QUALITY OF LIFE AND ASSOCIATED FACTORS IN THE ELDERLY AT THE SENIOR CENTER, THAILAND: A CROSS SECTIONAL SURVEY.

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ABSTRACT

The cross-sectional study was to assess the characteristics and quality of life (QOL) of the older adults who joined the activity in the Senior Center, Thailand. The samples were 100 people (aged 60-80 years) who obtained by purposive sampling. QOL was assessed by using WHOQOL-BREF-THAI questionnaire. The characteristics and QOL were analyzed by using frequency, percentage, means and standard deviation. Pearson Chi-squared was used to examine the correlation between all factors and QOL.

The results showed that the mean age of the participant was 67.06 ($\pm$7.01) years, the majority were female (70%), married (56.0%), graduated with bachelor's degree (63.0%), have money deposit (53.0%), and adequated exercise (57%). More than half of them perceived a moderate level in overall QOL, physical health, social relationship, and environment, but a good level in psychological health. Significant correlations were recorded between financial status and the level of QOL in the elderly. The future study should develop model and activities for improving QOL of the older adult in the Senior Center.

Keywords: quality of life, the elderly, senior center

INTRODUCTION

Aging is associated with a higher prevalence of health problems and chronic disease [1]. This state related physiological changes, a decline in a physical and corresponding loss of functional capacity that leads to decrease muscle mass, self care ability, physical fitness and quality of life (QOL) in the older adult [2-3]. In Thailand, there were 9.5 million people aged 60 years and older (14.7%) and this number was expected to be 14.4 million (> 20%) by the year 2025 [4]. As the life span of the elderly is lengthened, primary prevention efforts aimed at promoting an active lifestyle, physical activity, and improvement quality of life (QOL) among the aging people is very important [5-6]. Therefore, the municipal office of each community in Thailand offers opportunities for the elderly to participate in many health activities and health promoting program.

The Senior Center of Nonthaburi province, Thailand was set up and created many activities for promoting and improving health among the elderly such as exercise, play sports, dancing, play music, singing, meditation, handcraft training, and others. So, assessment and explaining QOL of the elderly in this center is very important for developing the strategies for improving QOL in this population. Recently, there has been an increase in research for the elderly regarding physical activity and factors for improving QOL. However, little is known about the QOL of the elderly who joined activity in the Senior Center of Nonthaburi province, Thailand.This study was to assess the characteristics and QOL of the elderly in this center.

OBJECTIVE

    1. To assess the characteristics of the elderly in the Senior Center.

    2. To assess the quality of life of the elderly in the Senior Center.

    3. To examine the factors associated with quality of life of the elderly in the Senior Center

METHODOLOGY

The present study was a descriptive, community based cross-sectional survey and study using primary and objective data was performed. The study area was the Senior Citizen Center that belong to Nonthaburi Municipality, Nonthaburi Province, Thailand. The study was conducted in April, 2018.

Participants

The participants were 100 healthy elderly people who joined the activity in the Senior Citizen Center of Nonthaburi province, Thailand. The inclision criterias were as follow: men or women had to be 60 years of age or greater, who were registered and frequented the senior center, willing to be volunteer and participate in the survey, and able to response to a questionnaire.The elderly who unable to communicate or have cognitive impairment were excluded from the study. Estemation of sample size using Krejcie and Morgan table [7]. All participants were informed about the aim of the study and signed an informed consent form.

Measurmants and Instrument

In order to assess the data on characteristic and factors associated QOL, we used the self-structured question, and the subjective perception of QOL we used the short version of WHOQOL-BREF-THAI questionnaire which is a validated tool consisting of a 26-item scale with 5-point Likert responses within the 4 domains of physical health (7 items) consisted of bodily pain, energy and ability for daily living, sleep, and physical functioning and activities of daily living dependence on medical aids; psychological health (6 items) consisted of body image, negative or positive feelings, self-esteem, and concentration; social relationship (3 items) consisted of personal relationships, social support, and sexual activity, and satisfaction with the environment (8 items) consisted of financial resources, safety and security, health and social care, home and environment, acquiring important information, opportunities for recreation, and transport. The score for each domain was transformed into a linear scale from 0 to 100 according to the syntax proposed by the WHO-QOL group. A higher score indicate a better QOL [8]. The data collection was performed by the nurse-students that were trained and instructed regarding the methodological procedures for the selection and the application of the instrument used in the interview, in order to determine parameters of similarly and replicability and avoid possible biases in data collection.

Statistic analysis

The data were entered and analyzed using the Statistical Package for the Social Sciences (SPSS) package version 21. The characteristics of the sample are reported as mean ± standard deviation (SD), frequency and percentages. QOL of the sample are reported as frequency and percentages. Pearson Chi-squared tests were used to examine the correlation between all factors and QOL. Probability values of less than 0.05 were considered to be statistically significant.

RESULTS

Characteristics of the participants

A total of 100 elderly people were interviewed. Out of all participants, 70.0% were females. Maximum 43.0% of participants were in the age group of 60-65 years, with a mean age of 67.06±7.01 years. Regarding marital status, 56.0% of the participants were currently married. In terms of education level, 63.0% of the participants having studied up to bachelor's degree. In relation to income and financial status, it found that the average montly income of the participants was 23,420.17±18,336.58 THB, and the majority (53.0%) have money deposit. In regards to comorbidity, the major diseases reported by the elderly individual studied, were hypertension (32.0%), followed by dyslipidemia (31.0%), diabetes (16.0%), and heart disease (7.0%). In terms of physical exercise, 57.0% of the participants had adequate exercise (≥ 3 times/wk). From Table 1.

