The Associated Factor of Happiness among Senior Citizens in Samut Songkham province, Thailand

Sarayut Chusuton[1*], Wanwimon Mekwimon Kingkaew[1], Sureewan Siladlao[1] , Dusadee Jharoensuk[1], And Wuttichan Huaisai[2]

[1]Department of Community Public Health, College of Allied Health Sciences,Suan Sunandha Rajabhat University, Bangkok, 10300, Thailand

[2] Sirindorhn college of public health Ubonratchathan, Faculty of Public Health and Allied Health Sciences, Praboromrajchanok institute, Ubonratchathani, 34190,Thailand

Email : sarayut.ch@ssru.ac.th, wanwimon.me@ssru.ac.th, sureewan.si@ssru.ac.th, Dusadee.ch@ssru.ac.th, and Wuttichan.h@pi.ac.th

*Corresponding author : sarayut.ch@ssru.ac.th

Abstract

This cross-sectional study investigated the subjective well-being and its associated factors among 313 older adults residing in Samut Songkhram Province, Thailand. Data were systematically collected via questionnaires utilizing stratified random sampling and were subsequently analyzed using descriptive statistics and Pearson product-moment correlation. The sample consisted of 313 older adults (Mean age: 72.09 ± 8.14 years). Key demographic characteristics indicated that the majority were male (56.87%), married (57.19%), and had attained a primary education level (56.23%). The median monthly income was 5,000 Baht (IQR = 6,000), and a large proportion (71.88%) reported no chronic health conditions. Furthermore, participants exhibited high functional independence (Mean ADL score: 17.98 ± 2.70) and generally moderate levels of self-efficacy (Mean: 27.17 ± 6.31), enabling factors (51.44%), and reinforcing factors (49.20%). The average happiness level (43.45%) was comparable to the national norm. Pearson correlation analysis identified that four factors were statistically significantly correlated with the happiness score ($p < 0.05$): monthly income, self-efficacy score, enabling score, and reinforcing score. Achieving optimal subjective well-being among older adults necessitates an integrated, multi-level public health approach that strategically addresses key determinants, particularly economic stability and multi-faceted social support (family, community, and societal structures).

Keywords: Well-being, Happiness, Elderly, Support.

1. Introduction

"Well-being of the Thai people and Thai society" is a primary national development goal under the 2018–2037 National Strategy, aiming to cultivate high-quality human resources across all life stages (Office of the National Economic and Social Development Council, 2018). Happiness serves as a key indicator of quality of life, which is influenced by distinct physical, psychological, and intellectual states encompassing sufficiency, neutrality, abundance, goal achievement, rectitude, fairness, and self-worth (Intaraluck, 2017). Global trends indicate

fluctuations in national well-being. The World Happiness Report revealed a decline in Thailand's happiness index, dropping from 44th globally during the 2017–2019 period (Helliwell et al., 2021) to 61st in the 2019–2021 period (Helliwell et al., 2022). National surveys in Thailand have also provided context: the average happiness score for the population aged 15 years and over was 31.32 (out of 45) in 2018 (Pruekkarnon, 2022). More recently (2020), the average mental health score was 33.53, with the elderly group (aged 60 years and over) showing the highest average mental health score at 33.76 (National Statistical Office, 2021).

The province of Samut Songkhram historically reported the nation's lowest average mental health score of 28.25 in 2010 (National Statistical Office, 2011). However, scores have since demonstrated an improving trend (e.g., 34.34 in 2020) (National Statistical Office, 2021). Critically, Samut Songkhram has transitioned into a fully aged society, with the elderly population constituting 24.02% of its residents as of 2022 (Department of Provincial Administration, 2022). This demographic shift is recognized as generating significant socio-economic and health challenges. Health-wise, it precipitates an epidemiological transition from acute communicable diseases to chronic non-communicable diseases, leading to increased disability and a greater demand for continuous care services (Bureau of Epidemiology, 2014; Family Practice Center, 2015). Socially, changing lifestyles, smaller family units, and the increasing number of older adults living alone diminish the family's capacity to provide care (Ngoichansri, 2012). Sustainable happiness for the elderly depends on self-care, self-worth, and active social participation, including positive social interactions and community contributions (Intarasuksee, 2014).

