

PERCEPTIONS AND SATISFACTIONS REGARDING TO THE NATIONAL POLICY  
IMPLEMENTATION FOR THE ELDERLY: CASE STUDY IN PHRASAMUTCHEDI  
DISTRICT, SAMUTPRAKAN PROVINCE, THAILAND.

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จุฬาลงกรณ์มหาวิทยาลัย

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การศึกษาการรับรู้ และความพึงพอใจของผู้สูงอายุในอำเภอพระสมุทรเจดีย์ จังหวัดสมุทรปราการ  
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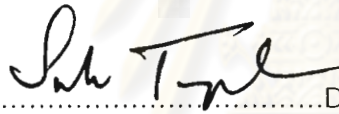
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73 หน้า

งานวิจัยนี้มีจุดมุ่งหมายที่จะศึกษาการรับรู้และความพึงพอใจของผู้สูงอายุที่มีต่อการดำเนินการตามนโยบายของประเทศในเรื่องการจัดสวัสดิการผู้สูงอายุ ณ อำเภอพระสมุทรเจดีย์ และศึกษาหาความสัมพันธ์กันระหว่างการรับรู้และความพึงพอใจของผู้สูงอายุในการบริการสวัสดิการสังคมที่มีในชุมชน เพื่อนำความรู้ที่ได้ไปใช้เป็นแนวทางในการนำเสนอรูปแบบการจัดสวัสดิการผู้สูงอายุที่เหมาะสมผู้สูงอายุในพื้นที่อำเภอพระสมุทรเจดีย์ต่อไป การวิจัยทำกับกลุ่มประชากรที่อายุ 60 ปีขึ้นไป จำนวน 423 ท่าน ที่อาศัยอยู่ในพื้นที่พระสมุทรเจดีย์ครอบคลุมทั้ง 8 ตำบล ใช้เครื่องมือคือแบบสอบถามข้อมูลส่วนบุคคล และแบบประเมินการรับรู้และความพึงพอใจต่อการจัดสวัสดิการผู้สูงอายุในพื้นที่ และสอบถามแบบประเมินสมรรถภาพในชีวิตประจำวัน และแบบประเมินอารมณ์ซึมเศร้า

ผลการวิจัยพบว่าข้อมูลทั่วไปของกลุ่มตัวอย่างนั้น ผู้สูงอายุผู้หญิงมีมากกว่าผู้ชาย คิดเป็นร้อยละ 58.39 และผู้สูงอายุส่วนใหญ่ยังอยู่ร่วมกับคู่สมรสคิดเป็นร้อยละ 46.09 และผู้สูงอายุส่วนใหญ่เป็นผู้ที่ไม่ได้ทำงานคิดเป็นร้อยละ 45.39 ซึ่งคล้ายกับการสำรวจข้อมูลประชากรผู้สูงอายุในสถาบันวิจัยต่างๆ เมื่อนำมาวิเคราะห์หาปัจจัยที่มีผลต่อการรับรู้และความพึงพอใจของผู้สูงอายุในการบริการสวัสดิการสังคมที่มีในชุมชน โดยใช้สถิติไค-สแควร์ พบว่าสถานภาพสมรส อาชีพ แหล่งที่มาของรายได้และเศรษฐกิจของผู้สูงอายุมีความสัมพันธ์กับการรับรู้ของผู้สูงอายุต่อนโยบายของประเทศในเรื่องการจัดสวัสดิการผู้สูงอายุ อย่างมีนัยสำคัญทางสถิติ ส่วนสถานภาพสมรส อาชีพ และระดับการศึกษาของผู้สูงอายุมีความสัมพันธ์กับความพึงพอใจของผู้สูงอายุต่อนโยบายฯ อย่างมีนัยสำคัญทางสถิติ

จากการวิเคราะห์หาความสัมพันธ์ระหว่างการรับรู้และความพึงพอใจของผู้สูงอายุที่มีต่อการบริการสวัสดิการสังคมสำหรับผู้สูงอายุในชุมชน โดยใช้การคำนวณค่าสัมประสิทธิ์สหสัมพันธ์สเปียร์แมน แรงค์ ที่ระดับความเชื่อมั่นร้อยละ 95 พบว่า การรับรู้และความพึงพอใจของผู้สูงอายุที่มีต่อการบริการสวัสดิการสังคมสำหรับผู้สูงอายุในเรื่องการจ่ายเบี้ยยังชีพผู้สูงอายุ เรื่องการจัดการตรวจสุขภาพประจำปี เรื่องการให้บริการสถานสถาน และการจัดกิจกรรมวันสำคัญ มีความสัมพันธ์กันอย่างมีนัยสำคัญทางสถิติ และยังพบว่ามีบริการสวัสดิการสังคมหลายบริการที่ผู้สูงอายุในชุมชนไม่ทราบหรือขาดการรับรู้ ซึ่งการจะดำเนินการบริการสวัสดิการสังคมในชุมชนที่หวังทำให้ผู้สูงอายุได้รับการดูแลและมีคุณภาพชีวิตและความเป็นอยู่ที่ดีขึ้น หน่วยงานที่เกี่ยวข้องควรจะพยายามพัฒนากิจกรรมบริการสวัสดิการสังคมของผู้สูงอายุให้ครบทุกด้าน คือ ด้านการศึกษา ด้านสุขภาพและการรักษาพยาบาล ด้านที่พักอาศัย ด้านรายได้ ด้านความมั่นคงทางสังคม ครอบครัว ผู้ดูแลและการคุ้มครอง และด้านนันทนาการ และเป็นการที่ดียิ่งขึ้นหากการดำเนินกิจกรรมบริการสวัสดิการทางสังคมของผู้สูงอายุในชุมชน ได้ให้ผู้สูงอายุได้ร่วมแสดงความคิดเห็นและหาแนวทางในการปฏิบัติให้สอดคล้องของความต้องการในชุมชน ทั้งนี้เพื่อเป็นการเตรียมความพร้อมของบริการสวัสดิการทางสังคมสำหรับผู้สูงอายุในอนาคต เพื่อรองรับกับแนวโน้มที่ผู้สูงอายุจะมีอายุยืนยาวและมีจำนวนมากขึ้น

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ลายมือชื่อนิสิต

ศรัศกั อามกย์โยธิน

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SURASAK AMMARTYOTHIN : PERCEPTIONS AND SATISFACTIONS REGARDING TO THE NATIONAL POLICY IMPLEMENTATION FOR THE ELDERLY: CASE STUDY IN PHRASAMUTCHEDI DISTRICT, SAMUTPRAKAN PROVINCE, THAILAND. ADVISOR: ASSOC.PROF. SATHIRAKORN PONGPANICH, PH.D.

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This research aims to study the perception and satisfaction of the elderly towards the implementation of the national elderly welfare policy at the Phra Samut Chedi District Samutprakan Province and investigate the relationship between perception and satisfaction of the elderly in social welfare services, available in the community in order to reverse a knowledge to be used as guidelines of the elderly social welfare in the district. The research had been done on 423 populations, 60 and more than 60 years old, living in the area study, cover 8 sub-districts, collect data by interview questionnaire to receive a personal information and evaluate the perception and satisfaction with the elderly social welfare and assessment of competence in everyday life and depression scale of the elderly.

The results, the general information of the sample, the elderly women is more than the elderly men around 58.39 percent and most of the elderly living with spouses, represent 46.09 percent of the elderly and most of those do not work around 45.39 percent, similar to the other survey of the elderly population in the academic research institutions. The analysis about factors influence to the perception of the elderly towards the implementation of the national elderly welfare policy by using Chi Square Test, the 95 percent of confident level, found that the elderly marital status, type of elderly work, source of elderly revenue and economic status have associate with the perception of the elderly and the elderly work, marital status and education level have associate with the satisfaction of the elderly. The analysis in relationship between perception and satisfaction of the elderly about social welfare services for the elderly in the community by using the Spearman rank correlation, the 95 percent of confidence level, found that perception and satisfaction of the elderly towards social welfare services for the elderly in the allowance payment, annual health check up, religious services, providing recreational activities on special day have statistical significance. It also found that the number of social welfare services to the elderly in the community, the elderly do not know, or maybe lack of awareness. The social welfare services to the community that hopes to be taken care of the elderly for the quality of life and better living, a local agencies should try to develop activities of the elderly social welfare services in all aspects of educational services, health and medical services, housing and accommodation services, revenue services, social security, family care and protection services and recreational services. The best way is if the activities of social welfare services of the elderly in the community, joined with the elderly, share their ideas and find out a good practice to meet the elderly needs of the community. This is to prepare social welfare services for the elderly in the future to support the elderly trend will have long life and increasing.

Field of Study: Public Health

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Academic Year: 2010

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ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

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## CHAPTER I

### INTRODUCTION

#### 1.1 Background and Rationale

Over the past two decades, Thailand's population structure has very rapidly changed because of the new medical evolution have an effect on mortality reduction, impact on the number and proportion of the childhood population [aged under 15 years old] was decreased while continuously increased of working-age population [15-29 years old] and has increased the number and proportion of the elderly population [aged 60 years old and over]. Situation of Thai Elderly Report on 2009[1], report about and trend of the elderly population since 1960 found that the Thai population aged 60 years and over was only 1.5 million people or about 5.4 percent of the total population but the number of the population age 60 and over was increased to 7 times, estimated 7.6 million people in the year 2009, the year that Thailand is completely entering the aging society, has the number of the population age 60 and over more than 10 percent of the total population.

Continuously increasing in the number and proportion of Thai elderly population. The expectations in the year 2025, the number of elderly population will grow up to 14.9 million people, representing two times of the number of elderly population in the year 2009 and in the year 2030, the number of elderly population will increase to 17.8 million people, representing 25 percent of the total population.

Changing age structure of the elderly population, indicate the trend of Thailand to have increase the number and proportions of the elderly population, emerging challenges in providing care for the elderly population, so after the Second National Plan for Older Persons was developed in 2002 onwards, the development of economic and social security for the elderly is major priority issue in the Thailand National Policy.

##### 1. Extension of income security for the elderly

Elderly allowance payment policy, has been transferred from the Department of Social Development and welfare, the Ministry of Social Development and Human Security to The Department of Local Administration section, the Ministry of Interior since 2002 by the Municipalities, Sub-district Administrative Organization, have a major responsibilities in the preparation of registration, check the properties of the elderly and pay the allowance to the elderly. The capital allowance for the elderly as a subsistence allowance of 500 baht each a month to the elderly, poor or abandoned or lack of care. The Government launched the universal allowance payment policy 500 per month for older persons 60 years and over, resulting in the 5,652,893 elderly [representing 80 percent of the elderly population] received the allowance payment in 2009. The problem is there are some elderly who have not been in program and this policy does not guarantee that it remains sustainable for a long time.

## 2. Employment opportunities - reducing dependency.

Increase job opportunities of the elderly, can still work is an approach that will allow the elderly earn income for themselves and their families without dependent their children or the public.

## 3. Development of access to health services.

Elderly persons suffer with health problems but there are restrictions on access to health services and health promotion. The elderly receive health promotion services only 15 per cent of the elderly population. The government should accelerate the development of elderly health care systems to increase access to health services for the elderly persons including health promotion and disease prevention, treatment and rehabilitation and designing the community health service to promote care in the home and family, the cost is lower than in government hospitals.

