

CHAPTER V

RESULTS

5.1 Introduction

Follow sample size calculation this study aims to interview the target elderly for eight villages as 756. However, there were 734 elders agreed to participate in this study, thus, the response rate was 97.08 percent.

This chapter documenting the main findings of the analysis and its divided into four parts:

1. Elderly characteristic (socio demographic characteristics, social network, social integration, and personal health characteristics)
2. Level of perceived social support among the elderly and its factors
3. Elderly and their social networks perspectives, needs in addressing social support for the elderly
4. Social support intervention regarding the combined quantitative and qualitative information of the study in the development of strengthening social support program for the elderly

5.2 Elderly Characteristic (Socio Demographic Characteristics, Social Network, Social Integration, and Personal Health Characteristics)

5.2.1 Socio Demographic Characteristics

5.2.1.1 Gender

Most of sample elderly were female (60.0%) whereas higher proportion in each age group. the ratio between male and female was 1:1.5, while the young old and old-old ration was 1.2: 1. Detail as table 5.1 below:

Table 5.1: Distribution of the Elderly Gender Comparing by Age Group

Gender n=734	Age group, n (%)		Total n (%)	Difference, Young old: old -old P-value
	Young old (60-69)	Old-Old (70 and over)		
Male	175(43.3)	114(34.5)	289(40.0)	0.016*
Female	229(56.7)	216(65.5)	445(60.0)	
Total	404(100.0)	330(100.0)	734(100.0)	

5.2.1.2 Age

The mean age of sample elderly was 69.46 year old (SD 6.43). Interestingly, there were male elderly mean age less than female elderly mean age by statistically different at level 0.05. Detail as table 5.2 below:

Table 5.2: Distributions of the Elderly Mean Age Comparing by Gender

Age	Gender, n (%)		Total n (%)	Difference Male: Female P-value
	Male	Female		
n	289	445	734	0.011*
Mean	68.72	69.95	69.46	
SD	6.29	6.47	6.43	
Min	60.00	60.00	60.00	
Max	88.00	96.00	96.00	

5.2.1.3 Education level

There was 83.2% of sample elders finished primary level, 13.9% none and 2.9% finished secondary & higher level, respectively.

When comparing education level by gender, there were proportion of male elders who none of education less than proportion of female elders. It was statistically significant at level 0.05. Similar to the pattern of the elderly age group, there was proportion of old-old elders who none of education less than proportion of young old elder by statistically significant at level 0.05. Detail as table 5.3

Table 5.3: Distribution of the elderly education level comparing by gender and age group

Education level	Gender n (%)		Age group n (%)		Total n (%)	Difference Male female P-value	Difference Young old: Old-old P-value
	male	female	Young old (60-69)	Old-old (70 and over)			
None	12 (4.2)	90 (20.2)	22 (5.4)	80 (24.2)	102 (13.9)	<0.001	<0.001
Primary level	260 (90.0)	351 (78.9)	373 (92.3)	238 (72.1)	611 (83.2)		
Secondary & higher level	17 (5.9)	4 (0.9)	9 (2.2)	12 (3.6)	21 (2.9)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		

5.2.1.4 Monthly income

There were 64.0% of sample elderly who had monthly income which median 1,000 Baht (IQR 1200), while minimum as 200 baht and maximum as 10,000 Baht. This study also found the proportion of elders who had income were high among male when compare to female. Similar to pattern of the elderly age group, there was proportion of the young old elders who had income higher than the old-old elders. In addition, there were found statistically significant between monthly among the elderly gender and age group at level 0.05. Detail as table 5.4 below

Table 5.4: Distribution of the elderly monthly income comparing by gender and age group

Monthly income	Gender n (%)		Age group n (%)		Total n (%)	Difference Male female P-value	Difference Young old: old old P-value
	male	female	Young old (60-69)	Old Old (70 and over)			
No income	78 (27.0)	186 (41.8)	125 (30.9)	139 (42.1)	264 (36.0)	<0.001	0.002
Yes	211 (73.0)	259 (58.2)	279 (69.1)	191 (57.9)	470 (64.0)		
Estimate income per month							
n	211	259	279	191	470		
Median	1,250	1,800	2,000	1,000	1,000		
IQR	1,250	1,460	1,330	1,009	1200		
Min	100	200	200	100	200		
Max	10,000	10,000	5,000	4,700	10,000		

5.2.2 Social network characteristics

In this part, this study emphasizes in the important social network of the elderly; family, friend, community health staffs and community staffs.

5.2.2.1 Family

Family sizes

There were 53.3 %of respondents living with 1-3 family members and 36.8% living with 4-6 family members and 5.9 % live alone, respectively. There was proportion of female who live alone higher than male, while a few different proportion of live alone elderly when comparing by age group. This

study also found statistically significant between family size and the elderly gender ($p < 0.05$). See detail as table 5.5 below;

Table 5.5: Distribution of the elderly family size comparing by gender and age group

Family size	Gender n (%)		Age group n (%)		Total n (%)	Difference Male female P-value	Difference Young old: old-old P-value
	male	female	Young old (60-69)	Old-Old (70 and over)			
0 (live alone)	2 (0.7)	42 (9.4)	24 (5.9)	20 (6.1)	44 (5.9)	<0.001	0.647
1-3	158 (54.7)	233 (52.4)	210 (52.0)	181 (54.8)	391 (53.3)		
4-6	114 (39.4)	156 (35.1)	151 (37.4)	119 (36.1)	270 (36.8)		
7-9	15 (5.2)	14 (3.1)	19 (4.7)	10 (3.0)	29 (4.0)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		

Family caregivers

This study found that the elderly who living with their family, 100% of all reveals that they had family caregivers while the elderly who live alone had none. Detail as shown as table 5.6 below;

When looking for more detail, most of family caregiver of male elders were spouse (47.4%) and child (47.1%) while family caregiver of female elder were child (61.0%). Similar to the young elders, which most family caregiver were spouse (43.7%) and child (46.3%) while family caregiver of old-old elders were

child (66.1%). This study also found statistically significant between having family caregiver and the elderly gender ($p < 0.005$).

Table 5.6: Distribution of the elderly family caregiver comparing by gender and age group

Family caregiver	Gender n (%)		Age group n (%)		Total n(%)	Difference Male female P-value	Difference Young old: old-old P-value
	male	female	Young old (60-69)	Old-Old (70 and over)			
No	2 (0.7)	42 (9.4)	24 (5.9)	20 (6.1)	44 (5.9)	<0.000	0.946
Yes	287 (99.3)	403 (90.6)	380 (94.1)	310 (93.9)	690 (94.1)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		
<u>Type of family</u>							
Spouse	136 (47.4)	103 (25.6)	166 (43.7)	73 (23.6)	239 (34.6)		
Child	135 (47.1)	246 (61.0)	176 (46.3)	205 (66.1)	381 (55.1)		
grandchild	9 (3.1)	51 (12.6)	31 (8.2)	29 (9.4)	60 (8.9)		
Relatives	7 (2.4)	3 (0.8)	7 (1.8)	3 (0.9)	10 (1.4)		
Total	287 (100.0)	403 (100.0)	380 (100.0)	310 (100.0)	690 (100.0)		

child (66.1%). This study also found statistically significant between having family caregiver and the elderly gender ($p < 0.005$).

Table 5.6: Distribution of the elderly family caregiver comparing by gender and age group

Family caregiver	Gender n (%)		Age group n (%)		Total n(%)	Difference Male female P-value	Difference Young old: old-old P-value
	male	female	Young old (60-69)	Old-Old (70 and over)			
No	2 (0.7)	42 (9.4)	24 (5.9)	20 (6.1)	44 (5.9)	<0.000	0.946
Yes	287 (99.3)	403 (90.6)	380 (94.1)	310 (93.9)	690 (94.1)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		
<u>Type of family</u>							
Spouse	136 (47.4)	103 (25.6)	166 (43.7)	73 (23.6)	239 (34.6)		
Child	135 (47.1)	246 (61.0)	176 (46.3)	205 (66.1)	381 (55.1)		
grandchild	9 (3.1)	51 (12.6)	31 (8.2)	29 (9.4)	60 (8.9)		
Relatives	7 (2.4)	3 (0.8)	7 (1.8)	3 (0.9)	10 (1.4)		
Total	287 (100.0)	403 (100.0)	380 (100.0)	310 (100.0)	690 (100.0)		

5.2.2.2 Friends

Table 5.7 illustrated that there were 79.4% of respondents who had close friend which higher proportion in each gender and age group. However, there was proportion of male elderly had close friend higher than female elderly, and there were a few different proportions of having close friend when comparing by age group. In addition, the statistically testing also reveals the statistically different among having close friend by the elderly gender.

When looking for more detail, table 5.7 also illustrated the distribution of number of the elderly close friend, which telling us about social network range. Haft of sample elderly having only one close friend (58.5%), two close friends 28.1% and three close friends 13.4%, respectively. This study also found statistically significant between number of elderly close friend and gender at the significant level 0.05.

Table 5.7: Distributions of friend of elderly comparing by elderly gender and age group

Close friend	Gender n (%)		Age group n (%)		Total n (%)	Difference Male female P-value	Difference Young old: old-old P-value
	male	female	Young old (60-69)	Old Old (70 and over)			
Number of the elderly close friend							
No	47 (16.3)	104 (23.4)	76 (18.8)	75 (22.7)	151 (20.6)	0.02	0.192
Yes	242 (83.7)	341 (76.6)	328 (81.2)	255 (77.3)	583 (79.4)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		
1	160 (66.1)	181 (53.1)	181 (55.2)	160 (62.7)	341 (58.5)	0.001	0.081
2	49 (20.2)	115 (33.7)	95 (29.0)	69 (27.1)	164 (28.1)		
3 and over	33 (13.6)	45 (13.2)	52 (15.9)	26 (10.2)	78 (13.4)		
Total	242 (100.0)	341 (100.0)	328 (100.0)	255 (100.0)	583 (100.0)		

Who are the elderly close friends?

This study found 62.3 % of the elderly who having close friend reveals that their close-friend were female whereas higher proportion in each age group and place of resident. When comparing by gender, the elderly close friend mostly was the same sex. However, male elderly having close friend indifferent type of sex as 11.3% while 3.8% percent of female elderly having male close friend.

The mean age of elderly close friend was 65.1 year old (SD 8.5) while 74.8% of the elderly close friends were agriculture workers and almost all of the elderly close friends were neighborhood (99.7%). See detail as table 5.8 below;

Table 5.8: Distributions of the elderly friend characteristics by the elderly gender and age group (multiple answers)

Elderly close friend characteristics	Gender, n (%)		Age group, n (%)		total
	male	female	Young old (60-69)	Old -Old (70 and over)	
Gender					
Male	220 (88.7)	14(3.8)	137(39.7)	97(35.3)	234(37.7)
Female	28(11.3)	358(96.2)	208(60.3)	178(64.7)	386 (62.3)
total	248(100.0)	372(100.0)	345(100.0)	275(100.0)	620(100.0)
Age					
Mean	64.9	65.3	62.1	68.9	65.1
SD	7.9	8.8	7.8	7.8	8.5
Min	35	30	35	30	30
Max	86	81	80	80	86
Occupational					
None/housewife	56(22.6)	88(23.7)	64(18.6)	80(29.1)	144(23.2)
Agriculture worker	192(77.4)	272(73.1)	271(78.6)	193(70.2)	464(74.8)
Labor	-	12(3.2)	10(2.9)	2(0.7)	12(1.9)
Address					
Neighborhood	248(100.0)	370(99.5)	343(99.4)	275(100.0)	618(99.7)
Other villages	-	2(0.5)	2(0.6)	-	2(0.3)
Total	248(100.0)	372(100.0)	345(100.0)	275(100.0)	620(100.0)

Type and frequency of contact of the elderly close friend

Mostly elderly were contacted with the close friend via visit (99.0%). There was only 1.0% contact via telephone. This study also found 67.1% of having close friend regularly contact. See detail as table 5.9 below:

Table 5.9: Distribution of type and frequency of contact of the elderly and their close friend

Type of contact	Gender, n (%)		Age group, n (%)		total
	male	female	Young old (60-69)	Old-Old (70 and over)	
Phone	6(2.4)	-	6(1.7)	-	6(1.0)
Visit	242(97.6)	372(100.0)	339(98.3)	275(100.0)	614(99.0)
total	248(100.0)	372(100.0)	345(100.0)	275(100.0)	620(100.0)
Frequency of contact					
Regular	181(73.0)	235(63.2)	228(66.1)	188(68.4)	416(67.1)
Occasionally	67 (27.0)	137(36.8)	117(33.9)	87(31.6)	204(32.9)
Total	248(100.0)	372(100.0)	345(100.0)	275(100.0)	620(100.0)

5.2.2.3 Community Health Staffs

This study found 51.5% of sample elderly did not know community health staffs who work in their community. There was proportion of female elderly who did not identify community health staffs higher than male, whereas a few different proportion among the elderly age group. This study also found statistically significant between knowing community health staff and elderly gender at the significant level 0.05.

When questioning the elderly number of community health staff known, 83.1% of them known only one staff, 10.4% known for two and 6.5% known three, respectively. See detail as table 5.10 below:

Table 5.10: Distribution of the elderly knowing community health staffs comparing by gender and age group

Knowing community health staff	Gender, n (%)		Age group, n (%)		Total n (%)	Difference Male female P-value	Difference Young old: old- old P-value
	male	female	Young old (60-69)	Old- Old (70 and over)			
No	134 (46.4)	244 (54.8)	203 (50.2)	175 (53.0)	378 (51.5)	0.025	0.453
Yes	155 (53.6)	201 (45.2)	201 (49.8)	155 (47.0)	356 (48.5)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		
Number of community health staff known							
1	138 (89.0)	158 (78.6)	170 (84.6)	126 (81.3)	296 (83.1)		
2	14 (9.0)	23 (11.4)	22 (10.9)	15 (9.7)	37 (10.4)		
3 and over	3 (1.9)	20 (10.0)	9 (4.5)	14 (9.0)	23 (6.5)		
Total	155 (100.0)	201 (100.0)	201 (100.0)	155 (100.0)	356 (100.0)		

5.2.2.4 Community Health Staff -Sub-District Administrative

Organization Staff (SDAO)

Table 5.13 presented half of sample elderly known community staffs. There were a few different proportions between knowing community staffs when comparing by gender and age group. This study also found 94.2% known community health staff as 1-2.

Table 5.11: Distribution of the elderly knowing SDAO Staff comparing by gender and age group

	Gender, n (%)		Age group, n (%)		Total n(%)	Difference Male female P-value	Difference Young old: old- old P-value
	male	female	Young old (60-69)	Old Old (70 and over)			
Knowing SDAO Staff							
No	137 (47.4)	217 (48.8)	196 (48.5)	158 (47.9)	354 (48.2)	0.719	0.864
Yes	152 (52.6)	228 (51.2)	208 (51.5)	172 (52.1)	380 (51.8)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		
Number of SDAO known							
1-2	139 (91.4)	219 (96.1)	190 (91.3)	168 (97.7)	358 (94.2)		
3-4	13 (8.6)	9 (3.9)	18 (8.7)	4 (2.3)	22 (5.8)		
Total	152 (100.0)	228 (100.0)	208 (100.0)	172 (100.0)	380 (100.0)		

5.2.3 Social integration characteristics

This part, this study emphasizes in the important social environment of the elderly which the elderly were involved in their community which are family integration, working status, community organization involvement, and community activities involvement.