Given Samut Songkhram's distinct aging status, improving happiness trends, and unique social characteristics, particularly its riverside communities, this research aims to investigate the factors associated with the happiness of older adults in Samut Songkhram Province. The findings will provide essential evidence to support the promotion of physical and mental well-being for the local elderly population, thereby fostering a quality aged society that enables older adults to live with dignity and long-term

2. Methodology

2.1 Research Objective

The study aimed to investigate the levels of happiness and correlations factor of happiness among elderly people in Samut Songkhram Province

2.2 Population and Sample

The population for this study consists of elderly individuals aged 60 years and above, who are registered residents of Samut Songkhram Province, totaling 45,902 people (Department of Provincial Administration, 2022).

The sample size was calculated using the G*Power 3.1. Effect size f^2: 0.15 (Medium effect size, Cohen, 1977). The minimum acceptable sample size was determined to be 284 individuals.

An additional 10% was added to account for potential data loss and errors, resulting in a total sample size of 313 participants. The multi-stage sampling procedure was conducted as follows:

Stage 1: Stratified sampling was used to select representative samples from all districts, calculated based on provincial population proportions.

Stage 2: Cluster sampling was employed to randomly select representative sub-districts from each district, resulting in:

1) Muang District: Bang Kaew Sub-district
2) Bang Khonthi District: Bang Nok Kwaek Sub-district
3) Amphawa District: Bang Nang Li Sub-district

Stage 3: Simple random sampling was then applied using computer software to select participants from population lists according to the predetermined number for each area.

2.3 Research Instruments

The research instrument used in this study was a questionnaire consisting of 4 parts:

Part 1: Demographic characteristics interview form, including gender, age, religion, marital status, income, expenses, occupation, number of family members, and chronic illness status.

Part 2: Questionnaire on predisposing, enabling, and reinforcing factors, using a four-point scale with the following options: most true, moderately true, slightly true, not true

1) Predisposing Factors: The researcher adapted the self-efficacy questionnaire translated from Schwarzer, R. & Jerusalem, M. (1995). The questionnaire consists of 10 items concerning emotions, optimism, and work satisfaction. It has a Cronbach's reliability coefficient of .932. The total possible score is 40 points, with higher scores indicating higher levels of self-efficacy.

2) Enabling Factors: The researcher developed this section based on the PRECEDE Model theory. It consists of 11 items concerning direct support from family, community, and society. The questionnaire has a Cronbach's reliability coefficient of .836. Scores are interpreted according to Best, W. (2013) criteria as follows: High enabling factors (mean score 3.01 - 4.00), Moderate enabling factors (mean score 2.01 - 3.00), Low enabling factors (mean score 1.00 - 2.00)

3) Reinforcing Factors: The researcher developed this section based on the PRECEDE Model theory. It consists of 16 items concerning indirect support from family, community, and society. The questionnaire has a Cronbach's reliability coefficient of .907. Scores are interpreted according to Best, W. (2013) criteria as follows: High reinforcing factors (mean score 3.01 - 4.00), Moderate reinforcing factors (mean score 2.01 - 3.00), Low reinforcing factors (mean score 1.00 - 2.00)

Part 3: Happiness Index Interview Form consisting of 15 items, using the Department of Mental Health's self-assessment happiness evaluation (2016). This was developed under the conceptual framework defining happiness as a state of well-being resulting from the ability to manage life challenges and the potential for self-development toward better quality of life, encompassing internal virtues within changing social and environmental conditions. The questionnaire consists of 12 positive and 3 negative items, using a four-point scale: Not at all (0 points), Slightly (1 point), Much (2 points), Very much (3 points) Interpretation (Department of Mental Health, 2016) is divided into 3 levels: Poor (26 points), Fair (27-32 points), Good (33-45 points)

