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Factors Affecting Readiness for Self-Care of the Elderly in Nakhon Pathom Province¹

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ABSTRACT

The purposes of this research are to 1. Compare the readiness in self-care of the elderly in Nakhon Pathom province classified by personal factors and 2. Study factors affecting the self-care readiness of the elderly people in Nakhon Pathom Province. Researchers collected samples from 400 elderly people selected by Quota data collection in portion of the neighborhood of 7 districts in Nakhon Pathom. The statistics used in data analysis consisted of percentage, mean, standard deviation, t-test, one-way analysis of variance and multiple regression analysis.

The research results showed that: 1. The availability of taking care of the elderly in Nakhon Pathom was differences when classified by occupation and having underlying disease statistically significant. 2. Factors affecting the readiness of self-care of the elderly in Nakhon Pathom province are raising awareness of their own health care, health care behaviors of the elderly and knowledge in taking care of one's own health. The multiple regression analysis equation is:

Self-care readiness of the elderly (Y) = 1.44 + 0.16. Raising self-care awareness (X₁) ** + 0.22 Health care behaviors of the elderly (X₂) ** + 0.21 knowledge of taking care of one's own health (X₃) **

With the prediction accuracy of the said equation at 45 percent.

Keywords: elderly, self-care, awareness, knowledge, behavior

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1. Introduction

The elderly can be considered a valuable human resource because significant contribution was made to the nation for a long time and gained experience in both work and life which will be able to pass on valuable experiences to future generations. Thailand, as a member of the United Nations General Assembly, value the importance to the elderly and act in accordance with the UN General Assembly that gives the elderly the right for independence, participation, hospitality, and dignity also determined that the date 13 April of each year is the National Day of the Elderly in Thailand. In addition, the Constitution of the Kingdom of Thailand also enacted the rights of the elderly by putting it in the category of rights and liberties of the Thai people and the duty of the Thai people to help the elderly in receiving help, have a good quality of life and can be self-reliant as well. (Department of Public Welfare, Ministry of Labor and Social Welfare, 1999). Over the years, it was found that the rapidly growing population of elderly has become a phenomenon in many countries around the world. Changes in the structure at present become an issue key to the nations, the agrarian science, policy, management leaders of regional or national level, including marketers around the world have keep an eye on. Because the elderly condition not only affects the individual or the family but also has impact worldwide to the national and global levels especially the impact on the economic sector (Rattima Kachanan, 2018)

From the situation of Thai elderly, the proportion is increasing from the total population of the country in 2010, the proportion is 11.90% and it is expected that in 2030 the proportion will be increased to 25 percent of the total population which will enable Thailand to enter the society of the

elderly. At the same time, the working age population of Thailand who has a duty to support and take care for the elderly tends to decrease due to the birth rate of the country decreased plus a part of the working age population will become seniors themselves. Future problems that follow from the increase of the elderly population in the country is budget for health care system. Due to the elderly having physical changes resulting in the performance of various systems decreased resistance to disease. The elderly therefore has more health problems than other ages and most have health problems from Illness with chronic diseases (Department of Public Welfare, Ministry of Labor, 1999) the estimated half a century ago, Thailand has a number of elderly people as a percentage fifth of the total population consists of youth population working and childhood high percentage of 52.8 and. 42.1 consecutively.

The proportion of the population of children is relatively high at that time. The country has a population of working age increased steadily and reached its peak when the year 2010 (totaling approximately 40 million people), but by then, the proportion of the working age population will begin to decline consecutively when compared to the elderly population in each country. From the report of the situation of the Thai elderly Board of Grievances said in the year 2016 Singapore ranked top elderly in ASEAN (18.7%), followed by Thailand (16.5%) and Vietnam (10.7%). It is estimated that in the next 30 years from the year 2040, these three countries are aging into super aged society countries. Brunei, Cambodia, Laos and the Philippines are still considered a country with a small proportion of the elderly today, while Indonesia, Myanmar and Malaysia are currently entering the aging society. However, in less than 10 years, all three countries will completely

enter the aging society (Wichanee Kuptavatin 2017, 444).

According to a 2007 survey of the elderly population in Thailand of the National Statistical Office, it was found that the elderly has health problems caused by high blood pressure, 31.7 percent, diabetes, 13.3 percent, heart disease and 7.0 percent, stroke 1.6 percent of elderly women having a proportion of Illness with these diseases is higher than male elderly. (Foundation of Thai Gerontology Research and Development Institute, 2010). Therefore, the Ministry of Social Development and Human Security which is the main unit of development the quality of life of the elderly considered development of the quality of life of the elderly is an important issue for stability and the development of the country. Therefore, has a policy to push the local administrative organization to take responsibility systematically promoting capacity development and protecting the elderly in their communities because the legal duty and budget they can be a core force for pulling members in Nakhon Pathom and related agencies work together to improve the quality of life of the elderly.

