ASSESSMENT OF AND FACTORS INFLUENCING QUALITY OF LIFE AMONG ELDERLY THAIS IN NAKHON SAWAN PROVINCE, THAILAND

Saranya Limsaiphrom¹, Sutham Nanthamongkolchai², Kanittha Chamroonsawasdi², Chokchai Munsawaengsub² and Korravarn Yodmai²

¹Doctor of Public Health Program, Faculty of Public Health and Faculty of Graduate Studies, Mahidol University, ²Department of Family Health, Faculty of Public Health, Mahidol University, Bangkok, Thailand

Abstract. The quality of life (QoL) of elderly is an important public health concern. We aimed to determine the QoL among elderly Thais in Nakhon Sawan Province, Thailand and the factors influencing QoL at individual, family and community levels to increase the proportion of elderly accessing healthcare services and affect QoL among the elderly. Inclusion criteria for study subjects were: age 60-80 years, continuously residing with their family in Nakhon Sawan Province for at least 6 months prior to beginning the study, no diagnosis of cognitive impairment, dementia or Alzheimer's disease, no communication problems and willing to participate in this study. Exclusion criteria for study subjects were: inability to provide information during data collection due to severe illness or hospitalization and not residing in the study area during the 6 months up to and including the study period. Study subjects were selected using a 4-stage random sampling technique. The QoL of each study subject was assessed by asking them to complete a QoL in the elderly study instrument: the Older People's QoL-Brief Questionnaire (OPQOL-brief). The QoL results were categorized as good, fair and poor using the following criteria: good QoL (>54 points), fair QoL (47-54 points) and poor QoL (<47 points). The number of subjects was chosen using the estimated variables technique. The study was conducted during January-March 2019. A total of 484 subjects were included in the study, 66.1% female, 56.8% married. Eighty-six point one percent of subjects had a primary school education level and 85.6% resided in a family with 2-5 members. Among study subjects, the QoL instrument showed 22.7% had a good QoL, 55.0% had a fair QoL and 22.3% had a poor QoL. Twenty-eight point nine percent of subjects stated they received good social support, 70.5% said they received fair social support and 0.6% said they received poor social support. Twenty-three point eight percent of subjects said they had a good functioning family, 53.1% said they had a fair functioning family and 23.1% said they had a poorly function family. Factors significantly influencing QoL among study subjects were social support (p = 0.004), physical abilities (p<0.001) and participating in social activities (p<0.001). In summary, the majority of study subjects in the study area had either a fair or good QoL. Factors significantly influencing QoL among study subjects were social support, physical abilities and participating in social activities. In conclusion, programs to improve QoL in the elderly should take these factors into consideration. Future studies are needed to determine of these interventions can improve QoL in these areas.

SOUTHEAST ASIAN J TROP MED PUBLIC HEALTH

Keywords: social support, family functioning, physical abilities, participating in social activities, quality of life, elderly Thais, HLM analysis

Correspondence: Sutham Nanthamongkolchai, Department of Family Health, Faculty of Public Health, Mahidol University, 420/1 Ratchawithi Road, Bangkok 10400 Thailand.

Tel: +66 (0) 2354 8543;

E-mail: sutham.nan@mahidol.ac.th