showed that the majority was female (male: female=1:2), age groups between 60-69, primary education (83.6percent), mainly in agriculture (62.3percent) source of income from children (52.7percent), married life (63.1percent), live alone(21.1percent), father's average age at 71.8years,mother's average age at 77.6years,

mainly their health behavior at average(93.1percent), female's health behavior better than male's, social supports at high level(90.2percent). As for accessibility in health services, it was found that their illnesses were mild. When they were ill, they would go to state hospitals by using golden card (74.7percent). Time to the hospitals took less than 30 minutes. They went by hired vehicles (41.4percent) and they spent about Baht30-Baht49 on each trip both to and from the hospital. The satisfaction from the services was good. As for health status, it was found that mostly they could take care of themselves at 47.1 percent. Most problems were relating to food chewing44.9percent, sight problems at 47.7 percent, hearing18percent, sleeping 24.3 percent. As for acute illness they were back pain and waist pain. The chronic illnesses were hypertension, diabetes mellitus, heart disease, allergies, palsy thyroid and carcinoma.

As for the study of relationships, it was found that factors relating to the relationships with health status of elderly of Papayom District, Patthalung Province in term of the statistically significant value at 0.5 were age group, ability in reading and writing, level of education, occupations, types of jobs, care requirements, relationship in the family, illnesses, and choices in using health service centers.

## **Discussion**

From the collected data, they were mainly from female elderly as male elderly were at work in agriculture outside their house. Furthermore, the male elderly in Papayom District was fewer because of their death at the middle age which was more than usual. The next study showed be done after the male elderly get back from work such as in the evening or at the weekends.(Patthalung Provincial Health Office,2003)

The result from the student found that female elderly had better health than male elderly in the age groups of 60-69 years, married life status, primary education, still at work, in agriculture occupation and insufficient income. This could be that the sampling groups were in the early stage of elderly groups with out much physical changes. The data were mostly collected from the elderly who were not in the stage of acute illness and very few from the ones in the stage of chronic illness and could not help themselves.

The research was in line with the research of Plianbumroong, D. (1997) that studied the quality of life of the elderly in the South of Thailand. It found that the majority of the elderly had a good quality of life and also found that basic factors were related with quality of life (married status, occupation, income). It was also in line with the study of Kanchanakysakul, M. (2000). And it found that the population of Thailand in the age groups of 60-69 years comprised of female elderly more than half, with married life, and mostly education at primary level and in the agriculture sector.

The study found that the factors in social supports were in the form of participations in the society, receiving respects, taking care of their health and doing house chores. This study was in line with the study of Chayovan, N. (1999) which found that female elderly with low income would receive various supports more than male. From the study of Sritanyarat, W., & team (2002), it found that most of the male elderly received their income from their sons and their wife but they could not put it with their savings.

The study also found that most of elderly in Papayom District had good relationship with their family and they would do many things by themselves. This is also in line with the study of SiriSawang, W. and team (2000) which found that most of the elderly had good quality of life, good relationships with their family and would do many things by themselves.

The study related to the illness of elderly in Papayom District, found that the elderly were in chronic illness more than the acute illnesses. The acute illnesses were back pain and waist pain and chronic illnesses were hypertension, diabetes mellitus, heart disease, allergies, palsy, and carcinoma, malnutrition and obesity. The study was in line with the study of Titapunkul, S. (1992) that the majority of the elderly were in chronic illness and the study Chayovan, N. & Knodel, J. (1997) found the majority of the elderly had back pain and waist pain, arthritis, hypertension, gastritis, heart disease and eye disease. From the study of Chayovan, N. (1996), it found that the majority of illness of the elderly were backpain, hypertension, arthritis, gastritis and heart disease and the study of Srithanyarat, W. (2000) found that elderly claimed that they were healthy but actually they had acute illness such as common cold, headaches, arthritis, back pain and hypertension.

