

# LEVEL OF QUALITY OF LIFE IN THE ELDERLY PEOPLE IN NONTHABURI PROVINCE.

**Asst. Prof. Dr. Natnicha Hasoontree**

*Faculty of Humanities and Social Sciences, Suan Sunandha Rajabhat University,  
Bangkok, Thailand,  
E-Mail: \* natnicha.ha@ssru.ac.th*

## ABSTRACT

This research was aimed to study on a level of quality of life in the elderly people in Nonthaburi province and to study on a difference of quality of life by the personal factors. The sample group was 400 people by using the purposive sampling method, data was gathered by using the questionnaire and analyzed by using the descriptive statistics; mean ( $\bar{x}$ ), standard deviation (S.D.), independent sample t-test, independent sample f-test and One –way Analysis of Variance (ANOVA). The findings revealed that 1) the overall of level of quality of life in the elderly people in Nonthaburi province was in the high level ( $\bar{x} = 4.01$ ) and when it was considered in each topic, it revealed that the environment was in the highest level ( $\bar{x} = 4.17$ ), the social relationship ( $\bar{x} = 4.12$ ), the mental factor ( $\bar{x} = 3.97$ ), the physical factor ( $\bar{x} = 3.78$ ) and the personal factors were not different in the quality of life.

**Keywords:** Quality of life, Elderly People, Personal Factors

## INTRODUCTION

In 2018, there were 66 million people in Thailand (excluded the migrant worker) and there were 12 million people as the elderly people or 18% of all. The significant challenge is that Thailand would be the “Society of Elderly People” in the next 4 years as the current portion is 20% and it would be 30% in the next 20 years, the number of children at the age of under 15 years old would be decreased from 12 million to 9 million people, and the number of worker at the age of 15 – 59 years old would be decreased from 44 million to 37 million people but the number of elderly people would be increased from 11 million to 20 million people [1].

In consequence, the increased number of the elderly people would affect to a change in the demographic structure due to the increased portion of the elderly people and the decreased portion of the worker would affect to the overall economy, then the elderly people should be more responsible for living themselves. The local administrative organization as the significant section which is responsible for promoting the quality of life, healthcare and subsidization for the elderly people by providing the public services, participation, public health services and health promotion subject to the regulation. Consequently, the local administrative organization has a role to support and promote enhancing the quality of life by focusing on the equivalence of elderly people and leading to the good quality of life in all dimensions in order to decrease the dependence on society. There are 18.6% of the elderly people in Nonthaburi province which affects to a change in the public health, environment, long-term economic growth in budget, administration, public services, facilitation, welfare, and the increased number of the elderly people which causes many issues such as society, economy, health, physical factor, mental factor, income and desertion, and affects to the quality of life in the elderly people [2].

From the mentioned reasons, the research would like to study on a level of quality of life in the elderly people in Nonthaburi province by the concept of World Health Organization comprised of 4 topics; the physical factor, mental factor, environment and social relationship in order to apply the findings for the relevant section as specifying the policy of problem solving and work process improvement to enhance the quality of life in the elderly people and arrange the readiness for the society of elderly people. The researcher expects the relevant section to apply the findings for improving the healthcare and quality of life in the elderly people [3].

## OBJECTIVE

1. To study on a level of quality of life in the elderly people in Nonthaburi province.
2. To study on a difference of quality of life in the elderly people in Nonthaburi province by the personal factors.

## METHODOLOGY

The population and sample group of this study was 400 elderly people in Nonthaburi province by using Taro Yamane formula (Taro Yamane, 1973) for the quantitative research.

The independent variable was the general information comprised of gender, age, level of education attainment, occupation and income.

The dependent variable was the quality of life in the elderly people in Nonthaburi province comprised of the physical factor, mental factor, environment and social relationship.

This research was the quantitative research to study on a level of quality of life in the elderly people and a difference of quality of life in the elderly people in Nonthaburi province by the personal factor. The research instrument was the questionnaire comprised of; Part 1 – General information, Part 2 – Comment on the quality of life in the elderly people by the physical factor, mental factor, environment and social relationship. The questionnaire was the checklist and open-ended questions with the rating scales, it was applied with 30 elderly people who were similar to the sample group for finding the reliability by using the Cronbach's Alpha Coefficient formula and the coefficient alpha score was 0.86.

