

Development Strategy for Health Behavior of the Elderly

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Abstract

The research objectives were 1) to examine the health problems of elderly people who resided in urban community around the Development Strategy Practice Centre in Nakhon Sawan Municipality, 2) to construct development strategy of strategies for enhancing health behaviour of the elderly people, and 3) to experiment the strategies with the target group of elderly people. The research design was mixed methods of quantitative and qualitative approaches. The population comprises 897 elderly peoples who live around the Centre. The purposive sampling was used for sample selection of 30 elderly who were voluntarily assigned as an experimental group. The research tools used are a structured in-depth interview, a self-administered questionnaire, participation observation, and a test of knowledge, skills and attitudes of health behavior. The findings revealed that the elderly peoples suffered from the following problems: non-exercise, malnutrition, anxiety, and illness resulting from afore mentioned. Therefore, the constructed development strategy for solving the health behavior problems of the elderly people based on food, drinking water, fresh air, emotion, Thai massage, and music (singing, listening, and playing). The instrument for data collection was a Likert-scale questionnaire. The finding revealed that 30 elderly peoples before training and at the twelfth week about weight, body index, upper blood pressure, lower blood pressure, heart rate, waistline, and blood sugar level were different with statistical significance at .001.

Key Words: *Development Strategy /Health Behavior / Elderly People*

1. Introduction

Thailand has entered into elderly society since 2004 and it will completely in the next 20 years of in 2024. However, the Tenth Economic and Social Development Plan (2007-2011) was established based on the promotion of capital creation of country in terms of social capital, economic and natural resources and environment in to order to incessantly strengthen by accepting the self-sufficiency economy to be guideline for practice with people centered of development (The National Economic Development Board Office of the Prime Minister, 2007).

The government has realized the importance of elderly thoroughly because they are valuable people who gained a great number of life experiences, therefore the government had established National Elderly Committee second copy (B.E. 2545-2564) under the agreement of Ministerial Committee when the fifth July, 2002 with statement that it must to promote elderly peoples to have better life quality (National Elderly Committee, Ministry of Social Development and Human Security, 2012).

International academic conference with the drive of World Health Organization (WHO) mentioned to the new trend of health promotion at Ottawa city, Canada in 1986 about the objective Health for All (HFA) within 2000 (Health for all for the year 2000) with composing of public policy that support for health and build the environment to effect to good health promotion together with creation community activities to strengthen the community in order to develop personal skill to be aware and to take responsibility to build health by adjusting system of public health service and by emphasizing on health

take care instead of treatment (WHO, 2008). Moreover, presently, the concept of prevention and rehabilitation come back to be popular in terms of use of natural substances or method of natural treatment (Hantrakul, 2012). Furthermore, there are a lot of researches both in Thai and foreign discovered the new medical knowledge and they are distributed through texts, research work, articles and data base via internet for global citizens about food, drinking water, air, emotion, exercise such physical therapy, and Thai massage (Siriborirak, 2009, Thiengkamol, 2009c, Plongtham, 2011, and Sirampuch, 2010). With system approach, it makes us know that to know and understand way of living of elderly according to Thai local wisdom at present in aspect of food eating for receiving complete nutritional elements.

In order to accomplish the better health of elderly people, it is essential to propose the development strategy for health behavior to drive with implantation for elderly people to be able to look after themselves. It should to pay attention good practice of elderly according to the method of Ottawa Charter defined that to build the strength community and develop personal skill by empowering the community and elderly people to have an opportunity to reach the information about health fully and continuously. Moreover, they should have a change to learn the way of health behavior development by prevent and rehabilitate with food, water, air, emotion, musical treatment, and Thai massage to be alternatives for elderly to properly select. Additionally, surrounding the Development Strategy Practice Centre in Nakhon Sawan Municipality, the elderly peoples have suffered about their health problems and they have participated to the short term training for vocation project. The research was proposed to search the development strategy to help them to achieve the better life quality effectively.

