

**The Supplement of Being Healthy and Network
To Improve Elderly's Quality of Life in Isan Community.**

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Abstract

The research project entitled “The Supplement of Being Healthy and Network to Improve the Elderly’s Quality of Life in Isan Community” has aimed to collect data on problems and obstacles in taking care of the elderly’s physical and mental health condition in particular, as well as the significant elements for living. The project has also aimed to seek for appropriate pattern of the supplement of being healthy to improve the elderly’s quality of life which could bring about the better quality of life of the elderly population. In addition, the project has aimed to seek for the holistic cooperation from related individuals and organizations in order to create the mechanism of “Social Network”. This mechanism can build up a strong participation in order to improve the elderly’s quality of life in the community. The project has employed the Participatory Action Research approach or PAR to conduct the project’s activities. The project has chosen Nakorn Ratchasima province as the study site since the province has been ranked the most aged people residing compared with other provinces in the Isan region. Two communities have been selected to be project pilot areas based on their different conditions of the elderly’s way of living. Jor Hor Yoo Jareon Community, Jor Hor District of Muang District has been represented the urban community. Banna Tawong Community, Nong Ngoo Leorm Sub-district of Chalerm Pra Kiat District has been represented the rural community.

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The research's results based on various comparisons on causes and factors related to the development of healthy elderly population towards different context of social, economic, and culture in taking care of the elderly. The results are as follow:

1) Life Expectancy. The elderly in rural community has longer live expectancy than the elderly in urban community. Based on the research results, it is found that the elderly (80 years of age and above) of Na Tawong Community comprises of 15 percent of the total elderly population, while, Jor Hor Yoo Chareon Community, the elderly in that aged group comprises only 3.1 percent of the total elderly population of the community. The healthy eating habit plays the crucial role in making the elderly in the rural community has longer life expectancy than the urban counterpart.

2) Mental Health. The elderly in rural community has better mental health condition than the elderly in the urban community. The elderly in rural community has less depression since they live close to their children and grandchildren. They have not been forsaken by their children; therefore, they are not lonely.

3) Way of Living. Elderly both residing in rural and urban communities have similar daily routine. These activities are comprised of: waking up early; cooking; offering food to the monks; washing dishes; doing laundry; cleaning the house; and taking care of their grandchildren.

4) Security of Life. The elderly's occupation and sources of income are different in both types of communities. It is found that the elderly in rural community have not been depressed. They have engaged in various activities that they are accustomed to and they love to do those activities. The activities are as follows: farming; rice farming; gardening; gathering vegetable; raising animal; weaving mat; weaving for house wares; hammering iron to make household's tools; being a carpenter; engaging in food processing activities such as preparing chili powder, preparing parched-rice, cooking sweets, and running a grocery shop; and taking care of their grandchildren. On the other hand, the elderly in the urban community are mainly retired government officers receiving monthly pension from the government. Some of the elderly are running their own business such as having the boarding for rent, running the grocery shops, or gaining monthly allowance from their children. However, there are also the elderly who do not gain monthly income. They have to struggle to gain money in order to survive in urban society. Some of them are daily workers who are very insecure about their income since they depend heavily on the employer: If someone employs them on a particular day, they can earn some money. If no

one employs them, they will not earn any baht. Therefore, this elderly group existing in urban community is more likely to be depressed and concerned about their future compared to other groups of the elderly existing in both rural and urban communities.

5) Rate of participation of the Elderly in Community's activities. Though, the elderly of both rural and urban communities have similar percentage of acknowledging the elderly's activities existing in their communities, 93.7 percent in rural community and 90.6 percent in urban community respectively. However, 96 percent of the elderly in rural community have participated in the activities. While only 50 percent of the elderly in urban community have participated in the community's activities. The elderly residing in urban community have been concentrated on their occupation to earn money to meet their own need; they do not have sufficient time to participate in community's activities.