Table 1
General characteristics of the participants (n=100)

Data		n	(%)
Sex	Male	30	30.0
	Female	70	70.0
Age group (years)	60 - 65	43	43.0
	66 – 70	23	23.0
	71 – 75	22	22.0
	≥76	12	12.0
		$\bar{x}$ = 67.06, SD=7.01	
Marital status	Single	16	16.0
	Married	56	56.0
	Widowed	18	18.0
	Separated/divorced	10	10.0
Education level	Primary	9	9.0
	Secondary (high school)	17	34.3
	Diploma	11	11.0
	Bachelor's degree	63	63.0
Income (THB)	< 5,000	23	23.0
	5,001 – 10,000	13	13.0
	10,001 – 20,000	21	21.0
	20,001 – 30,000	16	16.0
	> 30,001	27	27.0
		$\bar{x}$ = 23,420.17, SD=18,336.58	

Financial status	Money deposit	53	53.0
	Adequate	38	38.0
	Insufficient	9	9.0
Comorbidity	Hypertension	32	32.0
	Dyslipidemia	31	31.0
	Diabetes	16	16.0
	Heart disease	7	7.0
Physical exercise times/wk.)	Adequate (≥ 3	57	57.0
times/wk)	Inadequate (< 3	43	43.0

Quality of life of the participants

In terms of QOL, the results showed that 56.0% of the participants perceived their overall QOL as moderate, and 44.0% as good. When analyzing the domains separately, 1) physical health, it can be observed that 56.0% of the participants perceived their physical health as moderate and and 44.0% as good; 2) psychological health, 59.0% of them felt their psychological health as good, 39.0% as moderate, while 2.0% as low; 3) social relationship, 76.0% of them felt their social relationship as moderate, 17.0% as good, while 7.0% as low and 4) environment, 55.0% of them felt their environment as moderate, 44.0% as good, while 1.0% as low. From Table 2.

Table 2
Quality of life of the participants (n=100)

Domain	Level of QOL		
	Good	Moderate	Low
Overall QOL	44.0%	56.0%	0
Physical health	44.0%	56.0%	0
psychological health	59.0%	39.0%	2.0%
social relationship	17.0%	76.0%	7.0%
environment	44.0%	55.0%	1.0%

The factors associated with quality of life

Table 3 shows the financial status was significant difference related to QOL level of the participants (p<.05). Meanwhile the other factors were not related (p>.05)**.**

Table 3
Correlation between factors and QOL level (n=100)

Factors		Overall QOL level (%)			Chi-Sq. (Sig.)
		Good	Moderate	Low	
Sex	Male	66.7	33.3	0	.110
	Female	49.3	50.7	0	

Age	60 - 65	53.5	46.5	0	.067
	66 – 70	43.4	56.6	0	
	71 – 75	22.7	68.2	9.1	
	$\geq$76	58.3	41.7	0	
Marital status					
	Single	37.5	62.5	0	.062
	Married	30.0	26.0	0	
	Widowed	53.6	46.4	0	
	Sep./div.	10.0	90.0	0	
Education					
	Primary	33.3	66.7	0	.722
	Secondary	47.1	52.9	0	
	Diploma	54.5	45.5	0	
	Bachelor's			0	
	degree	44.5	55.5		
Financial deposit	Money			0	.024*
		60.4	39.6		
	Adequate	28.9	71.1	0	
				0	
Insufficient		33.3	66.7		
Comorbidity	Yes	37.5	62.5	0	.363
	No	48.5	51.5	0	
Exercise	Adequate	47.4	52.6	0	.845
	Inadequate	41.9	58.1	0	

CONCLUSION AND FUTURE WORK

The study is a cross-sectional survey to assessed QOL and associated factors of the elderly in senior center. The result showed that the mean age of the participant was 67.06 ($\pm$7.01) years, almost were female (70.0%), married (56.0%) and graduated with bachelor's degree (63.0%). More than a half of the participant (53.0%) had money deposit. Most of them (57%) had physical exercise more than 3 times/week. Regarding to QOL, more than a half of the participant perceived a moderate level of overall QOL and physical health (56.0%); social relationship (76.0%); and environment (55%), while a good level in psychological health (59%). It may be that they had a chance to meet and enjoy with their friends when they came to the senior center. This finding is consistent with a previous study which found that group participation had a potency to improve psychological health [9] Moreover, the results showed majority of participants had adequate exercise, but they only got moderate physical health. So, the future study should be develop model and physical activities for improving QOL of the older adult in the Senior Center.

The results of the factors related to QOL in the elderly showed that 53.0% of the participants have money deposit, and the majority (60.4%) perceived a good QOL, which is considered the elderly could meet their required need in daily life. Therefore, the financial

status could be associated to the elderly's QOL. This finding can be supported by previous study which found that the elderly's lower level of QOL was significantly related to lower economic condition [10, 11].

According to the result of this study, almost of the sample participated in senior group activities but they got only moderate level in QOL. The future study should be develop model and activities for improving QOL of the elerly in the Senior Center. And the financial status could be associated to the elderly's QOL, so the career development projects for the elderly should be considered.

ACKNOWLEDGEMENTS

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