

THE QUALITY-OF-LIFE DEVELOPMENT MODEL FOR THE DEPENDENT ELDERLY AND FAMILIES THROUGH COMMUNITY PARTICIPATION IN BANGKHLA DISTRICT, CHACHOENGSAO PROVINCE, THAILAND

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Abstract

This research was aimed at developing a model for developing quality-of-life of the dependent elderly and their families through community participation in Bangkhla district, Chachoengsao province, Thailand. Populations of this participatory action research covered the dependent elderly and their families, representatives of government sectors, local government authorities, and community leaders whose functions were relevant to quality-of-life improvement in this area. Sixty samples and key informants were selected through purposive sampling and snow-ball techniques. Data were collected by in-depth interviews, focus group discussions. The research findings revealed that the model for improving quality-of-life of the dependent elderly and families comprised groups of people and organizations involved with the dependent elderly and families must collaboration, the health promotion hospital in which there were accessible data system, work monitoring system, training care givers, health volunteers, care managers, effective screening the elderly eligible benefit, elderly caregiving volunteer with assessing and giving care for the dependent elderly and families. Tambon administrative organizations and municipalities was the system for assisting the dependent elderly according to principles and criteria enacted by the National Security Health Office. Neighbors help observe and give moral support and assist when needed. Temple was central for mental care of community residents. Monks would give spiritual support to the dependent elderly and families in the village. School was the educational center for people in community while teachers offered guidance for children to respect adults and the elderly in both at home and in community. People in community harmonized helped one another without conflict.

Key Words: Quality of life, Dependent Elderly and family, Community participation, Thailand

Introduction

Aging society is a problem which various countries have encountered nowadays. The United Nations Department of Economic and Social Affairs reported on “World Population Aging 2020 Highlights” (United Nations, 2020) that in 2020, global population aged 65 and over totaled 727 million, and number of women were over number of men. It was estimated that it would be around 1.5 billion people in 2050 (United Nations, 2019). At present, Thailand is going to the aging society at the quicker rate than other developing countries. Since the structural

changing process usually takes around 18-115 years, Thailand takes only 20 years in the process because ratio of population aged 65 years in Thailand has increased from 7 percent to 13 percent in 2020. In 2035, Thailand would be the first developing country to enter the aging society (Bank of Thailand, 2018).

When people become aged, their various physical organs will be deteriorated and living behaviors would be consequently at risk to various diseases. The most found six diseases included hypertension, diabetes, heart disease, paralysis, isthmic stroke, and cancer. Ministry of Public Health (2015, p. 3) classifies the elderly into three groups: 1) Social bound group refers to the elderly who are able to do social activities outside their home, 2) House bound group refers to the elderly who cannot do activities outside their house but can help themselves in their houses, and 3) Bed bound group refers to the elderly who are attached to the bed and can help themselves only in bed and need someone to take care of them closely. The Office of Research for Thai Security Health Development estimated budget for long term care of the dependent elderly would be around 15,000 million baht per year or 0.1 of GDP in 2015-2021. It should focus on significance of health promotion among the pre-aging and aging groups, and care for the dependent elderly and family to have the best quality-of-life to minimize the economic, familial, social, and national burdens. From studying illness problems by physical examination of Thai elderly in 2017, it was found that many older populations in Thailand had health problems and had dependency, especially the elderly who could not help themselves (they cannot do daily basic activities including self-eating, going to bathroom, self-dressing); there were around 5 percent. There were the older people who could not help themselves around 19 percent of those who were in the same age group (Banlu Siripanich, 2014). This result was relevant to Report of Ministry of Public Health, statistically showed that in 2018, number of the dependent elderly were up to 115,861 people. Based on this problem, the government enacted the long-term care (LTC) policy for the dependent elderly in the National Security Health System to provide health and social services corresponded to people's needs and to assist those who were in difficulties due to chronic illnesses, accidents, and disabilities. The elderly who could not help themselves in their daily life were also included. There were both formal and informal based on principles of community participation.

In addition, family members of the elderly are the key persons for taking care of the dependent elderly because they are the closest persons to the elderly. It would be better to say, the family takes 100 percent of burden in taking care of the dependent elderly. Consequently, the burden could affect the family in various aspects. If they would not be concerned and taken care, the burden could affect the quality-of-life of caregivers and the family. This is relevant to the study of Siranee Srihapak, Komartr Juengsatiansap, and Kanisorn Tengrang (2014) finding that most caregivers had health problems and needed health-dependency. That is, one-third of caregivers had problems with chronic diseases, and more than two-third of caregivers had emotional burden and effects, leading to anxiety, sadness, and severe stress. These would lead to conflict among family and relatives. Obstacles arisen from supporting system in community were not met the needs of the dependent elderly, family, and community. The community participation was the efficient guide for development of quality-of-life among the elderly and family.