The preparation for the persons who are still in working age to transition to enter the age of being a quality elderly person, that is to say have good living conditions, both physically, mentally and socially, as well as continue their life in the family and society happily with the ability to become longest self-reliant elders (Foundation for Research and Development seniors Thailand, 2010). Seniors event in the evolution of life decline in physical, mental and social, so seniors are ages who have medical problems than younger people age. Other physical changes that occur, although not immediately, but it may make older people feel lost or physically less due to the changes in the body resulting in a change of mind of the elderly most seniors hold on to

their own ideas, mood swings. In addition, in term of social change, the elderly has less duties and social roles from being the head of the family to take care of the family, now they become the person who need caring and the financial status decreases. The elderly have to depend on their young family members make them have some stress, easily discouraged. In the past, Thai society was an extended family, but now it has changed into a single society. Offspring have to come to work in the city even more. The elderly have to stay at home alone. The relationship between the elderly and society decreases. From the changes that have occurred to the elderly physically, mentally, economically and socially, the elderly must adjust themselves to stay in society. One important is to have good health (Prawad Wasee, 2000). The definition of good health status for the elderly is that the physical wellbeing is a healthy body, strong, active, has energy, be able to do tasks, has sufficient economy or necessary factors, no accident or danger. The perfect mental state is being happy, cheerful mind, experience the beauty of all things, be mindful, concentrate, have wisdom and complete well-being social cohabitation is a great family community, into the strong social justice, equality, brotherhood, have peace, have good service system, be civil society, therefore, taking care of one's own health is very important to the elderly.

Self-care is an expression of the ability to meet the needs of the physical, resulting in life satisfaction and well-being in society including adaptation to changes that occur. Seniors who realizes the importance of selfcare have to seek information and knowledges in order to be on the use of self-care may be ready to deal with disease identification or degeneration. The aging body (Kawamoto, Yoshida, Oka, & Kodama, 2005) maintains the function of the body, adapts to the environment and has good interaction with society. However,

some studies have found that some elderly people do not give importance to self-care as they should. Not interested in problems that occur to him because it is believed that the problems that occur in the elderly are natural Self-care by following the tender the recommendations of health personnel can aid in recovery from illness can cause a variety of problems, especially health problems, deteriorating (Berman & More Iris, 1998) research. Factors affecting the readiness to self-care of the elderly. The objective is to study to prepare the Thai people. By this time, the elderly were used in Nakhon Pathom province. With the aim that the research results will be a good way to plan for coping with aging society of Thai people in the future with quality of life.