5.2.3.1 Family integration

a) Marital status

There were 54.1% of sample elderly married, 44.6% widowed and 1.4% single respectively. When comparing by gender and age group, Proportion of male and young elders was high in married when female and old elder were high in widowed. This study also found statistically significant between marital status by gender and age group at level 0.05. Detail as table 5.12 below;

Table 5.12: Distribution of the elderly marital status by gender and age group

Marital status	Gender, n (%)		Age group, n (%)		Total n (%)	Difference Male female P-value	Difference Young old: old -old P-value
	male	female	Young old (60-69)	Old -Old (70 and over)			
Single	2 (0.7)	8 (1.8)	2 (0.5)	8 (2.4)	10 (1.4)	<0.001	<0.001
Married	215 (74.4)	182 (40.9)	273 (67.6)	124 (37.6)	397 (54.1)		
Widow	72 (24.9)	255 (57.3)	129 (31.9)	198 (60.0)	327 (44.6)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		

b) Living arrangement

Table 5.13 illustrated the different kind of elderly living arrangement type. There were 33.92% of sample elder living with child's family, 20.71% living spouse & child family and 10.89% living with spouse only.

When comparing gender, there was 31.48% of male elderly living with spouse & child's family, 27.68% living with child's family and 12.45% living with spouse, respectively. Among female elders, this study found 37.97% living with child's family, 13.70% living with spouse & child's family and 9.88% living with spouse only. Interestingly, there was proportion of sample female elderly live alone higher than male.

When comparing by age group, among the young-old elders, there were 25.74% living with spouse & child's family, 27.68% living with child's family and 13.61% living with child only. Among the old-old elders, there was 44.54% living with child's family, 14.55% living with spouse & child's family and 11.51% living with spouse only. See detail as table 5.13 below:

Table 5.13: Distribution of the elderly type of living arrangement comparing by gender and age group

Marital status	Gender, n (%)		Age group, n (%)		Total n (%)
	male	female	Young old (60-69)	Old-Old (70 and over)	
Live alone	2 (0.69%)	42 (9.43%)	24 (5.94%)	20 (6.06%)	44 (5.99%)
spouse only	36 (12.45%)	44 (9.88%)	42 (10.39%)	38 (11.51%)	80 (10.89%)
spouse & child	29 (10.03%)	26 (5.84%)	38 (9.41%)	17 (5.15%)	55 (7.49%)
spouse & child's family	91 (31.48%)	61 (13.70%)	104 (25.74%)	48 (14.55%)	152 (20.71%)
spouse & grandchild	32 (11.07%)	29 (6.52%)	55 (13.61%)	6 (1.82%)	61 (8.31%)
child only	10 (3.46%)	28 (6.29%)	13 (3.21%)	25 (7.57%)	38 (5.17)
child's family	80 (27.68%)	169 (37.97%)	102 (25.25%)	147 (44.54%)	249 (33.92%)
grandchild only	9 (3.11%)	41 (9.21%)	26 (6.43%)	24 (7.27%)	50 (6.81%)
grandchild's family	-	2 (0.45%)	-	2 (0.6%)	2 (0.27%)
relatives	-	3 (0.67%)	-	3 (0.9%)	3 (0.41%)
Total	289 (100.00%)	445 (100.00%)	404 (100.00%)	303 (100.00%)	734 (100.00%)

5.2.3.2 Non Family integration

a) Working status

This study found 55.9% of samples were not working, whereas high proportion in female and old-old elders. There were statistically significant among working status by the elderly gender and age group ($p < 0.05$).

Among the elderly who still works, there were 80.9% agriculture labor, 3.4% vender and 9.3% handicraft workers, respectively. Detail as table 5.14 below:

Table 5.14: Distribution of the elderly working status comparing by gender and age group

Working status	Gender, n (%)		Age group, n (%)		Total n(%)	Difference Male female P-value	Difference Young old: old-old P-value
	male	female	Young old (60-69)	Old Old (70 and over)			
Not working	98 (33.9)	312 (70.1)	163 (40.3)	247 (74.8)	410 (55.9)	<0.001	<0.001
Working	191 (66.1)	133 (29.9)	241 (59.7)	83 (25.2)	324 (44.1)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		
Elderly Working Type							
agriculture labor	149 (78.9)	113 (85.0)	198 (82.2)	64 (77.1)	262 (80.9)		
labor	8 (4.2)	3 (2.3)	9 (3.7)	2 (2.4)	11 (3.4)		
vender	8 (4.2)	13 (9.8)	16 (6.6)	5 (6.0)	21 (6.5)		
handicraft worker	26 (13.6)	4 (3.0)	18 (7.5)	12 (14.5)	30 (9.3)		
Total	191 (100.0)	133 (100.0)	241 (100.0)	83 (100.0)	324 (100.0)		

5.2.3.3 Formal Social interaction (Community Involvement)

a) The elderly club

This study found 34.1% of sample was the elderly club membership while there was proportion of female joined the club higher than male, while there were a few different proportions among age group. This study also found statistically significant among the elderly club membership by elderly gender ($p < 0.05$).

This study also found, among the elderly club member, there were 48.8% regularly contact the club activities, 34.8% contact for sometime and 16.4% none. Detail as table 5.15 below:

Table 5.15: Distribution of the elderly club member comparing by gender and age group

Elderly club	Gender, n (%)		Age group, n (%)		Total n (%)	Difference Male female P-value	Difference Young old: old-old P-value
	male	female	Young old (60-69)	Old Old (70 and over)			
Not a member	205 (70.9)	279 (62.7)	270 (66.8)	214 (64.8)	484 (65.9)	0.021	0.573
Member	84 (29.1)	166 (37.3)	134 (33.2)	116 (35.2)	250 (34.1)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		
Frequency of contact							
never	13 (15.5)	28 (16.9)	24 (17.9)	17 (14.7)	41 (16.4)		
sometime	13 (15.5)	74 (44.6)	42 (31.3)	45 (38.8)	87 (34.8)		
regular	58 (69.0)	64 (38.6)	68 (50.7)	54 (46.6)	122 (48.8)		
Total	84 (100.0)	166 (100.0)	134 (100.0)	116 (100.0)	250 (100.0)		

b) Health volunteer club

This study found 11.2% of sample was health volunteer club member. However, among the club member, there were only 12.2% regularly contact the club activities and 22.0% contact for sometime. Interestingly, there was 65.9% never contact.

This study also found a few different proportion of health volunteer club member among gender and age group which no statistically significant at level 0.05. Detail as table 5.16 below:

Table 5.16: Distribution of the health volunteer club member comparing by gender and age group

Health volunteer club	Gender, n (%)		Age group, n (%)		Total n(%)	Difference Male female P-value	Difference Young old: old old P-value
	male	female	Young old (60-69)	Old Old (70 and over)			
Not a member	259 (89.6)	393 (88.3)	352 (87.1)	300 (90.9)	652 (88.8)	0.584	0.106
Member	30 (10.4)	52 (11.7)	52 (12.9)	30 (9.1)	82 (11.2)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		
Frequency of contact							
never	19 (63.3)	35 (67.3)	28 (53.8)	26 (86.7)	54 (65.9)		
sometime	9 (30.0)	9 (17.3)	16 (30.8)	2 (6.7)	18 (22.0)		
regular	2 (6.7)	8 (15.4)	8 (15.4)	2 (6.7)	10 (12.2)		
Total	30 (100.0)	52 (100.0)	52 (100.0)	30 (100.0)	82 (100.0)		

c) Community school committee

This study found 9.0 % of sample was community school committee. In this group, there were only 13.6% regularly contact the committee activities, 13.6% contact for sometime and 72.7% never contact. This study also found a few different proportion of community school committee among gender and age group which no statistically significant at level 0.05. Detail as table 5.17 below:

Table 5.17: Distribution of the community school committee comparing by gender and age group

Community school committee	Gender, n (%)		Age group, n (%)		Total n (%)	Difference Male female P-value	Difference Young old: old-old P-value
	male	female	Young old (60-69)	Old Old (70 and over)			
Not committee	261 (90.3)	407 (91.5)	364 (90.1)	304 (92.1)	668 (91.0)	0.595	0.341
Committee	28 (9.7)	38 (8.5)	40 (9.9)	26 (7.9)	66 (9.0)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		
Frequency of contact							
never	14 (50.0)	34 (89.5)	27 (67.5)	21 (80.8)	48 (72.7)		
sometime	8 (28.6)	1 (2.6)	7 (17.5)	2 (7.7)	9 (13.6)		
regular	6 (21.4)	3 (7.9)	6 (15.0)	3 (11.5)	9 (13.6)		
Total	28 (100.0)	38 (100.0)	40 (100.0)	26 (100.0)	66 (100.0)		

d) Community temple committee

This study found 12.9 % of sample was community temple committee. In this group, there were only 29.5% regularly contact committee activities and 23.2% contact for sometime.

This study also found different proportion of community temple committee among the elderly gender. This study also found statistically significant between community temple committee and the elderly gender ($p < 0.05$). There were 19.4% of male elder were community temple committee while only 8.8% of female elders were community temple committee.

Whilst there were a few different proportion when comparing community temple committee among the elderly age group. Detail as table 5.18 below:

Table 5.18: Distribution of the community temple committee comparing by gender, and age group

Community Temple committee	Gender, n (%)		Age group, n (%)		Total n (%)	Difference Male female P-value	Difference Young old: old old P-value
	male	female	Young old (60-69)	Old-Old (70 and over)			
Not a committee	233 (80.6)	406 (91.2)	345 (85.4)	294 (89.1)	639 (87.1)	<0.001	.138
Committee	56 (19.4)	39 (8.8)	59 (14.6)	36 (10.9)	95 (12.9)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		
Frequency of contact							
never	14 (25.0)	31 (79.5)	25 (42.4)	20 (55.6)	45 (47.4)		
sometime	18 (32.1)	4 (10.3)	12 (20.3)	10 (27.8)	22 (23.2)		
regular	24 (42.9)	4 (10.3)	22 (37.3)	6 (16.7)	28 (29.5)		
Total	56 (100.0)	39 (100.0)	59 (100.0)	36 (100.0)	95 (100.0)		

e) House wife club

This study found 10.9% of respondents were house wife club member.

This study found 22.5% contact the club activities for sometime and 18.8% regularly contact.

The membership proportion among female and young elders was higher than male and old-old elders when comparing by gender and age group. This study also found statistically significant between house wife club membership by gender ($p < 0.05$). See details as table 5.19 below;

Table 5.19: Distribution of the house wife club member comparing by gender and age group

Housewife club	Gender, n (%)		Age group, n (%)		Total n (%)	Difference Male female P-value	Difference Young old: old-old P-value
	male	female	Young old (60-69)	Old-Old (70 and over)			
Not a member	272 (94.1)	382 (85.8)	354 (87.6)	300 (90.9)	654 (89.1)	<0.001	0.155
Member	17 (5.9)	63 (14.2)	50 (12.4)	30 (9.1)	80 (10.9)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		
Frequency of contact							
never	16 (94.1)	31 (49.2)	23 (46.0)	24 (80.0)	47 (58.8)		
sometime	1 (5.9)	17 (27.0)	16 (32.0)	2 (6.7)	18 (22.5)		
regular	-	15 (23.8)	11 (22.0)	4 (13.3)	15 (18.8)		
Total	17 (100.0)	63 (100.0)	50 (100.0)	30 (100.0)	80 (100.0)		

5.2.3.4 Informal Social Interaction

a) Visit with children

There were 20.2% of sample regularly visit their child, 48.1% occasionally visit and 31.7% none. By comparing gender and age group, this study also found male elderly regularly visit their child higher than female, and also found statistically significant among visit with children and the elderly gender ($p < 0.05$). Whilst there was found a few different proportion of visit with children among the elderly age group. Detail as table 5.20 below:

Table 5.20: Distribution of the elderly visit with children comparing by gender and age group

Visits with children	Gender, n (%)		Age group, n (%)		Total n (%)	Difference Male female P-value	Difference Young old: old old P-value
	male	female	Young old (60-69)	Old Old (70 and over)			
Never	44 (15.2)	189 (42.5)	120 (29.7)	113 (34.2)	233 (31.7)	<0.001	0.412
occasionally	176 (60.9)	177 (39.8)	199 (49.3)	154 (46.7)	353 (48.1)		
regularly	69 (23.9)	79 (17.8)	85 (21.0)	63 (19.1)	148 (20.2)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		

b) Visit with friends

There were 54.4% of sample regularly visit with friends, 30.0% occasionally and 15.7% never. This study found male, old-old elders regularly visit with friend higher than female and young elders. This study also found statistically

significant among visit with friend by elderly gender and age group at level 0.05.

Detail as table 5.21 below;

Table 5.21: Distribution of the elderly visit with friend comparing by gender and age group

Visits with friend	Gender, n (%)		Age group, n (%)		Total n(%)	Difference Male female P-value	Difference Young old: old-old P-value
	male	female	Young old (60-69)	Old-Old (70 and over)			
Never	22 (7.6)	93 (20.9)	67 (16.6)	48 (14.5)	115 (15.7)	<0.000	0.011
Occasionally	101 (34.9)	119 (26.7)	137 (33.9)	83 (25.2)	220 (30.0)		
Regularly	166 (57.4)	233 (52.4)	200 (49.5)	199 (60.3)	399 (54.4)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		

c) Religious activities

All samples were Buddhism. There was 68.9% of sample regularly goes temple, 19.1% occasionally and 12.0% never. This study found proportion of male and younger goes to temple higher than female and older with statistically significant at level 0.05. See details as table 5.22 below;

Table 5.22: Distribution of the Religious Activities of Elderly Committee Comparing by Gender and Age group

Religious activities	Gender, n (%)		Age group, n (%)		Total n (%)	Difference Male female P-value	Difference Young old: old old P-value
	male	female	Young old (60-69)	Old -Old (70 and over)			
Never	19 (6.6)	69 (15.5)	34 (8.4)	54 (16.4)	88 (12.0)	0.001	<0.000
occasionally	56 (19.4)	84 (18.9)	69 (17.1)	71 (21.5)	140 (19.1)		
regularly	214 (74.0)	292 (65.6)	301 (74.5)	205 (62.1)	506 (68.9)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		

d) Community activities

This study found 70.0% of respondents regularly joined community activities, 18.9% occasionally and 1.4% never. This study also found proportion of male, young elderly regularly joined community activities higher than female and old-old elderly with statistically significant at level 0.05. See details as table 5.23 below;

Table 5.23: Distribution of the Community activities of elderly Committee
Comparing by Gender and Age group

Community activities	Gender, n (%)		Age group, n (%)		Total n (%)	Difference Male female P-value	Difference Young old: old -old P-value
	male	female	Young old (60-69)	Old -Old (70 and over)			
Never	14 (4.8)	70 (15.7)	23 (5.7)	61 (18.5)	84 (11.4)	<0.001	<0.001
occasionally	41 (14.2)	95 (21.3)	80 (19.8)	56 (17.0)	136 (18.6)		
regularly	234 (81.0)	280 (62.9)	301 (74.5)	213 (64.5)	514 (70.0)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		

