

# **A PARTICIPATORY ACTION RESEARCH FOR A DEVELOPMENT OF HEALTHY PROMOTION MODELS FOR THE AGING IN THAILAND**

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## **ABSTRACT**

The objectives of this research were: (1) to study the current situation and problems of healthy promotion for aging in Sribunruang village of Wangsapung district in Loei province, (2) to develop models of healthy promotion for aging in Sribunruang village by the public participation approach, and (3) to assess the healthy condition of aging in Sribunruang village after their participation with the proposed healthy promotion activities. Mixed methodologies of mainly with the qualitative approaches and a supported quantitative approach were applied for this study. The qualitative methodology of the research and development (R & D) used in the study comprised the focus group discussion, the meeting for group brainstorming, in-depth interviews and participating observation. About qualitative research, the study used the questionnaire. The target group included aging in the community who could have well - interaction and being able to participate with the proposed activities. The group comprised the leader of the community, public healthy volunteers, the officers from Wangsapung Municipality and the officers from Wangsapung Hospital.

The results of the research were as follows:

1. The study of the current situation and problems of healthy promotion for aging found that the village still did not have any aging healthy promotion model with the whole dimensions of aging development.
2. The results of developing the models could be showed in 3 categories. (2.1) Firstly, the study formulated 3 models for healthy promotion of aging in Sribunruang village: physical healthy promotion model, social and spiritual healthy promotion model and economic healthy promotion model. (2.2) Secondly, all the formulated models were implemented in forms of healthy development activities for six months. The model of physical healthy promotion included 3 activities: exercising, playing games, attending the trainings for healthy promotion knowledge. The social and spiritual healthy promotion model comprised 5 activities: group meetings on the Buddhist observance day, visits nine temples for Buddha worships, New Year party, study visits for the aging healthy promotion, and activities on the aging day. The economic healthy promotion model included 3 activities: a training for making the DOK MAI JUN (Sandal wood flower) for the cremation, herb preservation

training, and bakery training. (2.3) Lastly, all implemented models of aging healthy promotion were assessed through questionnaires and interviews the aging who joined the activities for the degree of satisfaction, knowledge, and usefulness that the aging received from the activities. The assessment was also done by Healthy Promotional Center at Section 6 of Khon Kaen province. The center studied in terms of the strengthened community contributing healthy promotion.

3. The assessment of healthy condition of aging in Sribunruang village after their participation with the proposed healthy promotion activities found that most aging were generally healthy. Holistically, healthy condition of the aging were at the average level (38%). The assessment also found that the happiness points of aging were at 33 as the lowest and at 54 as the highest. Their highest point was higher than that of the general standard of Thai psychological healthy which is between 27.0 through 32.0 points. The finding of this research showed that the aging who participated with the proposed healthy promotion activities were happier than others in general standard.

**Keywords:** healthy aging , models of healthy promotion developing , the models of healthy promotion.

## **Introduction:**

Presently, the aging population of the world is likely to increase. Their well-being is basically the result of good health, economic self-reliance, and the proper management of their own residence. In addition, to happily live with other family members, it is necessary for the aging to continue to have good relationships in the family. The family members may include their spouse, children, grandchildren, parents, and other relatives.

Old age brings many changes with it such as physical, mental, emotional, social, and environmental. Some people may not be able to accept the changes; therefore, there is higher opportunity for these people to be more depressed than the younger people. Reportedly, there are approximately 30% of older people with the age over 60 have experienced severe depressive illnesses at least once which effects to their healthy state. However, it is widely believed that the symptom of depression is normal for the aging so most people do not pay attention to it. Consequently, the aging feel more suffering. In fact, the depressive illness in the aging can be avoided and prevented if they are well-prepared both physically and mentally to accept all the changes that are going to arise. If the aging is informed of how to do when being depressed, they will be able to handle the problems, adaptable to all the changes and live their lives worthy and happily with good quality of life. On the contrary, if they are neglected, they may be so much in depression that it is needed to have treatment from the psychiatrist otherwise an unexpected damage to the aging people, themselves, and their families may not be able to avoid. (O' Brien, M.J. ,1975 ).