From the study of Titapunkul, S. (1999), it found that the chronic illnesses usually happened to Thai elderly and they were related to their older age. They could also be diagnosed with more than one disease. This was in line with the study of The-NHES-2(1998) which found that the elderly could have changes to have chronic illness were than six diseases. The study from Ministry of Public Health (2002) found

that middle-aged patients with chronic disease were sick of blood circulation system (Stroke, hypertension), carcinoma and chronic obstructive pulmonary disease (COPD). It was in line with the study of Moopayak, K. & associates (1996) that the sampling group was sick of hypertension and bone disease. Furthermore, the study of Tantewong, A. (1995) found that female elderly (38percent) had problems with their incontinent urination and urinated before they reach the toilets. The study of Koomthaweepon, P. & associates (1995) also found that female elderly 81.8percent had problems with sleeping.

It can be concluded that health problems of elderly were related to their degeneration of their body, the diseases commonly found were back pain and waist pain, arthritis, hypertension and gastritis.

For the study of health behavior and accessibility of health services, it found that elderly usually had physical activities such as exercises and making efforts in during their work. They always took good care of their health. When they were sick they usually used services at the state hospitals nearby by using golden card. They took their trips to the hospitals by hired vehicles with low fare. As Papayom District a small district with public health units all over area and Papayom hospital as the centre, a lot of elderly chose to travel to these places for the services. In view of their low income without much savings, the patients used the state services by golden card and that is in line with the study of Titapunkul, S. (1999) which found that 60percent of seriously ill patients who were admitted in the hospital used the golden card.

From this study, it found that health status of the elderly of Papayom District were at good level (47.1percent) average (45.7percent) and low (7.2percent) which supported the study of Siripanich, B. (1982) and Chayovan, N. (1988) which has the similar results of study in term of ratio, it also found that elderly in the country were more unhealthy than the elderly in city and when they got older, they were more healthy due to the degeneration of their body. Even so, when considering their health by each function of body, it found that the elderly still had problem with use of teeth (44.9percent), hearing (47.7percent), sighting (45.4percent), sleeping (24.3percent), urination (19.1percent), obesity (20.3percent), under-nourishment(20.9percent) never having annual physical check-up(22.9percent). This finding was in line with the report of WHO (2002) stating that the developments in various aspects male people lead their life differently and that caused various kinds of diseases. In the developed countries, infectious diseases and malnutrition were rampant. Non-communicable disease and chronical diseases were increasing rapidly, such as heart disease, carcinoma, melancholy and that led to death for 78percent.

From the study, the elderly of Papayom District had long life expectancy even though they had some illnesses with low education and low income. Due to their occupation in agriculture that required physical strengths everyday, they were therefore healthy. Most of their daily activities were in the form of long walking and riding bicycle to their fields at a long distance. They had no time to attend to their physical check-up such as their teeth, hearing testing, and functions of heart. In view of their long life span, their body became degenerated and they let the natural take it's course.

They found that they had chewing problems because there were not enough dentists to give them any advices.

In view of under-nourishment or obesity that they had for a long time, they where for had chronical diseases when they got older. The elderly with problems in chewing would also have problems in chewing their food. Due to lack of knowledge in nutrition together with habit of having their favorite food at low cost with insufficient nutrition, not trying to chew properly, the problems in undernourishment arose.

As for the problems in hearing and sighting of the elderly, it found that due to the degeneration of their body which usually occurs when they get older and also lacked of good care, the efficiency in sighting of the elderly got worse. This was also due to smaller retina and less efficient response. The adjusting of sighting was inefficient. (Am and Slone cited in Vilailege, S., 1993)

Due to the limited number of medical doctors and officials who could not visit them at home. Moreover the elderly did not see the importance to have physical check-up and they also let their pain in their ears and eyes to go on for a long time. That required them to see the specialist. As for their children who worked outside their house, they therefore did not have time to talk their parents to the far away hospital in other province, and that made them wait for their doctors for a long time. They therefore left the problems in hearing and sighting as they were. When they saw their doctors, it was too late for the remedy or back to normal state again.