5.2.4 Personal health characteristics

5.2.4.1 Perceived health status

There were 53.1% of sample perceived their health status as moderate, 28.3% poor and 18.5% good. The statistical testing reveals there was no statistically significant between perceived health status of respondents by gender and age group ($p > 0.05$). See detail as table 5.24 below;

Table 5.24: Distribution of elderly perceived health status comparing by gender and age group

Perceived health status	Gender, n (%)		Age group, n (%)		Total n (%)	Difference Male female P-value	Difference Young old: old-old P-value
	male	female	Young old (60-69)	Old -Old (70 and over)			
Good	56 (19.4)	80 (18.0)	82 (20.3)	54 (16.4)	136 (18.5)	0.841	0.152
Moderate	150 (51.9)	240 (53.9)	202 (50.0)	188 (57.0)	390 (53.1)		
Poor	83 (28.7)	125 (28.1)	120 (29.7)	88 (26.7)	208 (28.3)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		

5.2.4.2 Chronic diseases

There were 64.7% of sample elderly having chronic diseases whereas high proportion in each gender and age group. However, there was no statistically significant between currently chronic diseases of respondents by gender and age group ($p > 0.05$). See detail as table 5.25

Table 5.25: Distribution of elderly current chronic diseases comparing by gender and age group

Current chronic diseases	Gender, n (%)		Age group, n (%)		Total n (%)	Difference Male female P-value	Difference Young old: old-old P-value
	male	female	Young old (60-69)	Old -Old (70 and over)			
Yes	186 (64.4)	289 (64.9)	263 (65.1)	212 (64.2)	475 (64.7)	0.871	0.809
No	103 (35.6)	156 (35.1)	141 (34.9)	118 (35.8)	259 (35.3)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		

5.2.4.3 Stress

There were 11.4% of respondents reveals 251-500 score of stress test whereas a few different proportion among the elderly gender and age group. Also, there was no statistically significant between stress score by gender and age group ($P>0.05$). See detail as table 5.26

Table 5.26: Distribution of Elderly Stress Score Comparing by Gender and Age group

Stress score	Gender, n (%)		Age group, n (%)		Total n(%)	Difference Male female P-value	Difference Young old: old-old P-value
	male	female	Young old (60-69)	Old -Old (70 and over)			
0-250	254 (87.9)	396 (89.0)	354 (87.6)	296 (89.7)	650 (88.6)	0.648	0.380
251-500	35 (12.1)	49 (11.0)	50 (12.4)	34 (10.3)	84 (11.4)		
Total	289 (100.0)	445 (100.0)	404 (100.0)	330 (100.0)	734 (100.0)		

5.3 Elderly Perceived Social Support

This study measured perceived social support by the PRQ85 which divided perceived social support into three parts:

- 1) Personal resources available
- (2) Social support needs
- (3) Perceived social support

5.3.1 Personal Resources Available

a) Number and sources of elderly resources available

There were 10 situations that asking the elderly about the personal resource available.

When the elderly experienced agent needs (crisis), there were 96.6 % of sample elder had 1-3 personal resources available. The important resources available were child and grandchild.

When the elderly need help for an extended period of time in caring for a family member who is sick or handicapped, there were 85.4 % of sample elder had 1-3 personal resources available. The important resources available were daughter, son and neighborhood.

The relationship with spouse, partner or intimate others, this situation, there were 40.1 % of sample elder had 1-3 personal resources available. The important resources available were daughter, son and neighborhood. Almost haft of elders reveals no one available and some prefer to handle by themselves.

When elderly needed help or advice for a problem with a family member, or friend, there were 79.7 % of sample elder had 1-3 personal resources available. The important resources available were daughter, son. There were 18.3% no one available.

If the elderly having financial, there were 93.7% of sample elder reply 1-3 personal resources available. The personal resources available were daughter, son and neighborhood.

When the elderly felt lonely, this study found 94.3% of sample elder reply 1-3 personal resources available. More than half of the elderly reveal neighborhood is the important source when they feel lonely.

When elderly sick and not able to carry out your usual activities for a week, there was 97.7% of sample elder had 1-3 personal resources available. The personal resources available were child and grandchild.

When elderly upset and frustrated with the conditions of your life, there was 93.9% of sample elder had 1-3 personal resources available. The personal resources available were child and grandchild

When elderly having problems with your work at home or at your place of employment, there were 81.9% of sample elder had 1-3 personal resources available. The personal resources available were child and 17.3% no one available.

When elderly needed someone to talk to about your day-to-day personal concerns, there were 98.4 % of sample elder had 1-3 personal resources available. The important resources available were neighborhood, daughter and son.

Detail as table 5.27 below;

Table 5.27: Distribution of number and personal resources available

Situations	number of personal resources	n=734		Top 3 Personal resources available	n=734	
			%			%
1.The elderly experienced urgent needs (crisis)	none	25	3.4	Daughter	447	60.9
	1	298	40.6	Son	400	54.5
	2	218	29.7	Niece	113	15.4
	3 and over	193	26.3			
2.If the elderly need help for an extended period of time in caring for a family member who is sick or handicapped	none	107	14.6	Daughter	327	44.6
	1	306	41.7	Son	300	40.9
	2	201	27.4	Neighborhood	113	15.4
	3 and over	120	16.3			
3.If the elderly concerned about relationship with spouse, partner or intimate other	none	440	59.9	no one (no one available)	135	31.3
	1	207	28.2	Daughter	117	27.1
	2	54	7.4	Son	103	23.9
	3 and over	33	4.5			
4.If the elderly needed help or advice for a problem with a family member, or friend	none	149	20.3	Daughter	256	34.9
	1	346	47.1	Son	214	29.2
	2	155	21.1	no one (no one available)	134	18.3
	3 and over	84	11.4			
5. If the elderly having financial problems	none	46	6.3	Daughter	467	63.6
	1	289	39.4	Son	405	55.2
	2	220	30.0	Neighborhood	115	15.7
	3 and over	179	24.4			
6. If the elderly felt lonely	none	42	5.7	Neighborhood	386	52.6
	1	339	46.2	Daughter	225	30.7
	2	191	26.0	Son	208	28.3
	3 and over	162	22.1			
7.If the elderly sick and not able to carry out your usual activities for a week	none	17	2.3	Daughter	487	66.3
	1	289	39.4	Son	408	55.6
	2	215	29.3	Niece	121	16.5
	3 and over	213	29.0			
8.If the elderly upset and frustrated with the conditions of your life	none	45	6.1	Daughter	436	59.4
	1	307	41.8	Son	375	51.1
	2	190	25.9	Niece	100	13.6
	3 and over	192	26.2			
9. If the elderly having problems with your work at home or at your place of employment	none	133	18.1	Daughter	330	45.0
	1	307	41.8	Son	270	36.8
	2	234	31.9	no one (no one available)	127	17.3
	3 and over	60	8.2			
10. If the elderly needed someone to talk to about your day-to-day personal concerns	none	12	1.6	Neighborhood	490	66.8
	1	320	43.6	Daughter	225	30.7
	2	227	30.9	Son	204	27.8
	3 and over	175	23.8			

5.3.2 Social support needs in last six months.

This study found social support among the elderly in last six month were 34.5% financial support, 25.6% caring support, 20.6% emotional support (felt lonely), 17.2% needs someone to talk and 16.8% need help for an extended period of time in caring for a family member who is sick or handicapped. Detail as table 5.28 and figure 18 below:

Table 5.28: Distribution of social support needs in last six months

Situations		Total	
		n=734	%
1. The elderly experienced urgent needs (crisis)	Yes	105	14.3
	No	629	85.7
2. If the elderly need help for an extended period of time in caring for a family member who is sick or handicapped	Yes	123	16.8
	No	611	83.2
3. If the elderly concerned about relationship with spouse, partner or intimate other (n=431)	Yes	32	7.42
	No	399	92.58
4. If the elderly needed help or advice for a problem with a family member, or friend	Yes	46	6.3
	No	688	93.7
5. If the elderly having financial problems	Yes	253	34.5
	No	481	65.5
6. If the elderly felt lonely	Yes	151	20.6
	No	583	79.4
7. If the elderly sick and not able to carry out your usual activities for a week	Yes	188	25.6
	No	546	74.4
8. If the elderly upset and frustrated with the conditions of your life	Yes	69	9.4
	No	665	90.6
9. If the elderly having problems with your work at home or at your place of employment	Yes	75	10.2
	No	659	89.8
10. If the elderly needed someone to talk to about your day-to-day personal concerns	Yes	126	17.2
	No	608	82.8

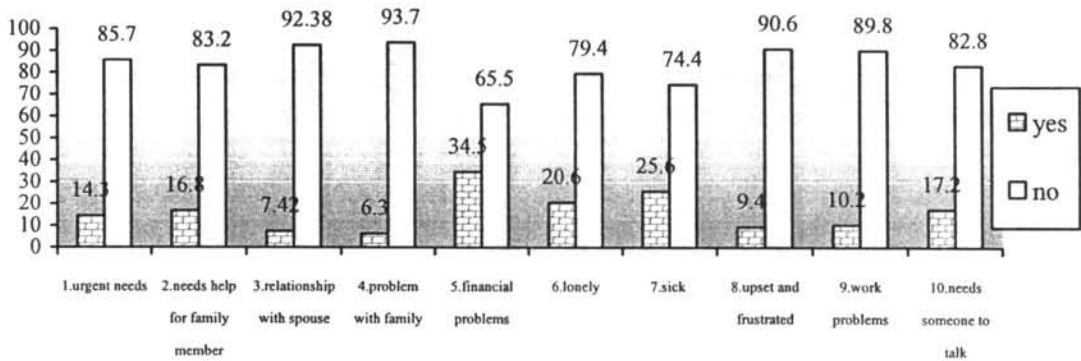


Figure 18: Bar Chart of the Elderly Social Support Needs in Last Six Months

5.3.3 Level of perceived social support

As mentioned as chapter 4, perceived social support was explored by using questionnaire which adopted perceived social support part of the PRQ85 Part 2 which consists of 25 items scale. In each items of the PRQ85 using the Likert's scale as the elderly subjective evaluation and fill in the questionnaire one of three scales;

3 means very perceived social support

2 means moderate perceived social support

1 means less perceived social support

This study found mean score of perceived social support close to 3 which refers to almost all sample elderly perceived high level.

The items that the elderly perceived as highest score of perceived social support were;

- (1) If I got sick, there is someone to give me advice about caring for myself (mean 2.96 SD 0.25),
- (2) There is someone who loves and cares about me (mean 2.92 SD 0.36) and
- (3) Others let me know that they enjoy working with me (job, committees, and

projects) (mean 2.91SD 0.34), respectively.

However, when looking for the less means score, this study found;

- (1) I feel no one has the same problems as I (mean 2.25 SD 0.87),
- (2) I can't count on my relatives and friends to help me with my problems (mean 2.54 SD 0.79) and
- (3) There is little opportunity in my life to be giving and caring to another person (mean 2.63 SD 0.74), respectively.

When comparing by gender, interesting, the male elders perceived social support mean score was higher than female elders in almost each items. There were 14 items of mean score statistically difference at level 0.05 by gender. Whist, there were statistically different between perceived social support mean and the elderly age group in 11 items. Detail as table 5.29

Table 5.29: Distribution of Social Support Items Mean Score Comparing by Gender and Age group

Social support items	Gender (mean/SD)		Age group(mean/SD)		Total (n=734) mean/SD	Diff. Male: female P-value	Diff. Young: old P-value
	Male (n=289)	Female (n=445)	young 60-69 (n=404)	old-old 70+ (n=303)			
1. There is someone I feel close to who makes me feel secure	2.96 (0.28)	2.86 (0.49)	2.88 (0.45)	2.90 (0.39)	2.89 (0.42)	0.001*	0.47
2. My family lets me know that I am important for keeping the family running	2.86 (0.46)	2.80 (0.50)	2.85 (0.46)	2.79 (0.52)	2.82 (0.49)	0.073	0.11
3. There is no one to talk to about how I am feeling	2.86 (0.46)	2.62 (0.73)	2.77 (0.59)	2.65 (0.72)	2.72 (0.65)	<0.00*	0.02*
4. When I am upset there is someone I can be with who lets me be myself	2.82 (0.55)	2.71 (0.65)	2.79 (0.57)	2.71 (0.68)	2.75 (0.62)	0.014	0.08
5. There is someone who loves and cares about me	2.92 (0.38)	2.92 (0.34)	2.93 (0.37)	2.91 (0.35)	2.92 (0.36)	0.908	0.77
6. People let me know that I do well at my work (job, social activities)...	2.95 (0.27)	2.84 (0.45)	2.97 (0.16)	2.78 (0.55)	2.88 (0.39)	<0.00*	<0.00*
7. Others let me know that they enjoy working with me (job, committees, and projects)	2.93 (0.32)	2.89 (0.34)	2.95 (0.25)	2.86 (0.41)	2.91 (0.34)	0.088	<0.00*
8. I have enough contact with the people who make me feel special ...	2.73 (0.65)	2.61 (0.73)	2.68 (0.71)	2.63 (0.69)	2.65 (0.70)	0.025*	0.36
9. I know that others appreciate me as a person	2.91 (0.35)	2.82 (0.46)	2.90 (0.35)	2.81 (0.49)	2.86 (0.42)	0.002*	<0.00*
10. People think that I'm not as good a friend as I should be	2.83 (0.52)	2.69 (0.63)	2.72 (0.64)	2.78 (0.54)	2.74 (0.60)	0.002*	0.14
11. I belong to a group in which I feel important	2.91 (0.37)	2.86 (0.43)	2.89 (0.43)	2.89 (0.39)	2.88 (0.42)	0.087	0.61

Table 5.29: (Continues) Distribution of Social Support Items Mean Score Comparing
by Gender and Age group

Social support items	Gender (mean/SD)		Age group(mean/SD)		Total (n=734) mean/ SD	Diff. Male: female P- value	Diff. Young: old P-value
	Male (n=289)	Female (n=445)	young 60-69 (n=404)	old-old 70+ (n=303)			
12. I spend time with others who have the same interests I do	2.88 (0.44)	2.79 (0.56)	2.85 (0.51)	2.81 (0.59)	2.82 (0.52)	0.021*	0.33
13. Among my group of friends we do favors for each other	2.84 (0.50)	2.85 (0.48)	2.85 (0.49)	2.85 (0.49)	2.85 (0.49)	0.821	0.93
14. I feel no one has the same problems as I	2.11 (0.93)	2.34 (0.85)	2.18 (0.91)	2.34 (0.81)	2.25 (0.87)	0.001*	0.01*
15. I have people to share social events and fun activities with	2.83 (0.52)	2.80 (0.54)	2.85 (0.51)	2.78 (0.57)	2.82 (0.53)	0.001*	0.08
16. There is little opportunity in my life to be giving and caring to another person	2.71 (0.68)	2.58 (0.77)	2.75 (0.64)	2.50 (0.83)	2.63 (0.74)	0.015*	<0.00*
17. I have the opportunity to encourage others to develop their interest and skills	2.88 (0.41)	2.81 (0.51)	2.89 (0.41)	2.78 (0.54)	2.84 (0.47)	0.015*	<0.00*
18. I enjoy doing little "extra" things that make another person's life more pleasant	2.91 (0.35)	2.88 (0.41)	2.9 (0.39)	2.89 (0.39)	2.89 (0.39)	0.316	0.60
19. I am responsible for helping provide for another person's needs	2.95 (0.26)	2.84 (0.49)	2.94 (0.31)	2.83 (0.51)	2.88 (0.42)	<0.00*	<0.00*
20. I have a sense of being needed by another person	2.96 (0.23)	2.92 (0.30)	2.94 (0.29)	2.94 (0.26)	2.94 (0.27)	0.026*	0.74
21. I can't count on my relatives and friends to help me with my problems	2.58 (0.78)	2.52 (0.80)	2.52 (0.82)	2.58 (0.76)	2.54 (0.79)	0.336	0.27