From the above mention, it can be seen that old people are facing health problems, feeling depressed and desperate, both physically and mentally. Therefore, the aging health supporting policy covering all aspects includes physical, mental, emotional, and social is required to serve the aging's needs of healthy state, self-reliance, so that they can spend the rest of their life worthy and happily in the society. Thai aging is considered valuable. They are not a burden to family, community, and Thai society. Therefore, it is suggested that this group of people should be promoted to lead other people to take good care of their health with standardized healthy promotion model. Being physically and mentally healthy, the aging group will be strong and able to take good care of their health and peers. The use of small book for recording the state of health will be helpful for the aging to observe their health consistently. The aging will have a longer life without being burden to the family and the community, but feel valuable, and can make full utilization of their free time. The system of transferring aging patient from a hospital to a community is a factor in promoting the aging health.( Miller, C.A. ,1995).

The Ministry of Public Health has implemented a strategy on aging health promotion which includes preventive healthcare, basic self-care, learning to live together, and strengthening aging organization, encouraging the full utilization of personal potential in aging for a better living with dignity which would bring happiness, liveliness, hopefulness, and worthiness into their lives. This would make them feel proud of themselves for being of benefit to the family members, the community, and the aging society, during the rest of their lives. Therefore, the aging should not waste their time just waiting for the transition into old age. They should live their lives in a meaningful and dignified manner.

Sribunruang is one of the old villages in Wangsaphung District at Loei Province. Their total population of 1,558 people consisted of 770 males, and 788 females. There were 1,230 residents in total with 317 households. The actual number of people living in the households was 227 people which included 214 aging people, 26 village health volunteer. The people were majorly agricultures, labors, workers for laundry, and drain digging services. Most young people have moved to work as the lottery sellers in Bangkok and left the elderly stay home alone. These old people were found ill with chronic diseases such as diabetes, and other contagious diseases. There was no harmonious relationship and team work activity among these aging people. Some of them had neither children nor

grandchildren so they were spending their lives by themselves with the feelings of unhappiness, desperateness and hopelessness.

According to the meeting among the community members, the community leaders, and the village health volunteer, all agreed that the aging should get together and the aging club should be set as there had not been done before. The club should serve as the aging center that provides healthy activities for the aging. Since there was no model or guideline for promoting aging health in this village, this research project of a development of healthy promotion models for the aging in Sribunruang village of Wangsaphung district was proposed to be a guideline for the aging in this community to have activities in several aspects such as healthy, social, and economic. The project also helped creating benefit to the society. This project had received the cooperation from many concerned officials like the nurses from Wangsaphun hospital, community public health center, and municipality public health center. The research result will be applicable as a guideline for promoting aging health in Sribunruang village in order to provide the aging with a meaningful and happy life without being a burden to the society. They will feel proud of themselves, happy, lively, hopeful, and worthy for the rest of their lives.

### **Objectives:**

1. To study the condition and the problems of healthy promotion in the aging of Sribunruang village, Wangsaphung district, Loei province
2. To develop healthy promotion models for the aging of Sribunruang village, Wangsaphung district, Loei province
3. To evaluate the aging health before and after participating in the healthy promotion activity through the participatory action of all units concerned in the community

### **Scope of Research:**

#### **Content:**

The content of this research was dealing with:

The development of the healthy promotion models for the aging covering the aspects which included physical, mental, social, and economic with 3 scopes of work: (1) health: healthy activities such as physical exercises, stick exercise, and yoga, (2) mentality, emotion, and society: activities serving for happily living together such as joining the aging club, entertainment, recreation, and others, (3) economy: activities on earning incomes such as vocational trainings on herb products, and sweet and snack. The concept of Ottawa Charter's model of healthy aging promotion was considered the most suitable for the study. The research was designed as follows: (1) setting up a public policy, (2) creating healthy environment (3) strengthening community action (4) developing personal skills, and (5) reorienting the roles of the public health officers.

