



## CHAPTER I

### INTRODUCTION

Aging is not a disease, disability, or cause of death. The majority of the aged can retain their functional capabilities, both physical and mental despite of physiological change and decline in physical function. The elderly tend to become less and less motivated and enthusiastic with age and possess outlooks quite different from those of the young. Their personal activities tend to slow down in all aspects, such as expenditure habit, entertaining desire, athletic interest and sexual activity.

The elderly intellectual deterioration generally occur as a result of gradual changes in physiological, emotional, mental as well as social aspects, which vary from person to person depending on individual heredity factor, personality, behavior and on their varying capabilities at different period of their life. The elderly capability of mental, emotional and social adjustment is subject to their educational backgrounds, socio-economic status and preparation for the aging stage. The aged population group faces health problems different from those of adults, due to their decrease in physical strength, and increase in suffering from illness and disease and also the economic hardships in particular which confront the elderly will increase the degree of health problem.

In social and cultural aspect, living with children

in their own family means a great deal to the elderly. However, the current trend of socio-economic changes as a result of development affects the family structure, the shift from extended family type into nuclear family one. This creates problems for the neglected and dependent elderly. The elderly with their limited roles confronted psychosocial problem namely the feeling of being useless, conflicts with their children, incapability of self-adjustment to their family and to the dynamically changing environment, self isolation from society, and the bad attitude of society towards them. All these bring about mental health problems for the elderly.

The rise in the number of the elderly not only has impact on the population age structure as a whole but also constitute several other important issues, such as health care, income, and employment, housing, family and community relationship, education, as well as the fear of death among the unprepared elderly. And as poverty is a principal national wide problem, those issues are thus more severe for the elderly and even worse for those dependent and neglected elderly.

All those factors that mention above, the old people in Thailand have faced various aspects of social change. The degree and speed of the change results directly to their socio-economic, physical and mental well-being. In order to cope with this problem, the elderly themselves, the family and the community should work together to find out the appropriate strategies.

## Background and Rationale

1.1 Demographic change in Thailand during the past decades indicated tremendously the increase in number of elderly population. From Population and Housing Census of Thailand 1960, 1970, 1980. (table 1.1). The number of elderly population had increased from about 1.2 million in 1960 to 1.7 million in 1970 and 2.4 million in 1980. Data from the working group of population projections for Thailand in 1970 to 2005, the population data indicate that the number of persons aged 60 years old and over will be double in the next 15 years from 2.8 million in 1985 to 5 millions in 2000 and 8 millions in 2015 (table 1.2).

1.2 Aging is life long process. It does not begin at any specific time, such as at age 60 or 70, but instead, is a developmental process that starts at the very out set of life. Aging is accompanied by profound changes in the number, configuration, and composition, of cell and by comparable changes in the intracellular matrix and extracellular fluid ( Kaze, S.,Papisidero, J., Halstead L., 1989). These changes follow the course as illustrate in fig 1-2. The individual cell start at very small, achieve a maximum in early adult life, and then decline along a curve. These developmental curve also describe certain physiologic processes, such as the progressive decline with age in renal function. It must be stressed that there is a mark degree of individual variation. These variation increase with age. Thus the older people differ from each other to a greater extent.

As one proceeds through life, the functional capacity decreases, becoming progressively close to the

necessarily of sustaining life function. Most people as they advance in age are not significantly limited in overall function. As age increases, the relative proportion of person will limit the activity and mobility according to the degenerative process that appears with aging and may decline their functional ability and endurance in activities of daily living.

1.3 The country turns to be industrialization according to the development of the country. (Cowgill D, 1974) This reason brought in the modernization, these are health technologies, scientific technologies, urbanization, and education. These four salient aspects were identified as salient to the condition of older people in a society. The application of health technology, including public health measures, nutrition and all aspects of medicine affect the age in the society. These bring in a prolongation of adult life as well as a decline in birth rate. The application of economic and industrial technology leads to new occupations located increasingly in an urban setting, geographically and socially mobile, youth migrates to these jobs. Older people are left in positions that are less prestigious and often obsolete. Retirement, bring a reversal of traditional family and community roles. Formerly the young were dependent on the old, now the old suffer dependency. Urbanization profoundly changes the nature of intergenerational relations, changes the bonds of familial association, increase social distance between generation, upward mobility among the young leads to reduced status of the aged. This effect is compounded by the retirement and dependency. Each of these aspects of modernization helps produce the lower status of older people in society. The old people in our society face



with these problems. (fig 1.2).

1.4 In Thailand, the majority of the age are living in their own family setting except some. It would be necessary to develop an integrated health care schemes for preserving the possible standard of life for them by assisting the aged in maintaining good health in active social setting of the family and community. According to the health problems cause by aging, the Thai Government, there for, undertook programs for prevention, promotion and therapy as a part of four Five-Year Plan of National Health Pollack in 1977-1981 and continually.

To develop the health care program for aging, the government through the Ministry of Public Health has provided special health care for aging. The health care for aging will be integrated through primary health care strategy in the rural area to achieve the target " Health for All by the year 2000 ". It is, therefor, the plan of the government to establish more social service centers for the elderly population in general in various provincial areas. It start setting up in 1953. These center are located within the compound of the existing home for the elderly. The provision of services includes lodging and food, clothing, personal living, affects, religions service, hobbies, recreation, physical rehabilitation, vocational therapeutic activities, medical services.

Now there are 12 home cares for the aged. There are Bangkae Bangkok, Wadmuang Nakornrajchasma, Poklang Chonburee, Ban Tak-Sin Yala, Ban Chantaburee, Ban U-thong, Panung-Tak Chumporn, Mahasarskam, Vasanavaj Ayuthaya, Nakornprathom, Kho Bua Kaew Nakornsawan and Thamprakorn

Chiangmai. Normally the home care for the elderly received the local elderly and the elderly who live near by.

In helping these aged to live a meaningful and secured life they must be provided support in general area such as health care program, mobility, self-care and others activities, home care and its accessibility. Therefor, it is important that the home care is evaluated in order to determine its accessibility and the elderly capability to perform in this environment. The aims of this study is want to enhance the elderly ability in Thamprakorn home, to live independently. By assessing the individual's functional abilities and area of limitation before an appropriate plan of care can be developed in this institution.



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