Table 5.29: (Continues) Distribution of Social Support Items Mean Score Comparing by Gender and Age group

Social support items	Gender (mean/SD)		Age group(mean/SD)		Total (n=734) mean/SD	Diff. Male: female P-value	Diff. Young: old P-value
	Male (n=289)	Female (n=445)	young 60-69 (n=404)	old-old 70+ (n=303)			
22. There are people who are available if I needed help over an extended period of time	2.87 (0.46)	2.89 (0.36)	2.92 (0.36)	2.86 (0.46)	2.89 (0.41)	0.519	0.02*
23. I have relatives or friends that will help me out even if I can't pay them back	2.86 (0.48)	2.80 (0.53)	2.87 (0.46)	2.79 (0.57)	2.83 (0.51)	0.117	0.051
24. If I need advice there is someone who would assist me to work out a plan for dealing with the situation	2.89 (0.42)	2.83 (0.51)	2.89 (0.44)	2.82 (0.53)	2.85 (0.48)	0.066	0.10
25. If I got sick, there is someone to give me advice about caring for myself	2.97 (0.20)	2.95 (0.28)	2.94 (0.34)	2.99 (0.06)	2.96 (0.25)	0.438	<0.00*

Level of perceived social support dimensions

As detail of social support items as mentioned above, it can be described into five facet of social support dimension which are:

- (1) The provision for attachment/intimacy dimension (items 1-5)
- (2) Valued dimension (items 6-10)
- (3) An integral part of group dimension (items 11-15)
- (4) Nurturance dimension (items 16-20)
- (5) The available of information, emotional and material help (items 21-25)

Scoring perceived social support was compute as 15 score each dimension, thus total was 75.

Table 5.25 illustrated that perceived social support each dimension score close to 15 which refers to sample elderly perceived high level of perceived social support. Interestingly, sample elderly perceived the high score of opportunity for nurturance (Nurturance) dimension (means 14.20 SD 1.60), provision for attachment/intimacy dimension (means 14.11 SD 1.80), and the available of information, emotional and material help (means 14.08 SD 1.59). Whereas the less perceived social support in dimension of the one is an integral part of group (mean 13.64 SD 1.68).

This study also found total score of social support were 70.12 whereas high levels of perceived social support when comparing the total score (75.0). Therefore, the sample elderly were perceived social support as very much perceived social support.

When comparing perceived social support of respondents score by gender, male elderly perceived social support mean score higher than female by statistically significant at level 0.05. Dimensions that male elderly perceived social support higher than female elderly were the provision for attachment/intimacy (Intimacy), a indication that one is valued (Worth), the opportunity for nurturance (Nurturance), the available of information, emotional and material help (Assistant).

This study found perceived social support mean score of young elderly was 70.61 (SD5.77) while the mean score of old elderly was 69.52 (SD 6.43). The statistically different testing confirm that perceived social support mean score of young and old elderly were statistically different at level 0.05. Dimensions that young elderly perceived social support higher than old-old elderly were the provision for

attachment/intimacy (Intimacy), A indication that one is valued (Worth), The opportunity for nurturance (Nurturance), The available of information, emotional and material help (Assistant). See detail as table 5.30 below:

Table 5.30: Distribution Social Support Dimensions Mean Score of Respondents

Comparing by Gender and Age group

Social Support Dimensions	Gender (mean/SD)		Age group (mean/SD)		Total (n=734) mean/SD	Diff. Male: female P-value	Diff. Young: old P-value
	Male (n=289)	Female (n=445)	young 60-69 (n=404)	old-old 70+ (n=303)			
(1) The provision for attachment /intimacy (Intimacy)	14.42 (1.62)	13.91 (1.88)	14.23 (1.79)	13.99 (1.81)	14.11 (1.80)	<0.00*	0.070
(2) A indication that one is valued (Worth)	14.36 (1.41)	13.86 (1.68)	14.23 (1.28)	13.86 (1.89)	14.06 (1.59)	<0.00*	<0.00*
(3) The one is an integral part of group (Social Integration)	13.60 (1.58)	13.67 (1.75)	13.61 (1.68)	13.68 (1.68)	13.64 (1.68)	0.596	0.57
(4) The opportunity for nurturance (Nurturance)	14.45 (1.28)	14.04 (1.75)	14.42 (1.46)	13.95 (1.73)	14.20 (1.60)	<0.00*	<0.00*
(5) The available of information, emotional and material help (Assistant)	14.19 (1.67)	14.02 (1.53)	14.12 (1.45)	14.04 (1.75)	14.08 (1.59)	0.141	0.49
Total score	71.03 (5.63)	69.52 (6.31)	70.61 (5.77)	69.52 (6.43)	70.12 (6.09)	0.001*	0.010*

Note: significant tests evaluate the difference between perceived social support score of the elderly and for place of resident of the elderly separately. Tests were undertaken with independent sample t test for two groups of different subjects on one variable. * significant at level 0.05

5.4 Social Support Determinants

5.4.1 Bivariate analysis - Factors influencing perceived social support

Bivariate analysis aims to determine the association between independent factors (socio demographic characteristics, personal health characteristics, social network characteristics, social integrations characteristics) and dependent factors (perceived social support). Social support means score was compute as total score was 3 (3 means very perceived social support, 2 means moderate perceived social support, 1 means less perceived social support). Selected variables were used to explore the difference in the below factors determining perceived social support of the elderly as follow:

5.4.1.1 Socio demographic and perceived social support

Table 5.31 illustrated the elderly who higher education higher perceived social support. This study also found statistically significant between education level and perceived social support at level 0.05. Similar to monthly income, this study found the elderly who had monthly income perceived social support higher than elderly who have no monthly income by statistically significant at level 0.05.

Table 5.31: Distribution of frequencies, mean and standard deviations on perceived social support by socio demographic selected factors

Socio demographic characteristics	Perceived social support			
	No.	Mean	SD	p-value
Education level				
None	102	2.71	.29	<0.001
Primary level	611	2.81	.23	
Secondary & higher level	21	2.91	.09	
Monthly income				
No income	264	2.76	.30	0.003
Yes	470	2.82	.20	

Socio demographic and perceived social support according gender

Among male elders, this study found perceived social support was statistically significant by education level and income whilst this study only found perceived social support statistically significant by monthly income among female elders. Detail as table 5.32 below:

Table 5.32: Distribution of frequencies, mean and standard deviations on perceived social support by socio demographic selected factors according gender

Factors	Perceived social support							
	Male				Female			
	No.	Mean	SD	p-value	No.	Mean	SD	p-value
Education level								
None	12	2.56	.35	<0.001	90	2.73	.27	0.188
Primary level	260	2.84	.21		351	2.79	.24	
Secondary & higher level	17	2.95	.038		4	2.74	.02	
Monthly income								
No income	78	2.79	.31	0.036	186	2.75	.29	0.046
Yes	211	2.85	.18		259	2.80	.21	

Socio demographic and perceived social support according age group

This study found perceived social support was no statistically significant by education level and income among the young-old. While, perceived social support was statistically significant by education level and monthly income among old-old elders. Detail as table 5.33 below:

Table 5.33: Distribution of frequencies, mean and standard deviations on perceived social support by socio demographic selected factors according age group

Factors	Perceived social support							
	Young old (60-69 year old)				Old-old (70 and over)			
	No.	Mean	SD	p-value	No.	Mean	SD	p-value
Education level								
None	22	2.87	.09	0.150	80	2.67	.31	<0.001
Primary level	373	2.81	.23		238	2.81	.23	
Secondary & higher level	9	2.94	.02		12	2.88	.11	
Monthly income								
No income	125	2.78	.32	0.059	139	2.74	.27	0.046*
Yes	279	2.84	.17		191	2.80	.23	

5.4.1.2 Social network factors and perceived social support

This study found having close friend and knowing community staff were perceived social support higher than elderly who had no friend and did not know the community staff. There was statistically significant also found the statistically different between perceived social support by having close friend and knowing community staff.

In addition, table 5.34 also reveal no statistically significant between perceived social support and family size, type of family caregiver, and knowing health staff at level 0.05.

Table 5.34: Distribution of frequencies, mean and standard deviations on perceived social support by social network selected factors

Social network factors	Perceived social support			
	No.	Mean	SD	p-value
Family size				
None	44	2.77	.25	0.120
1-3	391	2.79	.26	
4-6	270	2.81	.21	
>6	29	2.90	.07	
Family caregiver				
None	44	2.76	.25	0.404
Spouse	239	2.82	.21	
Child	381	2.79	.27	
Grandchild & Relatives	70	2.79	.17	
Elderly close friends				
No	151	2.69	.29	<0.001
Yes	583	2.83	.21	
Knowing health staff				
Yes	378	2.80	.25	0.585
No	356	2.79	.23	
Knowing community staff (SDAO)				
Yes	354	2.83	.25	0.003
No	380	2.77	.23	

Social network factors and perceived social support according gender

Among male elders, table 5.30 illustrated having close friend and knowing community staff was higher perceived social support than male elders who had no friend and did not know community staff. Whilst, this study only found having close friend influence perceived social support among female elders.

See detail as table 5.35 below:

Table 5.35: Distribution of frequencies, mean and standard deviations on perceived social support by social network selected factors according gender

Social network factors	Perceived social support							
	Male				Female			
	No.	Mean	SD	p-value	No.	Mean	SD	p-value
Family caregiver								
None	2	3.00	.00	0.757	42	2.75	.25	0.524
Spouse	136	2.83	.19		103	2.81	.23	
Child	135	2.84	.26		246	2.77	.27	
Grandchild & relatives	16	2.84	.16		54	2.78	.18	
Elderly close friends								
No	47	2.74	.25	0.008	104	2.66	.31	<0.001
Yes	242	2.85	.21		341	2.81	.22	
Knowing health staffs								
Yes	134	2.81	.26	0.111	244	2.80	.24	0.030
No	155	2.86	.18		201	2.75	.26	
Knowing community staffs (SDAO)								
Yes	137	2.89	.21	<0.001	217	2.79	.26	0.274
No	152	2.79	.22		228	2.76	.23	

Social network factors and perceived social support according age group

Among the young-old, there were perceived social support mean statistically different by type of family caregiver, having close friend and knowing community staff. While, there were family caregiver and having close friend statistically different to perceive social support among the old-old.

Detail as table 5.36 as follow:

Table 5.36: Distribution of frequencies, mean and standard deviations on perceived social support by social network selected factors according age group

Social network factors	Perceived social support							
	Young old (60-69 year old)				Old-old (70 and over)			
	No.	Mean	SD	p-value	No.	Mean	SD	p-value
Family size								
None	24	2.83	.20	0.727	20	2.69	.28	0.082
1-3	210	2.82	.25		181	2.77	.28	
4-6	151	2.82	.20		119	2.79	.21	
>6	19	2.88	.07		10	2.93	.05	
Family caregiver								
None	24	2.83	.20	<0.001	20	2.69	.28	<0.001
Spouse	166	2.88	.12		73	2.68	.29	
Child	176	2.77	.30		205	2.81	.23	
Grandchild & Relatives	38	2.78	.16		32	2.81	.19	
Elderly close friends								
No	76	2.74	.26	0.003	75	2.64	.32	<0.001
Yes	328	2.84	.21		255	2.82	.21	
Knowing health staff								
Yes	203	2.83	.24	0.531	175	2.78	.25	0.807
No	201	2.81	.22		155	2.77	.25	
Knowing community staff (SDAO)								
Yes	196	2.85	.22	0.003	158	2.79	.27	0.210
No	208	2.79	.22		172	2.76	.23	

5.4.1.3 Social integration factors and perceived social support

This study found elderly who were working, joining the community organization or community activities, perceived social support mean higher the elderly who did not. The factors that perceived social support mean statistically different were working status, elderly club membership, Health Volunteer Club membership, Community School Committee, Community Temple Committee, Housewife Club membership, Visit with children, Visit with children, Religious activities and Joining community parties (p-value <0.001, <0.001, 0.026, 0.042, 0.013, 0.021, <0.001, 0.010, <0.001, and <0.001) respectively.

Detail as table 5.37 follow:

Table 5.37: Distribution of frequencies, mean and standard deviations on perceived social support by social integration selected factors

Social integration factors	Perceived social support			
	No.	Mean	SD	p-value
Family relation				
Marital status				
Single/widow	337	2.80	.24	0.876
Married	397	2.80	.24	
Living arrangement				
Live alone	44	2.76	.25	0.766
Spouse	348	2.80	.23	
Child	287	2.80	.26	
Grandchild	55	2.79	.19	
Non family relation				
Working status				
Not working	410	2.76	.27	<0.001
Working	324	2.85	.18	
Formal Social Interaction				
The elderly club membership				
Not a member	484	2.78	.25	<0.001
Member	250	2.85	.20	
Health Volunteer Club membership				
Not a member	652	2.80	.25	0.026
Member	82	2.84	.15	
Community School Committee				
Not a member	668	2.80	.25	0.042
Member	66	2.84	.15	
Community Temple Committee				
Not a member	639	2.79	.25	0.013
Member	95	2.84	.13	
Housewife Club membership				
Not a member	654	2.79	.25	0.021
Member	80	2.84	.16	
Informal Social Interactions				
Visit with children				
No	233	2.75	.28	<0.001
Yes	501	2.83	.21	
Visit with friends				
No	115	2.75	.25	0.019
Yes	619	2.81	.24	
Religious activities				
No	209	2.70	.31	<0.001
Yes	525	2.84	.19	
Joining community parties				
No	84	2.54	.33	<0.001
Yes	650	2.83	.20	

Social integration factors and perceived social support according gender

Male elder, social integration factors influencing perceived social support were marital status, working status, and visit with children ($p = 0.003$, $p < 0.000$ and $p = 0.021$) while, social integration factors influencing perceived social support among female elders were health volunteer club membership, housewife club membership and religious activities ($p = 0.016$, $p < 0.001$ and $p < 0.001$) respectively.

