CHAPTER V

CONCLUSION, DISCUSSION AND RECOMMENDATIONS

This research explores the functional disability of the elderly living in Tambon Krabi-noi, Muang district, Krabi province with purposes to assess the dependency level and prevalence among the elderly. The research applies interview methods and collected data from 290 older people from January-march 2005. The data were analyzed using descriptive statistics; such as, frequency, percentage, means, standard deviations and chi-square.

1. Conclusion

Section 1: Demographic data of the sample

Most of the elderly in this research were female (52.4%) in the age range of 60-69 years (48.6%), graduated from the primary school (72.4%), could read fluently (44.8%) and could also write fluently (40.7%). In addition, more than half of the elderly in this research had sufficient incomes but no savings (42.4%) and most of them were co-resident with their spouse, child and grandchild (49.7%) and lived in their own house (77.2%). Regarding attendant care, 98.6% of them had a caregiver and 91.6% of the care was available as long as they needed. Most of the caregiver worked outside (85%) and four-fifth of the elderly had health problems, especially arthritis and marrows which were found the highest among the elderly (68.7%), followed by eyesight (33.5%) and tooth problems (23.7%).

Section 2: Assessment of the ability of the elderly to perform basic daily activities

Most of the elderly could perform basic daily activities very well. Results indicated that 99% of them could control bowels. Activities which the elderly needed someone to look after were home-bound mobility (1.7%) and getting out of bed (1.4%) and activities which they needed someone to help were feeding (5.2%) and ascending and descending stairs (3.4%). Grooming; such as, wash face, comb hair, brush teeth and shave (2.1%), and bathing (1.7%) were activities which the elderly were dependent.

Overall, nine out of ten older people were able to perform basic daily activities independently and only 0.3% of the elderly could not perform any of the activities. Concerning the dependence level in performing basic daily activities, most of the elderly (99%) were disabled at very low initial level.

Section 3: Assessment of the ability of the elderly to perform extended basic activities

Most of the elderly could perform five extended daily activities very well, except traveling by a vehicle which 25.3% of them needed someone to help and 3.4% were unable to take care of themselves (total dependence), followed by paying, exchanging or changing money (8.3%), working outside the house (7.2%) and cooking (6.9%). Results showed that 0.3% of the elderly could not take care of themselves in all of the activities and comparison of the ability to perform basic and extended daily activities indicated that the elderly were more dependent in performing extended daily activities than the basic ones (19%).

Section 4: Health problems suffered by the elderly for more than 6 months

The majority of the elderly (64.8%) suffered from long-term disability which was caused by illnesses (87 %) impairments (2.1 %) and both illnesses and impairments (10.9 %). Arthritis was the most important cause of the long-term disability (32.4%), followed by hypertension (20.7%), backache (17.2%) and eye diseases (10.3 %). Concerning the disability caused by impairments, the majority of the elderly was deaf or had difficulty in hearing (3.1%), followed by blindness (2.1%) and paralysis (1%). Categorized by types of accident, 33.4% of the elderly responded having health problems or impairments from work accidents which was the cause for their disability, followed by home-bound accidents and traveling (both were equal at 25%). Regarding types of impairments, most of the elderly had difficulty in hearing or communications (3.4%), followed by difficulty in mobility (3.1%) and sighting (2.1%). Eyeglasses and visual lenses were the equipment device which they heavily used (14.8%), followed by denture (9%) and cane (6.6%).

The majority of the elderly (70.7%) thought their health problems or impairments were the cause or made them suffer from long-term disability and the most important causes were arthritis or aches and pains at other parts of the body (40.8%), followed by eye diseases (12.3%).

Section 5: Health problems incurred within the past month

Results indicated that 29.7% of the elderly suffered from new health problems in the past month and such new health problems were caused by illnesses, accidents and injuries. Causes of new health problems found the highest were common cold and sore throat (17.2%), followed by backache (7.9%), headache (5.9%) and arthritis (aches and pains at joints and inflammable knees – 4.8%).

In conclusion, the prevalence of disability in the elderly was 64.8% and the percentage of the elderly suffering from short-term disability was 2.1% while it increased to 97.9 % for the long-term disability. .