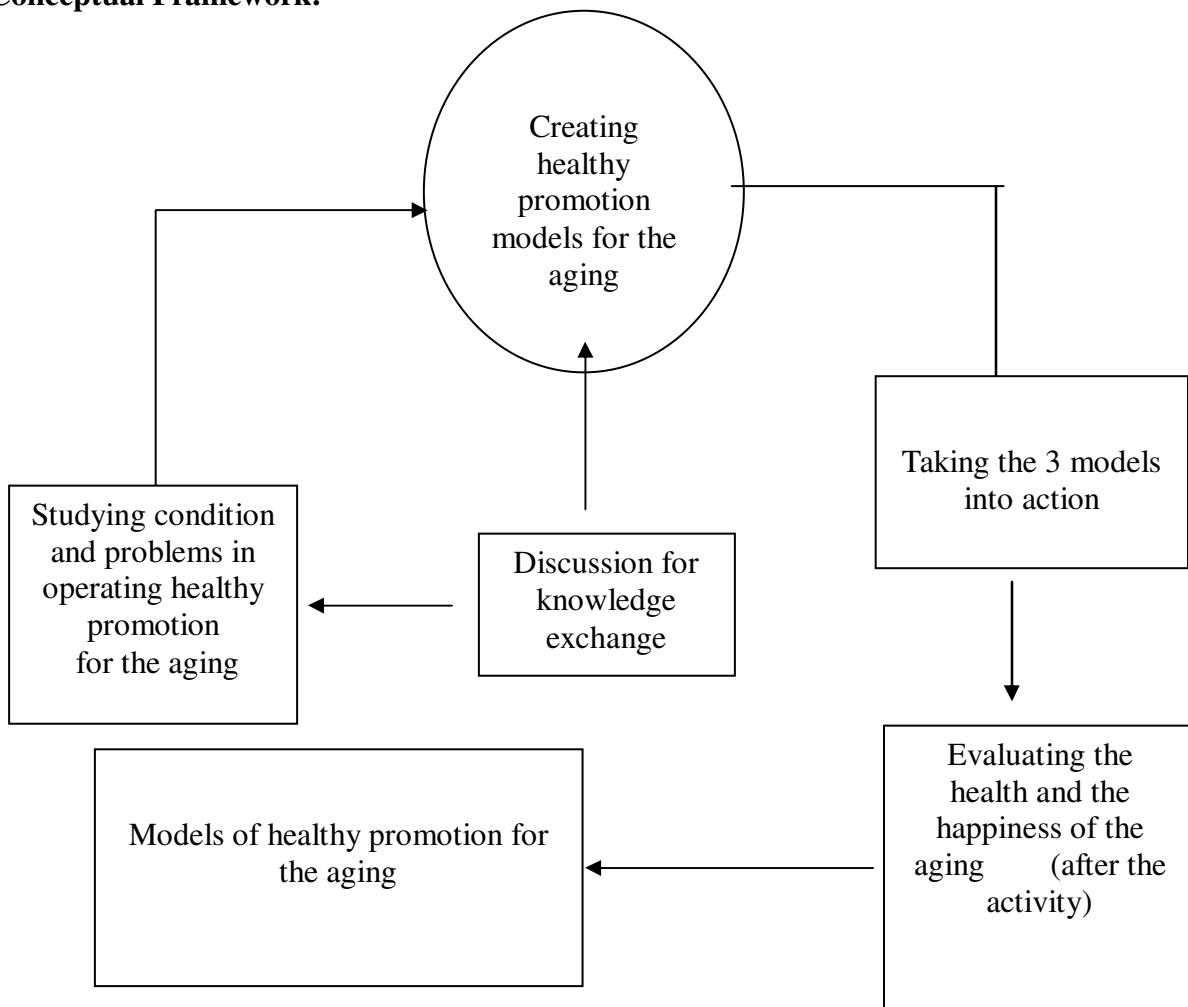
#### **Target Group:**

The target groups were: (1) 50 old people who were able to answer to the questionnaire consciously were the group for the evaluation of the aging's healthy state, (2) 10 old people with healthy problems from the above mentioned group were selected for in-depth interview, (3) 30 people consisting of the aging in the study area, and all the units concerned which were the community leaders, village health volunteer, Tambon administrative officers, staff from community public health center, and the head of community development were the group for group discussion, and (4) the people aging during 60-70 living in the study area, able to do the activities were selected to participate in the experiment of the models.