Detail as shown as table 5.38

Table 5.38: Distribution of frequencies, mean and standard deviations on perceived social support by social integration selected factors according gender

Social integration factors	Perceived social support							
	Male				Female			
	No.	Mean	SD	p-value	No.	Mean	SD	p-value
Family relation								
Marital status								
Single/widow	74	2.90	.17	0.003	263	2.77	.25	0.480
Married	215	2.81	.23		182	2.79	.24	
Living arrangement								
Live alone	2	3.00	.00	0.406	42	2.75	.25	0.912
Spouse	188	2.82	.20		160	2.78	.25	
Child	90	2.86	.26		197	2.77	.25	
Grandchild	9	2.84	.19		46	2.78	.19	
Non- Family relation								
Working status								
Not working	98	2.73	.32	<0.001	312	2.77	.25	0.394
Working	191	2.89	.11		133	2.79	.23	
Formal Social Interaction								
The elderly club membership								
Not a member	205	2.82	.23	0.037	279	2.74	.26	<0.001
Member	84	2.88	.18		166	2.83	.21	
Health Volunteer Club membership								
Not a member	259	2.84	.23	0.736	393	2.77	.26	0.016
Member	30	2.85	.13		52	2.83	.15	
Community School Committee membership								
Not a member	261	2.83	.23	0.551	407	2.77	.25	0.073
Member	28	2.86	.14		38	2.82	.16	
Community Temple Committee								
Not a member	233	2.83	.24	0.541	406	2.77	.25	0.082
Member	56	2.85	.12		39	2.82	.15	
Housewife Club membership								
Not a member	272	2.84	.22	0.678	382	2.76	.26	<0.001
Member	17	2.81	.24		63	2.85	.13	
Formal Social Interaction								
Visit with children								
No	44	2.72	.36	0.021	189	2.75	.26	0.075
Yes	245	2.86	.18		256	2.79	.23	
Visit with friends								
No	22	2.79	.20	0.274	93	2.74	.26	0.117
Yes	267	2.84	.22		352	2.79	.24	
Religious activities								
No	86	2.80	.27	0.163	86	2.80	.27	<0.000*
Yes	203	2.85	.19		203	2.85	.19	
Joining community parties								
No	14	2.60	.27	<0.001	70	2.53	.35	<0.001
Yes	275	2.85	.21		375	2.82	.19	

Social integration factors and perceived social support according age group

This study found elderly club membership, Religious activities and joining community parties were influencing perceived social support both young and old elderly. Among old-old elderly, social integration factors related perceived social support were living arrangement, community school committee, community temple committee, housewife club membership, visit with children and visit with friends ($p=0.034$, $p=0.042$, $p=0.010$, $p=0.010$, $p=0.002$, and $p=0.008$) respectively while no factors else influencing perceived social support among young elderly.

Detail as table 5.39

Table 5.39: Distribution of frequencies, mean and standard deviations on perceived social support by social integration selected factors according age group

Social integration factors	Perceived social support							
	Young old (60-69 year old)				Old-old (70 and over)			
	No.	Mean	SD	p-value	No.	Mean	SD	p-value
Family relation								
Marital status								
Single/widow	131	2.81	.22	0.420	206	2.79	.25	0.112
Married	273	2.83	.23		124	2.75	.25	
Living arrangement								
Live alone	24	2.83	.20	0.280	20	2.69	.28	0.034*
Spouse	239	2.84	.21		109	2.73	.26	
Child	115	2.79	.27		172	2.81	.25	
Grandchild	26	2.77	.18		29	2.81	.20	
Non-Family relation								
Working status								
Not working	163	2.77	.28	0.001**	247	2.75	.27	0.001**
Working	241	2.85	.17		83	2.85	.19	
Formal Social Interaction								
The elderly club membership								
Not a member	270	2.79	.25	<0.000**	214	2.75	.25	0.031*
Member	134	2.87	.14		116	2.82	.25	
Health Volunteer Club membership								
Not a member	352	2.82	.24	0.392	300	2.77	.26	0.079
Member	52	2.85	.15		30	2.83	.14	
Community School Committee membership								
Not a member	364	2.82	.23	0.533	304	2.77	.26	0.042*
Member	40	2.84	.16		26	2.84	.14	
Community Temple Committee								
Not a member	345	2.82	.24	0.412	294	2.77	.26	0.010**
Member	59	2.84	.13		36	2.84	.13	
Housewife Club membership								
Not a member	354	2.82	.23	0.505	300	2.77	.26	0.010**
Member	50	2.84	.17		30	2.85	.14	
Formal Social Interaction								
Visit with children								
No	120	2.79	.27	0.054	113	2.70	.29	0.001**
Yes	284	2.83	.20		217	2.81	.22	
Visit with friends								
No	67	2.81	.19	0.647	48	2.67	.31	0.008**
Yes	337	2.82	.23		282	2.79	.24	
Religious activities								
No	92	2.74	.31	0.004**	117	2.66	.31	<0.000**
Yes	312	2.84	.19		213	2.84	.19	
Joining community parties								
No	23	2.45	.36	<0.000**	61	2.58	.32	<0.000**
Yes	381	2.84	.20		269	2.82	.21	

5.4.1.4 Personal health factors and perceived social support

This study found the elderly who had chronic diseases perceived social support mean lower than elderly who had no chronic diseases by statistically different at 0.05. While, there were no statistically different among perceived health status and stress by perceived social support.

Detail as table 5.40

Table 5.40: Distribution of Frequencies, Mean and Standard Deviations on Perceived Social Support by Personal Health Characteristics Selected Factors

Personal health factors	Perceived social support			
	No.	Mean	SD	p-value
Perceived health status				
Good	136	2.82	.20	0.419
Moderate	390	2.80	.26	
Poor	208	2.78	.22	
Current chronic diseases				
No	259	2.83	.22	0.017
Yes	475	2.78	.25	
Stress score				
0-250	650	2.81	.25	0.062
251-500	84	2.75	.17	

Personal health factors and perceived social support according to gender

This study found no statistically different between perceived social support mean score by perceived health status, chronic diseases and stress among sample male and female elders.

Detail as table 5.41

Table 5.41: Distributions of Frequencies, Mean and Standard Deviations on Perceived Social Support by Personal Health Characteristics Selected Factors According Gender

Factors	Perceived social support							
	Male				Female			
	No.	Mean	SD	p-value	No.	Mean	SD	p-value
Perceived health status								
Good	56	2.84	.16	0.925	80	2.80	.23	0.390
Moderate	150	2.84	.24		240	2.78	.27	
Poor	83	2.83	.22		125	2.75	.22	
Current chronic diseases								
No	103	2.87	.18	0.070	156	2.80	.24	0.121
Yes	186	2.82	.24		289	2.76	.25	
Stress score								
0-250	254	2.84	.23	0.473	396	2.78	.26	0.066
251-500	35	2.81	.17		49	2.71	.16	

Personal health factors and perceived social support according to age group

This study found current chronic diseases and stress influencing perceived social support among young elderly while no factors of personal health influencing perceived social support among old-old elderly. Details as shown as table 5.42 below;

Table 5.42: Distributions of Frequencies, Mean and Standard Deviations on Perceived Social Support by Personal Health Characteristics Selected Factors According Age Group

Factors	Perceived social support							
	Young old (60-69 year old)				Old-old (70 and over)			
	No.	Mean	SD	p-value	No.	Mean	SD	p-value
Personal health factors								
Good	82	2.82	.15	0.841	54	2.81	.26	0.351
Moderate	202	2.82	.26		188	2.78	.26	
Poor	120	2.81	.21		88	2.75	.23	
Current chronic diseases								
No	141	2.86	.14	0.007	118	2.80	.29	0.316
Yes	263	2.80	.26		212	2.77	.23	
Stress score								
0-250	354	2.83	.23	0.004	296	2.78	.26	0.862
251-500	50	2.73	.17		34	2.78	.17	

In conclusion, this study found similar and different factors influencing perceived social support in each elderly gender and age group.

Interestingly, having close friend and elderly club membership were most response to each the elderly gender, age group, place of resident.

By comparing elderly gender, variables that influencing in both male and female elder were monthly income, having close friends, elderly club membership, and joining community party while other factors influencing among male elderly were education level, knowing community staffs, marital status, working status, visit with children and factors influencing only female elderly were knowing health staffs, health volunteer club membership, housewife club membership, and Religious activities (See detail as table 5.38 below).

When looking at the elderly age group, variables that influencing in both young and old elder was family caregiver, having close friend, working status, the elderly club membership, Religious activities and joining the community parties. Factors that influencing perceived social support only young elderly were knowing community staffs, current chronic diseases and stress while factors influencing perceived social support only old elderly were educational level, living arrangement, community school committee, community temple committee, house wife club membership, visit with children and visit with friend(See detail as table 5.43 below).

Table 5.43: Distribution of variable influencing perceived social support comparing by elderly gender and age group

Factors	Gender		Age group		All
	Male	Female	Young old	Old-old	
1.Education level	<0.001	0.188	0.150	<0.001	<0.001
2.Monthly income	0.036	0.046	0.059	0.046*	0.003
3.Family size	0.473	0.095	0.727	0.082	0.120
4.Family caregiver	0.757	0.524	<0.001	<0.001	0.404
5.Number of the elderly close friends	0.008	<0.001	0.003	<0.001	<0.001
6.Knowing health staffs	0.111	0.030	0.531	0.807	0.585
7.Knowing community staffs	<0.001	0.274	0.003	0.210	0.003
8.Marital status	0.003	0.480	0.420	0.112	0.876
9.Living arrangement	0.406	0.912	0.280	0.034	0.766
10.Working status	<0.001	0.394	0.001	0.001	<0.001
11.The elderly club membership	0.037	<0.001	<0.001	0.031	<0.001
12.Health Volunteer Club membership	0.736	0.016	0.392	0.079	0.026
13.Community School Committee membership	0.551	0.073	0.533	0.042	0.042
14.Community Temple Committee	0.541	0.082	0.412	0.010	0.013
15.Housewife Club membership	0.678	<0.001	0.505	0.010	0.021
16.Visit with children	0.021	0.075	0.054	0.001	<0.001
17.Visit with friends	0.274	0.117	0.647	0.008	0.019
18.Religious activities	0.163	<0.001	0.004	<0.001	<0.001
19.Joining community party	<0.001	<0.001	<0.001	<0.001	<0.001
20 .Perceived health status	0.925	0.390	0.841	0.351	0.419
21.Current chronic diseases	0.070	0.121	0.007	0.316	0.017
22. Stress score	0.473	0.066	0.004	0.862	0.062

5.4.2 Multi-variate analysis; Perceived social support determinants

comparing by the elderly gender and age group

5.4.2.1 Perceived social support determinants

To identify factors that related perceived social support and develop model relevant for the best prediction of perceived social support among the elderly, therefore, multiple regressions analysis were used. As mentioned as chapter 4, follow the important assumption underpin the use of regression, all predictor variables that were examined in bivariate analyze were eligible for entry into the subsequent multivariate analysis. These analyses were run for all, male and female, age group, and the place of resident (rural-urban) separately to assess the predictor of social support among the elderly.

All sample elders, thus, 15 factors (resulting of statistically significant bivariate analysis as table 5.38) that influencing perceived social support was entered in multiple regressions model. The results as shown as table 5.44 below;

Table 5.44: Multiple Regressions for Correlation of Perceived Social Support among the Sample Elderly

Factors	Standardized Coefficients	t	p-value
	Beta		
educational level	.074	2.055	.040*
monthly income	.025	.660	.509
close friend	.105	2.906	.004*
knowing the community staff(SDAO)	.123	-3.292	.001*
Working status	.097	2.625	.009*
elderly club membership	.106	2.607	.009*
health volunteer club membership	.013	.258	.796
community school committee	.043	.635	.526
temple committee	.069	-1.205	.229
housewife club	.008	-.150	.881
visit with children	.041	1.081	.280
visit with friend	.029	-.800	.424
Religious activities	.053	.845	.398
Joining community party	.283	4.541	.000*
chronic disease	-.043	-1.198	.231
Constant	2.507		
R square	.209		
F	12.667		
p-value	0.000		
N	734		

* Significant at level 0.05

Table 5.44 reveals that the analysis of variance indicated that at least one of the explanatory variables is related to perceived social support score among all elderly ($F= 12.667, p<0.000$). The Adjusted R square of 0.209 indicates that 20.9% of the variability in perceived social support can be explained by the model. This study found that there were six variables statistically significant by perceived social support; Educational level (0 none, 1 educate), close friend (0 no, 1 yes), knowing the OBT staff (0 no, 1 yes), elderly club membership (0 no, 1 yes) and Joining community party (0 no, 1 yes). All of predictive variable were positive direction while there were joining community party were highest positive factors ($\beta =0.283$) and the lowest was educational level ($\beta =0.074$).

These findings also explanation in multiple linear regressions equation below;

$$\text{Perceived social support among the elderly} = 2.507 + .074 \text{ Educational level} + .105 \text{ number of elderly close friend} + .123 \text{ knowing the OBT staff} + .097 \text{ Working status} + .106 \text{ elderly club membership} + .283 \text{ Joining community party}$$

5.4.2.2 Perceived social support determinants according to gender

Male elderly

9 variables of resulting statistically significant bivariate analysis factors influencing perceived social support among male elderly entering to multiple regression model as results as table 5.45 below;

Table 5.45: Multiple regressions for correlation of perceived social support among the elderly according to **male elderly**

Factors	Standardized Coefficients	t	p-value
	Beta		
Education level	.205	3.795	.000
Monthly income	.024	.347	.729
close friend	.079	1.415	.158
knowing community staff (SDAO)	.116	-2.03	.043
Marital status	.037	-.636	.525
Working status	.244	3.407	.001
elderly club	.002	-.032	.974
visit with children	.131	2.283	.023
Joining community parties	.128	2.178	.030
Constant	2.411		
R square	.225		
F	8.977		
p-value	.000		
N	289		

Table 5.45 reveals that the analysis of variance indicated that at least one of the explanatory variables is related to perceived social support score among all elderly ($F= 8.977$, $p<0.000$). The Adjusted R square of 0.225 indicates that 22.5% of the variability in perceived social support can be explained by the model. Male elderly, there were five predictive variables related perceived social support. There were educational level (0 none, 1 educate), knowing the OBT staff (0 no, 1

yes), Working status (0 not working, 1 working), visit with children (0 no, 1 yes) and Joining community parties (0 no, 1 yes) statistically significant with perceived social support among male elderly. All of predicting variable were positive direction while the strong variables related perceived social support among male elderly were working status ($\beta = 0.244$) and Education level ($\beta = 0.205$).

Explanation of perceived social support among male elderly shown in multiple linear regressions equation below;

$$\text{Perceived social support among male elderly} = 2.411 + .205 \text{ Education level} + .116 \text{ knowing OBT staff} + .244 \text{ Working status} + .131 \text{ visit with children} + .128 \text{ Joining community parties}$$

Female elderly

Resulting of statistically significant bivariated analysis of factors influencing perceived social support among female elderly, thus, 7 variables were entering the multiple regression analysis as shown as table 5.46 below;

Table 5.46: Multiple Regressions for Correlation of Perceived Social Support among the Elderly According to **Female elderly**

Factors	Standardized Coefficients	t	p-value
	Beta		
Monthly income	.021	-.497	.619
close friend	.123	2.805	.005
knowing health staff	.107	-2.515	.012
elderly club membership	.123	2.590	.010
health volunteer club	.001	-.011	.991
housewife club	.021	.375	.708
Joining Religious activities	.197	3.859	.000
Constant	2.496		
R square	.251		
F	18.247		
p-value	0.000		
N	445		

Table 5.46 illustrated the analysis of variance indicated that at least one of the explanatory variables is related to perceived social support score among all elderly ($F= 18.247$, $p<0.000$). The Adjusted R square of 0.251 indicates that 25.1% of the variability in perceived social support can be explained by the model.