Section 6: Socio-economic factors related to ability of the elderly to perform basic daily activities

Considering the correlation between socio-economic factors and disability in performing basic daily activities, results showed that the elderly with the following characteristics were likely to be disabled in performing basic daily activities more than others; female, aged over 80 years, widowed/ divorced or separated, Buddhist, uneducated, could not read and write, did not have sufficient income, co-resided with their spouse, child and grandchild, did not receive attendant care and suffered from health problems. It also found that age, writing ability, types of family and health problems were all significantly related to disability in performing basic daily activities at P value < 0.05.

Section 7: Socio-economic factors related to ability of the elderly to perform extended daily activities

Considering the correlation between socio-economic factors and disability in performing extended daily activities, results indicated that the elderly with the following characteristics were likely to be disabled in performing extended daily activities more than others; female, aged over 80 years, widowed/ divorced or separated from their spouse, Buddhist, uneducated, could not read and write, did not have sufficient income, co-resided with their grandchild and lived in other people's house, did not receive attendant care and suffered from health problems. The results also pointed out that marital status, living conditions and attendant care were all

significantly related to disability in performing extended daily activities at P value < 0.05. Age, religion, education, reading and writing abilities, income sufficiency and health problems were also significantly related to disability at P value < 0.001.

Section 8: Socio-economic factors related to functional disability

Regarding dependency level of disability, results revealed that 63.4% of the elderly suffered from long-term disability. Most of them were at very low initial level and 60% of them were able to move outside the house. Comparison among groups with long-term disability showed that 94.6% of them suffered from long-term disability at low initial level. The results also pointed out that 0.7% were at mildly severe dependence and moderately severe dependence levels; meaning that they could only just sit; not able to move in the house or in the room. This was accounted to 1.1% of all of the elderly populations with long-term disability. In addition, the elderly with the following characteristics were more likely to suffer from long-term disability than others; female, aged over 80 years, married, Buddhist, uneducated, could not read and write, did not have sufficient income, lived alone in their child or grandchild's house, did not have a caregiver and had health problems. Moreover, sex, education and reading ability were significantly related to long-term disability at P value < 0.05 while religion, writing ability, income sufficiency and health problems were also significantly related to the long-term disability at P < 0.001. There was no statistically relation between age, marital status, types of family, living conditions and attendant care received from family and others with long-term disability.

Concerning dependency level of disability, results showed that most of the elderly (64.8%) were disabled and they were at very low initial level (61.4%). Comparison among the elderly with disability found that 94.7% of the elderly at very

low initial level were still able to move outside the house. Those who were at moderately severe dependence level could only just sit; not able to move in the house or the room and they were accounted for 0.7% of all of the elderly populations or 1.1% of all of the elderly with disability. Additionally, the result indicated that the elderly with the following characteristics were more likely to suffer from disability than others; female, aged over 80 years, married, Buddhist, uneducated, could not read and write, did not have sufficient income, lived alone in their child or grandchild's house, had a caregiver and had health problems. Moreover, education and reading ability were significantly related to disability at P value < 0.05 while religion, writing ability, income sufficiency and health problems were significantly related to disability at P value < 0.001. There was no statistical significance between sex, age, marital status, types of family, living condition and attendant care received with disability.

Section 9: Opinions of the elderly and caregivers on their needs

Most of the elderly would like their child and grandchild to visit them occasionally and ask them about their well-being or what they need for help. The most important for the elderly was they would like their family to look after them when they were ill and accompany them to the hospital for health examinations because it was inconvenient for them to travel to the hospital alone. Some of the elderly did not want to bother their child and grandchild as they thought their child/ grandchild had to work for a living, so they just wanted them to take good care of them only when they were ill. However, they all would like the government or local administration organizations take responsibilities in arranging welfares and infrastructures; such as, providing water in the dry season or constructing roads, etc.

and allocating allowances for all of the elderly aged over 60 years at least 500-600 baht per month. There was not much difference in opinions of the elderly towards the medical welfares for them. They would like the government or local administration organizations to organize free and convenient medical services and allocate allowances for the elderly aged over 60 years.