Chachoensao province has 106,953 populations; around 17.85 percent of them are aged, so the province becomes an aging society. The highest number of the elderly in Khlongkluen district, Bangkhla district, and Ratchasan district are 24.42 percent, 21.01 percent, and 19.42 percent respectively (Health Center Region 6 Chonburi, 2019). Elderly who were screened to assess their ability to perform daily activities (Barthel Activities of Daily Living: ADL) in 2019 were 104,497 people, around 89.15 percent; most elderly were social bound around 97.79 percent, and the dependent group (bed bound) around 2.21 percent. Bangkhla district had most dependent elderly around 4.28 percent, Ratchasan district 3.74 percent, and Khlongkuen district 3.69 percent (Health Center Region 6 Chonburi, 2019). In addition, it was found that from the past performance of fiscal year 2019 (Third Trimester), Chachoengsao Province had driven the operation of sub-districts that had a long-term care health promotion system (Long Term Care). Community that passed the criteria 72.04% from the target, 70 percent, districts with 100% qualified sub-districts, namely Phanom Sakhom district, Sanam Chaikhet district, Plaeng Yao district, and Tha Takiab district. Districts with sub-districts that had not yet passed the criteria was Bangkhla district 33.33%, Bang Pakong district 66.67%, Ratchasat district 66.67% and Mueang Chachoengsao district 68.42%, respectively. From the information, Bangkhla district had the largest number of elderly people who were dependent or unable to help themselves, and families of the dependent elderly were responsible for taking care of

the health of the elderly who needed to be dependent. It was also the district that had not yet achieved the goal of the community service to pass the sub-district's criteria with a long-term health promotion system for the elderly care criteria. There was also no research on quality-of-life of the elderly with dependency and their families in Bangkhla District. Only just had it health service through follow-up home visits by the primary care team or Health Promotion Hospital of the sub-district in the responsible areas according to the standards prescribed by the Ministry of Public Health. It was consistent with the interview results of Bangkhla District Public Health Office addressed the problems and needs for health improvement of the elderly in Bangkhla district. It was found that there was a need to develop a health promotion system for the dependent elderly and their families in Bangkhla district systematically to result in a better quality-of-life and increase efficiency as a good capital for development community in other dimensions (Somjate Sathitsmith, interview, 15 January 2019).

From the problems and importance mentioned above, the researchers who are members of the Faculty of Science and Technology, Rajabhat Rajanagarindra University, the only university in Chachoengsao Province and has a campus located in Bangkhla district, Chachoengsao Province It has a mission to be a university for local development, sees the benefits of improving the quality of life of the elderly with dependency and families in Bangkhla district by participating with the community, local administrative organizations and government agencies such as the Bangkhla District Public Health Office, as well as the Tambon Health Promoting Hospitals. In accordance with the afore-mentioned context, it is therefore interested to study a model for improving the quality-of-life of the dependent elderly and their families through the participation of the Bangkhla community. By studying the guidelines from the model of the sub-district that has managed the health promotion system for long-term care through the standard criteria for managing the elderly with dependency conditions according to the criteria stipulated by the NHSO, such as Samet-tai Sub-district, and apply it to the sub-district that has not yet passed, at Samed-nue Sub-district. If the project is successful, it will benefit the development of quality-of-life of the elderly with dependency and families of Bangkhla district and will also be a model for guidance in developing the potential of the dependent elderly and their families in other communities, which will result in a better quality of society.

Objectives

- 1) To study Tambon context which has passed criteria for health promotion for elderly long-term care in Bangkhla district, Chachoengsao province.
- 2) To study the management guidelines for Tambon which has passed criteria for health promotion for elderly long-term care and effects toward quality-of-life of the elderly and families in Bangkhla district, Chachoengsao province.
- 3) To develop a model for developing quality-of-life among the dependent elderly in long-term period in Tambon which has passed criteria and was trialed in Tambon which has not yet passed criteria of health care system for the elderly in the long-term period in Bangkhla district, Chachoengsao province.
- 4) To evaluate and propose model for developing quality-of-life among the dependent elderly and families through community participation in Bangkhla district, Chachoengsao province.

