

## **CHAPTER VI**

### **ANNOTATED AND BIBLIOGRAPHY**

**Ian McDowell and Claire Mawell. (1996). *Measuring Health: A Guide to Rating Scale Questionnaires*. Chapter 9: General Health Status and Quality of Life.**

This chapter reviews measurement of physical functioning, followed by the social and emotional aspects of health. This chapter describes how to measure quality of life and reviews health profiles, which describe health status in a set of scores and health indices. This chapter addresses 19 general health profiles following by health indexes.

**John, R. (1996). *Population: An Introduction to Concepts and Issues*. Chapter 11 : Population Growth and Aging.**

The chapter is a practical resource guide that provides reflections on old age, population aging, individual aging, the social content of aging, the sex and age structure of the older population, summary and conclusion.

**Ichiro Kai, et al. (1991). *Quality of Life : A possible index for the Elderly*. Asia Pacific Journal of Public Health 5:3: 221-227**

This article assesses whether quality of life (QOL) could be employed as an outcome measure of health programs for elderly populations. This article evaluated the relationship between subjective assessment of QOL (“moral scale”) and the objective constituents of active life such as Activities of Daily Living (ADL), the instrument on ADL (IADL) and the work status along with determination of active life expectancy (ALE) in a rural district.

KoZo Matsubayashi, et al. (1997). **Quality of life of old People living in the community.** The Lancet 350: November 22: 1521-1522

The article reported the assessment of activities of daily living (ADL) and the subjective quality of life of Japanese elderly by using a self-report visual analogue scale (VAS). The article indicated that the yearly trend in ADL independence does not run parallel with the trend in subjective QOL score in community living elderly in Kahoku, Japan.

Rocio Fernandez-Ballesteros.(1998). **Quality of life: The Differential Conditions.** Psychology in Spain, Vol 2 No.1 57-65.

This study is a cross section descriptive study, using the concept of QOL of the elderly and reports the result from a survey of people 65 living at home or in public or private institution, with different ages, of either gender and with different socio economic status. This article concluded that the QOL ingredients are dependent on life style (at home or in institutions) and personal conditions.

Caroline Sanders, et al. (1998). **Reporting on Quality of life in Randomized controlled trials: Bibliographic study.** BMJ 317: 1191-1194. Available from: <http://bmj.com/cgi/content/full/317/7167/1191> - 8/1/2002

This research aimed to examine the frequency and quality of reporting on quality of life in randomized controlled trials. The study design was part of the Cochrane Controlled Trials Register 1980-1997 to identify trials from all disciplines. Including an assessment abstract and full report with the standard instrument. The result stated that there were less than 5% of all randomized controlled trials reported on quality of life and the excess of instruments were used in different studies. Furthermore, the reporting of methods and results were often inadequate. Standard for the measurement and reporting of QOL in clinical trial research need to be developed.

Matthew F Muldon, et al. (1998). **What is Quality of life instrument measuring?** BMJ 316: 542-545 Available from: <http://bmj.com/cgi/content/full/316/7130/542>-8/1/2002

This article describes on the way to measure the QOL that is contains the 2 main topics; (1) a classification scheme for measuring quality of life, (2) question of validity. This article states that the limitation of quality if live measurement is the people's perception changes over time.

Willaim R. Lassey and Marie L. Lassey. (2001). **Quality of life for the older people: an international perspective.** The United state of America: Prentice-Hall Inc.

This textbook describes the quality of life for the older people into 4 parts. The first part given an overview of optimal aging and quality of life, the individual role and

social support system. The second part deals with the contributing factors to quality of life that are health status and health care topics, mental health and mental disorders, chronic illness and long term care, residential environment, economic and financial conditions and lifestyle. The third part is an international perspective that emphasize the experience of quality of life improvement from Canada, Japan, the United Kingdom, the Netherlands, German, Sweden, and France. The last, deals with alternatives for optimal aging and quality of life including country comparisons and quality of life that focuses on the priorities.

**Wongboonsin. K. (1998). Growing Concern for Aging Population in Thailand.**

*Journal of Demography* 14: 87-105.

This article emphasizes on current trends towards an increasing number and proportion of the elderly and impact of a structure change of population in Thailand. This article deals with topics such as; demographic aspects, economically active aging population, the aging population, the aging population and their families, social insurance and social welfare and finally scenarios to consider. At the end of this article, the author stated the problem and directions for improvement.

**Sudsawat K. (1998). Quality of Life of the elderly in Na Khon Si Thammarat**

**Province.**(Thesis). Bangkok: Chulalongkorn Unicersity.(in Thai)

The thesis is aimed to determine factors influencing quality of life of the elderly in Na Khon Si Thammarat province. There are 5 chapters; (1) introduction, (2) review a literature, (3) methodology, (4) finding and (5) conclusion and discussion. The study

design was a cross sectional descriptive study. Using simple random sampling and stratified multi-stage as the technique employed for 402 rural and urban eligible elderly people into the study. The thesis found that a group of the elderly who have never been suffering from any personal ailments and who are economically stable are general considered to have a higher level of quality of life than the others.

**Farguhar, M. (1995). Elderly people's definitions of quality of life. Social Science Medicine 41 (10) :1439-1446.**

The objectives of this paper is definition and measurement of the concepts of quality of life, and question on operationalization of the quality of life simple in terms of a health status measure and a scale of function an ability. The study focuses on the elderly people living at home in two contrast areas of southeast England, and demonstrates the older people talk about and do think about the quality of life. This study highlights how quality of life varies for different age groups of elderly people living at home, in different geographic areas. This study indicated that there is more to quality of life than health: indeed, social contacts appear to be as valued components of good quality of life as health status.