2. Discussion

2.1 General data

The sample in this research was male and female in an equal proportion. Most of them were aged 60-69 years (48.6%) which was almost half of the total populations in this research. Based from this, it could be assumed that the number of older people in the future would increase. Most of the elderly in this research were Buddhists and graduated from the primary school which was considered inadequate. Those who could not read and write were accounted for one third of the total populations of this research and they were rather economically poor or could be called "disadvantaged group" in the society. This is consistent with a study by Chayowan, N. et al. (1989) which found that regarding incomes, the elderly were relatively poor, earning just 500 baht per month or none. In addition, most of them were financially supported from their child and grandchild. Comparison of financial status between the rural and urban, the rural elderly faced more difficulty than those in the urban. Four out of five older people had health problems and most of the problems were related to arthritis, followed by eye diseases and teeth problems which caused disability among the elderly. Consequently, they could not work because they were in an agricultural sector which required and mainly depended on labor. Chuprapawan, C. et al (1995)

investigated economic aspects of the elderly in the rural and found that they had to work to feed themselves more than those in the urban. Health was the main reason for most of the elderly who stopped working. Most of the elderly had extended families; co-residing with their child and grandchild and had a caregiver although most of the caregivers worked outside and were also in the agriculture sector.

2.2 Physical ability

Concerning the physical ability to perform extended daily activities, results indicated that most of the elderly or nine out of ten older people could look after themselves very well. Traveling by a vehicle was the problem which was rated the highest and it was consistent with results from "Health Problems of the Elderly in 2000" conducted by Chitapankul, S. which revealed that one out of three older people could not use public transportation without companion or a caregiver. In addition, 24.3% of Thai elderly needed a caregiver to help them with their health problems. They also could not pay, exchange or change money which was partly because of their poor education background and their weak physical conditions. Comparison between their ability to perform basic and extended daily activities showed that the elderly with disability had more difficulty in performing extended activities than the basic ones.

2.3 Functional disability of the elderly

Regarding long-term disability among the elderly, it found that 63.4% of them had long-term disability and most of them were at very initial low level while 5.4% were at mildly severe dependence and moderately severe dependence levels. Important causes of the long-term disability were arthritis, followed by hypertension (20.7%), backache (17.2%) and eye diseases (10%). This is consistent with results of

"Health Problems of the Elderly in 2000" by Chitapankul, S. which found that 1.7% of the Thai elderly with disability were at mildly severe dependence and moderately severe dependence levels and two out of three older people with disability had difficulty in sighting and 1.7% of them were categorized in the blindness level.

Concerning new health problems or short-term disability mostly caused by illnesses, common cold and sore throat was found the highest at 17.2%, followed by backache, headache, aches and pains at knees and inflammable joints. This is consistent with results from "Health Problems of the Elderly in 2000" by Chitapankul, S. which found that 43.6% of the elderly suffered from new health problems caused by several causes in each month. Almost all of the health problems were minor; such as, common cold or pain at joints, etc. In addition, The Research Institute of Public Health Systems, (1995), conducted a survey of illnesses among the elderly and concluded that illnesses occurred in the past 2 weeks among the elderly aged 60-89 years were at the rate of approximately 28% and it increased to 31% in the elderly group of over 90 years. Symptoms found were common cold, headache, aches and pains at joints, backache, hypertension and fever.

Regarding prevalence of the disability, results showed that most of the elderly (60%) were disabled and the majority was at very low initial level while 5.4% were at mildly severe dependence and moderately severe dependence levels. Concerning opinions towards causes of their disability, the results found that arthritis and aches and pains at parts of the body were mentioned most often (40.8%), followed by eye diseases (12.3%).