Methodology

This research is designed as participatory action research; research procedure is described in the following:

The first step was to study data and context of Tambon which had passed criteria for exploring guidelines affecting the management system of health promotion to the dependent elderly in the long-term period as objectives defined. The study focused on the management system of health promotion for the dependent elderly in the long term in Tambon Samet-tai. There were meetings of the elderly's care givers in Tambon Samet-tai, and president of Tambon Samet-tai Administrative Organization to draw the lesson learned about guideline of management system of elderly care in the long-term period. It was found that the administrators must have the clear policy directly given to the responsible persons; there was the established committee for developing quality-of-life to be

responsible for managing the system of elderly health long term care. There was also meeting, and monitoring work progressed monthly, and the president of TAO acted as the chair of the committee so that decisions could be quickly made.

The second step was to select Tambon which had not met the criteria to be included in the research procedure; Tambon Samet-nue was selected for studying problems from group discussions among the related people including the dependent elderly and their families, representatives of governmental sectors, TAO and community leaders. It was found that Tambon Samet-nue had neither established committee for developing quality of life, nor had a staff who was directly responsible for the task. Volunteers for giving elderly care and team of community leader, and local administrators had not yet enacted the clear policy for managing the elderly in the long run. Then, research team provided knowledge about operating procedures in achieving criteria of the long run elderly care achieved by Tambon Samet-tai. The research team and Tambon Samet-nue team had meeting to set the plan together to determine policy and establish committee for developing the elderly's quality of life and identify a certain staff to take responsibility.

The third step was to take the guideline in the first step to appropriately formulate the implementation plan in Tambon Samet-nue, by organizing the clear steps of practices including identifying persons involved with doing research in each aspect, in which part each part was involved, how and when the research could improve or change the research methods. The researchers participated in the research by follow-up the research procedure in all steps and follow up results of implemented evaluation if it would not be as planned or target or any complications occurred. All those who were involved would participate to ensure whether in participatory action research as planned and assess whether the implementation had achieved the objectives as planned or not.

The fourth step was to monitor and evaluation. It was found that monitor was aimed at evaluating after having implemented in Tambon Samet-nue for 3 months. Consequently, Tambon Samet-nue had established the committee for developing quality of life and assigned the certain staff responsible for managing the elderly care in the long run and having the selection of the dependent elderly in Tambon Samet-nue for being eligible for being cared as criteria set by the National Health Security Organization.

After that, researchers analyzed the defined factors for drafting an effective model for developing quality of life of the dependent elderly and families and propose the model to those who were involved for adjusting an improving the operation as defined. Information about feedback reflecting the satisfaction and success of the operation including evaluation of proposed form and pattern before concluding research results.

Results

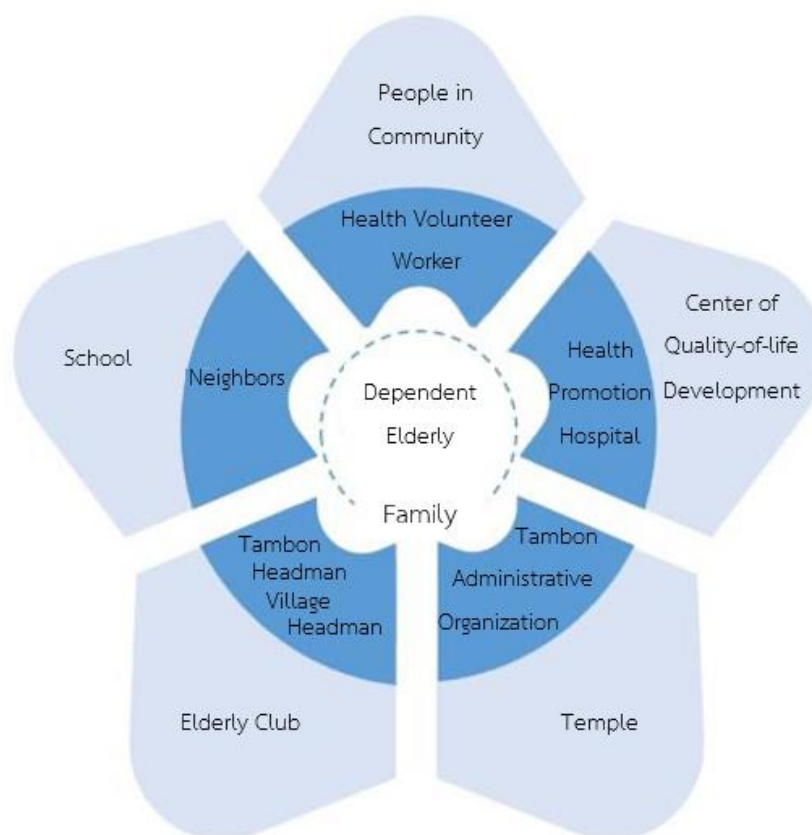
From the study, it was founded that model for developing the quality-of-life among the dependent elderly and families through community participation, Bangkhla district, Chachoensao province, Thailand, as depicted in figure 1.