## 4. Elderly health

Major problems of the Thai elderly are economic problems such as poverty, low income follow by health problems. Diseases, caused especially non-communicable diseases such as diabetes, high blood pressure, Cardiovascular disease, Stroke, high blood cholesterol, Alzheimer's disease, Bone disease, urinary incontinence, depression and falls, etc. (Jitapunkul, S. 2000) while the study [Siriboon, S. (2000)] found that services, the elderly need is health care and treatment follow by need financial assistance and allowance and need to have an elderly club and need a care, care giver and employment.

### 1.2 Expected Benefits.

National social welfare state in the present, the services will focus on the immediate assistance (Public Assistance), temporary relief. Policy do not focus on systematic or structural problems. The operations and planning are the system of command from top to bottom (Top-down). The local government offices has to wait for operations and planning from a central, lack of participation of people, do not thoroughly apply to people. Guidelines of the social welfare do not meet the diverse needs of the people. The problems and obstacles to social welfare services of the elderly in the rural areas, as follows.

1. Elderly welfare services are not able to respond to the needs of the elderly in rural areas such as the elderly welfare home services to the elderly, do not want, in rural areas.
2. Elderly welfare services, the elderly in rural areas needs but government can not provide appropriate services such as no coverage and insufficiently allowance etc.

In addition, this thesis will present that there are several factors that affect the social welfare for the elderly in rural areas are personal factors such as gender, age, marital status, educational level, occupation, income, family relationship. Health factors such as health status of the elderly, underlying disease, self health care of the elderly. Economic factors such as work, income sources, financial support and a factor of life satisfaction of the elderly.

Because of change the situation of the Thai population structure, including changes to government policy on the elderly social welfare service, the existing services can not meet the needs of the elderly in rural areas or provided service, but not coverage to the elderly. Therefore, the study of the elderly in Phrasamutchedi District, Samutprakan province, in perceptions and satisfactions regarding to the national policy implementation for older persons to present a some satisfaction of the elderly to the national elderly policy

### 1.3 Research Questions

1.3.1 What are the perceptions and satisfaction of the elderly in Phrasamutchedi District, Samutprakan province, regarding to the national policy implementation for the elderly.

1.3.2 What are the factors, influence to perceptions and satisfactions of the elderly Phrasamutchedi District, Samutprakan province, regarding to the national policy implementation for the elderly.

### 1.4 Research Objectives

1.4.1 To study the perceptions and satisfactions of the elderly in Phrasamutchedi District, Samutprakan province, regarding to the national policy implementation for the elderly.

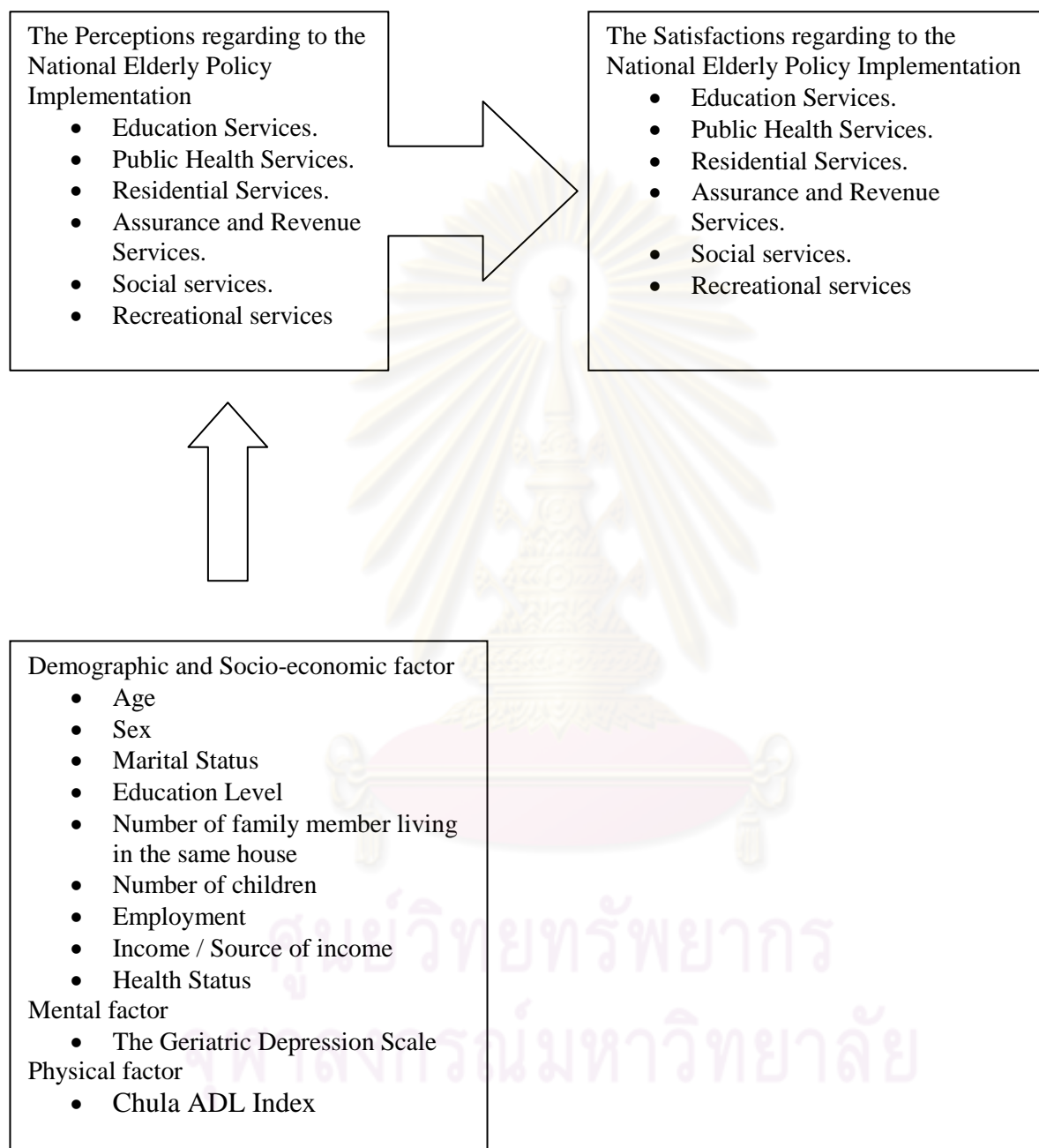
1.4.2 To study the factors associated with perceptions and satisfaction of the elderly in Phrasamutchedi District, Samutprakan province, regarding to the national policy implementation for the elderly.

### 1.5 Research Hypothesis.

1.5.1 There is associate between perceptions and satisfactions of the elderly in Phrasamutchedi District, Samutprakan province, regarding to the national policy implementation for the elderly.

1.5.2 The elderly in Phrasamutchedi District, Samutprakan province, lack of perceptions and satisfaction in the government policy of social support for elderly in Thailand.

## 1.6 Conceptual framework





## 1.7 Operational Definitions

### 1.7.1 Demographic and Socio-economic factors

1.7.1.1 Age refer to how old the participant is at the time of interviewing.

1.7.1.2 Sex refers to male and female.

1.7.1.3 Marital Status refer to status of marriage are single, married, separated, widowed and divorced status.

1.7.1.4 Employment refers to an employ status.

1.7.1.5 Income and sources of income refer to money support from employment or other person.

1.7.1.6 Health status refer to health problem or condition of participant

### 1.7.2 Mental factor

The Geriatric Depression Scale : Short Form is a 15-question screening tool for depression in older persons.

### 1.7.3 Physical factor

Chula Activity Daily Living Index (CAI): Jitapunkul, Kamolratanakul & Ebrahim (1994) developed the Chula Activity Daily Living Index to evaluate Extended ADLs of people living in a community. It consisted of five activities: walking outdoors, cooking, using public transport, using money, and doing heavy housework.

1.7.4 The National Elderly Policy Implementation refer to Social welfare services for the elderly refer to a various processes of the activities, the local government office of the Prasamutchedi district, Samutprakan province. A social welfare services for the elderly such as an Education services, Public Health Services, Residential Services, Assurance and Revenue Services, Social services and Recreational services to men and women aged 60 years and over who live in the Phrasamutchedi, Samutprakan province.

Education services refer to opportunity to learn and study of the elderly in order to continuously develop their potential performance for example a study center of village, access to various information, Local knowledge transfer activities, the elderly training, etc.

Public Health Services refer to an operation of local government office to make a healthy elderly to increase life expectancy such as annual health check-up, advice a proper exercise, physical therapy services etc.

Residential Services refer to a social welfare service help the elderly, abandoned with or without shelter such as an elderly social welfare home, family support services and an emergency home services, etc.

Assurance and Revenue Services refer to encourage the elderly to earn an income such as a provide a capital to proper career for the elderly, skill training or study tour, etc.

Social services refer to a establishment and development of the elderly social welfare services in a community, the elderly can access a health and social services at their home such as home visit, mobile district services, provide a trained volunteer for the elderly care, etc.

Recreational services refer to to encourage the elderly to do an activities together such as the establishment of the elderly clubs, Natural or worshipful Places, etc.

- 1.7.5 Basic indicators refer to a measure that is important and a mission to fulfill basic necessities of living of the elderly. To ensure the local government organization must provide a services or benefits to the elderly.
- 1.7.6 Advance indicators refer to a measure that is important and has a mission to enhance the development of the elderly social welfare services or advanced than the basic standard indicators, may do by local government organization depend on the potential of them.
- 1.7.7 Client refers to the elderly who receive social welfare services of local government office in Prasamutchedi District, Samutprakan province.
- 1.7.8 Service Provider refer to a person who is involved in the task for the elderly social welfare service of the local government offices in Phrasamutchedi district, Samutprakan province such as the president of the municipality, the president of tambon administration organization, etc.
- 1.7.9 Local government office means a local government offices in Prasamutchedi district, one of the Municipality and seven of the Tambon Administration Organizations.

## CHAPTER II

### LITERATURE REVIEWS

The Study of knowledge, attitude and perception of the elderly in rural areas towards on the elderly national policy about readiness to Aging Society in the future. This thesis used both quantitative and qualitative research, also will analyze the elderly expectations in the suitable elderly care and social welfare services in order to guide and encourage a local authorities office, to provide social welfare to them.

The thesis has been conducted in various concepts, theories and literature to achieve these objectives, including a review of related research, to define the conceptual framework to be used in this study as follows.

1. The concepts of the aging processes and conditions.
2. The concepts of the human needs and quality of life.
3. The concept of the elderly social welfare.
4. Aging society preparation in Thailand.
5. The related research

1. The concepts of the aging processes and conditions.

#### 1.1 Definition of the elderly

Aging is the late stage of life, nature and development in this age will opposite to childhood, is gradually degeneration. It is difficult to determine any person to the aging. The society criteria will determine who is elderly, vary according to social conditions. Hall D.A.[1976] have defined about the elderly, divided into 4 type of elderly person

1. Chronological Aging - refers to the older calendar year by counting from the year of birth onwards.
2. Biological Aging - consider the elderly from changing in physiological condition of the person because the performance of various organs in the body is reduced as a result of the degeneration process in the elderly, is based on an individual's life expectancy.
3. Psychological Aging is a change in recognition, memory, concept, learning and intelligent, are appear in different stages of life.
4. Sociological Aging is a change in role of personal status in society as well as the expectations of society to that person, relating to age, values and social needs.