As for the problems in sleeping, it found that the elderly could not sleep well because of their health status and sleeping schedules changed. For example, the elderly who had diabetes mellitus (DM), they had to urinate more often at night. Some kinds of disease also affected their sleeping pattern. Chronical diseases also affected the mental state of the elderly. They were worried or anxious about the severity of diseases that were diagnosed. Some kinds of medication could induce sleepiness during the day and that made them under to sleep. The study was in line with the study of Khoomthaweporn, P.& associates (1995) which found 81.8percent female elder had sleeping problems.

#### **Problems with irregular bowel movement**

Due to the movements of abnormal and intestines becoming less efficient, the constipation could easily occur. Furthermore the elderly did not use much strength in their work and that caused constipation. It sometimes found that the elderly ate fatty food and loss vegetables, and that the absorbability of food was harder.

#### **Relationship between age groups of elderly and health status**

The study in the relationship between age groups of elderly and health status in term of the statistically significant value 0.05 found that elderly with age groups between 60-69years had better health status than the elderly with age groups between 70-79years and over 80 years respectively. The study was in line with the study of Vetchapath, C. (1995) that after any body 30 years of age, their physical functions become less efficient at slow gradual speed. The degeneration of the organs in each



system was at different stage at different age. The over all health status of the elderly become worse and worse gradually.

### **Relationships between education and ability in reading/ writing with health status**

The study found that education and ability in reading/ writing were related with health status in term of the statistically significant value 0.05 that the elderly with high education would have better health than the ones with low education. This was due to the knowledge, attitude and better taking care of themselves (Suwan P, 1993). The elderly with low education were less patient to seek knowledge or to take care of themselves to prevent themselves from diseases and promote their health.

### **Relationships between occupations and types of jobs with health status**

The study found that occupations and types of jobs were related with health status in term of the statistically significant value 0.05 because the elderly with jobs would have better income than the elderly without jobs. Jobs in agriculture required the elderly to use more strength and that made them stronger in other occupations. The study was in line with the study of Treamvisit, S., & Augpiroj, N. (1997) that anyone without income would have worse health status than the ones with income and that was also in line with the study of Panichchevakul, P. (1994) that the elderly with jobs would have better quality of life than the elderly with out jobs.

### **Relationships between health behavior and health status**

The study found that health behavior and was related with health status in term of the statistically significant value 0.05 because the elderly with proper health behavior could slow down the degeneration stage of organs in the body. Organs in several systems that worked efficiently could lead to good health status. the elderly could do any activities independently and was in line with study of Bellock and Breslow(cited in Vilailert S,1993)

### **Relationships between social support and the need for care assistants and health status**

The study found that social supports and the need for care assistants were related with health in term of the statistically significant value 0.05.The study was in line with the study of Pochanapant, S. & team (1995) that the social supports were positively related with quality of life because receiving social supports would have good effects on the elderly in term of health behavior and health status. Social supports were mechanism that help the elderly to maintain good health. The network of society would help the elderly confront with stress more effectively. The study was in line with the study of Chaiaree, C. (1990), Kupantavee, N. (1991) and Hunkittigul, S. (1996).

### **Relationships between the accessibility in health services and health status**

The study found that type of diseases; illness and choice to use health services when the elderly get sick were related with the health status in term of the statistically significant value 0.05. The study was in line with the study of Sirirasamee, B. & Liewprapai, B. (1998) that the significant reasons to use the health services were the

convenience in traveling (24.6percent) social security card/ health insurance card (5.9percent) and cheap medical fees (2.8percent)

## **Recommendations**

### **The problems rising from this study include:**

#### **1. Health problems**

The major health problems related to the deterioration of the elderly and inappropriate health behaviors are back and waist pain, arthritis, Hypertension and diabetes mellitus. From my work experience at the Papayom District Hospital, I found that most people suffered from non-communicable diseases are as a result of genetic and malnutrition, lack of knowledge in healthy and nutritional cooking and lack of exercise. Therefore, a well establishment of health education since childhood is essential. Students should learn health education and practice how to live a healthy life as soon as they are in primary school. This will prevent the problems that may occur in the future.