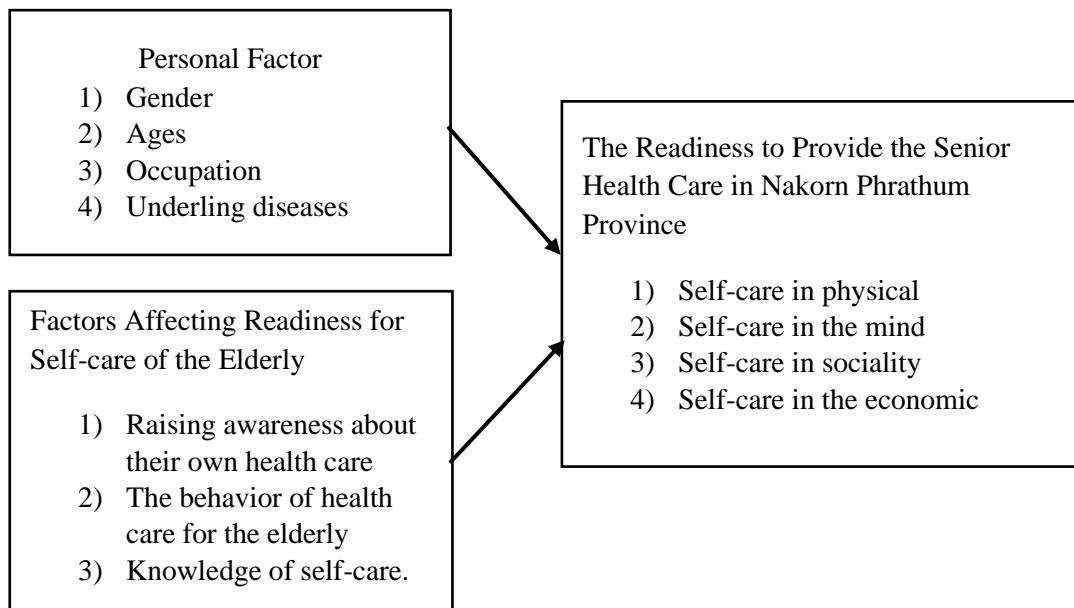
Research Objectives

1. To compare the readiness in self-care of the elderly in Nakhon Pathom Province when classified by personal factors

2. To study the factors that affect the readiness of self-care of the elderly in Nakhon Pathom Province

2. Literature Review

Concepts concerning seniors behavioral of Siripat Yodpet entitled Diamond (2544) ideas about the problems and needs the elderly by Banlu Siripanich (1999) ideas on how to selfcare of the elderly, of the Institute of Geriatric Medicine. (2506) Concepts of general health care behaviors by Wiriya Sukwong (2002) together with research related to self-care behaviors of the elderly by, Pedmanee Suanmalee, Linjong Pothibant and Kanokporn Sukhamang (2011); Benjaporn Sawangsri and Sermsiri Tang-ngam (2013) and research related to the adaptation of the elderly in the globalization era, for example research of Watchararkorn Cheakosit (2019) and Wichani. Gupta-watin (2017) can be developed into a framework as follows



Picture 1 Conceptual framework of research

3. Research Methods

The content of this research is quantitative research with the following details:

The population respondent in this research data is the elderly population in

Nakhon Pathom Province a total of 135,299 people (report of Inspector year 2017) calculated the sample size from a formula using the formula of Taro Yamane, 1967) of 400 people sample size and used the selecting model as a quota. Data were

collected in proportion of all 7 districts in Nakhon Pathom province. The researcher collected data during September - November 2019.

Research Tools

The questionnaire developed by the researcher consists of 3 parts which are;

1. Personal characteristics is choices questionnaire. The second part is questionnaire about factors affecting to the readiness in self-care of the elderly in Nakhon Pathom Province consists of a questionnaire to measure awareness knowledge, understanding and are evaluated as gauges. And section 3 questionnaire assessing readiness for self-care of the elderly in Nakhon Pathom Province. It consists of physical, mental, social and economic readiness as a measurement

Part 2 Analysis of factors affecting the readiness in self-care of the elderly in Nakhon Pathom Province

Table 1 Average and standard deviation of factors affecting to the readiness in self-care of the elderly in Nakhon Pathom Province

Factors	Mean	SD	rate
Raising awareness about their own health care	4.33	0.51	The most
The behavior of health care for the elderly	4.17	0.51	very
Knowledge of self-care	4.13	0.56	very
Overview	4.21	0.45	The most

Found that the level of opinions towards factors to the readiness in self-care of the elderly in Nakhon Pathom Province, overall found that the satisfaction was at the highest level (Mean=4.21). When considering in each aspect, it was found

estimator. Questionnaire content validity of the tests and the analysis of the reliability coefficient Alpha Akron Bach collected data. 30 elderly persons in Kanchanaburi Province, the value is between 0.81 -0.87. The statistics used in the data analysis are percentage, average, standard deviation, t-test, one-way analysis of variance and multiple regression analysis.

4. Research Findings

Part 1 Personal data analysis of respondents found that the majority of respondents were male 50.5 percent, aged between 60-64 years 48.8 percent, most commonly employed 31.3 percent, and circumstances underlying disease, most of them have diseases 90.3 percent.

Part 3 Analysis of data regarding readiness for self-care of the elderly in Nakhon Pathom Province

that creating awareness of their health care is the first priority (Mean=4.33), followed by the behavioral in taking care of health care of the elderly (Mean=4.17) and the knowledge how to handle their health care (Mean = 4.13.).

Part 3 Analysis of data regarding readiness for self-care of the elderly in Nakhon Pathom Province

Table 2 Average and standard deviation of readiness for self-care of the elderly in Nakhon Pathom Province

Information Regarding Self-care behavior	Mean	SD	About
Self-care in physical	4.20	0.55	very
Self-care in the mind	3.43	0.57	very
Self-care in sociality	4.06	0.52	very
Self-care in the economic	3.83	0.67	very
Overview	3.88	0.40	very

Found that the average level and standard deviation of readiness for self-care of the elderly in Nakhon Pathom Province, overall found that the satisfaction was at high level (mean=3.88). When considered

in each aspect, it was found that regarding self-care physical is the first (mean=4.20), followed by social self care (Mean=4.06), self-care, economic (Mean= 3.83) and psychological self-care (Mean=3.43)

The results of comparison of readiness of self-care of the elderly in Nakhon Pathom province classified by personal factors

Table 3 Comparison of readiness to self-care of the elderly in Nakhon Pathom Province classified by personal factors

Information regarding self-care behavior	sex	age	career	Have congenital disease
Self-care in physical	-1.46	0.45	1.75	-7.82 **
Self-care in the mind	-2.09 *	0.81	1.95	-2.14 *
Self-care in sociality	0.53	0.72	3.17 *	-5.48 **
Self-care in economic	2.31 *	2.96 *	2.57 *	-4.64 **
Overview	0.23	0. 60	3.39 *	-5.41 **

Readiness in self-care of the elderly in Nakhon Pathom Province was differences when classified by occupation and having congenital disease with statistical significance.