[The dependent elderly/ Family/ Health volunteer worker/ Health promotion hospital

Tambon administrative organization/ Tambon headman/ village headman/ Neighbors

People in community/ Center of quality-of-life development/ Temple/ The elderly club/ School]

Figure 1, The model of quality-of-life development for the dependent elderly and families through community participation, Bangkhla district, Chachoengsao province, Thailand



From figure 1, the model of quality-of-life development for the dependent elderly and families through community participation, Bangkhla district, Chachoengsao province, Thailand is consisted of cooperative working among individuals and the related organizations as following:

“The dependent elderly and family” refers to the way in which the elderly with dependency and their families cooperates in practice according to the standard required for taking care of the elderly with dependency as the care plan written for care givers and care managers. That is, having meal and taking prescribed drugs, cleaning body, turning the body in every two hours, acquiring necessary equipment and supplies for living such as wheelchair, bed, etc. It is necessary to have a person available in 24 hours for taking care of the dependent elderly.

“Health promotion hospital” refers to the health promotion hospital in which caring system of the dependent elderly and families and access to factual data, and control how the health volunteer workers function and enable them to gain knowledge of caring the dependent elderly and families efficiently. The hospital provides equipment and supplies and support care givers’ work to screen eligible people and provide services according to their rights.

“Tambon Administrative Organization” refers to Tambon Administrative Organization or Municipality in which the coverage system for assisting and supporting the eligible people is available, consisting of staff who is responsible for managing documents for payment based on the rights enacted in the principles of the National Health Security Office (NHSO), establishing the board committee for quality-of-life development to review and approve payment as the individual right. The committee could regularly monitor and follow-up the working system. The chair of committee should be the president of Tambon Administrative Organization or Municipality.

“Tambon headman, village headman” refers to Tambon headman/ village headman as the community leader, functions to support, assist, and close care for the dependent elderly and families, and cooperate with those who are eligible to receive the right in coverage.

“Neighbors” refers to neighboring people who are living nearby the dependent elderly and aid and support one another, assisting the dependent elderly in both normal and difficult time.

“Temple” is central for mental care and spiritual support for the dependent elderly and family, always empowering and enriching faith. Religion provides moral support to cope with the imperfect physical body.

“School” is an organization for giving advice and guidance for children to pay respect to, and realize to significance of, adults and the elderly in family and community.

“Population in the village” refers to people who are living in the village, should harmonize with and assist to one another whenever it is an opportunity. They should understand, feel empathy to the dependent elderly and family, and should think that it is responsibility of all people in the community to help one another for community’s happiness.

Discussions

Frist, from the study, it was found that the issue of model of quality-of-life development for the dependent elderly and family through community participation, Bangkhla district, Chachoengsao province, Thailand contained factors related to cooperation between the elderly and family. This finding was relevant to Sukanya Puangniyom, Nongnapatr Rungnoi and Urairat Bunthae (2019, pp 178-195) revealing that model of integrated health care for the dependent elderly should emphasize on the process of participation between family, community, and multi-professional team. The research findings offered the policy suggestions; that is, the responsible units should review regulations and practical guidelines in payment and budgeting, providing sufficient budget, cooperating appropriately, and giving consultation in significant matter. In addition, utilizing the clinical data base system could benefit the health care and continue developing potential of multi-professional team, family, and community. It would enable them to properly take care of the dependent elderly, and lead to improve the elderly’s well-being and quality-of-life. In their study, Piyarat Yaprathith and Arasa Kongtan (2020, pp. 46-65) found that due to changes of structural populations and technologically medical advances, diseases that were caused by changing health behaviors, resulting in that the elderly had higher demand of dependency from caregivers. Some families needed variety of services including health, communal, and social aspects. In addition, most caregivers and families did not prepare themselves to take care the dependent elderly and needed continuous caring. Some elderly needed medical equipment at home, which knowledge and skill training in using the equipment were needed for the key caregivers, in family and health village volunteers, including sectoral networks for care services, and the integrated dependent elderly.