Part 4: Activities of Daily Living (ADL) Screening Assessment consisting of 10 items, adapted from the Barthel ADL Index. The scoring criteria for elderly daily living capabilities, based on Department of Health, Ministry of Public Health standards, are divided into 3 levels: Dependent elderly (0-4 points), Partially dependent elderly (5-11 points), Independent elderly (12 points and above)

2.4 Ethical approval

The research project was approved in accordance with international ethical standards for human research, including the Declaration of Helsinki, The Belmont Report, CIOMS Guidelines, and the International Conference on Harmonization in Good Clinical Practice (ICH-GCP). The approval was granted by the Human Research Ethics Committee of the Samut Songkhram Provincial Public Health Office, COA No. 16/2565.

3. Results

General characteristics of the sample showed that the majority were male (56.87%) with a mean age of 72.09 years (SD = 8.14). Most were Buddhist (81.15%), married (57.19%), and had completed primary education (56.23%). The median monthly income was 5,000 baht (IQR = 6,000) and median monthly expenses were 4,000 baht (IQR = 4,500). The average number of household members was 3.62 with an average of 1.56 children. The majority did not have chronic illnesses (71.88%). The mean Activities of Daily Living score was 17.98 (SD = 2.70), and the mean self-efficacy score was 27.17 (SD = 6.31). Moderate levels were found for both enabling factors (51.44%) and reinforcing factors (49.20%), as shown in Table 1.

Regarding happiness levels among the elderly in Samut Songkhram province, the majority reported happiness levels equal to the general population (43.45%), followed by those with lower than average happiness levels (32.59%). The overall mean happiness score was 28.65 (SD = 5.08) out of 45 points, as shown in Table 2.

A Pearson correlation analysis was conducted to determine the relationship between relevant variables and the elderly's happiness score. The findings indicated that the following factors were significantly correlated with the happiness score (p-value < 0.05): monthly income, self-efficacy score, enabling score, and reinforcing score, as shown in Table 3.

Table 1. General Information, Self-Efficacy, Enabling Factors, and Reinforcing Factors (n = 313)

General Information	Number	%
Gender		
- Male	135	43.13
- Female	178	56.87
Age (years) Mean = 72.09, SD = 8.14, Min = 60, Max = 97		
Religion		
- Buddhist	254	81.15
- Christian	55	17.57
- Muslim	4	1.28
Marital Status		
- Single	63	20.13
- Married	179	57.19
- Widowed	71	22.68
Highest Education Level		
- No formal education	33	10.54
- Primary education	176	56.23
- Secondary education	61	19.49
- Diploma/Vocational Certificate	11	3.51
- Bachelor's degree	25	7.99
- Higher than Bachelor's degree	7	2.24
Monthly Income (Baht) Median = 5,000, IQR = 6,000, Min = 0, Max = 40,000		
Occupation		
- Unemployed	84	26.84
- Farmer	89	28.43
- Trader	16	5.11
- Retired Government Official/Pensioner	13	4.15
- Employee/Worker	2	0.64
- General Laborer	75	23.96
- Fisherman	34	10.86
Household Members (People) Mean = 3.62, SD = 2.07, Min = 0, Max = 11		
Number of Children (People) Mean = 1.56, SD = 1.26, Min = 0, Max = 6		
Chronic Illness		
- None	225	71.88
- Yes	88	28.12
Barthel ADL score Mean = 17.98, SD = 2.70, Min = 0, Max = 20		
- Dependent elderly (0 – 4 points)	2	0.64
- Partially dependent elderly (5 – 11 points)	5	1.60
- Independent elderly (12 points and above)	306	97.76
Self-Efficacy score Mean = 27.17, SD = 6.31, Min = 6.00, Max = 40		
Enabling Factors Mean = 2.89, SD = .54, Min = 1.09, Max = 4.00		
- Low (Average Score 1.00 – 2.00)	30	9.58
- Moderate (Average Score 2.01 – 3.00)	161	51.44
- High (Average Score 3.01 – 4.00)	122	38.98
Reinforcing Factors Mean = 2.91, SD = .56, Min = 1.38, Max = 4.00		
- Low (Average Score 1.00 – 2.00)	22	7.03
- Moderate (Average Score 2.01 – 3.00)	154	49.20