2.4 Socio-economic factors related to long-term disability

1. Sex: The female elderly were disabled more than the male. This is consistent with a research study titled "Health Problems of the Elderly in 2000" by Chitapankul, S. which indicated that statistically the female suffered from long-term disability more than the male at P value < 0.001.
2. Religion: Results revealed that the Buddhist elderly were disabled more than those of other religions. However, this was probably because too few people of other religions were recruited in the sample of this research, so the results could not be analyzed for clearer discussions and conclusions.
3. Education and reading and writing abilities: The elderly who were uneducated, could not read and write were disabled more than those educated elderly who could read and write. This is consistent with a research study titled "Health Problems of the Elderly in 2000" by Chitapankul, S. which found a statistical significance on the issue that the elderly who could not read or write suffered from long-term disability more than those who could at P value < 0.05 and the elderly who could not write were 1.8 times more likely to suffer from long-term disability than those who could write fluently.
4. Income sufficiency: Results showed that the elderly who did not have sufficient incomes suffered from long-term disability more than those who did not have income at all. This was consistent with a study titled "Health Problems of Thai Elderly in 2000" by Chitapankul, S. which indicated that poverty led them to health problems.

5. Health problems: Results indicated that the elderly with health problems obviously suffered from long-term disability.

2.5 Socio-economic factors related to disability

1. Religion: This research found that the Buddhist elderly were disabled more than those of other religions. This is probably because too few of people of other religions were recruited in this research, so the result analysis could not be clearly elaborated.
2. Education and reading and writing abilities: The elderly who were uneducated and could not write were disabled more than those educated elderly who could read and write. This is consistent with a study by Chitapankul, S. on health problems of the elderly (2000) which found a statistic significance on the issue that those who could not read or write suffered from long-term disability more than those who could read and write at P value < 0.05 and those who could not write were 1.8 times more likely to be disabled than those who could write fluently.
3. Income sufficiency: The elderly who did not have sufficient income were disabled more than those who did not have any income. This is consistent to the study by Chitapankul, S. on health problems of the elderly (2000) which found that poverty could lead to health problems.
4. Health problems: Having health problems was significantly related to disability. It can be concluded that socio-economic factors causing long-term disability and overall disability were similar, especially among the disadvantaged elderly who had very few opportunities in education

(ignorance) and poverty which significantly resulted in health problems (illnesses and disability).

2.6 Needs of the elderly and their caregivers

Most of the elderly would like their child and grandchild to visit them and ask them about their well-being or ask if the elderly need any assistance from them. The most important thing that the elderly wanted was being taken care by their family when they were ill and take them to the hospital for a check-up and treatments because it was inconvenient for them to travel alone. Hoysang, S. (1998) studied the needs and perception of the elderly in the rural area towards care from families in Trang province and found that the needs to be taken care of with love and the need to be a part of the society were rated the highest. In addition, regarding their perception gained from their families, self-worth was the highest. Tiennprapas, C. (1997) studied the need of the elderly for services and found that health service was needed the most by the elderly (81.5%) and some of them thought they did not want to disturb their child and grandchild because they had to work for a living. They just wanted them to look after them when they were ill. Chuprapawan, C. et al (1995). conducted a case study concerning the economic status of the elderly and found that the elderly in the rural had to work for a living more than those in the urban. Health was the reason why the elderly stopped working and they would like the government or local administration organizations to arrange social welfares and infrastructures; such as, providing water in the dry season or constructing roads and allocating monthly allowances for the elderly aged over 60 years for at least 500-600 baht. Chayowan, N. et al. (1989) concluded findings concerning incomes of the elderly that their financial status was poor as most of them earned just 500 baht per month or nothing and most

of them received financial support from their child and grandchild. Comparison between the financial status of the elderly in the rural and urban indicated that the rural elderly had more financial difficulties than those in the urban and support from child and grandchild for the rural elderly was less than those in the urban. This was probably because work opportunities in the agricultural sector were decreasingly very few and the elderly could not compete with younger people in the job market.

Opinions of the caregiver were similar to the elderly in terms of medical welfares for the elderly. The caregiver would like the government or local administration organizations organize free and easily accessible medical services for the elderly and also allocate monthly allowances for each of the elderly aged over 60 years. Nualjinda, A. et al. (1991) studied the physical and spiritual needs of the elderly and found that the elderly needed regular care for the followings; clothes, food, sleeping areas and companion to have health check-ups. Nueajinda, A. et al. also explored their satisfaction and concluded that the most important strategy for the development of their quality of life was to arrange what the elderly wanted, both physically and spiritually, and to meet their needs. Sitthicharoenchai, O. as refered in Visuttitum, P et al. (1999) explored the quality of life of Thai elderly in Nakhon Sawan province and concluded on their financial status that those aged below 70 years were still self-reliant but their situation were becoming worse at times and they needed increasing support from their child and grandchild and their expenses would outnumber the income. Regarding their social network, they mainly relied on their child and grandchild and community groups rarely supported the elderly and had just limited interactions with them.

