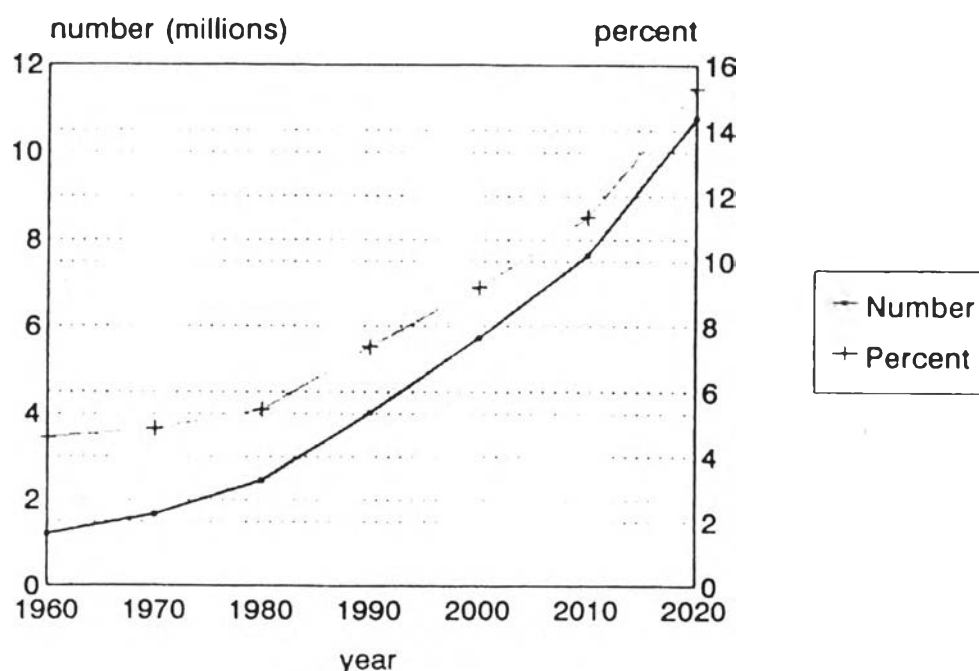


CHAPTER I

INTRODUCTION

Anyone who reviews the statistics about the elderly recognizes that Thailand like many countries in Asia and the Pacific, is facing an elderly population. We are no longer surprised to read that the fastest growing segment of our society is over 60's, with 1.21 million older adults (4.6 %) in the year 1960 rising to 4.02 million older adults (7.36%) in 1990. By the year 2020 the proportion of the elderly population will predictably rise to 10.78 millions (15.28 %)⁽¹⁻²⁾(Figure 1)

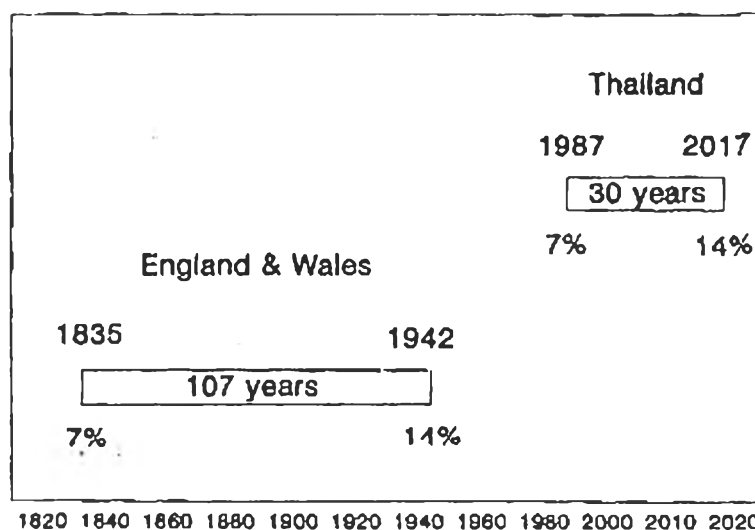
Figure 1 Number and percentage of Thai elderly aged 60 and over



Source: Population and Housing Census Thailand 1960-1990 and Population projections for Thailand 1990-2020

At which time they will number more than in many developed countries. For example, while it took England and Wales 107 years for the proportion of the elderly 60 Years and over to double from 7 % to 14 %, it will take Thailand only 30 years to achieve the same increase.⁽³⁾ (Figure 2) The rapid speed of population ageing in Thailand will have subsequent consequences for its socio-economic development, which require timely and well-planned policies and programmes to cope with.

