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QUALITY OF LIFE AMONG ELDERLY IN ELDERLY CLUBS OF THREE SOUTHERN BORDER PROVINCES OF THAILAND

Abstract:

Aim: This study aimed to measure the quality of life (QoL) among elderly in strong elderly club of three southern border provinces and to identify its some determinant factors.
Background: The insurgence of violence in three southern border provinces of Thailand that began in January 2004 is directly or indirectly affecting the lives of up to a million elderly living in Narathiwat, Pattani, and Yala. The violence included bomb attacks and daily killings of state officials and local villagers. Currently, the violence has increased in complexity, frequency and severity. Thai Government is concerned with providing for sustained social welfare for the aging population. The government implemented a policy of elderly club in all sub-districts, places where older persons in the local area can gather and enjoy social activities. Thus, it is believed that the elderly club is one strategy to improve well-being among elderly living in three southern border provinces.
Methods: This was cross-sectional survey of a random sample of members of strong elderly club in three southern border provinces. The constructively QoL was measured on economic, social, environmental, health, and attitudinal domain. The study participants were interviewed at their elderly clubs. Descriptive statistics were used in this study. The analytical procedure of stepwise multiple regressions were conducted to predict QoL determinant.
Findings: The results revealed that elderly who were member of the strong elderly club in three southern border provinces showed high level of QoL (Economic domain = 54.4%, Social domain = 76.8%, Environmental domain = 97.6%, Health domain = 69.6%, Attitudinal domain = 94.4% and Total QoL = 86.8%). The stepwise multiple regression analysis indicated that the best fit model included six predictors of frequency of elderly club participation, having money saving, social capital on social network component, life satisfaction and happiness, feeling of safety from violence and age. All six predictors could explain 59.9% of the variance of QoL. Of the six predictor variables, a stepwise multiple regression analysis indicated that frequency elderly club participation was most strongly related to QoL. Age was negative associated with QoL.
Implications: The result has shown that active members have higher QoL than non-active members. Thus, the community must recognize the value of nurturing the well-being of the elderly in order to maintain an active club that enhances the quality of life of the elderly in the three southern border provinces.

Keywords:

Quality of Life, Elderly Club, Three Southern Border Provinces of Thailand

JEL Classification: I00

Introduction

Currently, Thailand is experiencing the most rapid rates of population ageing (defined as aged 60 and over) and will continue to do so in future decades. The United Nations Population Fund (UNFPA, 2008, p. 1-2) reported that Thailand was ranked as the second most aged country next to Singapore among 10 countries in South-East Asia. Because of longevity of population over the last three decades, the number of ageing population in Thailand has been increased rapidly. During the same period, the total fertility rate has declined from over 6 births per woman in the mid 1960s to below 2 in the mid-1990s (United Nations, 1999, p. 124-126). Since 1960 the number of older people in the Thai population has increased five-fold to over 8 million by 2010 or 13% of the total population. Future population ageing will occur more rapidly with the number of older persons projected to increase to over 20 million by 2040, at which point they will constitute over 30% of the population. However, within the next decade, persons 60 and older will outnumber children under age 15 for the first time in Thai history (Knodel et al. 2013, p. 2). Thus, the demographic structure of Thailand shift from younger to older population age structure is a recent phenomenon. The National Economic and Social Development Board of Thailand projected that the number of Thai elderly will increase from 8.14 million (12.5 percent of total population) in 2010 to 14.45 million (20 percent of total population) in 2020 (Apinunmahakul, 2012, p.147).

Due to the growing number of ageing population, the well-being and health of older persons are major emerging challenges for families, communities and government in Thailand. Thai government is clearly to promote healthy and active ageing by establishment of elderly clubs as self-help group of older persons. Elderly clubs are registered with and supervised by the National Senior Citizen Council. Most are located in state health facilities, mainly district health offices and sub-district health offices. Nearly all sub-districts in Thailand have an elderly club where older persons in the local area can gather and enjoy social activities (Knodel et.al., 2013, p.13-14). The three southern border provinces of Thailand, Pattani, Narathiwat and Yala, have a combined population of about 1.7 millions; the majority of them are Muslims and Melayu speakers whose communities have settled in the region which is part of the Malay Peninsula (Great debates' n.d.). Three southern border provinces have known as areas of a serious insurgency problem in Thailand. The violence have included bomb attacks, shooting and daily killings of state officials, monks and local villagers. Currently, the violence has increased in complexity, frequency and severity. Between December 2008 and June 2011, 949 people were killed and more than