Thai society is the means that older people are of Thai nationality and are aged 60 years old or over. (Elderly Persons Act BE 2546) the elderly did not look all the same. World Health Organization has divided the state's age of increasing age as follows.

1. Elderly - aged between 60 - 74 years.
2. Old - aged between 75 - 90 years.
3. Very Old - aged 90 years or more.

The elderly are divided in 3 periods for the Thai society has not yet concluded that a classification of the elderly in any way. The elderly are organized by the use of age still have debates that are not appropriate. Some scholars are using the criteria of the elderly can be divided into 3 groups.

1. Group of people who have good self-help.
2. Group of people who have some self-help.
3. Group of people who can not help themselves because of health problem or disability.

#### 1.2 Characteristics of the elderly.

Pornpiboon, B (1985)<sup>22</sup> has identified characteristics of the elderly as a following

1. wrinkles skin, gray hair, shake tooth, menopausal women and to see a general degeneration.
2. A feeling that they were less strength, tired, to see something not obviously hard of hearing, get worse flavor, memory decline, slow to learn new things, reduce the ability to work, prone to get sick and then slowly disappeared.
3. Lack of self confidence, anxiety emotion and fear in the things that never afraid before especially afraid of being abandonment and fear of death. It also felt sensitive and susceptible some people become angry, frustrated people prefer to separate, some of them have depression.

Classification of the elderly is a critical need because the elderly in each category will have different social service needs. Understanding of elderly welfare services in the past has been limited by the service of a "One Size fits for all" which are not able to respond to the truly needs of the elderly.

Neugarten et al, [1968] discusses personality and adjustment of the elderly into 8 types.

1. Reorganizer : who find new activities to replace the activity loss.
2. Focusal : who choose to do activities. They will stop doing certain activities. At the same time, they will nag you to select the new activity.

3. Disengaged : who voluntary changed themselves out of the existing roles and responsibilities.
4. Holding - on : who try to stay closer to the middle-aged people.
5. Constricted : who tried to off myself from the outside world, more and more (not involved in the world).
6. Succorance - seeking : who are satisfied with their lives as long as people can find a dependable person. Need someone to help, care and attention them.
7. Apathetic : who change themselves out. Stop thinking or despair in the very early life.
8. Disorganized : who don't like to have an activity and is likely not a normal mental status.

Group of personality and adjustment of the elderly numbers 1 to 3, Their life satisfaction is higher than Group of personality and adjustment of the elderly numbers 6 to 8.

### 1.3 Concept of the process of aging conditions.

The process of aging condition means the step change that occurs in the situation of older persons. A process that regularly appearance (Srisantisuk, S. 1996) that these changes, including changes to physical, physiological, psychological, and social which man can not be avoided as follows.

#### 1. Physical and physiological aging process.

Elderly physiological change that occurs during the body has a higher age. This process has two types of changes in physical and physiological changes (Srisantisuk, S. 1996)

1. The body changes. The changed physical and body structure that clearly appears such as skin wrinkles, freckles, decreased muscle strength, arthritis etc.

2. Physiological changes is change in the quality performance of the organs in the human body that used to work well as eyes, ears and tongue, etc. Decreasing the number of brain cells to decline memory.

The physiological change result in the elderly had health problems and affect to mental health. Health survey of Thai elderly found that the main problem of the elderly is health problems. The disease is usually found in the elderly, low back pain, arthritis, high blood pressure, heart disease, gastrointestinal disease, cataract ear disease and Paralysis (Napaporn Chayowan and John Knodel, 1996).



## 2. Social-psychological aging process.

Theoretical concepts widely used to describe the condition of Elderly Psychosocial changes is (Jen-oprom, S.1991)<sup>25</sup>

(1) Activity Theory is a theory proposed by Robert Havighurst (1963) who studied on the Caucasians elderly with middle income and healthy, was found that the elderly are always practical activities, have be active personality and who had regular activities will result in higher life satisfaction and adaptation to any condition better than the elderly without activity.

(2) Disengagement Theory is a theory that opposed describes to activity theory proposed by William Henry (1961) which states that when you are entering to the elderly. The elderly will reduce the activity and the role their own. This is the result of feeling that they have decreased the ability and the elderly, do not interfere with the activity and the role of social status, withdrawal of their role to the young or those who are better role. This is because society needs people with new skills and new generation to replace

Two theories are extremely important because it is a theory that can explain the aging condition of the elderly who have different the basics of life at a young age which may be due to life at a young age with different the social and economic status.

Activity theory is applied to the elderly with lifestyle-related status and role in society throughout the ages, young to middle age. It is important that society must provide the new status and role to support them when required by the role and status into old age retirement. While the elderly persons with traditional ways of life, young to middle age to elderly, may not need as much support activities as the active elderly group.

Disengagement Theory used to describe the elderly who are ready to enter to aging conditions. The elderly who are ready to state the elderly reduce their role in society and support young people to receive social burden. The elderly is facing a recession as other activities such as meditation study etc.

## 2. The concepts of the human needs and quality of life.

### 2.1 Basic theory about human needs.

A man needs a good quality of life, include both happiness of body and mind. Happiness of body is receiving or met the needs in terms of food, clothing, housing , medicine, equipment and facilities. Happiness of mind is having a love, warmth, spiritual strength, recognized and respect from others (Silapadet, N. 1996).<sup>26</sup>

Happiness or satisfaction in the people will occur when people have been responding to their needs (Jen-oprom, S.1991) refers to the Maslow's Hierarchy Of Needs theory and to increase the level of basic needs in accordance with 5 steps from the basic to more advanced include

### **Step 1 - Physiological needs**

For the most part, physiological needs are obvious — they are the literal requirements for human survival. If these requirements are not met, the human body simply cannot continue to function. Air, water, and food are metabolic requirements for survival in all animals, including humans. Clothing and shelter provide necessary protection from the elements. The intensity of the human sexual instinct is shaped more by sexual competition than maintaining a birth rate adequate to survival of the species.

### **Step 2 - Safety needs**

With their physical needs relatively satisfied, the individual's safety needs take precedence and dominate behavior. These needs have to do with people's yearning for a predictable orderly world in which perceived unfairness and inconsistency are under control, the familiar frequent and the unfamiliar rare. In the world of work, these safety needs manifest themselves in such things as a preference for job security, grievance procedures for protecting the individual from unilateral authority, savings accounts, insurance policies, reasonable disability accommodations, and the like. Safety and Security needs include:

- Personal security
- Financial security
- Health and well-being
- Safety net against accidents/illness and their adverse impacts

### **Step 3 - Love and belonging**

After physiological and safety needs are fulfilled, the third layer of human needs are social and involve feelings of belongingness. This aspect of Maslow's hierarchy involves emotionally based relationships in general, such as:

- Friendship
- Intimacy
- Family

Humans need to feel a sense of belonging and acceptance, whether it comes from a large social group, such as clubs, office culture, religious groups, professional organizations, sports teams, gangs, or small social connections (family members, intimate partners, mentors, close colleagues, confidants).

#### Step 4 - Esteem

All humans have a need to be respected and to have self-esteem and self-respect. Also known as the *belonging need*, esteem presents the normal human desire to be accepted and valued by others.

#### Step 5 - Self-actualization

“What a man can be, he must be.”<sup>27</sup> This forms the basis of the perceived need for self-actualization. This level of need pertains to what a person's full potential is and realizing that potential. Maslow describes this desire as the desire to become more and more what one is, to become everything that one is capable of becoming.<sup>27</sup> This is a broad definition of the need for self-actualization, but when applied to individuals the need is specific.

Ramasut, P. (1994) presented and summarized by the needs of the elderly into two categories.

1. Basic needs. The needs of the elderly people seek in any society or cultural.
  - 1.1 The Elderly person try to live as long as possible.
  - 1.2 The elderly person try to maintain physical and mental capacity.
  - 1.3 The elderly person try to protect and maintain functions , have at an early age like wealth, skill, knowledge, expertise and authority.
2. Advanced needs, is immediate or long-term needs, associate with social, cultural characteristics of the elderly such as in Western societies. The elderly may be required age-appropriate tasks, appropriate income, suitable health care provided by the state, etc., while Thai elderly society these requirements may not be as important as what has been care and attend of their children and families. Advanced needs of the elderly is equivalent to step 4 and 5 of the Maslow's Hierarchy Of Needs.

#### 2.2 Concepts of quality of life of the elderly.

Law ton (Lawton, 1985)<sup>28</sup> has studied the quality of life or a better life in the elderly and present that the elderly with good quality of life must include four key aspects.

1. Psychological Well-Being means that a person can be assess the level of happiness and success has been achieved by their requirement or goal setting.
2. Behavioral Competence refers to the ability of the person including the role of the body, good health, accurate perception and suitable social behavior.

3. Objective Environment refers to the environment, influence the quality of life of the elderly include five parts.

- Physical environment - climate, geology and housing.
- People who are important to the elderly, such as family members.
- People who generally interact with the elderly.
- Social status, age, race and economics.
- The social and cultural status in the community, the elderly live.

4. Perceived Quality of Life means that a person has a self-assessment about the psychological well-being, Behavioral competence and environmental influences on individuals, as mentioned.

Psychological well-being factor is indicators of quality of life which is the most important of their lives, seem closely to life satisfaction. It is the desire of the person because of it reflects to the person's quality of life. Then science education of the elderly [Gerontology] is often used a life satisfaction as an indicator of quality of life of the elderly. There were the definition of life satisfaction in the elderly as follows.

Wolman (1973)<sup>25</sup> explain the meaning of life satisfaction that the feeling, occurs when the needs have been meet.

Cambell [1976] and Powell [1983] give more meaning that life satisfaction is not necessary arise from a person has been fully respond to everything but including a pleasure caused by adapting to conditions arising from the environment as well.

Quality of life and life satisfaction in the elderly is a important issue that determine a conceptual framework of many researches, Nutsangpli, M. (1989) define three factors, affect to the elderly life satisfaction.

1. Personal factors include the level of education, leisure activities and health.

1.1 Education factors are correlated with life satisfaction with life because the level of education influences the type of occupation including health care, income levels, etc.

1.2 Leisure activities factors are refers to the hobby, way to use the time to do various activities in addition to the routine work or an activity to do in leisure time to direct ensure a enjoy the elderly person.

1.3 Health of the elderly. The elderly often experience problems with health due to their age, affect to the life satisfaction of the elderly

2. Economics factor : Economy has been a role in the lives of individuals to meet the needs in various fields such as in good housing condition, good nutrition, suitable health care and other facilities for themselves

3. Social relationships factor. A good relationship in the family has influence on life satisfaction of elderly.

### 3. The concept of the elderly social welfare.

#### 3.1 Human Rights.

#### **The Universal Declaration of Human Rights**

On December 10, 1948 the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction. The article of this Declaration have mention about the rights of the elderly in Article 25 (1) is

#### **Article 25.**

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Because of the political situation and government of each country have different conditions and some country has political instability result in the protection of the rights of elderly persons around the world was inequality in each country.

