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A STUDY ON QUALITY OF LIFE AMONG ELDERLY IN THE SOUTHERN PART OF THAILAND: A CASE STUDY IN YALA PROVINCE

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Abstract

There is a rapid increase in the population of the elderly globally, and Thailand was an ageing nation since 2001. Maintaining health, social participation and improving quality of life of the elderly are public health challenges of the 21st century. The quality of life among elderly in Yala province is under-researched. This study aims to determine the quality of life and its associated factors among the Elderly in Yala, Thailand. This was a cross-sectional study among 330 residents aged 60 years or more in Yala Province in September 2014. Simple random sampling was used to select participants. Study instruments included World Health Organization Quality of Life Questionnaire-Brief Version in Thai language

(WHOQOl_BREF_THAI), Multidimensional Scale for Perceived Social Support, and a questionnaire for Socio-demographic variables. Univariate analysis was used to determine associations and P*-value <0.05 was considered statistically significant. The overall quality of life among the elderly was at the moderate level (2.84 ± 0.64.) The scores of the quality of life of physical and psychological domains were at the moderate level with 2.25 ± 0.52 and 2.44 ± 0.50. Social domain was at the high level with 3.83 ± 0.89. Factors significantly associated with quality of life included gender, marital status, level of education, financial support, co morbidity, eating, speaking and smiling problem.*

Keywords
Elderly, Quality of life, Southern part, Thailand

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1. Introduction

The proportion of people over 60 years of age has been growing more than any other age group since the 1970s. (World Health Organization, 2014). This phenomenon is attributed to long life expectancy, low fertility rates, remarkable public health policies, and advances in medicine and health care (World Health Organization, 2012).

In Thailand, the elderly constituted about 11.5 % in 2010, and they will make up over 15.3 % of the population by 2020 (Ministry of Social Development and Human Security, 2012). Health promotion policies for encouraging the elderly to remain active and independent and that effectively have a positive effect on their quality of life is a concern for countries going through this demographic transition. Studies about quality of life among the elderly are essential because they evaluate well-being of the elderly. The World Health Organization (WHO) defined quality of life (QOL) as an individual's perception of their status in life in the context of the individual's environment, belief systems and goals (World Health Organization, 2016).

This study aims to assess the quality of life among the elderly in Yala province, Thailand and determine factors associated with the quality of life, such as financial support, type of housing, co morbidity, eating problem, verbal communication problem and smiling problem.

2. Materials and methods

The sample consisted of 330 residents aged 60 years or more in Taladkao, Muang District, Yala Province in September 2014. The criterion was, the participants had to be 60

years of age or greater and be capable of performing physical activity and capable in reading Thai, also with no problem of eye and ear.

A structured close-ended questionnaire was used in this study. The first part included questions on socio-demographic variables such as; age, gender, religion, marital status, level of education, socio-economic status, type of accommodation and co-morbidities. Data collection was by face to face interview.

The World Health Organization Quality Of Life –brief in Thai version (WHOQOl_BREF_THAI), WHOQOl_BREF_THAI was used for the assessment of quality of life domains. It consists of 20 items representing three domains: physical (7 items), psychological (6 items) and environment (5 items). Each item is ranked on a 5-point Likert scale. Higher scores indicate higher quality of life. The Thai version of the instrument was validated in a previous study and was found to have Cronbach's alpha ranging from 0.68 to 0.82 across the three domains. The instrument also demonstrated good validity. Data collection was by face to face interview. A pilot study was conducted before the actual study commenced.

The study was approved by Research Ethics Committee at the Sirindhorn College of Public Health, Yala.

R-programme was used to analyze the collected data. The results of continuous variables were expressed as means and standard deviations, while categorical variables were expressed as proportions and frequencies. T-test was used for univariate analysis and *P*-value less than 0.05 was considered statistically significant.

3. Results

As shown in Table1, of the 330 participants, 73.3 % were aged 60 to 69 years, 73.3% were females.Most of them were married (62.1%).The majority had primary education (48.2 %). Half (52.8 %) of them had more than 2 ways of financial support. Most (67.9%) of them stay with family members. Most (61.5%) had chronic co-morbidity.The majority of respondents had not problems about eating, verbal communication and smiling were reported by 79.1%, 84.8%, 85.8%, respectively.

Table 1 *Characteristics of participants*

Variables	Frequency (N=330)	Percentage
Age		
60-69 yrs	242	73.3
70-79 yrs	71	21.5

Variables	**Frequency (N=330)**	**Percentage**
> 80 yrs	17	5.2
Gender		
Male	104	31.5
Female	226	68.5
Marital status		
Single	43	13.0
Married	205	62.1
Divorced	82	24.9
Level of education		
No education	40	12.1
Primary school	34	10.3
Secondary school	159	48.2
Bachelor degree	71	21.5
Higher than bachelor degree	25	7.6
Financial support		
Occupation	74	22.4
Descendant	11	3.3
Elderly care allowances	71	21.5
More than 2 ways of financial support	174	52.8
Type of housing		
Stay alone	43	13.0
Stay with relatives	63	19.1
Stay with family members	224	67.9
Co morbidity		
No	127	38.5
Yes	203	61.5
Eating problem		
No	261	79.1
Yes	69	20.9
Verbal communication problem		
No	280	84.8
Yes	50	15.2
Smiling problem		
No	283	85.8
Yes	47	14.2

Table 2 shows the mean scores for all quality of life domains. The mean score for quality of life among 3 domains Social, Physical and Psychological domain were 3.83, 2.44 and 2.25 respectively.