1,700 wounded—a monthly average of 32 and 58, respectively (Abuza, 2011, p. 5). The insurgence of violence in three southern border provinces of Thailand that began in January 2004 is directly or indirectly affecting the lives of up to a million elderly living in Narathiwat, Pattani, and Yala. The violence has left many children, women and ageing populations bereft of a father, husband, and son. The results of violence include the poverty, physical and psychological health of these families (Abuza, 2011, p. 11-13). As the same other areas of country, elderly clubs were set up in all sub-districts of three southern provinces. It is believed that the elderly club is one strategy to improve QoL and well-being among elderly living in three southern border provinces because elderly club provides for sustained social welfare for the aging population. In addition, elderly club promotes physical health by activities and mental health by adding the value of life among members.

Thus, the researchers were interested to study the quality of life (QoL) among elderly in elderly clubs of three southern border provinces and to identify its some determinant factors by using QoL and social capital concepts (OECD, 2001, p.41-49). Organisation for Economic Co-operation and Development (OECD) (2001, p. 41) described social capital as "networks, together with shared norms, values and understandings which facilitate cooperation within or among groups". World Health Organisation (1998, p. 12) described that "social capital represents the degree of social cohesion which exists in communities. It refers to the processes between people which establish networks, norms and social trust, and facilitate co-ordination and co-operation for mutual benefit. OECD (2001, p.41-49) identified social capital into 5 components including human capital (refers to knowledge, skills and health embodied in individuals), economic capital (refers to financial resources such as money, social network (refers to self-help groups and activities at the local level and formal group activism), natural capital (refers to natural resources, ecosystem services, and the aesthetics of nature in the community) and cultural capital (refers to wisdom, norm and value). Social capital can contribute to positive well-being outcomes of individual, group and community (Australian Bureau of Statistics, 2002, p.7-8). Several studies (Kawachi et al., 1977, p.1037-1040; Bush and Baum, 2001, p. 189-204; Australian Bureau of Statistics, 2002, p.7-8) indicated that there is a positive correlation between social capital and health. The results of the study could be implemented to develop elderly club and applied for elderly clubs, which lead to strengthen QoL and well being among elderly in three southern border provinces and other areas.

Methods

This was cross-sectional survey of a random sample of members of strong elderly club in three southern border provinces. The populations were the elderly people in strong elderly clubs of Narathiwat, Yala & Pattani. One strong elderly clubs in each province was picked up by purposive sampling, which got best practice award in the year of 2012-2013 from Department of Health, Ministry of Public Health. The samples were the elderly club members who could participate in elderly club activities, had no any severe or chronic illness that disturb the activity participation and willing to participate in the study. The samples were 250 subjects calculated by 30% of total population (Table 1) and selected by systematic random sampling.

Table 1 Sample size calculated by 30% of population size

Province	Population	Sample
Narathiwat (Ban Mai)	225	68
Yala (Guolong)	360	108
Pattani (Yabee)	245	74
Total	**830**	**250**

The research instrument was an interview questionnaire which consisted of four parts developed by the researchers. Part I was demographic characteristics including age, sex, education, occupation, marital status, income, dept, having money saving, head of family, family relationship, feeling of safety from violence, life satisfaction and happiness, chronic disease, drinking, and smoking. Part II determined the frequency of elderly club participation with ten questions constructed by researcher. Part III evaluated social capital to support elderly by using OECD concept as constructed by researcher with forty items: four items of human capital, four items of network, eight items of economic capital, four items of natural capital and four items of cultural capital. Part IV determined QoL of elderly in strong elderly club with thirty four items constructed by researcher: five items of economic domains, five items of social domain, eight items of environmental domain, eleven items of health domain and five items of attitudinal domain.

The interview questionnaire was assessed by three experts for content validity. Reliability was accomplished with a pretest by pilot study among thirty elderly with similar characteristics to those of the study population. The results were analyzed for reliability by using

Cronbach's alpha coefficient. The reliability values of questionnaire were as follows: participations of the elderly in strong elderly club = 0.84, social capital = 0.94, QoL = 0.70. Data were analyzed by frequency, percentage, mean, and standard deviation was used for general characteristic of samples. Stepwise multiple regressions were used to determine the best factors that predict the QoL of elderly in strong elderly club. The p-value of less than .05 was considered as statistical significant.