Figure 2 Rapidity of the population ageing process in England & Wales and Thailand



Source : Principles of geriatric medicine, 2001

The development of medical and health services has led to a longer life span in elderly. The estimation of Thai life expectancy in males and females will go up to 70.07 years and 74.11 years during 2010-2020.⁽⁴⁾ This increase of the elderly is also associated with an increasing trend of the age dependency ratio which goes up continuously. All these mentioned show the inclination of ageing growing in size and proportion, creating structural changes, However this situation does not mean the

elderly have a healthy life. The study of population organization, Chulalongkorn University found that 41% of elderly people have health problems.⁽⁵⁾ Those older than 65 years of age spend three times as many days in hospitals than younger people, and 30 times as many days in nursing homes and other rehabilitative settings.⁽⁶⁾ Moreover, the study of community's health problems in Thai elderly found that 48 % face a vision disability, 21 % have a disability with hearing, 15 % cannot do their household work and 3 % cannot eat by themselves.⁽⁷⁾

At the present time, Thailand increasingly is becoming industrialized as the country becomes developed. This results in the modernization of health technologies, scientific technologies, urbanization, and education. These four salient aspects were identified as salient to the condition of older people in the society. As the mention above, the application of health technology, including public measures, and all aspects of medicine affect the aged in the society. These bring in a prolongation of adult life as well as a decline in birth rate. The application of economic and industrial technology leads to new occupations located increasingly in an urban setting, and the population is geographically and socially mobile as the youth migrates to these jobs. Formerly the young were dependent on the old, now the old suffer dependency. Urbanization profoundly changes the bonds of familial association, increasing social distance between generations, as upward mobility among the young leads to reduced status of the aged. This effect is compounded by the retirement and dependency of the elderly. Each of these aspects of modernization lead to the lower status of older people in society.⁽⁸⁻⁹⁾

In addition to this, there is a changing disease composition, as the shift from communicable disease to non-communicable diseases is fast occurring in Thailand. The data point to the predominate causes of death in aged being heart diseases, cerebrovascular diseases, cancer and accidents. The prevalence rate of sickness increasing by these causes in each month was 43.6 percent.⁽³⁾ Some research found that 73% of older people have at least one symptoms or chronic disease.⁽¹⁰⁾

The deterioration of the elderly's organisms lead to less functional abilities. Every one in five of the older population have different degrees of disabilities according to their mobility function.⁽¹¹⁾ The affects on the elderly make them dependent on each other.⁽¹²⁾ For example, an elder's disabilities make it difficult to carry out the basic activities of daily living (BADL) such as bathing, eating, using the toilet and walking across the room. In a national survey of health problems in the Thai elderly, it was found that 25% were suffering from short-term and long-term disabilities.⁽⁸⁾ The elderly with their limited roles confront psychosocial problems such as feelings of being useless conflicts with their children, incapability of self-adjustment to their family and to the dynamically changing environment, self isolation from society, and the bad attitude of society towards them.⁽¹²⁾ In a national survey, 3.4 % of Thai elderly suffer from dementia,⁽⁸⁾ while the prevalence in the age of 60-69 years is only around 1% but it is more than 30 % at the age of 90 years and over. Dementia is one the most burdensome diseases for caregivers.

As one proceeds through life, the functional capacity decreases, becoming progressively close to the level of life sustainence. Most people as they advance in age

are not significantly limited in their overall function. As age increases, an increasing proportion of persons will have limited activities and mobility, as the degenerative process that appears with aging declines their functional ability and endurance in activities of daily living.^(12,13)

All those factors mentioned above, will affect our society resulting in the burden of disease, the need of social care and health care and the need of quality of medical treatment and rehabilitation. All of these items will lead to increased health service expenses, with the trend increasing to the point that the health service can not serve all of the elderly.

Health promotion and prevention of chronic illness and disability are significant goals for older people. A major defining characteristic of good health for elderly people is functional independency, and this is a primary interest for older people and should be a primary focus of health care.^(14,15)

Krabi is one of the provinces in the south of Thailand. At present the number of elderly people in Krabi are 44,798. The number of the elderly people increased during the last 10 years (1990-2000) by 2.3 percent, along with, age dependency ratio growth from 9.5 percent to 11.08 percent while the child dependency ratio declined 61.4 to 8.0 percent.⁽¹⁶⁾ Muang district saw the number of elderly increase during 5 years (1997-2001) by 0.27 percent while Tumbon Aonang increased by 0.87 percent.⁽¹⁶⁾ In addition, the direction of Thailand Health Development, targets also the elderly, as the government focused on promotion well-being in all ages.⁽¹⁷⁾

Chongpee Health Center is a primary care unit with the responsibility to provide care services to the people who live in Tumbon Aonang, and the elderly is one of the target groups which the health center oversees.

To give appropriate services to the elderly, the baseline data should be assessed. Functional assessment is an important part of evaluation of the elderly person⁽¹⁸⁾ that has never been done before in this community. It will determine the health promotion needs and requirements for service. This research may be valuable in identifying elderly persons who are disabled and those currently not disabled but at increased risk of subsequent disability and therefore they may benefit from interventions to reduce the progression of disability.