Study of Factors Affecting Readiness for Self-Care of the Elderly in Nakhon Pathom Province

Table 4 Factors affecting the readiness for self-care of the elderly in Nakhon Pathom Province

Readiness in self-care of the elderly	B	SE.	Beta	t	sig
(Constant)	1.44	0.14		10.16	0.00 **
Raising awareness about their own health care	0.16	0.04	0.20	4.15	0.00 **
The behavior of health care for the elderly	0.22	0.04	0.28	5.42	0.00 **
Knowledge of self-care	0.21	0.04	0.29	5.36	0.00 **

$R^2 = 0.45$

Factors affecting the self-care readiness of the elderly in Nakhon Pathom Province are raising awareness of their own health care, health care behaviors of the elderly and knowledge of their own health care. The multiple regression analysis equation is

Self-care readiness of the elderly (Y)=1.44 + 0.16 Raising self-care awareness (X_1) ** + 0.22 Health care behaviors of the elderly (X_2) ** + 0.21 knowledge of taking care of one's own health (X_3) **

With the prediction accuracy of the said equation at 45 percent.

5. Summary and Discussion of Research Findings

Readiness in self-care of the elderly in Nakhon Pathom Province was differences when classified by occupation and having congenital disease, consistent with the research of Benjaporn Sawangsri and Sermsiri Tangngam. (2013) which suggests that personal factors will affect self-care of the elderly in Sam Chuk District, Suphan Buri Province but the difference is, while the readiness in self-care of the elderly in Nakhon Pathom province, gender and age will not affect the self-care, but for the elderly in Suphan Buri Province who are female, have level of care on self-health is higher than males elderly with a single status had a higher level of self-care than marital status. It shows that the context of the area inevitably has a variable effect on

the personal factors in self-care of the elderly.

Factors affecting readiness for self-care of the elderly in Nakhon Pathom Province Depends on raising awareness of one's own health care This is in line with the work of Watcharakorn Chiwisopit (2019) which suggests that elderly people who are self-aware have the characteristics of behavior of the elderly that changed because the new age of the elderly has a younger heart than the real age. There fore they consider importance for looking after their own image to always look good with good health care. Their consumption behavior follows the new trend. and avoid relying on children or other people. The behavioral change of the elderly leads to the impact on the marketing concept.

Factors affecting self-care readiness of the elderly in Nakhon Pathom Province depend on the health care care behaviors of the elderly. The results of such research to contradict the research of Pemanee Suwanmalee and Sin Jhong Phothibal and Kanokporn Sukhamwang (2011), which proposes that behavior is self-care. Elderly diabetes In Savannakhet Province, Lao People's Democratic Republic on food control, exercise, general health care, medication use and treatment monitoring were at a medium level, while the preventive and controlling behaviors were at a low level, resulting in moderate levels of well-being. Statistical test results show that overall self-care behaviors had no relationship with well-being, but when considering each aspect, it was found that only stress management behaviors had a positive relationship with well-being. There was statistically significant difference ($P < 0.05$) in preventing and solving complications behavior ($P < 0.05$).

Factors affecting the availability of care of the elderly in Nakhon Pathom based on knowledge of their health care of Kanitha Mahem and Phatnee Sri-oat (2012) proposed that. Knowledge by applying an AIC process that adjusts understanding , providing more knowledges makes it successful in enhancing knowledge and self-care behavior in the elderly is one

method that can be used to provide education to the elderly groups and those who nearly old to prepare and other risk groups to improve the quality of life and quality of public health services for sustainable efficiency.

The overall research results are in line with the research of Kulwadee Rojphaisankit. (2016). Which studies the factors that influence the health promoting behaviors of Thai elderly: a case study of middle-aged elderly in Samut Prakan Province Found that the above factors are Perception of self-value is the most influential variable. Health care knowledge Living environment and health care attitude.

Policy Suggestions

The readiness in self-care of the elderly depends on the context of the area. Personal factors. But the essence is raising awareness of their own health care, health care behaviors of the elderly and knowledge in taking care of one's own health. Therefore, those who are involved whether it is a family, a community, a local government organization, local authority as well as private sector partners involved in the social need to the attention of such a concept to develop plans for to encouraging the elderly. And leads to continuous operations for sustainability in operations for the elderly to live happily and able to take care of oneself with quality.

Suggestions for Conducting Future Research

1. This research focuses only on quantitative research. Those interested may be extended by conducting qualitative research. In order to get more in-depth research results that are more reliable.

2. Those interested may bring the concept of research to be extended to the group. The elderly in other provinces for comparative studies.

For further study and development in this research, there are some limitations such as time limitation, data collection and sampling group. A large scale survey is needed to collect and analyzed more accurate data and result.

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