**Benefits of the Study Results:**

1. To be used as a healthy practice for the aging; the result of the research and the academic discussion will be applied to the practice for promoting a proper physical exercise for the aging to have better quality of life
2. To be developed as a body of knowledge on healthy promotion behavior for the aging
3. To be used as a practice for promoting aging health in other communities and developing other health promotion behaviors for the aging
4. To have a healthy innovation for a community and to be the public information used as a guideline for defining the aging behaviors
5. To have an integrated spatial planning model on healthy promotion for the aging with participation of the community
6. To have a community-base information in setting up a policy for healthy promotion of the aging
7. To be a guideline for the units concerned in developing a healthy promotion model for physical exercise in the aging

**Conceptual Framework:**



## Literature Review:

Ageing (British English) or aging (American English) is the accumulation of changes in an organism or object over time. Ageing in humans refers to a multidimensional process of physical, psychological, and social change. Some dimensions of ageing grow and expand over time, while others decline. Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand. Research shows that even late in life, potential exists for physical, mental, and social growth and development. (Bowen RL, Atwood CS ,2004)Ageing is an important part of all human societies reflecting the biological changes that occur, but also reflecting cultural and societal conventions. Roughly 100,000 people worldwide die each day of age-related causes.( Aubrey D.N.J, de Grey,2007).

Age is measured chronologically, and a person's birthday is often an important event. However the term "ageing" is somewhat ambiguous. Distinctions may be made between "universal ageing" (age changes that all people share) and "probabilistic ageing" (age changes that may happen to some, but not all people as they grow older including diseases such as [type two diabetes](#)). Chronological ageing may also be distinguished from "social ageing" (cultural age-expectations of how people should act as they grow older) and "biological ageing" (an organism's physical state as it ages). There is also a distinction between "proximal ageing" (age-based effects that come about because of factors in the recent past) and "distal ageing" (age-based differences that can be traced back to a cause early in person's life, such as childhood. (Stuart-Hamilton, Ian,2006).

Differences are sometimes made between populations of elderly people. Divisions are sometimes made between the young old (65–74), the middle old (75–84) and the oldest old (85+). However, problematic in this is that chronological age does not correlate perfectly with functional age, i.e. two people may be of the same age, but differ in their mental and physical capacities. Each nation, government and non-government organization has different ways of classifying age.

Population ageing is the increase in the number and proportion of older people in society. Population ageing has three possible causes: migration, longer life expectancy (decreased death rate), and decreased birth rate. Ageing has a significant impact on society. Young people tend to commit most crimes, they are more likely to push for political and social change, to develop and adopt new technologies, and to need education. Older people have different requirements from society and government as opposed to young people, and frequently differing values as well. Older people are also far more likely to vote, and in many countries the young are forbidden from voting. Thus, the aged have comparatively more political influence.

## Research Design:

The study was conducted with the application of both qualitative and quantitative research methods. The emphasis was put on the qualitative one. Participatory Action Research (PAR), focus group discussion, Rural System Analysis (RSA), brainstorming meeting, related documents, in-depth interview, and participatory observation were applied on the part of qualitative research. A community survey and a questionnaire were used for the quantitative method.

## Instruments:

1. The health checklist developed by the research, and the standard checklist for happiness developed by the Department of the Mental Health was applied.
2. An in-depth interview of the management on healthy policy for the aging in community, and an in-depth interview of the aging, the public health officers, and the village health volunteer were used to obtain the information on the condition of the healthy promotion for the aging in the community.