General Information	Number	%
- High (Average Score 3.01 – 4.00)	137	43.77

Table 2. Happiness Levels of Elderly People in Samut Songkhram Province (n = 313)

Happiness Levels	Score	Number	%
Poor	1 - 26	102	32.59
Fair	27 - 32	136	43.45
Good	33 - 45	75	23.96
Mean = 28.65 SD = 5.08 Min = 9 Max = 41			

Table 3. Associated factor of happiness score were analyzed by Pearson Correlation.

Factor	r_s	p-value
Monthly Income	0.148	0.009
Self-efficacy score	0.282	<.001
Enabling score	0.287	<.001
Reinforcing score	0.284	<.001

4. Discussion

From the result that monthly Income, self-efficacy score, enabling score, and Reinforcing score were positively correlated with the elderly's happiness score, it can be inferred that an increase in these factors is associated with a concomitant increase in the level of happiness among older adults. The discussion of these findings is as follows:

Monthly Income: Elderly people who earn more money are able to access resources, healthcare, and other comforts, which leads to more happiness. This finding aligns with the study, which examined happiness determinants among Romanian elderly and found that higher income levels positively influenced happiness in older adults (Sirbu, A. C., & Asandului, M., 2021). Similarly, The Determinant Factors of Life Happiness of Elderly in Rural Area, Northeast Thailand (Ayuwat, D. et al., 2020), identified income as one of the key factors determining happiness among rural elderly populations. Furthermore, studies examining factors contributing to the quality of life among older adults in communities with similar contexts have also revealed that the elderly express a need for knowledge and methods concerning income generation and occupational promotion to ensure a sustainable livelihood (Lertarmornrat C. et al, 2025)

Self-efficacy: This finding aligns with Bandura's Self-Efficacy Theory, which explains that an individual's belief in their capabilities influences their thoughts, feelings, motivation, and behavior. When older adults possess high self-efficacy, they demonstrate greater confidence in performing activities, show persistence in facing obstacles, and feel more in control of their situations - all of which are fundamental to life satisfaction (Barišić, M. et al, 2024; Palmes, M. S. et al, 2021). This relationship can be attributed to older adults' enhanced perception of their ability to perform activities independently, which leads to increased self-worth. As older adults recognize their capacity to accomplish various tasks autonomously, their sense of self-value

increases, ultimately contributing to greater happiness. This finding aligns with the study, which found that self-worth could predict happiness among Thai elderly populations - specifically, increased self-worth corresponded with higher levels of happiness (Nanthamongkolchai, S., & Phoolcharoen, T., 2022). Similarly, research demonstrated that self-efficacy was a significant predictor of current happiness levels among Spanish older adults (Godoy-Izquierdo, D. et al, 2013).