Results

General information of the elderly

The study found that most samples were female (65.6%). The average age was 72.7 years, the lowest age was 60 years and the highest age was 90 years. Most elders (94.0%) finished primary school or lower. About 89% had agricultural occupation; most of these were rubber plant. At some 54.8% of elders were on their own (i.e., single, widows and widowers) (54.8). The average income was 4,116.4 baht, the lowest income was 600 baht and the highest income was 30,000 baht. The majority of elders (77.2%) reported no dept and 68% of the elders reported having money saving. Some 90.8% elders were head of family. Some 85.2% of elders had perception of good family relationship. Some 88.8% of elders felt safety from violence. Some 91.0% of elders had perception of good life satisfaction and happiness. Some 54% of elders reported no chronic disease. Some 70.8% of elders did not drink alcohol and 70.4% were not smokers.

The frequency of elderly club participation

More than half of the elderly (55.6%) in strong elderly clubs had high level of frequency of elderly club participations whereas 30.4% and 14.0% participated at the fair level and low level respectively (Table 2).

Table 2 Number and percentage of samples classified by the level of frequency of elderly club participation

Level of participation	Number (250)	Percentage
Low (10-20 scores)	35	14.0
Fair (21 -30 scores)	76	30.4
High (31 – 40 scores)	139	55.6

The social capital to support elderly

Most elders in strong elderly clubs had high level of average overall social capital (69.6%). When considering each component of social capital, the results revealed that most elders in strong elderly clubs had high level of human capital, social network, natural capital and culture capital component, 86.4%, 87.2%, 59.6% and 74.8%, respectively. However, most elders in strong elderly club had fair level of economic capital, 55.6%

Table 3 Number and percentage of samples classified by the level of social capital

Level of social capital component	Number (250)	Percentage
Human capital		
Low (1.00- 2.33 scores)	3	1.2
Fair (2.34 - 3.67 scores)	31	12.4
High (3.68 – 5.00 scores)	216	86.4
Social network		
Low (1.00-2.33 scores)	2	0.8
Fair (2.34 -3.67 scores)	30	12.0
High (3.68 – 5.00 scores)	218	87.2
Economic capital		
Low (1.00-2.33 scores)	21	8.4
Fair (2.34 - 3.67 scores)	139	55.6
High (3.68 – 5.00 scores)	90	36.0
Natural capital		
Low (1.00- 2.33 scores)	23	9.2
Fair (2.34 - 3.67 scores)	78	31.2
High (3.68 – 5.00 scores)	149	59.6
Cultural capital		
Low (1.00 - 2.33 scores)	6	2.4
Fair (2.34 - 3.67 scores)	57	22.8
High (3.68 – 5.00 scores)	187	74.8
Overall social capital		
Low (1.00 - 2.33 scores)	2	0.8
Fair (2.34 -3.67 scores)	74	29.6
High (3.68 – 5.00 scores)	174	69.6

QoL of elderly in strong elderly club

Most elders in strong elderly clubs had high level of overall QoL (86.8%). When considering each domain of QoL, the results revealed that most elders in strong elderly clubs had high level of economic domain, social domain, environmental domain, health domain and attitude domain; 54.4%, 76.8%, 97.6%, 69.6% and 94.4%, respectively (Table 4).

Table 4 Number and percentage of samples classified by the level of QoL

Level of QoL	Number (250)	Percentage
Economic domain		
Low (0.00- 1.33 scores)	27	10.8
Fair (2.34 - 3.66 scores)	87	34.8
High (3.67 – 4.00 scores)	136	54.4
Social domain		
Low (0.00- 1.66 scores)	8	3.2
Fair (1.67 -3.33 scores)	50	20.0
High (3.34 – 5.00 scores)	192	76.8
Environmental domain		
Low (0.00-2.66 scores)	0	0.00
Fair (2.67 - 5.33 scores)	6	2.4
High (5.34 – 8.00 scores)	244	97.6
Health domain		
Low (0.00- 3.66 scores)	0	0.00
Fair (3.67 - 7.33 scores)	76	30.4
High (7.34 – 11.00 scores)	174	69.6
Attitude domain		
Low (0.00- 1.66 scores)	6	2.4
Fair (1.67 - 3.33 scores)	8	3.2
High (3.34 – 5.00 scores)	236	94.4
Overall QoL		
Low (0.00 - 11.33 scores)	0	0.00
Fair (11.34 - 22.66 scores)	33	13.2
High (22.68 – 34.00 scores)	217	86.8