So the United Nations has a resolution about The *Vienna International Plan of Action on Ageing* is the first international instrument on ageing, guiding thinking and the formulation of policies and programs on ageing. It aims to strengthen the capacities of Governments and civil society to deal effectively with the ageing of populations and to address the developmental potential and dependency needs of older persons. It promotes regional and international cooperation. It includes 62 recommendations for action addressing research, data collection and analysis, training and education as well as the following sectoral areas:

- health and nutrition
- protection of elderly consumers
- housing and environment
- family
- social welfare
- income security and employment
- education

The Plan is part of an international framework of standards and strategies developed by the international community in recent decades. It should, therefore, be considered in relation to agreed standards and strategies in the areas of human rights, advancement of



women, families, population, youth, disabled persons, sustainable development, welfare, health, housing, income security and employment, and education.

### **The United Nations Principles for Older Persons**

In 1990, the UN General Assembly designated 1 October as the "International Day of Older Persons". In 1991, the Assembly adopted the "United Nations Principles for Older Persons" (resolution 46/91), encouraging governments to incorporate them into national programs whenever possible. The Principles call for action in many areas, among them:

**Independence:** Older persons should have access to food, water, shelter, clothing, health care, work and other income-generating opportunities, education, training, and a life in safe environments.

**Participation:** Older persons should remain integrated into community life and participate actively in the formulation of policies affecting their well-being.

**Care:** Older persons should have access to social and legal services and to health care so that they can maintain an optimum level of physical, mental and emotional well-being. This should include full respect for dignity, beliefs, needs and privacy.

**Self-fulfilment:** Older persons should have access to educational, cultural, spiritual and recreational resources and be able to develop their full potential.

**Dignity:** Older persons should be able to live in dignity and security, be free of exploitation and physical or mental and be treated fairly regardless of age, gender and racial or ethnic background.

### **3.2 Thailand National Policy and Plan for Older Persons.**

The Royal Thai Government has been aware of the challenges arising out of population ageing and has given increasing priority to the issues relating to older persons. Following the World Assembly on Ageing held in Vienna in 1982, Thailand formulated the National Long-term Plan of Action for the Elderly (1986-2001).

The main objective of **the 1st National Plan for Older Persons** was to stimulate social awareness and social responsibility in taking care of older persons, and called for collaboration from all parties to mobilize protection and promotion for older persons. The implementation strategies comprise of ;

1. Health Care Service
2. Education
3. Social security and income
4. Social and Culture Participation
5. Welfare Services

Later, a Working Committee on Policy and Action for the Elderly was set up to formulate the Essence of the Long-term Policies and Measures for the Elderly (1992- 2011) to help accelerate welfare actions.

In 1997, constitutional provisions were made to give older persons with insufficient income the right to receive aid from the State. In 1999, the Government established the National Commission on the Elderly which formulated the currently operational Second National Plan for Older Persons (2002-2021). has set up 5 implementation strategies for older persons as follows ;

- 1) Preparation for quality ageing
- 2) Promotion well-being in older persons
- 3) Social security for older persons
- 4) Management system and personnel development at national level
- 5) Conduct research for policy and program development support, monitoring and evaluation to the 2nd National Plan for Older Persons

Each strategy of the plan set up its target and indicators for the achievement as the main target of related responsible agencies in their relevant plan and activities. Meanwhile, these indicators are the main standard for monitoring and evaluation to the implementation at the mid point 5 year cycle. The Bureau of Empowerment for Older Persons was also created as the focal point on population ageing in Thailand.

#### 4. Aging society preparation in Thailand.

##### 4.1 National level

The government has determined that strategic "Preparation of Thai society to the society of the elderly is one in strategic plan of the National Economic and Social Development No. 10 and has the Elderly Nation Plan No.2 (year 2002 to 2021) to long term determine the direction of policy and operations in the elderly. The plan has already been established as a national plan strategies and clearly measures, continuously monitoring and evaluation of the implementation of the plan.

##### 4.2 Community level.

Local government offices is an organization with respect to decentralization and to have role in the life of the community, is close to the elderly in both geographic and social dimensions, truly understand the needs of local people and the elderly. Then the community problem is more quick and easy access to fix straight to the point of the problem than other government offices.

In theory, the transfer of elderly jobs to the local government office should help the operations because better approach to the elderly but in the practice found that there are obstacles in the process of management, man and budget management.

Most local government organizations tend to focus on Infrastructure is the primordial work because a visible products or measurable material and also it is the needs of local people while a job on improving of the elderly lives is a long term result, invisible products. Operations from seasonal, traditional, the lack of evaluate performance. Not a real benefit to the elderly.

#### 4.3 Individual level : Lack of adequately elderly preparation.

A survey of elderly people about the year 2007<sup>b</sup> present an interesting trend is the proportion of people who think and prepare for when getting older on one part.\* increase year by year. The proportion of the provision for the elderly is 57.1 percent in the population younger than 20 years old, increase to 85.5 percent in the aged 50-59 years old population but trend to decrease in the aged 60 years old and over population. This reflect that the population is entering to old age has prepare to be the elderly.

Challenging issues of aging society is going to promote the Thai population, ready prepare for each person, self-reliant as long as possible in aging.

#### 4.4 Health services provided by local government office.<sup>5</sup>

Four responsible plan for the elderly of local government office are 1] to provide elderly health care services 2] to provide a volunteers to care the elderly and disabled person 3] to promote elderly career and income and 4] promoting the strengthening of the elderly organizations of the elderly and disabled people in the community. In the year 2005, the preparation of the elderly welfare standard in the six standards include

- 1) Elderly health and medical care
- 2) Elderly revenue
- 3) Elderly Housing
- 4) Recreation
- 5) Social security and protection of family and caregivers
- 6) The social services and to build a network of support for the elderly.

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\* Arrangements for elderly mean somebody who has been thinking and preparing at least one of several parts [financial, physical, terms of access to religion, education, preparation of care giver and housing preparation

## 5. The related research

### 5.1 Elderly Satisfaction with National Policy for Older Persons

Increased number of elderly in every year, the government has programs to assist the elderly by the elderly as a key target groups and has driving the fundamental guarantees to be able to live in families, communities and society. Five visible programs are:

1. Elderly allowance program are currently 500 bath per month allowance recipients of more than 5 million people, representing 80 percent of the elderly. The poll findings from NIDA, Institute of Development Administration (NIDA) found that the use of funds from the project allowance alliance government of the elderly (aged 60 years and over) with 65.3 percentage received money from the project allowance elderly governments. Mostly 41.6 percent used the money for buying equipment and to spend on a daily basis and 13.5 percent of received money elderly to saving.

2. Promote saving for old age: The government will contribute to motivation and promote public savings by establishing the National Savings Fund, now under consideration by the Council of State.

3. Elderly Fund. The loan for each occupation is not more than 30,000 Baht.

4. The payment of the traditional funeral arrangement : A Funeral is 2,000 baht for the elderly with no relatives and the poor.

5. Expand the rights of the elderly under Elderly Act, BE 2546.

All of these programs. Dhurakij Pundit University Research Poll was conducted to the satisfaction of the government policy on the day of the elderly, collect a Bangkok residents are 41.9 percent medium-high satisfaction level, followed high satisfaction level by 21.6 percent and 18.9 percent of very high satisfaction level, respectively.

### 5.2 Report of developmental project in monitoring and evaluation system of the Second National Plan for Older Persons (2002-2021).<sup>18</sup>

Research methods, used data from both primary and secondary sources. The target population divide into three groups: 1) the population aged 18-59 years old 2) elderly population (aged 60 years and over), and 3) a group of elderly care.

Second National Plan for Older Persons (2002-2021). has set up 5 implementation strategies for older persons as follows ;

- 1) Preparation for quality ageing
- 2) Promotion well-being in older persons
- 3) Social security for older persons
- 4) Management system and personnel development at national level
- 5) Conduct research for policy and program development support, monitoring and evaluation to the 2nd National Plan for Older Persons

Five strategies, associated with the development of the elderly social welfare services appear in three strategies are [reviewed only associated with the elderly welfare services in the community]

1) Preparation for quality aging: target group is 18-59 years old  
 2) Promotion well-being in older persons: Strategies for encouraging and promoting older persons. The six measures are:

1. Health promotion, disease prevention and self-care among older persons.
2. Enhancing the cooperation and strength of organizations and networks dealing with older persons

**Indicator No.12** – The proportion of the elderly club, has last activities within one year ago.

About 65 percent of villages across the country reported that an elderly club has an activities every year. The evaluation results show that the successful evaluation, because a goal of the elderly club has an activities, is only 30 percent of villages, in the year 2006 reported that an elderly club has regular activities every year, a highest portion is central region [72.1%] followed by the North region [69.0%], the South region [64.4%] and the Northeast [54.4%], respectively.

**Indicator No.13** - Percentage of the elderly population, are in elderly club members, participate in the activity within 3 months ago.

Most elderly are not member of the elderly club, found only 1 in 4 of the elderly is an elderly member.

3. Promoting income security and employment for older persons

**Indicator No.14** - Unemployment rates in the elderly.

The study was found that the overall employment rate of elderly population, representing 86 percent of the employment rate in the population aged 40-59 years slightly below the target (90%). The Northeast region has the lowest rate is only 83.2 percent while the central and the south region is very closely together is about 88 percent.

**Indicator No.15** - Villages proportions, has a group activity to earn money with the elderly participation.

The proportion of villages has a group activity to earn money with the elderly participation. The highest proportion is Northeast region(65%), followed by The North region (60%), The South region(58%) and The Central region (52%) respectively.

**Indicator No.16** – The proportions of elderly population, satisfy their financial status.

Overall 71 percent of the elderly population, satisfy with their financial status, higher than the target set in the plan (60 percent +).



#### 4. Supporting the potential and value of older persons

**Indicator No.17** – Proportion of the elderly participating in the community during the past one year.

The most elderly (72 percent) participate in community activities such as Songkran Day, Elderly Day, above the target set in the Plan (50 percent). The elderly in Bangkok, low participate in community activities at the lowest proportion (25.1 per cent).

#### 5. Encouraging the media to broadcast programs for older persons and encouraging older persons to have access to various forms of information

**Indicator No.18** – Proportion of elderly who receive the information for the elderly through the media within last month.

The study present that 81 percent of the elderly population, get the information through the media source within one month ago. The elderly in Bangkok is the lowest percentage to get the information through the media source.

#### 6. Providing older persons with proper accommodation and living environments.

**Indicator No.20** - Proportion of elderly living in standard homes

The most elderly are at home that are not suitable for the elderly. Only about 1 per cent of the elderly, live in a standard home.

3) Social security for older persons: Strategies for social security for senior citizens. The four measures cover:

##### 1. Income security and employment in old age

**Indicator No.22**- the coverage proportion of elderly population with social security.

The study present, 13.8 percent of the elderly social security. The highest proportion of the elderly in Bangkok (24.1 percent) and the South has the lowest proportion (9.2 percent).

**Indicator No.23** - Proportion of villages, have a community funds, aimed for the elderly to the number of all villages.

Evaluation shows that through assessment by the year 2006 because the goal of the action is set at 20 percent by the results of this study showed that the northern region (40%), the Central region (39%) and the southern (38%). The Northeast region reported that the village fund for the elderly is the lowest proportion (27%).