When looking for more detail, table 5.41 reveals that there 4 predicting variables statistically significant with perceived social support among male

elderly. There were having close friend (0 no, 1 yes), knowing the health staff (0 no, 1 yes), elderly club membership (0 no, 1 yes), and Joining Religious activities (0 no, 1 yes). Interestingly all variables were positive predictive direction while joining Religious activities were strongest predictive variable ($\beta=.197$).

Explanation of perceived social support among female elderly shown in multiple linear regressions equation below;

$$\text{Perceived social support among female elderly} = 2.496 + .123 \text{ number of elderly close friend} + .107 \text{ knowing health staff} + .123 \text{ elderly club membership} + .197 \text{ Joining Religious activities}$$

5.4.2.3 Perceived social support determinants according the elderly age group Young elderly (60-69 year old)

8 variables resulting statistically significant of vicariate analysis of factors influencing perceived social support among young elderly were entered to multiple regressions model.

The results as table 5.47 as follow;

Table 5.47: Multiple Regressions for Correlation of Perceived Social Support among the Elderly According to **Young elderly**

Factors	Standardized Coefficients	t	p-value
	Beta		
family caregiver	.021	.603	.546
close friend	.104	2.940	.003
knowing community staff (SDAO)	.026	-.740	.460
Working status	.196	5.459	.000
Joining Religious activities	.147	3.810	.000
Joining community parties	.274	7.059	.000
chronic disease	.002	.071	.943
stress	.026	.722	.470
Constant	2.344		
R square	.246		
F	14.301		
p-value	0.000		
N	404		

Table 5.47 presented the analysis of variance indicated that at least one of the explanatory variables is related to perceived social support score among all elderly ($F= 14.301, p<0.000$). The Adjusted R square of 0.246 indicates that 24.6 % of the variability in perceived social support can be explained by the model.

This study found that there were 4 predicting variables statistically significant with perceived social support among young elderly. There

were having close friend (0 no, 1 yes), working status (0 no, 1 yes), joining Religious activities (0 no, 1 yes), and Joining community parties (0 no, 1 yes). Interestingly all variables were positive predictive direction while joining community parties were strongest predictive variable ($\beta=.274$).

These findings also explanation in multiple linear regressions equation below;

$$\text{Perceived social support among young elderly} = 2.344 + .104 \text{ number of elderly close friend} + .196 \text{ Working status} + .147 \text{ Joining Religious activities} + .274 \text{ Joining community parties}$$

Old-old elderly

Output of statistically significant bivariate analysis of factors influencing perceived social support among old elderly were 14 variables, therefore, all of significant variable were entered into multiple regression analysis as shown as table 3.48 below;

Table 5.48: Multiple Regressions for Correlation of Perceived Social Support among the Elderly According to **Old-old elderly**

Factors	Standardized Coefficients	t	p-value
	Beta		
Education level	.197	3.753	.000
monthly income	.072	1.345	.180
Family caregiver	.065	-1.105	.270
number of elderly close friend	.031	.594	.553
Living arrangement	.222	3.822	.000
Working status	.030	.553	.580
elderly club	.104	1.812	.071
community school committee	.096	.608	.543
temple committee	.056	-.612	.541
housewife club	.017	-.125	.900
visit with children	.017	.286	.775
visit with friend	.040	.724	.470
Joining Religious activities	.223	3.794	.000
Joining community parties	.214	3.460	.001
Constant	2.380		
R square	.271		
F	8.363		
p-value	0.000		
N	330		

Table 5.48: illustrated the analysis of variance indicated that at least one of the explanatory variables is related to perceived social support score among all elderly ($F= 8.363$, $p<0.000$). The Adjusted R square of 0.271 indicates that 27.1 % of the variability in perceived social support can be explained by the model.

Among old-old elderly, this study found four predicting variables statistically significant with perceived social support; educational level (0 none, 1 educate), living arrangement (0 live alone, 1 living with family), joining Religious activities (0 no, 1 yes), and Joining community parties (0 no, 1 yes).

Interestingly all variables were positive predictive direction while joining Religious activities were strongest predictive variable ($\beta=.223$).

These findings also explanation in multiple linear regressions equation below;

$$\text{Perceived social support among old-old elderly} = 2.380 + .197 \text{ Education level} + .222 \text{ Living arrangement} + .223 \text{ Joining Religious activities} + .214 \text{ Joining community parties}$$

Conclusion

In conclusion, this study found factors that related perceived social support and develop model relevant for the best prediction of perceived social support among the elderly **five models**.

Interestingly, social support determinants among all respondent elders were educational level, number of elderly close friend, knowing the OBT staff, elderly club membership and joining community party.

When comparing by gender, this study found differ variables related perceived social support among male and female elderly. Perceived social support determinants among male elderly were educational level, knowing community staff, working status, visit with children and joining community parties while the female elderly determinants were number of elderly close friend, knowing the health staff, elderly club membership, and joining Religious activities.

This study found the joining Religious activities related perceived social support both young and old-old elderly. Other perceived social support determinants of young elderly were number of elderly close friend, working status, and joining community parties. Where else of perceived social support determinants amongst old-old elderly were educational level, living arrangement, and joining community parties.

See detail as table 5.49 follow;

Table 5.49: Distribution of perceived social support determinants comparing by elderly gender and age group

Determinants	Gender				Age group				all	
	Male		Female		Young		old		β	P-value
	β	P-value	β	P-value	β	P-value	β	P-value		
Educational level	.205	.000	-	-	-	-	.197	.000	.074	.040
monthly income	.024	.729	.021	.619	-	-	.072	.180	.025	.509
family caregiver	-	-	-	-	.021	.546	.065	.270	-	-
number of elderly close friend	.079	.158	.123	.005	.104	.003	.031	.553	.105	.004
knowing health staff	-	-	.107	.012	-	-	-	-	-	-
knowing OBT staff	.116	.043	-	-	.026	.460	-	-	.123	.001
Living arrangement	-	-	-	-	-	-	.222	<0.000	-	-
Marital status	.037	.525	-	-	-	-	-	-	-	-
Working status	.244	.001	-	-	.196	<.000	.030	.580	.097	.009
elderly club membership	.002	.974	.123	.010	-	-	.104	.071	.106	.009
health volunteer club membership	-	-	.001	.991	-	-	-	-	.013	.796
community school committee	-	-	-	-	-	-	.096	.543	.043	.526
temple committee	-	-	-	-	-	-	.056	.541	.069	.229
housewife club	-	-	-	-	-	-	.017	.900	.008	.881
visit with children	.131	.023	-	-	-	-	.017	.775	.041	.280
visit with friend	-	-	-	-	-	-	.040	.470	.029	.424
Joining Religious activities	-	-	.197	<.000	.147	<.000	.223	<.000	.053	.398
Joining community party	.128	.030	-	-	.274	-	.214	.001	.283	<.000
chronic disease	-	-	-	-	-.002	.943	-	-	-.043	.231
stress	-	-	-	-	.026	.470	-	-	-	-

5.5 Elderly and their social networks perspectives, needs in addressing social support for the elderly

This part aims to answer research question no.3 that intent to explore the elderly social networks perspectives, needs in addressing social support for the elderly. By using the qualitative methods, therefore, identify the elderly social networks and in depth interview were formulated to describe and explore the in-depth information of perception of the elderly and their networks. The main findings of this qualitative as follow:

5.5.1 Respondents' socio demographic characteristics

In depth interview respondent composed of

4 elders (Male elderly aged 79 years, Female elderly aged 77 years, Male elderly aged 64 years, and Female aged 60 years)

7 family caregivers (spouse male aged 79 years, female aged 52 years, son aged 48 years, daughter aged 40 years, daughter in law aged 39, niece aged 22 and nephew aged 7)

4 elderly friends (2 male aged 60, 71 years, 2 female aged 55, 70 years)

2 village head mans (one urban village head man age 55 years, one rural village head man age 51 years)

2 community health staffs (1 health centers staffs age 27, 36 years , 1 Primary Care Unit staff from Community Hospital aged 24, 33 years)

2 sub district organization staffs who responsibility for social support among the elderly (1 sub district organization staffs aged 25, 27 years, 1 sub district municipality staffs aged 27, 29 years)

The elderly, their spouse, and their child respondents completed primary school, while, niece completed the secondary school and nephew is studying in a primary school.

The elderly friend almost all is the elderly neighborhood which completed the primary level, and not working. While 2 village headmen's completed the primary level and had been worked in this community more than 4 years. 4 community health staffs had had bachelor degree. In term of the duration of working in community, each of the health staff has been worked in this community more than 3 years. While 4 sub district organization staffs who responsibility for social support among the elderly, also completed bachelor degree but the duration of working in community, two staffs have been working for one year and 2 staffs have been working in community for more than 2 years.

To answer research question as intent to explore the elderly social networks perspectives, needs and problems in addressing social support for the elderly, thus, this study explore the elderly and their network perspectives into three areas;

1. The elderlys' perspective on social support
2. The elderly social networks' perspective on social support for the elderly
3. Social support needs and problems

5.5.2 The elderly perspective on social support

In-depth interview findings was explained into two parts; the elderly as social support provider and receiver.

5.5.2.1 Elderly as social support provider

All elder respondents reveal they provided many kind of support to family, friend and community as follow;

(a) Financial support:

Elderly provides financial support to their parents, neighborhood and their community. Respondent elders give their son or daughter money when they know their children fall in financial problems.

*"I give my son money 500 baht when he needs the money to go to Bangkok".
Male elderly aged 79 years 01*

*"I give my daughter money for the tuition fees of my grandchild 2000 baht".
Female elderly aged 77 years 02*

"I do willing to pay my money to my children when they had financial problems because of I were their mom". Male elderly aged 64 years 03

*Recently, the economic of Thai were not good, I have no needs to my child give me money. All I needs is my child had enough money earn a living".
Female aged 60 years 04*

Male elderly, financial supports provide is the one duty for his younger wife.

*"I pay 500 baht to my wife a month, it was my duty of husband even though I had little money but I have to do".
Male elderly aged 64 years 03*

The elderly also provides financial support to their friends and community; the elderly indicated that they were not enough money for other. The

financial supports for their friend were depending on the situation that their friend in needs or troubles such as severe health problems or their family or relative pass away.

"I am very poor. I cannot provide my money for all, but last year my friend got the severe diabetes mellitus, I gave her money for 500 baht to go to hospital".

Female elderly aged 77 years 02

"My neighborhood son's pass way in Bangkok; I gave her money for helping them funeral ceremony".

Female aged 60 years 04)

Elderly and their community

In addition, almost all elders' respondents devote their money for the religions activities. Normally, the elders pray and give the monk money for all temple activities such as repairing temple building, temple electric cost, temple water supply cost, flowers, and joss-sticks or candles. Even the elderly have no money income, but they believe that donate money to monk or temple, that will be fruitful reward of good deeds.

"I donate 2,000 baht for repairing temple building, I pray for my health will be good as soon as possible".

Female elderly aged 77 years

"I went to temple every day and spend my money for candle and donate some money to monks. I hope that my family be happy".

Male elderly aged 79 years

(b) Information and emotional support :

The respondents provide information and emotional support to their parents;

Elder respondents give their child advice in living culture, community norm, give the love and care to their child and grandchild and also support when their child in family troubles.

"When my daughter family in problems, they were quarrel and fights, I was asking them to stopped and give them advice. Finally we finish that argument".

Female aged 60 years 04

"I saw my daughter cried I do felt sad. I wait for her asking me to support".

Male elderly aged 64 years 03

"I told our community legend to my nephew, including the way to rising cow in the field".

Male elderly aged 79 years 01

Providing Information support to their friends :

This study found everyday information support between the elderly and friend. There were different kinds of information support between male and female elders. Among female elders, the information were life style, illness, family, gossip TV star, or community rumor. While, male elder providing information to other were political news, community custom, pattern of disease and curative seeking and some advice when their friend in troublesome.

" My close friend is my neighborhood, I usually advise her when she had family problems, sometime I tell her the methods too cure their diabetes mellitus, I was to use some herb such as grass that made my blood sugar level decrease. I also suggest my doctors in Khon Kean province to her".

Female aged 60 years 04

"I usually go temple for give Buddhist priest's middle meal, I meet a lot of my old friend. We talk lots on every issue; superstar news, community rumor and I was sharing my experience on prevention and curative methods my Diabetes Mellitus to my friends".

Female elderly aged 77 years 02

"I talk to my friend on politic issue, about prime minister of Thailand".

Male elderly aged 64 years 03

"I was invited from my neighborhood to advise them on family problems, they child family was unfaithful; I give them my experience and telling them some Buddha Words. Finally, their problems were solved. my neighborhood respect to me as gratitude person".

This part focus the elderly as the role of receiver, the question was asking the elders' perception of available support from others in terms of needs, i.e.,

the extent to which the elder's believe he/she can find the kind of support he/she want.

Financial support

The elderly perceived financial support from the child, family, friend and community. However, the amount of money was differing, while the elderly child is the most important source of money perceived, community financial support was applied the project of government universal coverage and the elderly monthly allowance.

"I have two son, one working in Bangkok and send me 1000 a month. I used that money for earn a living".

Male elderly aged 64 years 03

"My daughter gave me money, she is the family leader, and while I was sick she took me to the hospital all miscellaneous pending, she paid for me".

Female elderly aged 77 years 02

"My community, provide me the curative cause, community leader wrote my name of hospital free of chart".

Female aged 60 years 04

"After village head man sent me the name to the government officers, I received elderly allowance as 300 baht per month. However, that money will pay to me each three month. There was a little money, not enough for me to earn a living".

Male elderly aged 79 years 01

Information and emotional support

Child is the most important caregiver of the elderly. Either in time of happy or sorrow, healthy or illness, children are the most important person of the elderly life. The elderly perceived that there were obligation that good child have to do. Therefore, respondents proud on their child as good boy/girl, even through their child did not living or having no time for them.

*"My life is my daughter".
Female elderly aged 77 years 02*

*"My daughter told me not to eat some dessert and asked me to control my blood sugar level".
Male elderly aged 64 years 03*

*"I received a new cloth from my daughter, it was valuable cloth. I had only wearing it when I join the community activities".
Female elderly aged 77 years 02*

*"When I worried about my illness, only my daughter look after me, take me to hospital and told me not to stress, made me feel in good mood".
Female aged 60 years 04*

Male elderly perceived support from spouse as people who beloved while female elderly were perceived support from their spouse as companion relationship.

"My wife usually preparing and cooking meal for me, she also give me and advice on nutrition not to eat that food, eat that food made me confused for sometime".

Male elderly aged 64 years 03

"When I felt ill, my husband takes me to the hospital and stand beside me even through he is very old".

Female aged 60 years 04

The elderly and friend as mentioned earlier, the elderly received the information by their friend everyday, information and emotional supports that the elderly perceived were as follow;

"A friend of mine gives me information about the way to cure my diabetes mellitus, she using some herb such as "Hang" and successful to control blood sugar level, so I will try".

Female aged 60 years 04

"When I felt only I had only my neighborhood be a friend and concern me on my troublesome".

Female elderly aged 77 years 02

"My friend go with me to Khon Kaen Hospital, I had never been before she health me a lot cause of her daughter working in that hospital".