Such findings might result from that the dependent elderly and family was the first and foremost factor in responsibility of their own function in taking care of quality-of-life of themselves and their family members. The dependent elderly themselves felt and realized in the difficulties of their children in taking care them around the clock. They, therefore, had tried to take care of themselves as much as possible if they were able to communicate with their children. But if they could not understandably communicate with each other, it would be the responsibility of their children to assist them in expenses or taking turn to take care them as defined schedules. It depended on family members to have agreement in each family. Since Thai culture had nurtured children to hold their belief in paying gratitude and in-debt to the elderly and returning respects and rewards to the elderly because they used to raise them until they were grown up. Due to the good and fruitful cultururation and socialization of Thai citizen, the family with the dependent elderly would take the best care of their parents/ grandparents until the last period of life. Therefore, the model of quality-of-life development necessarily was needed to incorporate in the model to make it comprehensive as participation of all sectors.

Second, from the study, it was found that the issues of quality-of-life improvement for the elderly with dependency and family with community involvement Bangkhla district Chachoengsao Province, Thailand, consisted of a health promotion hospital with access to information, supervising and training care givers and village health volunteers in selecting and providing care for the elderly with dependency and family, having care manager to monitor the quality of screening for eligible persons. This finding was consistent with a study by Piyarat Yaprathith

and Orasa Kongtan (2020, pp. 46-65) that found that the development of long-term care packages for the elderly with dependency found that planning to follow up to visit the elderly's home by following the care plan specific elderly (Care plan), which was a caring plan that jointly analyzed the problems of each elderly person from the elderly care manager elderly care assistant. The primary caregivers had a collaborative analysis of their performance and reviewed their performance with the family doctor team, resulting in more effective care for the elderly.

This is because the health promotion hospital is the public health agency closest to the people according to the structure. Thai health services play a role in health promotion and disease prevention, rehabilitation of people in the sub-district responsible for every household. In terms of the long-term care system, it must be responsible for the work of the VHV, CG. Caregiver and care manager oversee the screening assessment of those who deserve to be treated for the benefits according to their rights. To promote for improving the better quality-of-life or preventing disability or deterioration is the direct duty of all health promotion hospitals. But how to optimize local costs depends on the context of each location. Therefore, the model to improve the quality-of-life of the elderly with dependency and their families must have this kind of factor included in order to complete with participation from all relevant sectors.

Third, from the study, it was found that the issues of quality-of-life improvement for the elderly with dependency and family through community participation in Bangkhla district Chachoengsao Province, Thailand consisted of Tambon Administrative Organization (TAO) having a system to aid eligible persons with staff responsible for disbursement according to the NHSO rules; a committee for quality-of-life development center has been appointed to directly take responsibility. This was consistent with the study of Anchittha Sirikampeng and Phakdi Phosing (2017) to study long-term care for the elderly with dependency in Thailand 4.0 era. It was found that the important concepts in caring for the elderly with dependency in Thailand 4.0 era is PIOEH which consists of 1) P = Policy, which is to have a serious and continuous public policy 2) I = Innovation & Technology, focusing on innovation and technology to provide elderly care services, 3) O = Green Organization, a friendly organization for elderly care, 4) E = Elderly, having an elderly club covering every village, and 5) H = Human Resource Development, having developed personal potential from individual to family level. It focuses on having effective and appropriate public policies that facilitate stimulation to bring innovation and technology used to organize long-term care services for the elderly who are dependent in the age of Thailand 4.0.

This was found that Thailand's administrative system wanted to decentralize powers to the localities so that people can have access to and receive benefits and rights that the government has allocated thoroughly. Because the TAO is a local government organization that is closest to the people, therefore it needs to formulate policies and implement fundamentals of budget allocation and various rights to care for the quality-of-life of the elderly with long-term dependency conditions fairly and promptly and coordinating with relevant community agencies in its entirety. Therefore, the model for improving the quality-of-life of the elderly with dependency and their families must include this kind of factor in its constituents to complete with participation from all relevant sectors.