##### 2. Health security

**Indicator No.24** - Proportion of elderly, use a health insurance system in the last illness.

Overall survey results show that in every region except Bangkok, proportion of elderly use health insurance system in the last illness, higher than the target (80 percent).

### 3. Family caregivers and protection of the rights of older persons

**Indicator No.27** - Percentage of elderly population that live with their family.

Most (92.2 percent) of households with elderly persons live with family , only 7 percent of the elderly who live alone.

### 4. Service systems and support networks. (related with law or Ministry rules and regulations).

#### **Factors for conceptual framework in this study.**

The concepts, theories and research related to mention all of these, the thesis have concluded is an issue to define variables that are used to define the conceptual framework for thesis which can be summarized as a various factors as follows.

##### 1. The Demographic and Socio-economic factors

- Age
- Sex
- Marital Status
- Education Level
- Number of family member living in the same house
- Number of children
- Employment
- Income / Source of income
- Health Status

##### 2. Mental factor -The Geriatric Depression Scale

##### 3. Physical factor - Chula ADL Index

4. The perception and satisfaction of elderly regarding to welfare services in the community, including 6 services.

##### 2.1 Education Services.

##### 2.2 Public Health Services.

##### 2.3 Residential Services.

##### 2.4 Assurance and Revenue Services.

##### 2.5 Social services.

##### 2.6 Recreational services

## CHAPTER III

### RESEARCH METHODOLOGY

The Study of perceptions and satisfactions towards elderly national policy implementation for the elderly: case study in Phrasamutchedi District, Samutprakan Province, THAILAND. This thesis used both quantitative and qualitative research in order to guide and encourage a local authorities office, to provide appropriate social welfare to them. This chapter will explain the method and tools, used in this thesis as follows.

#### 3.1 Research Design.

This thesis is a cross sectional study to finding a factors, influencing to perceptions and satisfactions towards the national policy implementation for the elderly.

#### 3.2 Study area.

This study is focus on older persons in Phrasamutchedi District, Samutprakan Province, THAILAND.

#### 3.3 Study Population.

1. Population in this study is an older person [aged 60 years old and over] who registered in the elderly clubs in Phrasamutchedi District, Samutprakan Province, THAILAND. Table No.1

NO	Sub-district	No. of the elderly club	No. of member
1	Ban - Klong -Soun	1	60
2	Na - Kluer	2	595
3	Lam - Fa - Pa	8	672
4	Nai -Klong-Bang-Pra-Kod	1	289
5	Ban-Ku-Sang	1	500
6	Klong-Ta-Lay	3	260
7	Ban-Khun-Samut-Thai	1	37
8	Ban-Khun-Samut	1	32
	Total	18	2,445

Table No.1 : Number of elderly who registered in the elderly club in Phrasamutchedi District separate each sub-district, Data from Phrasamutchedi District Public health Office. Jan, 2011

2. Service Providers, 8 persons who is involved in the task for the elderly social welfare service of the local government organization in Phrasamutchedi district, Samutprakan.

### 3.4 Sample Size.

Sample size of this study was calculated by Cochran's formula to determine a sample size, desire a 95% confidence level and  $\pm 5\%$  precision according to Cochran's formula.

$$n = [Z^2 pq]/e^2 = [1.96^2 [0.5][1-0.5]] / [0.05]^2$$

$$= 384.16$$

### 3.5 Sampling Technique

For this study use the sample of 423 older persons for the people around the Phrasamutchedi District. In order to All the population will have the opportunity to be equally selected to provide confidence in the conclusions refer to the population or be representative of the population. The distribution of the samples were again to represent the proportion of the population. Distribution of the samples shown in Table 2.

NO	Sub-district	No. of the elderly club	No. of member	No. of sample
1	Ban - Klong -Soun	1	60	10
2	Na - Kluer	2	595	103
3	Lam - Fa - Pa	8	672	116
4	Nai -Klong-Bang-Pra-Kod	1	289	50
5	Ban-Ku-Sang	1	500	87
6	Klong-Ta-Lay	3	260	45
7	Ban-Khun-Samut-Thai	1	37	6
8	Ban-Khun-Samut	1	32	6
	Total	18	2,445	423

Table No.2 : Distribution of the samples in each sub-district of Phrasamutchedi District.

In addition, this study use a systemic sampling to select a sample in each sub-district and determine a sample from a registered record of the elderly clubs. Four-hundred-and-twenty-three older persons were randomly selected as potential participants in this study.

All 423 individuals approached agreed to participate. This exceeded the minimum number needed ( $n=384$ ) for selecting a representative sample with 95% confidence (Cochran's formula). The formula used to identify sample size.

#### 3.5.1 Inclusion Criteria.

1. The older person has age 60 and more than 60 year olds, living in Phrasamutchedi, Samutprakan province.
2. The older persons who have motivate and willing to participate in the study.

3.5.2 Exclusion Criteria : The older person who pass away, but still have record in the elderly club.

### 3.6 Research Instrument.

#### Quantitative data

The study was based on a questionnaire survey [4 parts] responded by the sample of elderly, collected by means of a questionnaire during face-to-face interviews.

A questionnaire survey :

Part 1 : General data

Part 2 : Chula ADL Index

Part 3 : The Geriatric depression scale

Part 4 : Evaluate about perception and satisfaction towards National Elderly Policy implementation

#### Qualitative Data

This study will use a focus group by selected only two groups are smallest and biggest sub-district, Lam - Fa - Pa and Ban-Khun-Samut sub-district.

##### 3.6.1 Step in construction of Questionnaire.

The questionnaire will be created base on the following

3.6.1.1 Literature review was done to define the parameters of the study.

3.6.1.2 Some standard questionnaires were used such as The Geriatric depression scale and Chula ADL Index.

##### 3.6.2 Pre testing.

3.6.2.1 The questionnaire will be evaluated by at least three experts for comment, suggestions for validity of the questionnaire

3.6.2.2 Test for reliability, this study will use Conbach's Alpha Coefficient to measure a reliability of the questionnaire. [30 subjects for pre-test].

Coefficient  $\alpha = 0.8$

### 3.7 Data collections

3.7.1 A researcher contact to The head of Samutprakan Provincial Health Office and Head of Prsamutchedi District Health office, connect to Tambon Health Station Officers and local health care workers in order to explain the purpose of the study, a participants and benefits of this study.

3.7.2 Assistance researcher training – 10 hospital staffs in mobile check up unit of Bangkok hospital. Training about aims of research, how to start interviewing and ending, how to record and if have any problems how to solve them.



3.7.3 Make a convenience appointments to the elderly and their family members for interviewing by contacting community leaders or health care volunteers.

3.7.4 A researcher interview the elderly in the home area, starting from questionnaire of General data, Chula ADL Index, The Geriatric depression scale and evaluate about perception and satisfaction towards National Elderly Policy implementation.

### 3.8 Data Analysis.

This study use a descriptive statistics for a general elderly data and Chi-square test and Correlation analysis to determine a relationship between the factors associated with perceptions and satisfactions of the elderly in Phrasamutchedi, Samutprakan province, regarding the national policy implementation for older persons.

### 3.9 Limitations.

- There is no have researches in the past, study about a perception and satisfactions towards nation elderly policy implementation.
- Geographic characteristics of area study is a coastal area, some sub-district
- Qualitative data is not completely in 2 areas because of timing

### 3.10 Ethical Consideration.

The study will take approval of the independent research board, before proceeding for the study. Potential participants were contacted by Phrasamutchedi Health Officer or local health care workers and invited to participate in the study. The purpose of the study was explained to them as were their rights to decline to participate, to withdraw from participation at any time or to refuse to answer any question posed. The anonymity of the participants was protected with data stored by participant number only and kept in a controlled space. Each individual participant will be asked to sign an informed consent.

Study procedures were approved by The Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University.

## CHAPTER IV

### RESULTS

This chapter presents the findings from the study according to the focuses of the two proposed research questions i.e. What are the factors, influence to perceptions and satisfactions of the elderly and What are the perceptions and satisfaction of the elderly in Phrasamutchedi District, Samutprakan province, regarding to the national policy implementation for the elderly. Therefore, the findings from the study are presented respectively.

4.1. A General Data of the elderly sample.

4.2. Evaluation about the perception and satisfaction of elderly.

4.3. Assessment needs of the elderly.

4.4 The factors, influence to perceptions and satisfactions of the elderly, regarding to the national policy implementation for the elderly.

4.5 The associate between perceptions and satisfactions of the elderly in Phrasamutchedi District, Samutprakan province, regarding to the national policy implementation for the elderly.

4.6 The interviewing of local government officers.

#### **4.1. A General Data of the elderly sample.**

##### **4.1.1 Sex, Married status and Education level.**

The female elderly is 58.39 percent and 41.61 percent of male elderly [minimum age of 60 years and maximum 98 years old]. The married status, most elderly 46.09 percent were married and live together, 41.59 percent are widowed or separated by divorce, widowed female elderly is more than widowed elderly men, represent 45.34 percent and 32.95 percent respectively, and the elderly who are single is 12.29 percent.

Education level, most of the elderly was graduated a primary school, 48.22 percent, followed by 38.06 per cent have not studied. The secondary school level is 12.29 percent and 1.41 percent with a bachelor's degree (Table 1 - Appendix A).

##### **4.1.2 Information about the elderly work.**

Most elderly do not work 45.39 percent, the remain are still work by 28.84 percent of the elderly work to earn income and 25.76 percent of the elderly work to help families without income. Part of the elderly who have to work to earn money, mostly work in commercial part is 47.54 percent, followed by non-contract job is 36.88 percent and 12.29 percent is farming. For those who work to help families without income, majority is 49.54

percent of homecare works, followed by 44.03 percent and 6.42 percent are home monitoring and grandchildren care. (Table 2 - Appendix A).

#### **4.1.3 The elderly revenue.**

The highest proportion of elderly is a 56.02 per cent of recurring revenue. Average income among the elderly in about 2357.68 THB (0 minimum and a maximum is 15,000 Baht) and 43.98 per cent have no regular income. For sources of income, 40.66 percent of the elderly receive money from their children, followed by 29.08 percent from the state aid and 21.04 percent from wages (daily / piece) (Table 3 - Appendix A) and the current economic situation are affecting the elderly, representing 70.21 percent of most of the reasons, higher cost of living, consumer expensive and less income.

#### **4.1.4 Data on elderly housing.**

##### A Residential owner

The most elderly are a resident owner, 78.25 percent, followed by 8.03 percent and 6.85 percent of the children's home and a spouse is the owner respectively.

##### Size of the house

Data size of the house is the information from the observation of the interviewer by the data observed and commented that the majority of the elderly living in the fit house size is 56.5 percent, 14.9 percentage of small elderly residents and 28.6 percentage of large house size.

##### Condition of the house.

A date from the observation of the interviewer as well, most of that is 44.91 percent of the half-worn house but still strong, followed by 32.38 per cent are older but still strong condition. Indicated that 13.94 percent of the old but still good enough condition unless it is specified that the condition is not good, 5.6 percent.