Table 2 *The mean scores of quality of life*

Quality of life	**Mean**	**S.D.**	**meaning**
Physical domain	2.25	0.52	moderate
Psychological domain	2.44	0.50	moderate

Social domain	3.83	0.89	high
Overall quality of life	2.84	0.64	moderate

The univariate analysis in Table 3 shows that among all variables, gender was significantly associated with quality of life ($p < 0.001$). Marital status was significantly associated with the quality of life ($p = 0.013$). Level of education was significantly associated with the quality of life ($p < 0.001$). Financial support was significantly associated with the quality of life ($p < 0.001$). Co morbidity was significantly associated with the quality of life ($p < 0.001$). Eating problem was significantly associated with the quality of life ($p = 0.001$). Verbal communication problem was significantly associated with the quality of life ($p = 0.001$). Smiling problem was significantly associated with the quality of life ($p = 0.005$).

Table 3 *The result of two sample t-test and ANOVA*

Variables	**Mean**	**S.D.**	**p-value**
Age			0.966
60-69 yrs	2.66	0.48	
70-79 yrs	2.44	0.55	
> 80 yrs	2.29	0.47	
Gender			**<0.001**
Male	2.89	0.51	
Female	2.59	0.50	
Marital status			**0.013**
Single	2.63	0.50	
Married	2.67	0.47	
Divorced	2.45	0.5	
Level of education			**<0.001**
No education	2.27	0.50	
Primary school	2.41	0.49	
Secondary school	2.54	0.51	
Bachelor degree	2.91	0.28	
Higher than bachelor degree	2.68	0.47	
Financial support			**<0.001**
Occupation	2.59	0.52	
Descendant	2.46	0.65	
Elderly care allowances	2.27	0.50	
More than 2 ways of financial support	2.73	0.48	
Type of housing			0.25
Stay alone	2.56	0.50	
Stay with relatives	2.68	0.47	
Stay with family members	2.67	0.51	
Co morbidity			**<0.001**
No	2.68	0.47	
Yes	2.54	0.52	
Eating problem			**0.001**

Variables	Mean	S.D.	p-value
No	2.62	0.56	
Yes	2.48	0.49	
Verbal communication problem			**0.001**
No	2.60	0.49	
Yes	2.51	0.58	
Smiling problem			**0.005**
No	2.61	0.49	
Yes	2.44	0.54	

4. Discussion

The sample was characterized by a female majority with age ranging between 60 to 69 years. Most elderly were married. The majority of elderly had primary education. Half of them had more than 2 ways of financial support. Most elderly stayed with family members. Most of them had chronic co-morbidity. The majority of elderly reported that they had not problems about eating, verbal communication and smiling.

The social domain of quality of life had the highest mean score (mean = 3.83) in this study. The result of this study has contrasted with a published study in India which has given lowest score in the social domain. (Kumar, Majumdar, & Pavithra, 2014). This could be as a result of the elderly in Yala province stayed with family members. The psychological domain had the lowest mean score (mean = 2.25).This result is consistent with other studies (Tajvar, Arab, & Montazeri, 2008; Vitorino, Paskulin, & Vianna, 2012) have reported lower scores in the physical domain compared to other domains. When looking at the overall quality of life mean score in this study was moderate level.

Gender was significantly associated with quality of life. Women had a significantly lower quality of life compared to men. Other studies (Pereira R et al., 2006; Vitorino et al., 2012) reported lower quality of life scores among women and attributed their findings to feelings of unattractiveness among elderly women, which could lead to low self-esteem and also contribute to negative perception of ageing among elderly women.

Marital status was significantly associated with the quality of life. Married person had a significantly higher quality of life compared to those single or divorced persons. A study about life satisfaction in elderly has reported significantly higher satisfaction score among married women compares to those with widowed, single or divorced women. (Fernandez-Ballesteros, Zamarron, & Ruiz, 2001).

Level of education was significantly associated with the quality of life. Evidence from studies suggests that people with higher level of education are more likely to engage in healthy behaviors which could improve physical health compared to those with lower level of education (Kumar et al., 2014).

Financial support was significantly associated with the quality of life.The elderly who got more than 2 ways of financial support had a significantly higher quality of life compared to other groups. Similar findings were reported in a study in Brazil (Tiago Da, Renata, & Luiz, 2009).

Co morbidity was significantly associated with the quality of life. Those with a chronic co-morbidity had significantly lower quality of life scores. This is because the co-morbidity group had more functional limitations compared to the co-morbidity group. Chronic conditions usually require constant medical attention and lifestyle modifications, and as the number of co-morbidities increases there could also be increase in functional impairment, frequent hospitalization, adverse drug effects, and mortality (Paskulin & Mohzahn, 2007).

Eating problem, verbal communication and smiling problem were significantly associated with the quality of life. The elderly who had not eating problem, verbal communication or smiling problem had a significantly higher quality of life compared those who had an oral health problems. The results are consistent with the study about the oral health-related quality of life in Greece (William, Constantine, & John, 2015).

5. Conclusion

The findings of this study indicate that the elderly in Yala province of Thailand had moderate level of quality of life in the psychological and physical domain and good in the social domain. Age, gender, marital status, level of education, financial support, co-morbidities, eating problem, verbal communication and smiling problem were significantly associated with quality of life. For further research, we suggest to study on social health and social support on elderly population’s quality of life in different parts of Thailand.

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