The descriptive statistic was used in this research comprised of; 1) Frequency, to analyze data from Part 1 – General information comprised of gender, age, level of education attainment, occupation and income, and Part 2 – Comment on the quality of life in the elderly people in Nonthaburi province, 2) Percentage, to analyze data from Part 1 – General information comprised of gender, age, level of education attainment, occupation, 3) Mean ( $\bar{x}$ ), to analyze data from Part 2 – Comment on the quality of life in the elderly people in Nonthaburi province, and 4) Standard deviation (S.D.), to analyze data from Part 2 – Comment on the quality of life in the elderly people in Nonthaburi province.

The inference statistic was used in this research comprised of; 1) Independent sample t-test, to compare mean ( $\bar{x}$ ) of 2 independent groups comprised of gender and age, 2) Independent sample f-test, as One-Way Analysis of Variance (ANOVA) comprised of level of education attainment, occupation and income, and using Fisher's Least Significant Difference (LSD) to compare each pair for finding a difference.

## RESULTS

The personal factors comprised of gender, age, level of education attainment, occupation and income, the findings revealed that most of them was female (205, 51.20%), at the age of under 70 years old (221, 55.30%), attained under the primary education (156, 39.00%), worked as the business owner (140, 35.00%), and earned monthly income 5,001 – 10,000 Baht and above (217, 54.30%).

**Table 1**  
**The quality of life in the elderly people in Nonthaburi province by the physical factor**

Physical factor	Mean ( $\bar{x}$ )	Standard deviation (S.D.)	Interpretation	Rank
1. The satisfaction on 6 – 8 sleeping hours daily.	3.93	0.76	High	1
2. The satisfaction on the health condition.	3.82	0.77	High	2
3. Receiving the health care from family members when getting illness.	3.74	0.60	High	3
4. Able to live by yourself.	3.73	0.74	High	4
5. The satisfaction on the good inhalation and exhalation without having asthma.	3.67	0.61	High	5
<b>Total</b>	<b>3.78</b>	<b>0.41</b>	<b>High</b>	

From Table 1, the overall of the physical factor was in the high level ( $\bar{x} = 3.78$ , S.D.= 0.41) and when it was considered in each topic, it revealed that the satisfaction on 6 – 8 sleeping hours daily was the high level ( $\bar{x} = 3.93$ , S.D.= 0.76), the satisfaction on the health condition such as having the healthy body without the congenital disease ( $\bar{x} = 3.82$ , S.D.= 0.77), receiving the health care from family members when getting illness ( $\bar{x} = 3.74$ , S.D.= 0.60), able to live by yourself ( $\bar{x} = 3.73$ , S.D.= 0.74), and the satisfaction on the good inhalation and exhalation without having asthma ( $\bar{x} = 3.67$ , S.D.= 0.61) consecutively.

**Table 2**  
**The quality of life in the elderly people in Nonthaburi province by the mental factor**

Mental factor	Mean ( $\bar{x}$ )	Standard deviation (S.D.)	Interpretation	Rank
1. Able to manage the loneliness, sadness or anxiety.	4.02	0.51	High	1
2. Able to accept for any change.	3.93	0.76	High	2
3. Being relaxed with yourself or family members.	3.91	0.75	High	3
4. Being happy, peaceful and hopeful.	3.63	0.72	High	4
5. Having own thought, memory and concentrate with the decision making.	3.49	0.59	High	5
<b>Total</b>	<b>3.97</b>	<b>0.38</b>	<b>High</b>	

From Table 2, the overall of the mental factor was in the high level ( $\bar{x} = 3.97$ , S.D.= 0.38) and when it was considered in each topic, it revealed that being able to manage the loneliness, sadness or anxiety was in the high level ( $\bar{x} = 4.02$ , S.D.= 0.51), able to accept for

any change ( $\bar{x} = 3.93$ , S.D.= 0.76), being relaxed with yourself or family members ( $\bar{x} = 3.63$ , S.D.= 0.72), and having own thought, memory and concentrate with the decision making ( $\bar{x} = 3.49$ , S.D.= 0.59) consecutively.