##### Materials used to build housing.

Identify materials used to build the housing of the elderly, 49.64 percent of the elderly housing building with wood and plaster board with galvanized iron or tiles roof, 35.46 per cent of the elderly housing building with wood board with galvanized iron or tiles roof zinc and only 12.52 percent of a cement house with galvanized iron or tiles roof (Table 4 - Appendix A)

#### **4.1.5 Information about family member**

##### Number of people who lived in the elderly house.

The elderly, 3.7 percent lived in the house only one person (the elderly live alone), 8.98 percent that live with a spouse and the number of people living in the house is three or

more than 3 persons (spouse and their children) is 14.42 percent and 26 percent of children and grandchildren live together (five or more persons). (Table 5 - Appendix A).

#### Person who care illness elderly.

Person, care illness elderly, their children, is 60.99 percent, followed by husband / wife is 13.47 percent, by their brother / Sister is 7.56 percent and 6.14 percent of grandchildren and themselves care is 2.83 percent (Table 6 - Appendix A).

#### **4.1.6. Information on the elderly self care (Physical factor - Chula ADL Index).**

To thesis study on the elderly self care. The researcher made inquiries about the level of self activity competency in a month ago based on Chula ADL Index assessment, results are as follows,

The elderly walk or move out from their home found that the mostly elderly can own walk is 86.99 percent, 7.8 percent of the elderly need help or support together and cannot walk is 4.49 percent.

The elderly food and rice making, preparing and cooking, was found that mostly 85.1 percent of older persons can prepare your own food, 2.12 percent of the elderly need people help in advance preparing and do not cook is 12.77 percent of the elderly.

The elderly wipe clean the house and laundry, mostly own done older persons is 76.12 percent and 23.88 percent of the elderly need people help to do or do not.

The elderly exchange money, most elderly can do exchange money, 91.96 percent and 8.04 percent of the elderly need people help to do or do not.

The elderly traveling, travel services such as two rows of the bus, most elderly can travel by themselves is 59.81 percent and 29.78 percent of the elderly need people help and take care and 10.4 percent of the elderly cannot be done (Appendix A - Table 7).

#### **4.1.7. Assessment of elderly depression.**

From assessing the mental state of elderly depression scale by The Geriatric Depression Scale found that the mostly elderly have no depression 67.84 percent (Scores less than 5) and 27.42 percent of the elderly with mild depression (Scores between 5 - 9) and a data from the questionnaire survey showed that 4.7 percent of the elderly with moderate depression especially in the group with chronic disease and some of those who have no income. (Appendix A - Table 8).

## **4.2 Evaluation about the perception and satisfaction of elderly**

Evaluation about the perception and satisfaction of elderly regarding to elderly social welfare in the community including 6 services, found that(Appendix A - Table 9).

### **4.2.1 Education Services.**

4.2.1.1 Services about elderly have been trained and studied, depend on the skill needs.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 62.41 percent and the elderly do not know that is available in the community represent 5.91 percent and the elderly known that this service is available in the village is 31.68 percent and access to this service only 7.33 percent [n=31] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 0.95, 2.84 and 3.55 percent respectively, did not attend services because an inconvenience traveling or sometimes have to spend money on the purchase of raw materials such as cooking practices.

4.2.1.2 Services about elderly have been gotten the useful information through media broadcasting tower.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 30.97 percent and the elderly do not know that is available in the community represent 2.12 percent and the elderly known that this service is available in the village is 66.90 percent and access to this service is 35.7 percent [n=151] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 3.07, 20.57 and 12.06 percent respectively.

### **4.2.2 Public Health Services.**

4.2.2.1 Services about elderly have been received counseling services or to provide knowledge about health and illness for the elderly at least once time a year.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 30.97 percent and the elderly do not know that is available in the village represent 2.83 percent and the elderly known that this service is available in the community is 66.19 percent and access to this service is 55.08 percent [n=233] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 26.00, 19.15 and 9.93 percent respectively.

4.2.2.2 Services about elderly have been received the annual health check up at least once time a year.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 29.08 percent and the elderly do not know that is available in the community represent 3.55 percent and the elderly known that this service is available in the community is 67.37 percent and access to this service is 52.72 percent [n=223] and asking



about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 31.91, 14.66 and 6.15 percent respectively.

### **4.2.3 Residential Services.**

4.2.3.1 Services about elderly have been provided or coordinate the responsible authorities to provide housing, clothing and shelter to the helpless elderly.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 50.12 percent and the elderly do not know that is available in the village is 3.79 percent and the elderly known that this service is available in the community represent 46.09 percent and access to this service is 20.09 percent [n=85] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 5.20, 10.64 and 4.26 percent respectively.

4.2.3.2 Services about elderly have been provided a housing survey for hygiene and safety at least one time a years.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 62.65 percent and the elderly do not know that is available in their society is 3.07 percent and the elderly known that this service is available in the community is 34.27 percent and access to this service is only 12.53 percent [n=53] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 1.65, 7.09 and 3.78 percent respectively.

4.2.3.3 Services about elderly have been provided support family services for the elderly.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 78.25 percent and the elderly do not know that is available in the community is 4.49 percent and the elderly known that this service is available in the village represent 17.26 percent and access to this service is only 3.31 percent [n=14] and asking about the satisfaction of the elderly answered satisfaction, and less satisfaction follow 1.42, and 1.89 percent respectively.

4.2.3.4 Services about elderly have been provided daily elderly center - not free services.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 84.86 percent and the elderly do not know that is available in the village is 2.12 percent and the elderly known that this service is available in the community represent 13.00 percent and access to this service is only 1.42 percent [n=6] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction follow 0.47 and 0.95 percent respectively.

#### 4.2.4 Assurance and Revenue Services.

##### 4.2.4.1 Services about elderly have been provided the allowance payment.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 3.78 percent and the elderly do not know that is available in the community is 0.71 percent and the elderly known that this service is available in the village represent 95.50 percent, have access to this service is 95.50 percent [n=404] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 36.4, 58.15 and 0.94 percent respectively with the elderly did not respond is 4.49 percent.

##### 4.2.4.2 Services about elderly have been provided career support to the elderly.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 82.50 percent and the elderly do not know that is available in the village is 4.25 percent and the elderly known that this service is available in the community represent 13.24 percent and access to this service is 2.36 percent [n=10] and asking about the satisfaction of the elderly answered satisfaction, and less satisfaction follow 0.95 and 1.42 percent respectively.

##### 4.2.4.3 Services about elderly have been provided and set the establishment of elderly funds.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 86.76 percent and the elderly do not know that is available in the community represent 3.07 percent and the elderly known that this service is available in the community is 10.17 percent and access to this service is 5.67 percent [n=24] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 0.95, 3.07 and 1.65 percent respectively.

##### 4.2.4.4 Services about support the establishment of the Welfare Promotion Fund of the elderly in the community.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 85.34 percent and the elderly do not know that is available in the community represent 4.25 percent and the elderly known that this service is available in the village is 10.40 percent and access to this service is 3.78 percent [n=16] and asking about the satisfaction of the elderly answered, satisfaction, and less satisfaction follow 1.65 and 2.13 percent respectively.

##### 4.2.4.5 Services about providing special discount services in various items for the elderly, such as tourist attractions place or the local culture trips.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 82.26 percent and the elderly do not know that is available in the village is 2.83 percent and the elderly known that this service is available in the community represent 14.89 percent and access to this service is 2.36 percent [n=10] and asking about the

satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 0.24, 1.18 and 0.95 percent respectively.

#### **4.2.5 Social services.**

4.2.5.1 Services about elderly have been provided an elderly service center.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 50.35 percent and the elderly do not know that is available in the community represent 4.25 percent and the elderly known that this service is available in the community is 45.38 percent and access to this service is 13.47 percent [n=57] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 0.71, 7.33 and 5.44 percent respectively.

4.2.5.2 Services to coordinate the relevant agencies for the elderly who qualify under the law have been assisted in managing the traditional funeral.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 27.65 percent and the elderly do not know that is available in the community represent 4.49 percent and the elderly known that this service is available in the village is 67.85 percent and access to this service is 67.85 percent [n=287] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 32.15, 31.91 and 3.78 percent respectively.

4.2.5.3 Services about elderly home visit and supervision at least 2 times a year.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 27.42 percent and the elderly do not know that is available in the village is 2.13 percent and the elderly known that this service is available in the community represent 70.45 percent and access to this service is 56.74 percent [n=240] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 25.29, 28.37 and 3.07 percent respectively.

4.2.5.4 Services about elderly religious services.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 17.73 percent and the elderly do not know that is available in their society is 2.83 percent and the elderly known that this service is available in the community is 79.43 percent and access to this service is 76.59 percent [n=324] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 58.39, 16.55 and 1.65 percent respectively.

4.2.5.5 Services about providing facilities and services directly to the security for the elderly in buildings, vehicles or other public services.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 24.82 percent and the elderly do not know that is available in the community is 5.91 percent and the elderly known that this service is available in the village represent 69.27 percent and access to this service is 46.81 percent [n=198] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 39.95, 5.44 and 1.42 percent respectively.

4.2.5.6 Services about providing support to family members gain ability to take care the elderly by providing a knowledge and information to elderly caregivers.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 66.90 percent and the elderly do not know that is available in the village is 5.20 percent and the elderly known that this service is available in the community represent 27.90 percent and access to this service is 8.51 percent [n=36] and asking about the satisfaction of the elderly answered, satisfaction, and less satisfaction follow 3.78 and 4.73 percent respectively.

4.2.5.7 Services about providing for the promotion of the values of coexistence with the elderly.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 70.44 percent and the elderly do not know that is available in the community represent 4.25 percent and the elderly known that this service is available in the village is 25.29 percent and access to this service is 13.95 percent [n=59] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 1.42, 4.96 and 7.56 percent respectively.

4.2.5.8 Services about advocacy to family member and people in the community about value of the elderly.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 63.83 percent and the elderly do not know that is available in the village is 4.25 percent and the elderly known that this service is available in the community represent 31.92 percent and access to this service is 11.82 percent [n=50] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 1.18, 5.44 and 5.20 percent respectively.

4.2.5.9 Services about supporting to the elderly, living with families with quality and continuously until the end of life.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 66.19 percent and the elderly do not know that is available in their society is 3.55 percent and the elderly known that this service is available in the community is 30.26 percent and access to this service is 7.09 percent [n=30] and asking about the satisfaction of the elderly answered, satisfaction, and less satisfaction follow 3.31 and 3.78 percent respectively.



4.2.5.10 Services about the provision of mobile community services by local government.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 48.93 percent and the elderly do not know that is available in the community is 3.78 percent and the elderly known that this service is available in the village represent 47.28 percent and access to this service is 33.33 percent [n=141] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 2.36, 26.00 and 4.96 percent respectively.

4.2.5.11 Services about providing elderly volunteer services and care in the area of local government.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 57.92 percent and the elderly do not know that is available in the village is 3.55 percent and the elderly known that this service is available in the community represent 38.53 percent and access to this service is 8.27 percent [n=35] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 0.95, 5.20 and 2.13 percent respectively.

#### **4.2.6 Recreational services.**

4.2.6.1 Services about providing recreational activities for elderly on important and special day.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 18.20 percent and the elderly do not know that is available in the community represent 3.55 percent and the elderly known that this service is available in the community is 78.25 percent and access to this service is 77.07 percent [n=326] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 53.19, 21.75 and 2.13 percent respectively.