Female elderly aged 77 years 02

Cause of all respondents was living in that community for a long time. Young generations were respect to the elderly as senior citizen. However, the elderly perceived support from the community as emotional support, and self worth.

*"I used to be a teacher in community school for a long time. At present, my disciples always keep respect to me".
Male elderly aged 79 years 01*

*"My community gives me opportunity to train by health center for 3 days. It was enjoy and knowledgeable".
Female aged 60 years 04*

5.5.3 Elderly social network perspectives on social support for the elderly

5.5.3.1 Family Caregiver Perspectives

In this part the key informant were the elderly spouses, sons, daughters, nieces, nephews and daughter in laws. Finding as follows:

Social support provided

This study found that family support can be divided into three type of supports: financial support, daily of activities living support, and emotional support.

Financial support

Mainly, family member give the elderly money for miscellaneous pending which differed by the family financial status. However, some family member perceived that it was their duty. Even through the money that they provided was not a big one but the value added was they keep respect to their parent and hope that the elderly be happy with this action.

"I have a few money but I give her 200 baht per month.. For her to buy any thing she wants or to make merit."

Widow son aged 48

"I live with my mother in law, and my husband had been working in Bangkok for two years. I give her money that I received from my husband."

Daughter in law aged 39

"I hope that my little money made her happy"

niece aged 22 10

"I am happy when I give him money, If I have more I will give him more"

daughter aged 40 years

Daily of activities living support

Family care giver support the elderly daily living such as meal preparation, cloth and cloth washing, house cleaning and others.

"I helping her to eat, go to toilet, go outside, and sometime helping her to take a shower."

Daughter aged 40 years 08,

"Everyday, I cook for her, before go to work."

Son aged 48 years 07

"I support her money, meal preparation, cloth washing including house cleaning."

Daughter in law aged 39 09

"I love grandparent, and they are so old, I give them all of thing as I can; take them to hospital, meal preparation, cloth washing, and house cleaning

Niece aged 22 10

"Everyday, I preparing for her meal, cloth washing before go to school."

Nephew aged 7 11

Moreover, family member is the important person who responsible for the elderly health. Spouse and their child care giver take to elderly to health service such as health center or community hospital when they were ill. While grandchild and spouse elder asking neighbor to helping them to take the elder to health center. More over, while the elderly at home, daughter, niece, female spouse were take role as

medicine preparation for their elder. Some daughter caregiver helping her mother did rehabilitation.

"When, she felt ill, I know that I have to helping her and took her to hospital. I would ask my neighbor helping me. "

Spouse male aged 79 years 05

"I am very concern about my husband health. If my husband need or want something, if I can, I will arrange for him. Now, he got DM, I preparing medicine for him every day".

Spouse female aged 52 years 06

"I live with my family including my mom. My mom is very old and disability because of stroke, everyday I have to helping her left arm exercise and leg and I take her to the hospital every three month."

Daughter aged 40 years

Emotional support

This study found, family is the important source of emotional support for the elderly. The companionship in elder married life and the family relationship made the elderly being happy and much more meaning in their life.

"We live together, and now be a friend.

Spouse male age 79 05

"Some day, such as the important Buddhist day, I go to temple with her, helping her to go there."

Widow son aged 48 07

"I love her so much I think that it is the great responsibility to gratitude to parent. I hope she would have improved her quality of life.

Daughter aged 40 08

"I talk with her every day; someday I know that see felt lonely because of her son live in other place."

Daughter in law aged 39 09

"I have no money to give her, but I am living with her talk with her, sometime listen to the old story from her. As I though that she need someone to talk like me".

Nephew aged 7 11

5.5.3.2 Friend Perspectives

The respondent of elderly friends presented the perspective on social support for the elderly as follow;

This study found companionship provided information and emotional support. When the some elder felt ill, their friend come to see and give the information about their experience curative and being their friend in order to compassion and support.

"We are friend and I live in front of his house, and we walk and talk together. Normally we together went to temple in the important Buddhist day."

Female aged 55 14

"When my friend worries about his child, his illness, I have to listen and helping him as I can."

Male aged 60 12

"When, she felt ill, I helping her to meet the doctor, talk with her wait for her child come."

Female 70 years 15

"We can talk every thing, star movies, concerning about our child, health or even gossip." "As I knew that the new doctor work in community hospital, I telling her to go there, perhaps, her health will better."

Female elderly friend aged 70 15

5.5.3.3 Community Leaders Perspective

Community key-informants of this study were community leaders, community health staffs and community staffs presented their perspective on social support provided for the elderly as follow;

Community leaders revealed social support is the activities that community held for the elderly by corporate with the relate organizations such as community hospital, health center, sub district organization administrative.

"I think that social support is helping community elderly, such as the give them money, cloth, or helping them when there were ill. May be social support is more than that...."
community leader age 55 years 16

I think that social support is the activities that not only community helping the elderly but other organization such as health center, community hospital, or sub district municipally helping the elderly also."
community leader age 51 years 17

The health staffs perspective on social support are the activities that arising for the community elderly health. The activities were health promotion and health education. In the other hand, community staffs (sub district organization administrative staffs) indicated that social support is the organization activities which provide financial and material support for the responsible elderly.

"Social support means helping the elderly, beside the health promotion."
Health centers staff female, aged 27 18

"Social support means helping the elderly on both physical and mental health."
Primary Care Unit (PCU) staff from Community Hospital staff female aged 24 20

"Social support means helping the elderly; financial, material (cloth) and so on."
Sub district organization staffs male, aged 27 23

Social support provided

Community leaders act as coordinator all kind of program which arranged by community or related organization. However, activities did not initiated by the community, almost all activities were related organization activities, some community activities supported financial, material and information by related organizations.

"For my duty, I did co operation with sub district organization; identify the elderly received social elderly funding (300 baht/month). Now, we have 16 elderly who have been got funding." We have the elderly club that the young and healthy elderly joining and community temple that almost all of elderly come."

Urban community leader age 55 years 16

"I think that our community support for all community member, among the elderly we have community elderly club that community hospital staffs helping our community which have activities; such as the exercise, health education and so on." Sub district organization helping the funding for the elderly who poor and give them blanket in winter."

Rural community leader age 51 years 17

5.5.3.4 Community Health Staff and Sub-District Administrative

Organization Staff Perspectives

Social support that community health staffs provided was information support. The activities such as supporting the community elderly club activities, home visit, exercise project, and health education. Sometime, nurse or public health worker provided emotional support via home visit.

Community staffs, the activities related elderly health sub-district organization administrative or sub-district municipality coordination with health center or community hospital in order to implementation to elderly health program into their responsibility areas. However, mainly of the activities of community staffs were social support mentioned to community environment, community norm and culture.

"We have the elderly population data each village in responsibility sub district." We have duty to home visit, health education and coordinate with village headman, and health volunteers regarding improving the elderly health." "We have a home health care project for frail elderly one day per month, the monthly meeting and the elderly exercise project in each community."

Health centers staff female, aged 27 23

"My job is responsible for the community elderly. We have the population data of the elderly in the area of responsibility." "We have the activities such as the elderly club meeting in each month, home visit, home health care and health education." "When the elderly concerning about their chronic diseases or miss their child, we provide the important information that made the elderly feeling better."

Primary Care Unit (PCU) staff of Community Hospital staff female aged 24 20

"Actually we have no directly activities for the community elderly. I think, we can coordinate with health center in order to formulate the activities about social support for the elderly."

Sub district organization staffs male, aged 27 24

"our municipality, we have the activities for the elderly by coordination with community hospital PCU. Normally we have a plan to improving among the elderly in responsibility areas. Each year, we invited the elderly joint the New Year Project and Song Kran Festival in order to make their child looking back and keep respected to them."

Sub district municipality staffs male, aged 29 25

5.5.4 Social support needs

This study focus on positive social support needs between the elderly and their social network. Findings are as follow;

5.5.4.1 The Elderly

Financial needs

First answer that the elderly replied was financial support needs especially by the government organizations. Almost elder respondents replied that they were poor. Some elderly received the money from their child, however, no job and no career,

they needs the government financial support.

"I am not working; I received money from my child. As I feel that my children have been working for along time but all of us still poor and poorer"

Male elderly aged 79 years 01

"I am not working, I only received money by my daughter who poor. Did you know any organization support of the elder?"

Female aged 60 years 04

Working and helping their children

The elderly needs to working and helping their child in home activities. However, there were no jobs for community elderly and the children did not allow them to work and doing some home activities. Some respondent elders needs to shown their capability and do not to rely on their family caregiver.

"My children have been working for along time but we still poor and poorer, so, if I can, I wish I can work and earn a living by myself on order to helping my son."

Male elderly aged 79 01

"My children have been working for along time but we still poor and poorer, so, if I can, I wish I can work and earn a living by myself on order to helping my son".

Female elderly aged 77 years 02

"I think that I am healthy. I can work and I can do any things, but my daughter tries to telling I am too old, not to do noting."

Male elderly aged 64 years 03

"I can cook while my daughter telling stop to cook, she said that she cook well. Sometime the test is not appropriate for me. It too sour.."

Female aged 60 years 04

Needs someone care when they were ill

This study found, the elderly worry and needs some one who care when they in needs of health problems.

"I wish I am healthy. I need someone who helps me when I felt ill, as I know my daughter work hard, sometime she had no time to look at me, sometime I think that I want to help my daughter."

Female elderly aged 77 02

"I live with my spouse that we are old, sometime I so worried about when we are become serious health condition, who would helping us?"

Female elderly aged 60 04

The elderly needs their family more understanding;

As mentioned that the elderly needs to work also needs their family understanding in his/her capability that made them self-confident and self-esteem. However, some conflict occurred because of the different point of view between the elderly and their young generation.

"I hope that my child understand me what I am say. More over, I think that I am not too old, I need my child .understand me I can work or do a lot of thing, and indeed, I want to help them."

Male elderly aged 64 03

The elderly miss their family members living apart:

Some family member migrated to city searching for the jobs in town. However, their child and the elderly usually contact, at least twice a year (New Year and Song Kran Festival). However, the elderly had been waiting for them.

"I miss my nice that live in Bangkok; I used to look after her since she was a baby. When she called me, I am so happy."

Female aged 60 04

"New year or Song Karn my son and his family will come to see me... at that time my family very crowded.. I am very happy... my son and my daughter come to join in our family.. Ha ah.."

Male elderly aged 64 years 03

5.5.4.2 Family Caregivers

Elderly care knowledge needs

This study found family caregiver needs information support. Almost all respondents require the knowledge the elderly care. However, cause of the family care giver of each elders were several age group and gender, therefore, the knowledge level needs were differ in each family caregiver conditions.

"I need health information, and how to look after aging man."

Spouse female aged 52 years 06

"I have no time to look after and care for my mom, and I have to work. As my mom disability, I don't know exactly how to care the frail elderly as her. Even through, the nurse for Community Hospital come to visit my mom, I think that there is not enough for her and me."

Daughter aged 40 years 08

"I don't know how to care my grand mother. I wait for my mom come back and look after me and grandmother."

Nephew aged 7 11

Family care givers needs more care givers

Cause of the almost of elderly care giver are working population, therefore they have no time to care. The major needs of the care giver are needs more care givers.

"We are so poor, I have no time to look after my mom, I have to work. I need someone helping me and my mom."

Widow son aged 48 years 07

5.5.4.3 Friend

The elderly friend, all of them replied that they were no needs and problems in social support for elderly. There were only the companionship is needs.

*"I have no need, and friend is friend that has to give all good things for our friend."
Male aged 60 12*

*"I have no need; I am willing to be Yai Jai friend."
Female 55 years 14*

However, this study found elderly friend needs is the community activities such as elderly club activities or home visit by community health staffs which made them more community social interaction.

*"I need some activities that made me and my friend healthy such as exercise, home visit by nurse."
Male 71 years 13*

*"She is my good friend; I need some activities for the elderly in our community".
Female 70 years 15*

5.5.4.4 Community leaders

The community leaders' needs were more staffs and more activities for the community elders. Also, the community leader also mentioned the sustainability of elderly project and staff responsible.

*"I think that our community needs the health staffs or sub districts staffs working for the elderly, I mean sustainability project, that organization work along with community. We have bad experience; when the community health center staff move to the other place, the community exercise program was closed because of no leader."
Community leader age 55 years 16*

*"We need the helping from municipality, and community hospital, for formulate the elderly program activities."
Head man age 51 years 17*

5.5.4.5 Community Health Staff and Sub District Administrative

Organization Staff Needs

This study found that community staffs needs information and knowing in the area of elderly care and social support.

*"I think that elderly health or knowledge about that group may be we need to be trained."
Health centers staffs age 27 18*

*"I need to improve our knowledge on social support and health of elderly."
Primary Care Unit staff from Community Hospital aged 24 20*

*"We need personnel as a nurse or public health worker in order to responsible for the
elderly health."
Sub district organization 27 years 23*

*"I need to improve my knowledge about the elderly health, and caring and working with
the elderly." Sub district municipality 29 years 25*

5.5.5 Conclusion of In Depth Interview

The summary of the in depth interview findings of the elderly and their social networks perspectives, needs and problems in addressing social support for the elderly, detail as follows:

Table 5.50: summary of the in depth interview findings

<i>Topics</i>	<i>Elderly (n=4)</i>	<i>Family caregivers (n=7)</i>	<i>The elderly friends (n=4)</i>	<i>Community leaders (n=2)</i>	<i>Community health staffs (n=2)</i>	<i>Community staffs (SDAO) (n=2)</i>
<i>Social support provided</i>	<i>Elderly provide; to their social network: financial support, information support and emotional support</i>	<i>-Financial support -Daily of activities living supports - Health support - Emotional support</i>	<i>-emotional support (companions hip) and information support</i>	<i>-community activities support</i>	<i>-information support -health support - community activities support</i>	<i>-community activities support</i>
<i>Social support needs and problems</i>	<i>-Financial support needs -needs to work and helping their child - don't want to rely on their care givers - needs someone care when they were ill - needs their caregiver understand - miss their family member who living apart</i>	<i>-Elderly care knowledge needs -elderly social support needs - needs more care givers -needs the elderly (their parent) do nothing</i>	<i>-no needs - community activities needs -need more activities that made the elderly and friend healthy such as exercise, home visit by nurse</i>	<i>-needs more health staffs or sub districts staffs working for the elderly - needs the helping from municipality , and community hospital, for formulate the elderly program activities</i>	<i>-needs to improve their knowledge on the elderly social support and elderly care</i>	<i>-need more personnel as a nurse or public health worker in order to responsible for the elderly health -needs to improve their knowledge on the elderly social support and elderly care</i>

5.6 Implication of the study in terms of planning

5.6.1 Implication of quantitative methodology in terms of planning

Following are the major concerns raised from quantitative methodology.

However, the issue for the elderly in each areas are different, following are the issues need to be addressed while planning in each areas.

Socio demographic characteristics

- More than half of the sample were female.
- Female mean age was higher than male with statistically significant at level 0.05.
- Female, old-old was no education higher than male and young elders.
- Sample elders were poor, only 64.1% of sample had monthly income; the income median was 1,000 baht.
- Female and old-old elderly were received income less than male and young elderly.