3. A questionnaire on the participants' satisfaction and knowledge received after the activity was used. The questionnaire was designed for the informants to freely answer according to how they felt.
4. Participatory observation form
5. Aging group discussion on their need of aging activities in the community
6. Brainstorming meeting on the healthy promotion models for the aging in the community

### **Research Procedure:**

The research procedures are as follows:

**Stage 1** Studying the condition and the problems on the healthy promotion for the aging in Sribunrueng village by using the following activities:

1. In-depth interview with the aging, the public health officers, and village health volunteer on the operation and the condition of healthy promotion for the aging in the community
2. In-depth interview with the village leaders, the Municipal administrators, public health chief, etc, on the policy of healthy promotion for the aging in the community

**Stage 2** Designing the models of healthy promotion for the aging with application of the following activities:

1. Brainstorming meeting with participatory action of all the units concerned in the community in order to have the models and the practical guideline of healthy promotion for the aging
2. Setting up an action plan based on the outcome of the brainstorming meeting; the planned activities were designed to cover physical, social, and mental aspects of healthy promotion for the aging.
3. Group discussion with the leaders of the aging group and the related people to obtain a practical guideline in taking the plan into action with suitable activities required by the aging

**Stage 3** Operating the activities in the action plan following the below procedures:

1. Meeting with the aging to advise the detail of the activities
2. Operating the activities in the action plan by assigning a job and responsibility to the the working team members. The activities were divided into different aspects: health (physical exercise, and health knowledge training), emotion (group activity, and recreation), society (party and entertainment), and economy (vocational training)
3. Tracking the status of the activities

**Stage 4** Evaluating the outcome of the activities:

At this stage, all the activities were evaluated after the operation of all the activities. The instruments were the same as those used before commencing the activities which consisted of the questionnaire, the interview, the checklist of the aging healthy condition and happiness.

### **Data Verification and Analysis:**

The qualitative data were to be verified via triangulation with consideration of time, place, and subject in case that these factors vary.

The analysis of data was conducted by both qualitative and quantitative methods as follows:

1. Quantitative analysis was done by analyzing the data obtained from the checklist and the questionnaire, coding, and recording the data with application of SPSS PC for Window to calculate for the percentage, the arithmetic mean ( $\bar{x}$ ), and the standard deviation (S.D.).
2. Qualitative analysis was done through the content analysis method. The data collection and

primary analysis were made at the same time. At the end of each data collection phase, the data were recorded thoroughly and categorized for further analysis, and conclusion with descriptive research report

### **Study Result:**

#### **The Result of the Study on the Condition and the Problem of Healthy Promotion:**

For the healthy promotion activities for the aging in Sribunruang community, the physical exercise activity- *Aerobics Dance* - was promoted for all to participate daily. Presently, the activity is no longer performed because of any participants. It was found that there was little number of aging joined the dance. Most of them were not interested in it.

The difficulty in operating the activities due to no interest, and no cooperation from the participants was the unsolvable problem which led to the end of the activity at present.

The problems of the aging in the community raised by the participatory action meeting were:

1. Occupational problem: most of the aging were agricultures and had chemical substance *allergy* from the high volume application of chemical insecticides which consequently caused problem in respiratory system.
2. Chronic illness problem: knowledge management session was set up and found that the aging were mostly had chronic illness like high blood pressure, gout, heart disease, *Tuberculosis* (TB), cancer, and allergy
3. Seasonal illness problem: dengue fever, cold, hemorrhoid, *diarrhea*, and *leptospirosis*
4. Social problem: fatal elder neglect due to the labor migration from the community to a bigger city
5. Mental health problem: *drugs and alcoholism*

#### **The health promotion models for the aging at Sribunruang village were developed for 3 types:**

1. **Model of health promotion** consisted of the following activities: 1) physical exercise, 2) games, and 3) training on the knowledge of healthy promotion
2. **Model of mental and social health promotion** consisted of: 1) religious day meeting, 2) 9-temple worship activity, 3) new year party, 4) study visit on aging group activities, and 5) day of aging
3. **Model of Economic Health Promotion** consisted of 1) sandalwood flowers training, 2) herb product training, and 3) sweet and snack training

### **Result of the Evaluation of Aging Health:**

The evaluation of the aging health was conducted through a questionnaire. The result indicated that the aging were mostly female, 54% was married. 72% had primary level of education. 72% had no occupation. 26% had occupation, and mostly were traders, 59.8% of which had approximate income of 3,000-4,000 baht per month. 46.15% lived with their spouse. 50% lived with their children.