4.2.6.2 Services about providing for the promotion of integration of the elderly in the form of groups, clubs or associations of the elderly.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 69.03 percent and the elderly do not know that is available in the community represent 6.15 percent and the elderly known that this service is available in the village is 24.82 percent and access to this service is 15.37 percent [n=65] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 0.47, 4.96 and 9.93 percent respectively.

4.2.6.3 Services about providing the elderly community center.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 71.63 percent and the elderly do not know that is available in the village is 7.56 percent and the elderly known that this service is available in the community represent



20.81 percent and access to this service is only 6.62 percent [n=28] and asking about the satisfaction of the elderly answered, satisfaction, and less satisfaction follow 2.13 and 4.49 percent respectively.

4.2.6.4 Services about providing such as tour for the elderly in interesting place.

The respondent elderly sample, interviewed and respond that there is no this service in the community is 68.32 percent and the elderly do not know that is available in their society is 3.78 percent and the elderly known that this service is available in the community is 27.90 percent and access to this service is only 7.56 percent [n=32] and asking about the satisfaction of the elderly answered, very satisfaction, satisfaction, and less satisfaction follow 0.71, 3.07 and 3.78 percent respectively.

### **4.3. Assessment needs of the elderly**

The elderly were interviewed to assess the need of the elderly If any agency can assist the elderly, the study showed that 16.78 percent need health care services, about 9.69 percent need a support activities that increase revenues, 8.75 percent need to raise the allowance payment and about 2.13 percent need to receive an information on the various topics of the elderly, and 62.65 percent said no to anything because the part that's enough and calling, no one attention to it (Table 10 - Appendix A).

### **4.4 The factors, influence to perceptions and satisfactions of the elderly, regarding to the national policy implementation for the elderly.**

To analysis the factors, influence to perception and satisfaction with elderly social welfare services, data were analyzed using The Chi-Square test including 6 services: Education Services, Public Health Services, Residential Services, Assurance and Revenue Services, Social services and Recreational services with a demographic and socio-economic factors. (Table 12 - Appendix A).

#### **4.4.1 Education Services.**

4.4.1.1 Services about elderly have been trained and studied, depend on the skill needs. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, work, revenue, source of income and economic status. And there is association between the satisfaction of the elderly to this service with type of the elderly work is a very significant result.

4.4.1.2 Services about elderly have been gotten the useful information through media broadcasting tower. The association found in the sample data is significant and would

be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, source of elderly income and economic status. And there is association between the satisfaction of the elderly to this service with the elderly sex is a very significant result.

#### **4.4.2 Public Health Services.**

4.4.2.1 Services about elderly have been received counseling services or to provide knowledge about health and illness for the elderly at least once time a year. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, work and economic status. And there is association between the satisfaction of the elderly to this service with the elderly marital status and type of elderly work is a very significant result.

4.4.2.2 Services about elderly have been received the annual health check up at least once time a year. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, education level, source of income and economic status. And there is association between the satisfaction of the elderly to this service with marital status and education level is a very significant result.

#### **4.4.3 Residential Services.**

4.4.3.1 Services about elderly have been provided or coordinate the responsible authorities to provide housing, clothing and shelter to the helpless elderly. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, work, type of work, source of income and economic status. And there is no association between the satisfaction of the elderly to this service with and factors.

4.4.3.2 Services about elderly have been provided a housing survey for hygiene and safety at least one time a years. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and type of the elderly work, source of income and economic status. And there is association between the satisfaction of the elderly to this service with elderly education level and work is a very significant result.

4.4.3.3 Services about elderly have been provided support family services for the elderly. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, education level, work and type of work. And there is no association between the satisfaction of the elderly to this service with any factors.

4.4.3.4 Services about elderly have been provided daily elderly center - not free services. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly education level, type of work, source of income and economic status. And there is no association between the satisfaction of the elderly to this service with any factors.

#### **4.4.4. Assurance and Revenue Services.**

4.4.4.1 Services about elderly have been provided the allowance payment. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly education level, work, type of work, source of income and economic status. And there is association between the satisfaction of the elderly to this service with elderly marital status, education level, work, type of work and source of income are a very significant result.

4.4.4.2 Services about elderly have been provided career support to the elderly. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, work, type of work, revenue and source of income. And there is association between the satisfaction of the elderly to this service with elderly sex is a very significant result.

4.4.4.3 Services about elderly have been provided and set the establishment of elderly funds. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, education level, work, type of work, revenue and source of income. And there is association between the satisfaction of the elderly to this service with elderly revenue is a very significant result.

4.4.4.4 Services about support the establishment of the Welfare Promotion Fund of the elderly in the community. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, education level, work, type of work, revenue and source of income. And there is association between the satisfaction of the elderly to this service with elderly marital status and type of work are a very significant result.

4.4.4.5 Services about providing special discount services in various items for the elderly, such as tourist attractions place or the local culture trips. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, source of income and economic status. And there is association between the satisfaction of the elderly to this service with elderly education level and economic status are a very significant result.

#### **4.4.5 Social services.**

4.4.5.1 Services about elderly have been provided an elderly service center. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly type of elderly work, source of income and economic status. And there is no association between the satisfaction of the elderly to this service with any factors.

4.4.5.2 Services to coordinate the relevant agencies for the elderly who qualify under the law have been assisted in managing the traditional funeral. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly education level, work, type of work, source of income and economic status. And there is association between the satisfaction of the elderly to this service with elderly work and type of work are a very significant result.

4.4.5.3 Services about elderly home visit and supervision at least 2 times a year. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, type of work and economic status. And there is association between the satisfaction of the elderly to this service with elderly marital status, work and type of work are a very significant result.

4.4.5.4 Services about elderly religious services. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly revenue, source of income and economic status. And there is association between the satisfaction of the elderly to this service with elderly revenue and source of income are a very significant result.

4.4.5.5 Services about providing facilities and services directly to the security for the elderly in buildings, vehicles or other public services. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, work and source of income. And there is association between the satisfaction of the elderly to this service with elderly sex and work are a very significant result.

4.4.5.6 Services about providing support to family members gain ability to take care the elderly by providing a knowledge and information to elderly caregivers. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly education level, work, type of work, source of income and economic status. And there is association between the satisfaction of the elderly to this service with type of elderly work, and economic status are a very significant result.



4.4.5.7 Services about providing for the promotion of the values of coexistence with the elderly. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, work, type of work, source of income and economic status. And there is no association between the satisfaction of the elderly to this service with any factors.

4.4.5.8 Services about advocacy to family member and people in the community about value of the elderly. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, work, type of work, source of income and economic status. And there is association between the satisfaction of the elderly to this service with elderly sex is a very significant result.

4.4.5.9 Services about supporting to the elderly, living with families with quality and continuously until the end of life. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, work, type of work, source of income and economic status. And there is no association between the satisfaction of the elderly to this service with any factors.

4.4.5.10 Services about the provision of mobile community services by local government. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, education level, work, type of work, revenue, source of income and economic status. And there is association between the satisfaction of the elderly to this service with elderly sex, type of work, source of income and economic status are a very significant result.

4.4.5.11 Services about providing elderly volunteer services and care in the area of local government. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, type of work and economic status. And there is association between the satisfaction of the elderly to this service with elderly education level and revenue are a very significant result.

#### **4.4.6 Recreational services.**

4.4.6.1 Services about providing recreational activities for elderly on important and special day. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, work, type of work, revenue, source of income and



economic status. And there is association between the satisfaction of the elderly to this service with elderly marital status and revenue are a very significant result.

4.4.6.2 Services about providing for the promotion of integration of the elderly in the form of groups, clubs or associations of the elderly. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, type of work, revenue and source of income. And there is association between the satisfaction of the elderly to this service with elderly marital status is a very significant result.

4.4.6.3 Services about providing the elderly community center. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and the elderly marital status, work, type of work, revenue, source of income and economic status. And there is association between the satisfaction of the elderly to this service with elderly work is a very significant result.

4.4.6.4 Services about providing such as tour for the elderly in interesting place. The association found in the sample data is significant and would be regarded as evident that there is association between the perception of the elderly to this service and type of elderly work, revenue and economic status. And there is no association between the satisfaction of the elderly to this service with any factors.

#### **4.5 The associate between perceptions and satisfactions of the elderly in Phrasamutjedi District, Samutprakan province, regarding to the national policy implementation for the elderly.**

To analysis the relationship between perception and satisfaction with elderly social welfare services, data were analyzed using correlation coefficient(Spearman rank correlation) including 6 services: Education Services, Public Health Services, Residential Services, Assurance and Revenue Services, Social services and Recreational services

Analyzed results of Spearman rank correlation between perception and satisfaction in the elderly service welfare in community are some services associated with statistically significant at 0.05 level, and some pair have no relationship with statistically significant at 95 percent of confidence level. Researchers have concluded that the effects of the perception that are associated with the satisfaction as following (Table 11 - the appendix A).

Perception and satisfaction in the elderly social welfare services in community are associated with statistically significant at the  $\alpha$  0.05 level is the perception and satisfaction regarding to the allowance payment to the elderly have correlation is 0.438 [n=404], and a

association between the perception and satisfaction regarding on annual health check for the elderly at least once per year represent correlation is 0.398 [n=223].

The correlation between the perception and satisfaction regarding to the provision of religious services is 0.356 [n=324], and association between the perception and satisfaction regarding to providing recreational activities on special day is 0.344 [n=326] and the relationship between the perception and satisfaction regarding to the provision of mobile community services by local government, representing correlation is 0.332.

#### **4.6 The interviewing of local government officers**

The interviewing of local government officer made local authorities responsible for the preparation of policy guidelines for the elderly social welfare, which concluded that the development of social welfare services for elderly people in the area found that an existing elderly welfare services are not sufficient and not complete coverage of all services. Elderly satisfaction of the public service found that the elderly are most satisfied when they receive a government services. The participation of the elderly found that the elderly do not participate in the process and service lack of opportunity to share ideas or plan. A Service that the elderly have highest participation is an activity on the elderly day and the Elderly club, some of it cannot continue work.



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## CHAPTER V

### DISCUSSIONS AND CONCLUSIONS

The Study of the perception and satisfaction of the elderly in rural areas towards on the elderly national policy about readiness to Aging Society in the future. This thesis used both quantitative and qualitative research, also will analyze the elderly expectations in the suitable elderly care and social welfare services in order to guide and encourage a local authorities office, to provide social welfare to them.

#### 5.1 Discussions.

The study of the elderly in Phrasamutchedi District, Samutprakan province, in perceptions and satisfactions regarding to the national policy implementation for older persons to present that

5.1.1. The elderly are still high need the basic social support, health care followed by economics need respectively.

5.1.2. The elderly Social welfare service needs of the elderly in the community with the existing services in the community and service does not exist in the community are

5.1.2.1 Social welfare services of the elderly who are already existing services in the community, including public health services and medical services and revenue service especially the allowance payment.

5.1.2.2 Social Welfare Services of the Elderly, which does not exist in the community or exist but are not coverage are Education Services, Residential Services, Assurance and Revenue Services, Social services and Recreational services result of this study show that the elderly in the community are lack of perception of many elderly social welfare services. [the elderly respond that there is no this service in the community is more than 50 percent].