Enabling factor: This finding is consistent with the concept proposed by Green & Kreuter (1999) which suggests that individuals must rely on experience alongside the opportunity to utilize health services and engage in health-promoting activities. As older adults had access to healthcare services upon illness at health facilities and regular care and attention from public health officials, this contributed to their improved quality of life and increased happiness. This is further supported by the research of Pattana P. et al. (2017), who studied the quality of life of older adults attending an elderly school in Saraburi Province and found that enabling factors related to the level of access to health services were significantly associated with the elderly's quality of life at the 0.05 level of statistical significance

Reinforcing factors: The elderly's sense of being cared for and maintaining their roles in family, community, reinforcing factors can predict elderly happiness, suggesting that increased reinforcing factors lead to greater happiness among the elderly. This can be explained by the elderly's sense of being cared for and maintaining their roles in family and community (Yuxi, L. et al., 2022). Similarly, a study on factors facilitating subjective well-being among Taiwanese elderly found that social connections influenced elderly well-being (Chung, M. L. et al, 2021). Earlier research by Carandang R.R. et al. (2020) studying the determinants of subjective well-being among senior citizens in the community-based ENGAGE study found that individuals with greater perceived social support reported higher happiness levels.[20] This is also consistent with Thai study (Tipwareerom, W., & Srisuwan, A., 2021), the studying factors predicting happiness among older adults in rural Phetchabun Province, which found that perceived social support from family could predict elderly happiness

5. Conclusion

The study found that monthly Income, self-efficacy score, enabling score, and Reinforcing score were positively correlated with the elderly's happiness score strong higher income, social support, and stronger self-efficacy were associated with higher happiness. Therefore, promoting social support are essential. Furthermore, supporting income generation through skill development and fostering self-efficacy through empowerment will enhance happiness and life satisfaction among older adults.

Acknowledgment (TNR 12pt. bold)

The researcher would like to express sincere gratitude to all participants for their cooperation in completing the questionnaires, to the Samut Songkhram Provincial Public

Health Office, Thailand, for granting permission to conduct this study, and to all coordinating officers for their kind assistance.

References

Ayuwat, D., Hong-ngam, J., Saranrittichai, K., Chumnanmak, R., Narongchai, W., & Auraiampai, N. (2020). The determinant factors of life happiness of elderly in rural area, Northeast Thailand. *International Journal of Academic Research in Business and Social Sciences, 10*(14), 190–199.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. W.H. Freeman and Company.

Barišić, M., Mudri, Ž., Farčić, N., Čebohin, M., Degmečić, D., & Barać, I. (2024). Subjective well-being and successful ageing of older adults in Eastern Croatia-Slavonia: *Exploring individual and contextual predictors. Sustainability, 16*(17), 7808.

Best, J. W. (2013). *Research in education* (Vol. 2). Prentice Hall, Inc.

Bureau of Epidemiology. (2014). *Report on surveillance of non-communicable diseases, 2012*. Department of Disease Control, Ministry of Public Health.

Carandang, R. R., Shibanuma, A., Asis, E., Chavez, D. C., Tuliao, M. T., & Jimba, M. (2020). "Are Filipinos aging well?": Determinants of subjective well-being among senior citizens of the community based ENGAGE study. International *Journal of Environmental Research and Public Health, 17*(20), 7636.

Chung, M. L., Kuo, K. W., & Lin, W. L. (2021). Enabling factors of subjective well-being among older adults in Taiwan: The welfare state and beyond?. *Journal of Gerontological Social Work, 64*(4), 348–371.

Cohen, J. (1977). *Statistical power for the behavioral sciences* (2nd ed.). Academic Press.

Department of Mental Health. (2016). *Thai Happiness Indicators (TMHI-15)*. https://www.dmh.go.th/test/qtest/

Department of Provincial Administration. (2022, January). *Population statistics by province*. Information System for Administration. https://stat.bora.dopa.go.th/StatMIS/#/ReportStat/3

Family Practice Center. (2015). *Summary report of Family Practice Center, Phra Nakhon Si Ayutthaya Hospital*. Phra Nakhon Si Ayutthaya Hospital.

Godoy-Izquierdo, D., Moreno, R. L., Pérez, M. L. V., Serrano, F. A., & García, J. F. G. (2013). Correlates of happiness among older Spanish institutionalised and non-institutionalised adults. *Journal of Happiness Studies, 14*(2), 389–414. https://doi.org/10.1007/s10902-012-9335-

Green, L. W. (1999). *Health promotion planing third edition an educational and ecological approach* (Vol. 3). California: Mayfield.