**Table 3**  
**The quality of life in the elderly people in Nonthaburi province by the environment**

<b>Environment</b>	<b>Mean (<math>\bar{x}</math>)</b>	<b>Standard deviation (S.D.)</b>	<b>Interpretation</b>	<b>Rank</b>
1. Feeling safe at living in the community.	4.21	0.69	High	1
2. Having the convenient commute.	4.18	0.69	High	2
3. The satisfaction on the community environment.	4.17	0.67	High	3
4. The satisfaction on the current residence.	4.12	0.66	High	4
<b>Total</b>	<b>4.17</b>	<b>0.51</b>	<b>High</b>	

From Table 3, the overall of the environment was in the high level ( $\bar{x} = 4.17$ , S.D.= 0.51) and when it was considered in each topic, it revealed that feeling safe at living in the community was in the high level ( $\bar{x} = 4.21$ , S.D.= 0.69), having the convenient commute such as the bus, and the surrounding environment such as the health park and public park ( $\bar{x} = 4.18$ , S.D.= 0.69), the satisfaction on the community environment such as the air, smell and waste management ( $\bar{x} = 4.17$ , S.D.= 0.67), and the satisfaction on the current residence ( $\bar{x} = 3.12$ , S.D.= 0.66) consecutively.

**Table 4**  
**The quality of life in the elderly people in Nonthaburi province by the social relationship**

<b>Social relationship</b>	<b>Mean (<math>\bar{x}</math>)</b>	<b>Standard deviation (S.D.)</b>	<b>Interpretation</b>	<b>Rank</b>
1. The satisfaction on participating in the community activity.	4.27	0.68	High	1
2. Receiving the social opportunity and equivalent participation.	4.21	0.71	High	2
3. Having the good interaction with other people.	4.07	0.69	High	3
4. Receiving the happiness and attention from family members.	3.97	0.79	High	4
<b>Total</b>	<b>4.12</b>	<b>0.53</b>	<b>High</b>	

From Table 4, the overall of the social relationship was in the high level ( $\bar{x} = 4.12$ , S.D.= 0.53) and when it was considered in each topic, it revealed that the satisfaction on participating in the community activity ( $\bar{x} = 4.27$ , S.D.= 0.68), receiving the social opportunity and equivalent participation ( $\bar{x} = 4.21$ , S.D.= 0.71), having the good interaction with other people ( $\bar{x} = 4.07$ , S.D.= 0.69), and receiving the happiness and attention from family members ( $\bar{x} = 3.97$ , S.D.= 0.79) consecutively.

## CONCLUSION AND FUTURE WORK

From a study on level of quality of life in the elderly people in Nonthaburi province, the researcher offers the discussion as follows; 1) a difference of the personal factors comprised of gender, age, level of education attainment, occupation and income had no difference of the quality of life as the hypothesis, 2) the overall of a level of quality of life in the elderly people in Nonthaburi province was in the high level, comprised of the physical factor, mental factor, environment and social relationship as the determinant for the quality of life in the elderly people in Nonthaburi province.

The elderly people in Nonthaburi province satisfied with the healthy body without the congenital disease due to they received the health care from family members, safe environment and residence, convenient commute, able to live by themselves and able to accept for any change. The participation in the social and community activity would help them to interact with the other people and being accepted by the neighbor and surrounding people as creating the relationship of the elderly people and all ages by supporting their value and eliminating their loneliness. In addition, the subsidization from the other people, relevant section and government welfare such as the old age income security, health security and other medical services to enhance the better quality of life which was consistent with the concept of UNESCO (1978), a quality of life is the satisfied living and being happy with many significant factors. The factors related to the quality of life comprised of health, sanitation, education, environment, resource, income, building and residence which were consistent with the concept of Wiphaporn Mapobsuk (2007) [4], a quality of life is the satisfied living with many related significant factors such as health, education, income, residence, environment and resource, and consistent with the research of Somporn Potinam et al. (2009) [5], *Thai Elderly People: Context of Mahasarakham Province*, it revealed that most of the quality of life in the elderly people was in the high level, the satisfaction of life and general health were in the highest level, and the factors affecting the quality of life were the participation, self-value awareness and income, and when it was considered in the happiness topic, it revealed that a level of happiness was in the high level such as the self-value awareness, being the club member, the club participation and receiving many benefits from the government section, included consistent with the research of Suttipong Boonphadung. (2011) [6], it revealed that the overall of quality of life in the elderly people was in the high level; 1) the interaction, social association, good mental condition and good physical condition consecutively, and the good living condition and self-decision making were in the moderate level, 2) factors related to the quality of life revealed that the good mental condition related to the loneliness and good physical condition, the interaction related to the family, friend and neighbor, and the social association related to the dedication and being accepted by the community.

## ACKNOWLEDGEMENTS

I would like to express my sincere thanks to Suan Sunandha Rajabhat University for invaluable help throughout this research.

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