For the family relationship, it was found that the aging in majority lived with their family which had 1-5 members of the family. The children were alive, lived together with the aging, and were responsible for all the household expenses. The aging were taken care by their relatives when they got sick. There were daily communication among the family members, and they also had regular family meals.

For the routine activity, it was found that the aging could manage it by themselves, the findings showed that planting and the mowing were the activities that most of the aging were able to do by themselves. Most were not able to do the fixing jobs.



For the *aging healthy conditions*, it was found that 76.0% had daily excretion. 60.0% had 6-8 hours of sleep per night. 56.0% slept with the spouse. 54.0% had a good sleep at night. 68.0% sometimes took a nap during the day time. 62.0% no longer had sexual relationship. 90.0% had 3 meals a day. The meals consisted of fruit, and meats like chicken, pork, and fish. They sometimes drank milk or Oval tin. Beans, bean curd, and vegetables were taken daily. They did not have coffee, tea, soft drinks, and uncooked food. 58.0% did some exercises. 61.29 did physical exercise by lifting and stretching the hands and the legs. 64.0% took shower twice a day. 58.0% had their hair washed 2-3 times a week. 94.0% had their dress changed every day. 60.0% had their teeth brushed once a day. 56.79% watched TV during the free time.

The overall health state of the aging was good and strong. 52.0% could rely on themselves. 56.0% had crystal clear eyesight. 54.0% had no problem on hearing. 44.0% had some problems with the teeth but no denture teeth. 52.0% had no congenital disease. 68.0% did not drink alcohol or beer. 84.0% did not drink herbal liquor. 78.0% did not smoke. 84.0% did not chew betel. 56.0% did not take pain killer. 60.0% had not experienced sickness during the past one month. 64.0% used hospital service. 72.0% had not been so sick that failed to do the routine activities during the past one year. 38.0% had overall healthy state at the mid level.

The indicator of happiness in the aging showed the minimum score at 33, and the maximum at 54 which was higher than the standard criteria of normal people which had the scores between 27.0 and 32.0. It could be said that after the activities, the aging were happier than people in general.

## **Discussion:**

It was found that there were 3 models of healthy promotion for the aging. All were applied to the target group which was the aging in the study area. The 3 models were as follows:

### **1. Model of Health Promotion:**

Health promotion included physical exercise, healthy games, training for healthy promotion knowledge, and health market. The operation of all the activities was conducted according to the schedule agreed by all the participants. The operation result showed that the aging consistently participated in the activities. It was found that the aging mostly participated in the physical exercise activity for over 5 times as there were many types of exercises provided. They could choose the exercise activity they enjoyed the most for example some might not like Tai Chi exercise, they would take their choice to do stick exercise instead. Most aging people participated in healthy games. However, some games could not be accommodated all. The result of the training for healthy promotion knowledge showed that only some of the aging participated in the activity due to no interest in the topic. For the health market activity, it was found that all participants joined the activity since they received maximum benefit from it for example body check-up, dental treatment, free medicine, and etc, and they could get the hospital service at the community. The behaviors in participating in the provided healthy activities served the healthy promotion concept of Pender's (Pender, 1996) which concluded that the healthy promotion behavior would be initiated when people had understood that the action would bring them benefit and it was possible to do without difficulty influenced by the intimate and the environment.

The above results led the community; especially, the aging to take action on healthy promotion. The aging were encouraged to do physical exercises, to participate in the training for healthy promotion knowledge with emphasis on the daily healthy self-care which the aging were able to do it themselves. All the mentioned activities had never previously been provided for the community.