Helliwell, J. F., & Huang, H. (2022, March 18). *WHR 2022 | Chapter 2: Happiness, benevolence, and trust during COVID-19 and beyond*. World Happiness Report. https://worldhappiness.report/ed/2022/happiness-benevolence-and-trust-during-covid-19-and-beyond/

Inthalak, C. (2017). Quality of life and happiness at work. *Journal of Education Silpakorn University, 15*(2), 6–14.

Intharasuksri, S. (2014, March 3). *I will be a happy elderly person.* Office for the Promotion and Protection of the Elderly. https://www.dop.go.th/th/know/15/529

Lertarmornrat C., Lertamornsak G. and Tongnark P. (2025). Guidelines That Affect the Quality of Life of the Elderly in the Phraya Prasit Community Dusit, Bangkok. *Journal of Legal Entity Management and Local Innovation. 8*(2), 23-30.

Nanthamongkolchai, S., & Phoolcharoen, T. (2022). Influence of self-esteem and preparation for aging on the happiness of older Thai adults: A cross-sectional study. *Open Access Macedonian Journal of Medical Sciences, 10*(B), 532–537.

National Statistical Office. (2011). *Key findings of the mental health survey of Thai people, 2008–2010.* National Statistical Forecasting Office.

National Statistical Office. (2021). *Key findings of the mental health (happiness) survey of Thai people, 2020.* Bangkok Block Limited Partnership.

Ngoichansri, J., & Kongtaln, O. (2012). *Development of continuous health care for home-bound and bed-bound elderly in Phetchabun Municipality*. (Paper presented at the Graduate Research Conference, Khon Kaen University). Khon Kaen University.

Office of the National Economic and Social Development Council. (2018). *National Strategy 2018–2037.* Secretariat of the National Strategy Committee.

Palmes, M. S., Trajera, S. M., & Ching, G. S. (2021). Relationship of coping strategies and quality of life: Parallel and serial mediating role of resilience and social participation among older adults in Western Philippines. *International Journal of Environmental Research and Public Health, 18*(19), 10006. https://doi.org/10.3390/ijerph181910006

Pattana, P., Boonsuya, C., & Pachuen, A. (2017). Quality of life among those attended elderly school, Saraburi Province. (Master's independent study, Thammasat University, Bangkok). Thammasat University Institutional Repository.

Prukkanone, B., Kittirattanapaiboon, P., Tanaree, A., & Supreda, B. (2022). Happiness in Thai population: A 2018 national survey analysis at provincial level. *Journal of Mental Health of Thailand, 1*, 75–86.

Schwarzer, R., & Jerusalem, M. (1995). *Generalized self-efficacy scale*. In J. Weinman, S. Wright, & M. Johnston (Eds.), Measures in health psychology: A user's portfolio. Causal and control beliefs (pp. 35–37). NFER-NELSON.

Shojima, K., Mori, T., Wada, Y., Kusunoki, H., Tamaki, K., Matsuzawa, R., et al. (2024). Factors contributing to subjective well-being and supporting successful aging among rural Japanese community-dwelling older adults: A cross-sectional and longitudinal study. *Geriatrics & Gerontology International, 24*(Suppl 1), 311–319. https://doi.org/10.1111/ggi.14835

Sirbu, A. C., & Asandului, M. (2021). Determinants of subjective well-being among Romanian adults. Review of Economic and Business Studies, 14(2), 111–124.

Tipwareerom, W., & Srisuwan, A. (2021). Factors predicting happiness among older adults in rural Phetchabun Province. *Southern College Network Journal of Nursing and Public Health, 9*(1), 94–106.

Yuxi, L. et al. (2022). Determinants of subjective well-being among migrant and local elderly in China: A cross-sectional study. *BMJ Open, 12*, e060628.