Quality of Life among Elderly in Bangkok Metropolitan Thailand

Nuengruethai Posri¹, Wichitra Kusoom²

¹,² College of Nursing and Health, Suan Sunandha Rajabhat University, Bangkok, Thailand

Abstract

The aim of this study was to examine the quality of life (QOL) among elderly in Bangkok Metropolitan Thailand. The subjects were 120 elderly with age ≥ 60 years who were randomly selected. The study was divided into three categories: Young Old, Middle Old, and Very Old, according to WHO. The participants surveyed in this study were elderly who were living in the community in Dusit district, Bangkok, Thailand. The data were collected by a questionnaire that was modified from WHOQOL. The questionnaire consisted of 94 items. The content validity was examined by 3 experts and the alpha cronbach reliability was 0.85. Data analysis was using ANOVA for comparison of the quality of life in each group. A total score of quality of life was moderate (mean = 80.8, SD = 26.0). The very old had the lowest quality of life score (mean = 66.7, SD = 10.9). The sociodemographic characteristic majority 55% were in the 70-79 years age group, 65% were female, 65% lived with their partner, 50.8% had chronic morbid conditions such as Hypertension (53.3%), Diabetic mellitus (60%), Cardiovascular disease (94.2%), and balance and gait disorder (88.3%) respectively. Conclusion: The study findings may help provide guidance for understanding the association of factors influencing QOL score and useful for developing policies and interventions that are responsive to the needs of the elderly and help in improving the QOL among the elderly population.

Keywords: Quality of life, Elderly, Bangkok Metropolitan Thailand

Introduction

The world is ageing rapidly. People aged 60 and older make up 12.3% of the global population, and by 2050, that number will rise to almost 22% (WHO). WHO identifies elderly in three groups such as Young Old (60-69), Middle Old (70-79), and Very Old (≥ 80). The population of developed countries is ageing fast, and population aging has gradually increased over the last years and projections suggest a two-fold increase in the worldwide population over 60 years old between 2013 and 2050 (United Nations, 2012). The proportion of the population aged 65 and over is expected to triple in less developed countries over the next 40 years, rising from 5.8 to 15% per cent of the total population, while in the more developed countries this figure is expected to rise from 16 to 26% per cent. In other words, in the developed countries one person in three will be older people.

Asia population such as Japan has the oldest population. According to 2014 estimates, 33.0% of the Japanese population is above age 60, 25.9% are aged 65 or above, 12.5% are aged 75 or above (Ministry of Internal Affairs and Communication, 2016). This tendency will increase everywhere by the year 2050; in Japan, for example, there will be only one child under 15 for 3 adults over 64. This demographic trend has led the European Commission to identify population aging as a crucial challenge in the 21st century (United Nations, 2013). The figures clearly show that the aging process is accelerating, with the number of old people expected to double at the world level. By then, the proportion of elderly is expected to be double that of children in developed countries and population aging has become an important social issue worldwide, and the biggest challenge is improving elderly’s quality of life.

Thailand is currently ranked the third most rapidly ageing population in the world (Bloomberg, 2012). Statistics show that the proportion of persons aged over 60 years in Thailand now accounts for 13 percent of the total population. In the next 20 years, the aging population is expected to account for 25 percent of the population (The Government Public Relations Department, 2014). This means that out of every four Thais, one will be a senior citizen.

The aging process is associated with the onset of chronic conditions so that two thirds of elderly citizens in Europe suffer from multimorbidity, defined as the presence of at least two co-occurring conditions (European Union, 2012, Marengoni A, et al., 2011). The aging may suffer from the multiple

*All correspondence related to this article should be directed to Mrs. Nuengruethai Posri, College of Nursing and Health, Suan Sunandha Rajabhat University, Thailand.
Email: nuengruethai.po@ssru.ac.th, nueng ruethai1@hotmail.com
health disorders due to the vulnerability for many physical and mental disturbances Quality of life in elderly population can be affected by many environmental factors Poor clinical and financial outcomes have been observed in patients with multimorbidity Parekh AK, Barton MB (2010). Chronic, non-communicable diseases are the biggest cause of death in high-income countries; responsible for more than 70% of deaths in 2008. Costs associated with chronic conditions have been estimated at 75% of total health expenditure, which is related to a wide range of health services such as hospitalization, medication, physician consultation, transportation, rehabilitation or long-term care Nagel A, et al., (2012), Lehnert T, et al. (2011). Health care in this context should aim to increase life span in a cost-efficient way while maintaining quality of life and the abilities required to perform daily-life activities.