## **2. Model of Mental and Social Health Promotion:**

The activities applicable to this model were religious day meeting. The aging were mostly joined the event especially during the Buddhist Lent period since they were happy and felt comfortable when attending the religious activities under the peaceful atmosphere in a temple. They also had a chance in chatting with their peers, exchanging experiences, and helping one another solving problems. In Thai society, there is a norm that the aging were to have placed their interest in religion more than others. The study result was corresponding to the guideline on developing happiness proposed by Bunlou Siripanich,(1997) that attending to Dhamma instructions and discussion in a temple made the aging stay calm in peace and happiness. For the activity of 9-temple worship, it was raised by the participatory meeting that the 9-temple worship was the ultimate dream that the aging had desired. Some had never done such religious practice even once. Some had never left the community before. Therefore, this activity brought them happiness, pleasure, and excitement. They had a chance to step out of the community world to explore new experience in some new places. They enjoyed the trip, the religious practices, and felt relaxed. Nitipat Mekkhachorn, (2009, on-line), proposed the guideline to ease the tense in the aging people by encouraging them go for vacation, spending their time among the nature with clean air. The activity had, moreover, provided them an opportunity to make new friends and exchanging ideas to one another. The study visit was considered a strategy for creating the participatory action in building up a public common sense and motivation through the learning process. The knowledge management discussion among the groups from different organizations outside the community during the study visit on the group management model helped to widen their knowledge on group management, and financial management for an activity operation. It was found that the aging group had managed their group efficiently. The last activity was the Day of Aging which all the aging were paid respect by the young people who were pouring scented water on the aging's hands and requested for a good wish on the occasion of Songkran day, Thai New Year. They were also given a New Year gift on this day.

The outcome of these activities can be a foundation of healthy promotion in a community since the good health will always be with the happy mind. Therefore, the happy state of mind will always bring a healthy body like said in the statement: 'mind is a boss, body is a slave'. The development of body health must start from the development of mental health.

## **3. Model of Economic Health Promotion**

Economy is very important for the aging as they have to rely on themselves, no children to take care. Besides, the birth rate is getting lower. Some aging stay single. Therefore it is necessary for them to have an occupation to earn some money for a living, not being a burdent to the society. The activities to serve the economic purpose were the sandalwood flower training as required by the group. After the training, the group agreed to get together on Saturdays for making the sandalwood flowers for sale at the shops in the community. The activity did not just generate income to the group, but also helped them make utilization of the free time, provided an opportunity for them to strengthen their relationships by sharing ideas, chatting and singing together while working. All had the same purpose that was to produce the sandalwood flowers to raise some fund for the 9-temple worship activity. This determined goal led them to conduct the same behavior in producing the sandalwood flowers. For the herb product training, the result showed that only some participated in the activity due to other engagement like harvesting. Some had to work in the rice field since there were no children to help. The last activity was about the sweet and snack training which was very popular as such activity was conducted once long time ago; so, redoing the performance reminded their joy when doing the activity in the past. The study produced the result that is corresponding to Nitipat Mekkhachorn' s concept on development of happiness for the aging (2009, on-line) which proposed a guideline to create happiness by the utilization of the free time with the favorite activity like the

proper hobby to the person's age and health; for example, producing artificial flowers, listening to music, doing religious practices, writing, reading, playing computer games doing some housework or the activities in the club, making some sweet and snack, as well as carving and weaving for sale. Such activities will not only keep the aging occupied, joyful, relaxed, and peaceful, but also increased their income which ultimately was the benefit of the family and society.

Although this economic model was not previously set up to promote the health, the researcher opined that it was very important for the aging society in the modern world. The aging needed to have some personal skill so that they could have economic self reliance. They should have occupation to get income. This aspect is corresponding to the policy on developing the aging by encouraging them to be occupied. To be supportive to the policy, the government has opened various forms of occupational markets for the aging.

### **Recommendation:**

#### **Recommendation for Utilization of the Study:**

1. The study result on the healthy promotion model for the aging in the aspects of: health, society, mentality, and economy, are possibly applicable to other communities.
2. Recommendation on development of the group:
  - i. To develop the empowerment of the aging group, it is necessary that the members should have a unity and extend cooperation to the management.
  - ii. The study visit to the successful group should be arranged to serve the collaborative learning and create external network of cooperation.

#### **Recommendation of Further Study:**

- 1) Mental health promotion for the aging should be studied.
- 2) A study for creating an innovation on healthy promotion for the aging in community with its evaluation after experiment is recommended.

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