Forth, the study was found that the model of quality-of-life development for the dependent elderly and family through community participation, Bangkhla district, Chachoengsoa province, Thailand was comprised of Tambon headman who could keep assisting the villagers. The result was relevant to the study of Piyarat Yaprathit and Arasa Kongtan (2021, pp.46-65) found that community sectors including community leaders (Tambon headman, village headman, TAO members, Tambon doctor, chairperson of the elderly club), village health volunteers (VHVs) elderly care volunteers (ECV), caregivers, elderly club, public minded volunteers, which were the key networking because they were leaders in the community where it was important for service development in long term care for the dependent elderly.

This is found because a community consists of several households and one household consists of two or more household members and any community must have a headman to take care of the people's health in each village and a Tambon headman to take care of the village headman's work in a hierarchy. If linkage is not maintained or known to everyone in every order, will not be able to receive full benefits from the government. Therefore, it is the direct duty of Tambon and village headmen who have to take care of the dependent elderly and families to get the most benefits in order to have a better quality of life. Therefore, the model for improving the quality-of-

life of the dependent elderly and their families must have this part of the factor as a component, so it will be complete with participation from all parties involved.

Fifth, from the study, it was found that model for quality-of-life development for the dependent elderly and family through community participation, Bangkhla district, Chachoensoa province, Thailand comprised of neighbors who kept watching and assisted for moral support when it was in need. Temple was central for taking care of mental support, while school guided and taught children to pay respect to adults. Villagers harmonized and helped one another when needed and had no conflict. It was relevant to the study of Suangsuda Charoenwong, Porntiwa Kongkun, Nirarat Chansaengrat, and Wiangtawan Siwan (2018) explored situation of care and needs in long term for the dependent elderly in Muslim community of Southern Thailand. It was found that the way of taking care of the dependent elderly under the potential Muslim community in long term care development including cultural capital and capital at personal level, by people in community strongly hold in Muslim teaching and public minded. While needs in caring the elderly such as friend chatting for releasing loneliness, care information support, instrumental support, and time care support. It was also relevant to the study of Piyarat Yapradith and Arasa Kongtan (2020, pp. 46-65) found that temple is the spiritual center and the key of spiritual service for the dependent elderly in the last period of life. It was also relevant to the study of Bowling, Banister, Sutton, Evans, and Windsor (2002, pp. 355-71), which was found that the key factors for prediction of the elderly quality-of-life as the priority setting by the elderly themselves such as social comparison and expectation, personal traits, and psychological characters (optimistic-pessimistic views), health and working status and personal, social capital and neighbors involved.

This was found because Thai culture has settled in groups to take care of one another, and they have been protecting each other from danger since ancient times. And, human beings are social animals who have to live and share together and need support and acceptance from one another. Therefore, there must be good neighbors. Thai people who practice Buddhism have a temple as a spiritual refuge since ancient times, teaching people to do good, to refrain from evil, and worship monks. The school is the place to teach children to have knowledge and gratitude to parents, old people, and teachers for a long time. Therefore, the model of developing the quality-of-life of the dependent elderly and their families requires this factor as a component to have complete participation from all relevant sectors.

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References

1. Puangniyom K, Rungnei N, Bunthae U. Developing model for integrated health care of the dependent elderly in pilot area of Phetchaburi. *Medical Journal Region*. 2019. 28(3): 176-195.
2. Bank of Thailand. Aging Society and Challenges of Thai Labor Market [Internet]. [updated 2022; cited 2022 Jan 21] Available from <https://www.bot.or.th/Thai/MonetaryPolicy/EconomicConditions/AAA/AgePeriodCohort.pdf>
3. Yapradit P, Kongtan A. Developing long-term care management for the dependent elderly, Tambon Sim, Borabue District, Mahasarakam. *Songkhlanagerin Nursing Journal*. 2020 July-September; 40(3): 48-65.
4. Health Center Region 6 Chonburi. Report of Provincial Inspection Chachoengsao [Internet]. [updated 2019; cited 2020 March 14] Available from
5. Charoenwong S, Kongkun P, Chansaengrat N, Siwan P. Situation of care and needs for care in the Long-Term for the Dependent Elderly in Muslim Rural Communities, Southern Thailand. *Journal of Nursing College Networks and Public Health in Southern Thailand*. 2018 May-August; 5(2):231-246.

6. Bowling A, Banister D, Sutton S, Evans O, Windsor J. A multidimensional model of the quality of life in older age. *Aging Ment Health*. 2002. 6(4):355-71.
7. The United Nations. World Population Prospects 2019 Highlights [Internet]. Available from https://population.un.org/wpp/Publications/Files/WPP2019_Highlights.pdf.