2. Objective

- To examine the health problems of elderly people who resided in urban community around the Development Strategy Practice Centre in Nakhon Sawan Municipality.
- To construct development for health behavior of the elderly people who resided in urban community around the Development Strategy Practice Centre in Nakhon Sawan Municipality.
- To experiment the constructed development strategy for health behavior of the elderly peoples who resided in urban community around the Development Strategy Practice Centre in Nakhon Sawan Municipality.

3. Methodology

The research design was implemented in step by step as followings:

- The qualitative research was used for searching health problems of elderly people in Nakhon Sawan Municipality. through brain storming process integrated with SWOT (Strength, Weakness, Opportunity and Threat) analysis (Thiengkamol, 2011a).
- Focus group discussion was used for collecting data from 100 elderly peoples by dividing into 10 groups through systematic. The development strategy was concluded from results of 10 groups of focus group discussion.
- The quantitative research was used for experiment of the development strategy for health behavior of the elderly peoples who resided in urban community around the Development Strategy Practice Centre in Nakhon Sawan Municipality. The experimental group came from 30 community peoples who resided in urban community around the Development Strategy Practice Centre in Nakhon Sawan Municipality.

4. Results

4.1 Results Context Analysis of Health Behavior of the Elderly People

Environment analysis of health behavior of the elderly peoples through brain storming process integrated with SWOT, the results were as the followings as present in table 1.

Table 1 *Environment Analysis of Health Behavior of the Elderly through SWOT*

Strengths	Opportunities
1. The elderly peoples participated activity on health level increment. 2. The elderly peoples had a chance to learn advantage and methods to take care properly. 3. The elderly peoples received physical examination increasingly. 4. The elderly peoples had knowledge on prevention and rehabilitation health that food, water, air, emotion and Thai massage are advantages for health.	1. Local work unit supported in aspect for prevention and rehabilitation health of elderly peoples. 2. It provided health service for elderly peoples continuously. 3. It had Development Strategy Practice Centre for health development of elderly peoples that is a place for strategy experiment of elderly health behavior.
Threats	Weaknesses
1. No activity about health was diverse for selection. 2. There is group activity for health destruction such as smoking. 3. Community lacked the leader to stimulate to give nutritional knowledge continuously. 4. Lack of person who had proper nutritional knowledge 5. Lack of musical leader.	1. The elderly peoples lacked of understanding in nutrition. 2. The elderly peoples had lesser responsibility to self prevention and rehabilitation. 3. The elderly peoples lacked of advisor for taking care health behavior. 4. The elderly peoples had poor health such as congenital disease and diabetes.

4.2 To Construct Development Strategy for Health Behavior of the Elderly Peoples in Nakhon Sawan Municipality.

Interviewing was conducted with 100 elderly peoples. It was revealed that there were 6 strategies as the followings.

1. Strategy of Food Development
2. Strategy of Water Drinking Development
3. Strategy of Air Development
4. Strategy of Emotional Development
5. Strategy of Musical Development
6. Strategy of Thai Massage Development

4.3 Physical Feature Comparison between Pretest and Posttest of 30 Elderly Peoples of Nakhon Sawan Municipality at the Twelfth Week

Training was conducted with health behavior of 30 elderly peoples who resided in urban community around the Development Strategy Practice Centre in Nakhon Sawan Municipality. Moreover, there Physical Feature Comparison between Pretest and Posttest of 30 Nakhon Sawan Municipality at the twelfth week were present in table 2.