In conclusion, the majority of the elderly or nine out of ten still could look after themselves and performed daily activities. For extended daily activities, they still needed help from a caregiver in some crucial activities; such as, traveling in a vehicle (25.3%) and 3.4% of them were dependent; followed by paying, exchanging and changing money (8.3%), working outside the house (7.2%) and cooking (6.9%). Functional disability was still one of major problems of Thai elderly and from this research, results indicated that more than half of the elderly populations suffered from disability and most of them had long-term disability. In the overall disability group, 3.4% were at mildly severe dependence and moderately severe dependence levels and needed to be closely attended by a caregiver. Socio-economic factors; such as, education, reading and writing abilities, income sufficiency and health problems, were correlated to disability of the elderly who were considered as disadvantaged group in the society. This shows that the disadvantaged were the group with high number of disability cases. Opinions of the elderly reflected that they did not want anything more than love and attention from their family to look after them when they were ill and take them to the hospital for health examinations. Though the elderly understood that their caregiver might have to work for a living, they were unable to perform some activities independently and needed to depend on others. The elderly also would like the government or local administration organizations to help them on social welfares; such as, providing monthly allowances for 500-600 baht per month for those aged over 60 years. The allowances should be equally accessible and they should improve infrastructures and utilities; such as, providing water in a dry season and constructing roads. Caregivers of the elderly had similar opinions. They would like the government

or local organizations in communities to support the elderly in provisions of medical welfares and allowances.

3. Recommendations

Activities with the elderly in the past were not successful due to health problems of the elderly and readiness of their family. Public health personnel must seek approaches to involve the elderly caregivers or relatives as this will bridge the understanding of the elderly and their caregivers and relatives. This would later help improve the elderly health in terms of physically and mentally, causing them to live with good quality of life. and

1. Elderly related organizations should perform their duties through the Royal's Decree on Elderly
2. Comprehensive plan on the health of elderly should be made for all local health administrative offices
3. Medical service programs should be provided to immobile handicap elderly at their homes.
4. Establish elderly saving fund to prepare for their future needs
5. Form local organizations to be responsible for all activities related to strategic plan of the elderly

4. Recommendations for future research

1. Dependency phase of the elderly should be further explored in order to learn about how to live in the community alone. In addition, needs for public health services should be investigated as well.

2. Knowledge of the elderly in the Act of Older Persons should be studied. Also needed to be explores are rights and benefits of the elderly and their opinions towards welfares which should be available for the elderly.
3. Opinions of community organizations, caregivers and families of the elderly in welfare arrangements for the elderly should also be researched.
4. Establish Model to look after the elderly in the community with the participation of the local government. This includes the elderly with disabilities and without.
    - Elderly saving account model for different activities i.e. funeral
    - Monitor and adjust the Royal 's Decree in both elderly and welfare issues
    - Elderly community fund should be used to enhance and sustain the standard of living of the elderly

5. Benefits from this research

1. To acquire data and learn about problems of the elderly in performing daily activities in order to apply such data as a guideline in planning and solving the problems.
2. To learn about health and disability of the elderly in order to provide high quality of care to the elderly with disability and slow down the pace to the minimum for the elderly who are still healthy.
3. To use this research as a model for implementation of health management which is appropriate for the elderly and consistent with Thailand's health service system in the future which focuses at holistic active approaches.

4. To be able to strengthen service policies for the elderly in the community through decentralization
5. To be able to survey the real needs and number of disable elderly
6. To build Multidisciplinary Center for all age groups and create activities related to healthy life style
7. To provide welfare services to elderly in the community via community welfare Royal Decree
8. To help preparing the elderly for the older aging stage