Based on the research findings, it is found that there are various factors obstructed the promotion of healthy living of the elderly. For instance, the elderly's eating habit—a lot of them know how to eat in order to be healthy but they do not practice what they have known. In exercising aspect, it is found that less number of the elderly does exercise. Though some of them do exercise but they do not exercise on regular basis, they cannot see the result of doing exercise towards their health in general. In addition, it is found that the caretakers of the elderly do not have awareness of the elderly's physical capacity. One example is that there are many households are still using squatted toilet which is not appropriate for the elderly's physical condition. This kind of toilet can increase the tension of the joint and muscle of the elderly. Another significant issue which has not yet been seen from both communities is that the processes of knowledge and experience transferring from the elderly to the new generation of the communities have not yet been existed. This process can be one element to make the elderly feel proud of them rather than to have longer life expectancy.

The effect of activities supported the elderly by the project. The project has conducted in-depth interview and focus group in order to gather crucial information and then the various activities have been carried out to promote the elderly's wellness in both communities. The activities are included both knowledge providing in training session as well as the practical session. The training on health issue has been focused on taking care of the elderly's health, constructing healthy eating habit, and information about appropriate nutrient for the elderly, and the elderly's exercise program. For social aspect, the project has provided knowledge about saving and how to manage the saving. The follow-up

process has been made afterward on the elderly's performance in both communities. It is interesting to learn that the elderly from both communities have changed their attitude and their habit in their daily routine. It is found that the elderly and other communities members have shown their more enthusiastic to participate in the community's activities. They have also changed their eating habit; they tend to eat healthy food after gaining knowledge from the project's team. The elderly in target communities have shown the progress in their self-care aspect, they do exercise which appropriate for their physical condition regularly. The significant finding from the data analysis indicates that the elderly in both communities have shown their clear and strong direction to join in the community's activities. This changing attitude and performance of the elderly also affect to other generations, families' members as well as communities to realize in the significant role of the elderly. Consequently, they are more eager to participate in any scheme that can develop the elderly quality of life.

Based on the study's results, there are various recommendations as follows: **1) Recommendations for improving the elderly quality of life.** This includes the direction for caring the elderly in the future, for example, the community should set up the baseline for the alternative of caring service to the elderly—the elderly live alone without any caretaker or the elderly need caretaker from time to time depending on the elderly' s condition. The community should set up activity or project to support the elderly continually and the activity or project should respond to the elderly real need. In addition, the significant issue in order to improve the elderly's quality of life is saving. The direction to implement the elderly saving and service activities organized by the community should be monitored and supported closely and continually from related organizations. **2) The recommendation for cooperation in order to create social network to develop the elderly quality of life.** The recommendations are divided into two dimensions. One is the regional base network—In the community level, it should be a closely coordination between the elderly themselves, their families' members, the local health promotion hospital which take care of health volunteer working in the particular community, and local administration organizations such as the sub-district administration organization and sub-district municipality. The organizations in provincial and national level are including of provincial administration organization, the organization existing in district or provincial levels such as the Human Development and human Security Provincial office or the Community Development Office which existing in both district and provincial levels. In addition, the project has also suggested the community to create, "The elderly Network in Sub-district or District Level". The network should have 3

qualifications: 1) the network should set up based on the bottom-up participation of the elderly; 2) the network should get support from related organizations continually; and 3) To participate as network, it is necessary to have various organizations to join in the network.

The Issue Base related to the improvement of the elderly's quality of life. The examples are as follows: 1) network related to health and public health; 2) network related to economic, service, and appropriate occupational promotion; and 3) Network related to social, culture, and custom.

3) Recommendation for research projects in the future. Various research projects should have been conducted, for example, conducting the research related to "the process of potential promotion of public health personals in taking care of the elderly in holistic manners in local community" and conducting the research related to the topic of "the promotion of local power in taking care of the elderly in the Isan region which have had different in terms of social context and multi-cultural approaches. Lastly, research projects should have been conducted related to the issue of "the learning process establishment to improve the elderly quality of life with fully participated of the community, and "the cross border research on elderly issue" should have been made in order to share the comparison of the elderly's status, problem and direction to improve the elderly's quality of life of each of our neighboring countries. This can lead to the better cooperation in order to promote the elderly' s quality of life in terms of policy and operational bases, the network creation among organizations among ASEAN members so that the sustainable knowledge related to the development of the elderly should be established in the near future. As a consequence, this will respond to the country's plan to be "the elderly society" in 2015 which is almost the same time that Thailand will be one of the ASEAN Economic Community (AEC).