However, the solutions for the existing problems should be;

- 1.1 Prevention of non-communicable diseases such as hypertension, diabetes mellitus and heart disease in people 40 years old and over, people with self health problems or malnutrition by providing a sudden help services or special health clinic for the elderly.
- 1.2 Prevention of health problems of the elderly by collaborating with other health services to reduce the problems associated with nutrition.

- 1.3 Promotion of health education and annual medical check-up in the community by encouraging concerns for good health care since childhood such as breast feeding and regular exercise.

## **2. Problems of low health check-up (61.4%)**

An annual health check-up is a good way to prevent the severity of health problems if the symptoms are found as soon as possible. Nevertheless, It is found that the level of health check-up in this region are low. The causes of these problems are based on.

### **2.1 Lack of knowledge**

As indicated in the Health Development Policy, it is important for people of all ages to have a health check-up at least once a year. Children should be encouraged to develop both E.Q. and I.Q. Pregnant women should learn how to take care of themselves and their babies and the health benefit of breast feeding. It is also essential to set up a child development clinic in the community to provide information on how to raise children at each stage of development.

In working group, people do not concern about their exercise and eating habit. They tend to have various kinds of non-healthy food, particularly foods that are high in fat, sugar and salt, which lead to the development of diabetes mellitus, hypertension and cancer in the near future. The annual health check-up will help decrease these problems in the primary stage such as control of risk behavior and risk management. In secondary stage, control of risk behavior and management of risk factor will help the

doctor to trace down the symptom of diseases from the beginning so the deterioration and health problems can be extended.

## **2.2 Role of relatives and caretakers**

Attention of relatives and caretakers plays an important role to the well-being of the elderly. As a matter of fact, most relatives and caretakers pay less attention on the annual medical check-up of themselves, not to mention the attention on their elder relatives. In addition, the elderly should be encouraged to take part in activities organized for them occasionally rather than being left alone at home. Most activities provide a better atmosphere for the elderly to practice something beneficial to both body and mind.

## **2.3 Health support units**

Due to insufficient health support units, it is important to improve the service at the existing units to support more clients. There are some factors that are involved including.

### **1. Improvement of the attitude toward the elderly.**

The service must be provided to all clients equally and it should not take a long time so it can help more clients.

### **2. Personal training.**

All staff at the health service units should attend special training on a regular basis to improve their work experience and work efficiency.

### **3. Sex.**

The results show that most women concern about their health and always take good care of themselves. In contrast, most men do not pay much attention on their health. They come to see doctors only when they are already in serious conditions.

### **4. Difficulties of formal practice.**

Most people found it difficult in the formal process of health support units before receiving service such as filling forms and documentation. It should be pointed out that some clients are illiterate and most of them have low education.

### **5. Waiting time.**

The elderly reported that they spent too much time waiting in line for the service. Most of them had a lot of trouble sitting for a long time. Therefore, a special line for the elderly should be made possible at all health service units and hospitals.

### **6. Co-operation.**

To make a better service for every clients, other members of the family should get involved to support staff in the process of treatment by giving sufficient information of the clients. The earlier the symptom found the less the deterioration and the possibility of disability. A good physical health will help the elderly to maintain their ability to live a normal life and to take care of themselves.

### **3. Problems of low income, low education and poor health**

The study showed that the elderly in Papayom district have long life span, unfortunately, it is not for the best because it means they might have to suffer from sickness and malnutrition for a long time. This is a result of the major factors that play an important role in their life, low income and low education. They have a direct impact to the health of people in this region as a whole. They also lead to the low quality of life, health problems and severity of disability.

To overcome the problems, the government must provide an equal opportunity for people to get access to the service and a wide distribution of health support units to remote areas. A useful information on a good health practice and a good social welfare policy will help ease the health problems of the elderly a great deal.