

4036515 PRPR/M: MAJOR: POPULATION AND SOCIAL RESEARCH.
M.A. (POPULATION AND SOCIAL RESEARCH)

KEY WORDS: QUALITY OF LIFE / RELIGION / ELDERLY / THAILAND

MONTREE KONGWATMAI: A COMPARATIVE STUDY ON
QUALITY OF LIFE AMONG THAI BUDDHIST AND THAI MUSLIM ELDERLY
IN RANONG PROVINCE. THESIS ADVISOR: BUPPHA SIRIRASSAMEE, Ph.D.,
PHILIP GUEST, Ph.D., 159 P. ISBN 974-663-338-4

In Thailand, the growth rate of the aged population has been increasing while the growth rate of the young population has been decreasing. These trends are associated with emerging problems, especially for the elderly, who are faced with a lack of family care. Potentially affecting the quality of their lives. This survey-based research has been designed as a comparative study of the quality of life of the elderly, taking into consideration factors related to look at behavior, morality, family support, health conditions, and the use of health services by Thai Buddhist and Thai Muslim elderly. The research identifies factors influencing the quality of life of the elderly in Ranong Province, using a sample of 403 respondents aged 60-74 years, whom 203 were Buddhist and the other 200 being Muslim. Respondents were chosen by simple random sampling, and the data were collected through face-to-face interviews.

It was found that the Buddhist elderly have a higher quality of life than the Muslim elderly. Members of each religion have beliefs and practices according to their religious principles. Muslim elderly, however, were stricter in their observance than the Buddhist elderly. As regards support from the family in the areas of emotional support, roles and duties, relationships and independence, the Buddhist were given more support than the Muslim respondents. However, levels of physical support did not vary between the two groups. The Buddhist elderly had better health conditions and greater access to public health services than did the Muslim elderly.

Health had the biggest impact on the quality of life of the elderly. This was followed by work roles, emotional support from the family, family support for relationships and independence, and participation in community activities. The set of predictor variables could explain 46 percent of the individual variation in quality of life.

When each group was analyzed separately it was found that the quality of life of the Buddhist elderly were most heavily influenced by health, followed by work roles, family support for relationships and independence, and education. Predictor variables explained 50 percent of the variation in quality of life. The most influential independent variable for the quality of life of the Muslim elderly was health, followed by personal practices according to religious principles, and participation in community life. The variables used in the model helped explain 44 percent of the variation in quality of life. The results of the research partially supported the hypotheses of the study.