Table 2 *Physical Feature Comparison between Pretest and Posttest of 30 Nakhon Sawan Municipality at the Twelfth Week*

Physical features	Pretest		Posttest		t	Sig
	\bar{X}	S.D.	\bar{X}	S.D.		
Weight (kilogram)	59.16	10.56	57.68	9.83	32.157	0.000***
Body index (kg./m ²)	25.07	3.75	23.04	3.73	33.368	0.000***
Upper Blood pressure (mm.)	138.93	16.46	130.60	14.34	49.892	0.000***
Lower Blood pressure (mm.)	78.50	6.24	78.17	7.97	53.714	0.000***
Heart rate (time/minute)	80.13	7.22	78.03	6.31	67.662	0.000***
Waistline (cm.)	86.10	9.75	85.90	9.55	49.268	0.000***
Blood sugar level	113.00	24.56	101.97	9.64	57.931	0.000***
Total	82.69	11.22	79.34	8.77	49.14	

*** Statistically significant at level of .001

From table 2, it was revealed that 30 elderly peoples before training and at the twelfth week about weight, body index, upper blood pressure, lower blood pressure, heart rate, waistline, and blood sugar level were different with statistical significance at level of .001.

4.4 After Activity Implementation

After activity implementation, the knowledge, skill, attitude, health rehabilitation and prevention knowledge, food knowledge, water drinking knowledge, air knowledge, emotional knowledge, singing, musical hearing, and musical playing. The comparison between pretest and posttest activity implementation of 30 elderly peoples present in table 4.

Table 4 Comparison between Pretest and Posttest Activity Implementation of 30 Elderly Peoples

Activity	Posttest		Pretest		t	p
	\bar{X}	S.D.	\bar{X}	S.D.		
Knowledge	106.73	1.025	89.13	7.415	25.700	.000***
Skill	26.00	1.621	11.76	1.734	27.755	.000***
Attitude	2.92	0.001	2.85	0.104	4.218	.000***
Health Rehabilitation and Prevention Knowledge	8.80	0.403	7.36	0.662	10.785	.000***
Food Knowledge	8.56	0.673	7.40	0.728	13.857	.000***
Water Drinking Knowledge	8.43	0.503	6.96	0.718	14.060	.000***
Air Knowledge	8.53	0.508	7.26	0.735	13.321	.000***
Emotional Singing	9.00	0.002	7.31	0.774	13.174	.000***
Musical Singing	8.53	0.507	6.93	0.824	16.155	.000***
Musical Hearing	8.63	0.502	7.31	0.825	16.155	.000***
Musical Playing	8.33	0.806	7.13	0.774	16.155	.000***

*** Statistically significant at level of .001

From table 4, the finding was revealed that the mean score of posttest in aspects of the knowledge, skill, attitude, health rehabilitation and prevention knowledge, food knowledge, water drinking knowledge, air knowledge, emotional knowledge, singing, musical hearing, and musical playing were higher than pretest with statistical significance at level of .001.

5. Discussion

Interviewing was conducted with 100 elderly peoples. It was revealed that there were 6 strategies that comprise strategy of food development, strategy of water drinking development, strategy of air development, strategy of emotional development, strategy of musical development and strategy of Thai massage development. Therefore after activity implementation, the mean score of knowledge, skill, attitude, health rehabilitation and prevention knowledge, food knowledge, water drinking knowledge, air knowledge, emotional knowledge, singing, musical hearing, and musical playing were higher than before implementation with statistical significance at level of .001. Moreover, when physical feature comparison between pretest and posttest of 30 elderly peoples in Nakhon Sawan Municipality at the twelfth week, it was revealed that weight, body index, upper blood pressure, lower blood pressure, heart rate, waistline, and blood sugar level were different with statistical significance at level of .001. This indicated that the development strategy for elderly peoples is proper to raise life quality for them by changing prior pattern to perform better daily life activities along with the proposed development strategy. Therefore, the elderly realized the importance of practice according to development strategy. Moreover, with the support of Thai government through Ministry of Public Health, the elderly has been taken care by providing health center for elderly and cooperating of other governmental unit such as Ministry of Social Development and Human Security and Department of Community Development. These would support for elderly to develop better health behavior via prevention and rehabilitation successfully.

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