Population aging is closely related to high prevalence of chronic conditions in developed countries. Disability and quality of life are health outcomes quality of life is a broad multidimensional concept that includes both positive and negative aspects of life, and constitutes a major issue in the elderly, which reflect the global health of the individual at various levels. Disability is an umbrella term that reflects problems in bodily function, task performance and participation in life situations. When analyzing the impact of chronic conditions on disability and quality of life, most studies have focused on the study of a single condition. Lower quality of life and higher rates of disability have been found in people with chronic diseases. In other cases, the effect of chronic conditions on quality of life or disability has been assessed by using an index condition as a reference and the effects when considering the combination with other conditions.

Quality of life (QOL) is an individual's understanding of his/her life situation with respect to his/her values and cultural context as well as in relation to his/her goals, expectations and concerns. QOL has many dimensions such as material well-being, close relationships, health, emotional well-being, and productivity. QOL differs from individual to individual and is dependent on different factors. As the demographic pattern has changed with more elderly people, the overall QOL of a nation has also changed. Loneliness, social disconnection, poor physical and mental health status contribute to poor QOL of elderly.

Very few studies had been conducted to assess the QOL among elderly in Thailand by divide 3 category of the age according to WHO. Many studies were conducted on QOL among elderly in other countries. It was known that socio-demographic factors influence the QOL among elderly population. In addition, various studies have shown that chronic morbid conditions are associated with low QOL. But, there is paucity of information with regard to this in developing countries including Thailand. The researcher using modified WHOQOL instrument includes seven domains of QOL namely the overall QOL, Physical health, Social relationships, Finance and economics, Physical and social environment, Psychological health, Religious practices and its associated factors among elderly in urban Bangkok, Thailand.

This study to explore the quality of life among Elderly in Bangkok Metropolitan Thailand using questionnaires modified from WHOQOL. The findings can be useful in designing intervention studies implications for public policy, and supplement the growing body of knowledge on the composition and measurement of quality of life in older age and could eventually lead to application of strategies to promote QOL in retired elderly, Thailand and other countries with similar sociocultural and economic backgrounds.

Methodology

The purpose of this descriptive research were to explore the quality of life among elderly in Bangkok Metropolitan Thailand. A total of 120 participants were randomly in people aged 60 or more than years this sample and divided for 3 category: Young Old, Middle Old and Very Old. The data were collected by the questionnaire which modified from WHOQOL.

Sample size was determined on the basis of information derived from a similar study considering a confidence level of 95%, 120 samples were calculated. The participants were elderly people who were living in the community in Urban area such as Dusit District in Bangkok Metropolitan Thailand. They were voluntarily to take part in the study.

Setting this study is Dusit District in Bangkok Metropolitan Thailand, between November 1, 2015 and January 30, 2016.
Measurement The regional Ethics Committee in Suan Sunandha Rajabhat University, Thailand approved the protocol of the study. After explaining the whole protocol of study, a written informed consent taken from the eligible participants. The data were collected by using a structured survey schedule. The questionnaire is Modified of WHOQOL constituted 7 dimensions of health including the main QoL themes that emerged were having good social relationships, help and support; living in a home and neighbourhood that is perceived to give pleasure, feels safe, is neighbourly and has access to local facilities and services including transport; engaging in hobbies and leisure activities as well as maintaining social activities and retaining a role in society; having a positive psychological outlook and acceptance of circumstances which cannot be changed; having good health and mobility; and having enough money to meet basic needs, to participate in society, to enjoy life and to retain one’s independence and control over life QOL was assessed by using modified WHOQOL-BREF scale which was tested and validated. This instrument contains 7 domains with a total of 35 questions. Each of these domains were rated on a 5-point Likert scale. As per the WHO guidelines, 175 score was calculated by adding values of single items and it was then transformed to a score ranging from 0 to 175, where 175 is the highest and 0 is the lowest value such as 0-35 defined lowest level of QOL, 36-70 is low, 71-150 is moderate, 106-140 is high, 141-175 is highest of QOL. The mean score of each age-group such as Young old, Middle old, Very old, total score and average score were calculated. Validity and reliability of questionnaire were approved in other study according to the confirmation of panel of experts and the score of alpha Cronbach up to 0.8.

Demographic characteristics of subjects (age, gender, diseases background) were collected through face-to-face interview. Subjects of both genders, apparently and healthy, independent, mobile, and were able to communicate verbally defined as inclusion criteria. Exclusion criteria were individuals with Alzheimer disease and other cognitive disorders who had no ability to answer the questions and took part in the interview.