Social network characteristics

- 5.9% of sample elderly live alone
- There was high proportion of male and young elderly having family caregiver than female and old-old elderly.
- Male family caregiver was spouse, while female family caregiver was their child. Half of sample elderly living in family size as 1-3 member.
- 79.4% of sample elderly having close friend which the same sex and age.
- Neighborhoods of the elderly were the elderly close friend.
- Half of sample elderly having only one close friend.
- Nearly half of the elderly did not know community health staffs and community staffs.
- The elderly who knowing community staffs (SDAO); there were one of community health staffs known and 1-2 community staffs known.

Social integration characteristics

- Half of sample elderly were married, other were widow and single.
- Male and young elder was high in married when female and old elder were high in widowed.
- Male elders living arrangement were live with spouse higher than female elders.
- There were a few different of living arrangements when comparing by elderly age group.
- Male and young elderly still was working while their occupational were mostly agriculture workers.
- 34.1% of sample was the elderly club member
- 12.9% community temple committee
- 11.2% health volunteer club member
- 10.9% house wife club member and 9.0% community school committee.
- Male elderly regularly visit their child higher than female elderly male, old-old visit with friend higher than female and young
- All sample elder were Buddhism, there were proportion of the old-old elderly go temple higher than young elderly.
- More than 88.9 %of respondents joined the community activities whereas proportion of male and young elderly joined community activities higher than female and old elderly

Personal health characteristics

- Half of respondent perceived their health status as moderate, 28.3% poor and only 18.5% good which a few different proportions in each gender and age group.
- 64.7% of sample got chronic diseases. This study also found no statistically significant between currently chronic diseases of respondents by gender, age group and place of resident.
- 11.4% of respondents reveals high stress score which no statistically different by gender and age group but statistically different by the elderly place of resident.

Level of perceived social support comparing by gender and age group

- Sample elderly perceive social support as high level.
- Sample elderly perceived high of opportunity for nurturance (Nurturance) dimension, provision for attachment/intimacy dimension, and the available of information, emotional and material help while the less perceived social support was on the dimension of the one is an integral part of group.
- This study found male and young elderly perceived social support higher than female and old elderly by statistically different at level 0.05.

Perceived social support determinants

- This study found educational level, number of elderly close friend, knowing the OBT staff, working status, elderly club membership and joining community parties were social support determinants among the elderly.

- When comparing by gender, this study found different variables related to perceived social support
- social support among male and female elderly. Perceived social support determinants among male elderly were educational level, knowing community staff, working status, visit with children and joining community parties while the female elderly determinants were number of elderly close friend, knowing the health staff, elderly club membership, and joining Religious activities.
- This study found the joining Religious activities related to perceived social support
- both young and old-old elderly. Other perceived social support determinants of young elderly were number of elderly close friend, working status, and joining community parties. Where else of perceived social support determinants amongst old-old elderly were educational level, living arrangement, and joining community parties.

5.6.2 Implication of qualitative methodology in terms of planning

Following are the major concerns raised from the in depth interview. However, the issue for the elderly in each area are different, following are the issues need to be addressed while planning in each area.

The elderly

- Financial support needs
- needs to work and helping their child
- don't want to rely on their care givers

- needs someone care when they were ill
- needs their caregiver understand
- miss their family member who living apart

Elderly care givers

- Elderly care knowledge needs
- elderly care giver social support needs
- needs more care givers

Elderly friends

- no needs and problems in providing support for the elderly
- needs more community activities such as exercise, home visit

Community leaders

- needs more health staffs or sub districts staffs working for the elderly
- needs the helping from SDAO and community hospital, for helping the community initiate the community health program for the elderly.

Community health staffs

Needs to improve their knowledge on the elderly social support and elderly care

Community staffs (SDAO)

- needs more personnel as a nurse or public health worker in order to responsible for the elderly health
- needs to improve their knowledge on the elderly social support and elderly care

5.7 Refinement of the Plan by Combining Quantitative and Qualitative Data: Community Empowerment Approach

This study using community empowerment as an approach regards to make sure that elderly, elderly social network (Family and friend) and community organizations are considerably strengthened their capacity adequately enhanced to play the role of partners of the community social support for the elderly responsibilities and resources become stronger by creating enabling environment that enables the community to unites and engage in self-help activities.

There process of community empowerment through evaluation of this study including: Community forum to exploring community concern, resources and Group process (AIC)

Community forum

The community forums were held in each health center each sub-district of the study areas. By the well community co-operation, the research findings made the community more understanding the elderly in social support aspects and the elderly problems. In addition, suggestion and feedback by the community forum made researcher learning in the community perspective in elderly problems or issue, barriers or resistance to addressing the elderly social support problems, resources for the change, and potential solutions. At this step, the community forum were maintaining community involvement in the elderly social support problems, and attracting volunteers to help the action plan.

AIC (Appreciate Influence Control)

The group process using AIC was held in Khon Kaen University, the representative of each sub-district were invited to jointed the meeting with 8-9 each study Sub-Districts with the aims to develop the strengthening social support among the elderly in Khon Kaen Province. The participants of each group were community health staff, Sub-district community organization staff, the elderly, and representative of elderly care giver, elderly' friend, chief of the elderly club, community leader and researcher. There were 16 participants.

The AIC aimed to community participation in setting a mission and objectives, developing strategies and action plan, monitoring process and outcome, and communication information and relevant audience for strengthening social support among the elderly in Khon Kaen province.

The issues were:

- (a) Problems or issue
- (b) Empowerment initiative
- (c) A plan for action

Results of the AIC are as follows:

1. The elderly social support problems and empowerment initiatives

First round results of the AIC process are as table 5.51 follows:

Table 5.51: Framework for community empowering to strengthening social support among the elderly

Target population	Problems or issues	Empowerment initiatives
Elderly	Educational	<ol style="list-style-type: none"> 1) Making the community realizes the importance and value of education. 2) Initiating the education for the elder and developing of the capacity of the community to manage the community education for elders.
	Nearly haft of elderly not working	Creating linkage with related organizations, community and community club initiate the job for community elderly.
	Poor/financial problems	<ol style="list-style-type: none"> 1) Dis couraging the elderly or their family to take loan from private money lending, assisting in small credit form community savings, or initiating community funding 2) Creating linkage with related organization for the elderly funding 3) Strengthening family support especially financial support for the elderly 4) Strengthening the community elderly job, assisting in taking up income generating activities, providing skill development training, market support and mobilizing fund.
	A few network: one close friend, a few knowing community health, community staff	1) Strengthening the elderly club activities and the community activities
	Elderly club member: more than 60% did not join the activities	1) Strengthening the elderly club activities and the community activities

Table 5.51: (Continued) Framework for community empowering to strengthening social support among the elderly

Target population	Problems or issues	Empowerment initiatives
	Elderly felt lonely	<ol style="list-style-type: none"> 1) Strengthening the elderly club activities and the community activities 2) strengthening the family repayment program 3) strengthening self help group program
	Elderly sick and not able to carry out your usual activities	<ol style="list-style-type: none"> 1) Initiating the elderly health promotion 2) Strengthening home visit program 3) Strengthening self-help group program
Family caregiver	A few family caregiver	<ol style="list-style-type: none"> 1) The elderly self care-training 2) Initiating friend/ neighborhood support 3) strengthening the family repayment program
	More understanding the elderly capacity	<ol style="list-style-type: none"> 1) Encourage the family relationship in respect and care for elders
	Family caregiver education	<ol style="list-style-type: none"> 1) Family caregiver training
Friend	Elderly friend education	<ol style="list-style-type: none"> 1) Friend support training
Community	No integrated activities for the elderly	<ol style="list-style-type: none"> 1) Strengthening the elderly club activities and the community activities by community and others related organizations 2) strengthening the family repayment program
Community health staff	A few community health staff who trained in elderly health/ elderly social support	<ol style="list-style-type: none"> 1) The elderly and social support training for Community health staff
Community staff (SDAO)	A few community staff who knowledgeable in elderly care	<ol style="list-style-type: none"> 1) The elderly and social support training for Community staff

Because of social support among the elderly is the one issue that so complex, structure diverse and difficult to define and manage in one issue. The process of empowerment encompass required multidirectional and multidimensional approached. The discussion required intervention depends upon local conditions, existing policy and regulation environment and the existing capacity of the communities/community organizations. Fortunately, all of stakeholders agree to share the resource to join the project, volunteers to involvement in setting the goal and objectives of the action plan, including looking for other alliances to support the project plan activities.

2. Developing Strategies and Action Plan

The priorities were set after reviewing the issue from the discussion. Participants come up with many ideas to achieve the mission and objectives creatively. With the individual level help of all participants the researcher accomplished the step one: the framework for community empowering to strengthening social support among the elderly, the rest were done by an equitable participation of all participant in a group.

Common consensuses were made after a wide level of discussion. Participants were unanimously agreed to develop the plan and implemented in their own areas. At this step, the community needs and available resources were identified. Some of the plans were related to the MOPH and Sub District Organization Administrative activities, and some activities can be held in each community. Because of the social support for the elderly rely on Thai culture, thus, the project plan were possible for

community implementation. The mission, objectives and strategies to achieve the objectives are as follow:

Program intervention: Empowering Community Initiatives for Strengthening Social Support among the Elderly through Evaluation

Vision: Khon Kaen elderly perceived social support as high level by sustaining and continuing support from the elderly-self, family, and community which effect to the elderly behavioral health and well being.

Mission: All stakeholder co-ordination to develop and implementation of the plan regard to strengthen social support among the elderly according to Khon Kaen elderly perceived social support as high level by sustaining and continuing support from the elderly-self, family, and community which effect to the elderly behavioral health and well being.

Objectives

1. to strengthening the elderly capacity according to education, working status and financial status
2. to expand the elderly social network
3. to develop the strategies for the elderly community social integration

Strategies to Achieve the Objectives

1. Initiating the education for the elder and developing of the capacity of the community to manage the community education for elders.
2. Creating linkage with related organizations, community and community club initiate the job for community elderly.

3. Discouraging the elderly or their family to take loan from private money lending, assisting in small credit form community savings, or initiating community funding
4. Creating linkage with related organization for the elderly funding
5. Strengthening family support especially financial support for the elderly
6. Strengthening the community elderly job, assisting in taking up income generating activities, providing skill development training, market support and mobilizing fund.
7. Strengthening the elderly club activities and the community activities
8. Strengthening the family repayment program
9. Strengthening self help group program
10. Initiating the elderly health promotion
11. Strengthening home visit program
12. Strengthening self-help group program
13. The elderly self care training
14. Initiating friend/ neighborhood program
15. Strengthening the family repayment program
16. Encourage the family relationship in respect and care for elders
17. Family caregiver training
18. Friend support training
19. The elderly and social support training for Community health staff

Yearly specific objective, activities, indicators, resource

The yearly plan has been decided to achieve the objectives. To start the program, the priorities selected activities were set after reviewing the issue from the community empowerment approached as the first year plan, project detail as follow:

Empowering Community Initiatives for Strengthening Social Support among the Elderly through Evaluation: A Project for Elderly Participation and Involvement in the Elderly Club**1. Introductions**

The elderly is the one policy that Ministry of Public Health and Ministry of Social Development and Human Security are support in all Thailand community initiated regards to provide activities for elders. Elderly club made the elderly more friends and highly contact with other results to much more network for the elderly. Based on the research findings from both quantitative and qualitative data elderly club were run by the community health staffs and influencing on perceived social support among the elderly. However, there were a few proportion of the elderly member regular contact with the club activities and more than 30% of the elderly were not the club member. By the reason some of those activities did not match the elderly needs and problems. While, the community leaders also revealed that community needs sustainable project. Thus, to strengthening social support among the elderly regards to promote more network and social integration among the elderly, the elderly community elderly club would be the central unit that all elderly join their own activities.

2. Objectives

To develop elderly participation and involvement in the elderly club

3. Specific Objective

- to create the a partnership atmosphere among the stakeholders in community elderly clubs
- to identify problems in community elderly clubs
- to develop the strategy regards to the elderly club problems
- to implement the program/ activities of the elderly club
- to evaluate the program/ activities implemented

4. Activities

In order to achieve the objectives following activities has been decided to implement in target areas.

Table 5.52: Activities and Indicators of the project plan

Indicators	Activities
Number of stakeholder	1. Identify the community elderly club stakeholder (elderly, community, government, private and local organization)
Number of Meeting	2. Stakeholder meeting: sharing the experience and ideas in developing community elderly club
Number of committee, and their responsibilities, and sharing resources	3. Setting community elderly club committee (some areas -revised)
Number of Meeting	4. Developing common project and activities by elderly and community
Number of the elderly join the club	Based on the research findings the activities are: Expand the elderly membership Develop the appropriate activities for the elders:
Number of the elderly join the club activities	-Exercise : walking, Ti Chi exercise (depend on the elderly member request- (Supported by community health staff)
Number of the elderly join the club activities	-Work : handicraft group or other jobs (Supported by Sub District Administrative Organization)
Number of the elderly join the club activities	-Health promotion by self help group
Number of the elderly join the club activities	- Create the program elders care elders : Elderly visitation team when the elderly in needs of help or care (Supported by community health staff)
Number of the elderly join the club activities	-Monthly meeting in community or temple
Activity problems and management Number of the elderly join the club activities	5. Evaluation the elderly club activities
Perceived social support level, Better QOL	6. Evaluation the elderly social support perceived

However, this is the first round of focus group discussion by the stakeholder, feedback from the community forum will determine what is required for the next step, and whether and any changes are necessary to intervention programs.

5. Resources

Most of activities in line with the Thai culture and MOPH and Sub District Administrative Organization policies, thus, the activities can be carried out by the regular budget of those mentioned organizations. Participants believed that the proper implementation of this plan would bring the positive changes in social support among the elderly in Khon Kaen Province.

6. Evaluation of the Project

The elderly club committee, the community health staffs and Sub District Administrative Organization and others related organization setting the community evaluation committee to assess the process and outcome of the club. The indicators as mentioned in the activities plan above.

In addition, participants agreed that one year plan should be evaluated and upgraded properly. Evaluation committee should be evaluated in both process and impact evaluation. The plan should be evaluated by the end of the year. Evaluation program based on the intervention goal, including three levels;

Process; alter the social environment's structure or supportive transactions

Proximal effects; demonstrate desired level of change in social support perceived/received

Distal effects; demonstrate desired level of change in health status behavior, and well being.

For measurement interview with the elderly and others networks needs to be done. For the year activities the verifiable indicators mentioned in activities plan needs to be considered. More over, the output of the evaluation process will be discussion openly in community forum, where all stakeholders will be represented. Acceptance and feedback from community and stakeholders will be the improved by the community and elderly involvement into the next activities year.

By the community empowerment evaluation, the success or failure of the project that implementation, it's valuable to learning from the experiences and considers new plans and actions that will be more effective in strengthening social support of vulnerable population as the elderly people. For sustainability of the program, the community support by the health staff and related organization would be facilitate training and provide regular consultation to this end. The needs of adaptation and renewal of the program needs to be concerned.

7. Project Expectation

To expand the elderly club membership, the elderly had more opportunity in more social network, social integration and social support. By elderly and community participation together with the young generation to joint the activities, the community elderly club becomes the club of the elderly, with the greater coordination of resource, activities and efforts pooled by the community, the sustainability of the project become the highest expectation and increase their sense of control over elderly problems.