Factors influencing and predicting QoL of elderly in the strong elderly club

The factors significantly influencing and predicting the QoL of elderly in strong elderly club (*p-value* <.05) included six predictors of frequency of elderly club participation, having money saving, social capital on social network component, life satisfaction and happiness, feeling of safety from violence and age. These factors were able to predict QoL of elderly people in strong elderly club in three southern border provinces at 59.9%. The factors best predicting QoL of elderly people in strong elderly club, by Beta value, were frequency of elderly club participation (Beta = 0.513), having money saving (Beta = 0.277), social capital on social network domain (Beta = 0.164), life satisfaction and happiness (Beta = 0.116), feeling of safety from violence (Beta = 0.107) and age (Beta = -0.105) (Table 5).

Table 5 Stepwise multiple regression analysis between predictors and QoL of elderly people in strong elderly club (n = 250)

Predictors	B	Std. error	Beta	t	p-value	R^2 Change
Frequency of elderly club participation	0.008	0.001	0.513	10.948	<.001	0.459
Having money saving	0.075	0.011	0.277	6.630	<.001	0.093
Social network component	0.033	0.009	0.164	3.674	<.001	0.021
Life satisfaction and happiness	0.051	0.019	0.116	2.720	.007	0.017
Feeling of safety from violence	0.043	0.017	0.107	2.516	.013	0.010
Age	-0.002	0.001	-0.105	-2.430	.016	0.009
Constant	0.499	0.064		7.741	<.001	
F = 5.905, R = 0.780, R^2 = 0.609, Adj R^2 = 0599., Std. error = 0.08						

Discussions

Findings revealed that more than half of the elderly in strong elderly club of the three southern border provinces were female (65.6%). (62%), as the ratio between female male among Thai elderly was 1.3:1 as other areas of Thailand. Mostly elderly (94.0%) finished primary school or lower, this in line with several studies in Thailand South East Asia countries (Rattanapun, 2009 et al., p. 143-160; Nanthamongkolchai et al., 2009, p. 321-331; Hongthong et al., 2015, p.479-485). About 89% had agricultural occupation; most of these were rubber plant. At some 54.8% of elders were on their own (i.e., single, widows and widowers) (54.8). The majority of elders (77.2%) reported no dept and 68% of the elders reported having money saving. Some 90.8% elders were head of family. Some 85.2% of elders had perception of good family relationship. Some 88.8% of elders felt safety from violence. Some 91.0% of elders had perception of good life satisfaction and happiness. Some 54% of elders reported no chronic disease. Some 70.8% of elders did not drink alcohol and 70.4% were not smokers. Based on socio-demographic characteristics of elderly in strong elderly club of three southern border provinces, most elders were completeness of physical and mental health, financial and family support to frequently participate elderly club. In addition, most elders in strong elderly clubs had high level of overall social capital to support elderly (69.6%). When considering each component of social capital, the results revealed that most elders in strong elderly clubs had high level of human capital, social network, natural capital and culture capital, 86.4%, 87.2%, 59.6% and 74.8%, respectively. Thus, more than half of the elderly (55.6%) in strong elderly clubs had high

level of frequency of elderly club participations whereas 30.4% and 14.0% participated at the medium level and low level respectively.

In term of QoL measurement constructed by researchers, the average overall QoL was 'high'. More than 80% of older people had QoL at high level, followed by fair level, and very few were in low-level. When considering each domain of QoL, the results revealed that most elders in strong elderly clubs had high level of economic domain, social domain, environmental domain, health domain and attitude domain; 54.4%, 76.8%, 97.6%, 69.6% and 94.4%, respectively. This is not consistent with the previous finding to assess QoL among 400 elderly people in a rural community of Thailand (Hongthong et al., 2015, p.479-485). The reliable reason explained for the different result because the previous study was employed to interview general elders. The elders in previous study were elderly club member only 42.3%. In addition, the previous study found that physical function, health status and financial were the predictor of QoL among elderly. The majority of elders of the previous study (86.7%) reported low monthly incomes and nearly half (43.5%) felt that their incomes were not sufficient. Two thirds of them (66%) had a present illness, with 40% of them having hypertension. This in line with the WHO reported the main health burdens for older people are from noncommunicable diseases (Hongthong et al., 2015, p.479-485). The current study found that the majority of elders (77.2%) reported no dept. 68% of the elders reported having money saving. Some 90.8% elders were head of family. Some 85.2% of elders had perception of good family relationship. Some 91.0% of elders had perception of good life satisfaction and happiness. Some 54% of elders reported no chronic disease. This result of the current study is consistent with the study of characteristics healthy ageing among the elderly in southern Thailand. The findings revealed that the mean scores of the overall healthy ageing and maintaining high cognitive and physical function were at a high level (Rattanapun, 2009 et al., p. 143-160).