Statistically SPSS was used for analyzed of the data. Normality of data was evaluated using variables were expressed as mean (SD) and qualitative data were presented as frequency (percent). ANOVA analyze were significant difference among 3 groups; Young Old, Middle Old and Very Old.

Result

Demographic characteristics of 120 participants are shown. Majority (55%) were in the (70-79) years’ age-group, female (65%), lived with their spouse (50.8%), chronic morbid conditions such as Hypertension (53.3%), Diabetic mellitus (60%), Cardiovascular disease (94.2%), and balance and gait (88.3%) respectively. Also Balance and Gait related to bone diseases were other most common and reported ones with 88.3% percent. Total score of quality of life in three group such as Young old, Middle old and very Old. (Table 1) and data analysis were using ANOVA for comparison the quality of life in 3 groups (p<0.05). In the older group, the total QOL score was lower than in the younger group. Younger group had slightly high score of quality of life were significant (P=0.00) (Table 2).

Table 1:
QOL scores of study population (N=120).

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-69</td>
<td>31</td>
<td>93.87</td>
<td>29.52</td>
</tr>
<tr>
<td>70-79</td>
<td>66</td>
<td>79.63</td>
<td>25.51</td>
</tr>
<tr>
<td>80-100</td>
<td>23</td>
<td>66.73</td>
<td>10.94</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>80.84</td>
<td>26.09</td>
</tr>
</tbody>
</table>

Table 2:
ANOVA analysis in three group such as Young Old (60-69), Middle Old (70-79) and Very Old (≥80). p value less than 0.05 is considered as significant (N=120).

<table>
<thead>
<tr>
<th></th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>99,128.800</td>
<td>2</td>
<td>49,664.000</td>
<td>8.172</td>
<td>.000</td>
</tr>
<tr>
<td>Within Groups</td>
<td>71,107.191</td>
<td>117</td>
<td>607.754</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>160,235.992</td>
<td>119</td>
<td></td>
<td></td>
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</tbody>
</table>
Discussion

The current study were to explore the quality of life among elderly who living in community in Bangkok Metropolitan Thailand. A total of 120 participants were randomly in people aged 60 or more than years this sample and divided for 3 category: Young Old, Middle Old and Very Old. The data were collected by the questionnaire which modified from WHOQOL. The results from this study reveal seven key themes that are common among elderly people in community in Bangkok Metropolitan Thailand, when talking about their QoL having good social relationships, help and support; living in a home and neighbourhood that is perceived to give pleasure, feels safe, is neighbourly and has access to local facilities and services including transport; engaging in hobbies and leisure activities as well as maintaining social activities and retaining a role in society; having a positive psychological outlook and acceptance of circumstances which cannot be changed; having good health and mobility; and having enough money to meet basic needs, to participate in society, to enjoy life and to retain one's independence and control over life. The result showed that participated subjects had approximately moderate level of quality of life. There was significant difference between three group in the older group, the total QOL score was lower than in the younger group ($P=0.00$). Our study found that three category age-group such as Young Old, Middle Old and Very Old had an influence on the QOL score similar to another study Ganesh Kumar S. (2014). Similarly, we found that Chronic morbid conditions have an effect on QOL. Our study found that presence of Balance and Gait disorders due to musculo-skeletal disorders, hypertension, DM, Cardiovascular disease with other comorbid conditions were significantly associated with the low QOL score according to another study The result of there research revealed that life quality of the elderly is in a high level as the result of high personal interaction, social organization, positive emotion and positive health condition orderly. (Suttipong Boonphadung, 2011). This study showed that there is a need for actions to control factor associated complications with the purpose of improving QOL.

Conclusion

In this study, seven themes including physical, social, financial and economic, environmental psychological, and religious, emerged as the important aspects of QOL QOL score among elderly is average. The Older was total QOL score was lower than in the younger Health education with regard to activity and environmental changes and increase in social relationship may help in improving the QOL among the elderly population. Planning the policies and programs that improve and promote quality of life and decrease burden of elderly's diseases and establish information services for educating elderly people regarding healthy diet and doing regular exercise can be effective.

Suggestion

This study finding, it is suggested that presence of morbidities and its complications is an important factor to be considered during the assessment of QOL among the elderly. Health promotion is necessary in Yong old group because it is Prevent morbidities and its complications in future of Older group and improve QOL among elderly.

Limitation

The present study has got its own limitations. There may be subjective bias introduced during the interview period. Under reporting of chronic diseases is also another limitation because the study has taken into consideration only the diagnosed cases. In spite of these limitations, this community gives valuable information on the QOL and its associated factors among elderly population using a standard instrument.

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