Multivariate analysis revealed six factors predictive of QoL among older people in elder club of three southern border provinces: frequency of elderly club participation, having money saving, social capital on social network component, life satisfaction and happiness, feeling of safety from violence and age. The factor with the highest predictive power for QoL of elderly in strong elderly club was frequency of elderly club participation, which the higher frequent elderly club participation, the higher QoL. This result is consistent with the study by Apinunmahakul (2012, p.147-156), which found that the more the elderly participate in social activities, the higher the probability of reporting good or very good health, in particular, the

mental health. Along the elderly club activities, the elderly cloud talk and share with the sameage colleague, having someone understanding their feeling, not feel lonely, and improve their mental health. In addition, most activities of elderly clubs included exercise such as Norabic exercise, long stick exercise and yoga, food consumption advice, meditation practice and health promotion. These led to improve QoL among elderly in strong elderly club in three southern border provinces of Thailand.

The having money saving was one factor to be predictive of QoL among elderly in strong elderly club of three southern provinces. This was associated with financial status, which consisted with other research. The previous found that poor financial status was related with poorer psychological QoL and total QoL score (Hongthong et al., 2015, p.479-485; Weerasak et al, 2008 p. 80-85). Social capital on social network component had influence on QoL among elderly in strong elderly club of three southern provinces. The social network referred to self-help groups and activities at the local level and formal group activism. Based on the interview and observation, the researchers found that elders in strong elderly club of three southern provinces usually participated as community volunteer or activist groups such as wisdom training for new generation, occupational training, home care for elderly who frail and chronic illnesses and home meal delivery for sickness of elderly. Elders in strong elderly clubs were the key persons to participate annual important day in their community such as mother and father day and religious ceremonies. Thus, these activities brought them to expose to social activities. Elder people participate in voluntary associations thus it reduces heath inequalities among older people. In addition, the social involvement of elderly people was a part of the quality ageing policy and the community-based welfare policy (Apinunmahakul, 2012, p.147-156)

The life satisfaction and happiness was had influence on QoL among elderly in strong elderly club of three southern provinces. The life satisfaction and happiness were the proxy indicators of overall quality of life among individuals, especially elderly (Brown, 2004, p. 7). The feeling of safety from violence among elderly in strong elderly club of three southern provinces also influence on QoL because they could participated social activities. Based on the interview and observation, the researchers found that the elderly club meeting would be arranged in safety places and were not far from center of community. Age was negative associated with QoL among elderly in strong elderly club of three southern provinces. The higher age, the lower QoL among elderly because their physical and mental health declines. They were less active; so they had a high level of dependence and had less

opportunity to participate in club activities. According to Apinunmahakul (2012, p.147-156), age had a negative correlation with the participation of elderly club.

Recommendations

Most elders in strong elderly clubs had high level of overall QoL (86.8%). When considering each domain of QoL, the results revealed that most elders in strong elderly clubs had high level of economic domain, social domain, environmental domain, health domain and attitude domain; 54.4%, 76.8%, 97.6%, 69.6% and 94.4%, respectively. The factors significantly influencing and predicting the QoL of elderly in strong elderly club (*p-value* <.05) included six predictors of frequency of elderly club participation, having money saving, social capital on social network component, life satisfaction and happiness, feeling of safety from violence and age. So the suggestions from the study as follow as:

1. The result has shown that active members have higher QoL than non-active members. Thus, the community and Thai government must recognize the value of nurturing the well-being of the elderly in order to maintain an active club that enhances the quality of life of the elderly in the three southern border provinces.

2. It is believed that the elderly club is one strategy to improve QoL and well-being among elderly living in insurgence of violence in three southern border provinces of Thailand because elderly club provides for sustained social welfare for the aging population. In addition, elderly club promotes physical health by activities and mental health by adding the value of life among members.

3. The elderly clubs in every areas of Thailand should be further

promoted and supported to be strong elderly club. All related parties should be informed about the important of strong elderly club clubs. The strong elderly club could increase in social involvement among elderly. 4. Thus, the social involvement of elderly people as a part of the quality

ageing policy and the community-based welfare policy.

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