#### **Education Services:**

- Services about elderly have been trained and studied, depend on the skill needs.

#### **Residential Services:**

- Services about elderly have been provided or coordinate the responsible authorities to provide housing, clothing and shelter to the helpless elderly.

- Services about elderly have been provided a housing survey for hygiene and safety at least one time a years.

- Services about elderly have been provided support family services for the elderly.

- Services about elderly have been provided daily elderly center - not free services.

#### **Assurance and Revenue Services:**

- Services about elderly have been provided career support to the elderly.

- Services about elderly have been provided and set the establishment of elderly funds.

- Services about support the establishment of the Welfare Promotion Fund of the elderly in the community.

- Services about providing special discount services in various items for the elderly, such as tourist attractions place or the local culture trips.

**Social services:**

- Services about elderly have been provided an elderly service center.

- Services about providing support to family members gain ability to take care the elderly by providing a knowledge and information to elderly caregivers.

- Services about providing for the promotion of the values of coexistence with the elderly.

- Services about advocacy to family member and people in the community about value of the elderly.

- Services about supporting to the elderly, living with families with quality and continuously until the end of life.

- Services about providing elderly volunteer services and care in the area of local government.

**Recreational services:**

- Services about providing for the promotion of integration of the elderly in the form of groups, clubs or associations of the elderly.

- Services about providing the elderly community center.

- Services about Providing such as tour for the elderly in interesting place.

5.1.3. The existing elderly Social welfare service in the community, separate to 3 subgroups.

5.1.3.1 Government Services: Health care center, community hospital etc, a services are focus about the problem and basic needs of the elderly: elderly health.

5.1.3.2 Services, conducted by the public sector: a cremation, village fund and volunteer service performed by the public sector, associated with healthy living, an issues related to quality of life for strengthened community.

5.1.3.3 Services, cooperate with government and public sector are allowance payment, the elderly club, job training etc.

**5.2 Conclusions and Suggestions**

The development of social welfare for the elderly in this study. The issues are.

5.2.1. Ability to develop social welfare services that already exist to meet the needs of the elderly with quality and more efficient.

A social welfare services for elderly people in the community there are many parts but a part, meet the most basic needs is public health services maybe because of the widest possible range of distribution services and the service is consistent with the nature of

the age of the elderly. If consider the coverage of other services in the part of economic and revenue, education and social services, which meet the mental health and quality of life that the state cannot be widely available them, necessary to improve the quality and efficiency of management. Most services are responsible for the government service but lacked the major route to administrative services to link together for more effectively.

5.2.2. Ability to provide services which are not in the community to meet the needs of the elderly exists.

From this study the factors, influence to perceptions and satisfactions of the elderly, regarding to the national policy implementation for the elderly. Overview of the results of the study factors associated with perception of social welfare services of the elderly are as follows.

**Education Services:** the elderly marital status, source of elderly revenue and economic status have associate with the elderly social welfare service about education services.

**Residential Services:** the elderly marital status, an education level, the elderly work, type of work, elderly income, source of elderly revenue and economic status have associate with the perception of the elderly social welfare service about residential services.

**Assurance and Revenue Services:** the elderly marital status, an education level, the elderly work, type of work, elderly income, source of elderly revenue and economic status have associate with the perception of the elderly social welfare service about assurance and revenue services.

**Social services:** the elderly marital status, an education level, the elderly work, type of work, elderly income, source of elderly revenue and economic status have associate with the perception of the elderly social welfare service about social services.

**Recreational services:** the elderly marital status, the elderly work, type of work, elderly income, source of elderly revenue and economic status have associate with the perception of the elderly social welfare service about recreational services.

5.2.3. Ability to manage social welfare support services available in the community to work full potential. A Factor of the successful service, to achieve the goal is participation of the people. Social welfare services exist in the community should operate by people in the community and support a family member to be caregiver for the elderly.

Family and community level.

1. Promote the participation of the family, relatively friends of the elderly neighbors in caring for the elderly in the community especially knowledge and skills in caring for elderly. Encourage all sectors of society should promote the rural elderly, participate in community services, such as organized entertainment for the rehabilitation of the elderly, folk art and local culture.

2. Elderly employment services should be encouraged to create income for the elderly and in accordance with the appropriate age of the elderly.

3. Local government should have clear measures to promote family and community strength is the primary mechanism for community elderly care including people in the community such as disable person, children and women in the community. The



strengthen family and community in addition to allowing the elderly and other members have a good quality of life. Also strong community will be a good link to other benefits such an information system to provide a resource.

The government level.

1. Should develop and create an effective system of protection and services under the Elderly Act 2003.
2. Should be prepared to support the force of the aging society in dimensions of financial management, local resource allocation and budget, elderly employment, retirement, social security and welfare system, learning about a process of life to care about themselves and their families properly.
3. Ensure coordination with relevant agencies to plan for improving quality of life of the elderly with local responsible agencies and multidisciplinary to prevent a split plan and effectively resources providing.



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APPENDICES

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## Appendix A

### Table lists

Table 1: A present a percentage of the elderly sample with sex, married status and education level.

Character of sample	Elderly Male	percent	Elderly Female	percent	Total	percent
N = 423	176	41.61	247	58.39		
Married Status						
Single	24	13.63	28	11.33	52	12.29
Married	92	52.27	103	41.70	195	46.09
Widowed or separated by divorce	60	34.09	116	46.96	176	41.59
Education level						
No education	58	32.95	103	41.7	161	38.06
Primary school	92	52.27	112	45.34	204	48.22
Secondary school	24	13.64	28	11.33	52	12.29
Bachelor degree	2	1.14	4	1.62	6	1.41

Table 2: A present a percentage of the elderly work.

Character of sample	Elderly Male	Elderly Female	Total	percent
The elderly work				
No work	83	109	192	45.39
Work to earn income	50	72	122	28.84
- non contract job	19	26	45	36.88
- farming/agriculture	7	8	15	12.29
- commercial part	21	37	58	47.54
- other	3	1	4	3.27
Work to help family , no income	43	66	109	25.76
- homecare work	21	33	54	49.54
- home mornitoring	21	27	48	44.03
- grandchildren care	1	6	7	6.42

Table 3: A present a percentage of the elderly revenue.

Character of sample	Elderly Male	Elderly Female	Total	percent
The elderly revenue				
Recurring revenue	97	140	237	56.02
No revenue	79	107	186	43.97
Source of revenue				
Salary	4	3	7	1.65
Wages [daily/piece]	36	53	89	21.04
Their children	66	106	172	40.66
Friends	1	2	3	0.70
The state aid / 500 THB	56	67	123	29.07
Agriculture/farming	9	9	18	4.25
Others	4	7	11	2.60
The current economic situation				
No Affect	45	81	126	29.78
Affect	131	166	297	70.21



Table 4: A present data about the elderly housing.

Character of sample	Elderly Male	Elderly Female	Total	percent
<b>Housing</b>				
Owner	130	201	331	78.25
Spouse	13	16	29	6.85
Their children	19	15	34	8.03
Grandchildren	1	2	3	0.70
Related person	11	11	22	5.20
Others	2	2	4	0.94
<b>Size</b>				
Big	52	69	121	28.60
Average / Fit	95	144	239	56.50
Small	29	34	63	14.89
<b>Strong</b>				
Old not strong	10	14	24	5.67
Old but strong	57	80	137	32.38
Old but still good enough	22	37	59	13.94
Half worn house, still strong	81	109	190	44.91
Half worn house, not strong	2	4	6	1.41
Other.	4	3	7	1.65
<b>Material</b>				
Cement house, galvanized iron roof	22	31	53	12.52
Wood board, gal iron/tiles roof	68	82	150	35.46
Wood and plaster board, tiles roof	80	130	210	49.64
Bamboo	3	1	4	0.94
Wood not strong	1	2	3	0.70
Many materials	2	1	3	0.70

Table 5: A present data about family member.

Character of sample	Elderly Male	Elderly Female	Total	percent
<b>Number of family member</b>				
Alone	6	10	16	3.78
Spouse	14	24	38	8.98
Brother/Sister	10	15	25	5.91
Child	7	14	21	4.96
Grandchildren	2	5	7	1.65
Related family	2	2	4	0.94
Other	0	3	3	0.70
Spouse and children	32	29	61	14.42
Spouse and grandchildren	2	4	6	1.41
Brother/Sister and children	7	9	16	3.78
Brother/Sister and grandchildren	9	5	14	3.30
Child and grandchildren	34	76	110	26.00
Spouse, Brother/Sis and children	7	3	10	2.36
Spouse, Child and grandchildren	28	33	61	14.42
Bro/Sis, child and grandchildren	2	5	7	1.65
Child and grandchildren and other	3	1	4	0.94
Spouse, Bro/Sis, Child and grand	10	7	17	4.01
Spouse, Child and grand and oth.	1	2	3	0.70

Table 6: A present data about person, care illness elderly.

Character of sample	Elderly Male	Elderly Female	Total	percent
Alone	2	10	12	2.84
Spouse	24	33	57	13.48
Brother/Sister	15	17	32	7.57
Children	110	148	258	60.99
Grandchildren	10	16	26	6.15
Related	3	5	8	1.89
Homeless person but live in home	2	1	3	0.71
Employee	1	2	3	0.71
Other	4	3	7	1.65
Child and grandchild	2	9	11	2.60
Spouse, Child and grandchild	3	3	6	1.42

Table 7: A present data about Chula-ADL of the elderly.

Character of sample	Elderly Male	Elderly Female	Total	percent
Walk				
Cannot	10	9	19	4.49
Wheel chair / 2 people help	2	1	3	0.71
Need help or support together	12	21	33	7.80
Can walk	152	216	368	87.00
Food making and preparing				
Cannot	22	32	54	12.77
Need help or support	4	5	9	2.13
Can cooking	150	210	360	85.11
Clean the house				
Cannot	40	61	101	23.88
Can do / clean	136	186	322	76.12
Exchange money				
Cannot	13	21	34	8.04
Can done	163	226	389	91.96
Traveling				
Cannot	17	27	44	10.40
Need help or support	45	81	126	29.79
Can done	114	139	253	59.81

Table 8: A present assessment of elderly depression

Character of sample	Elderly Male	Elderly Female	Total	percent
Score of Geriatric depression scale				
≤ 4	118	169	287	67.85
5 - 9	51	65	116	27.42
10 - 15	7	13	20	4.73

Table 9: A present about evaluation the perception and satisfaction of elderly.

## 9.1 Education services

<b>Education Services</b>		male	percent	female	percent	total	percent	
1. Services about elderly have been trained and studied, depend on the skill needs.	Perception	No Have	102	162		264	62.41	
		Have	62	72		134	31.68	
		unknown	12	13		25	5.91	
	Access		13	18	5.88	31	7.33	
	Satisfaction	less	6	1.42	9	2.94	15	3.55
		middle	4	0.95	8	2.61	12	2.84
		very	3	0.71	1	0.33	4	0.95
2. Services about elderly have been gotten the useful information through media broadcasting tower.	Perception	No Have	52	79		131	30.97	
		Have	120	163		283	66.90	
		unknown	4	5		9	2.13	
	Access		71	16.78	80	26.11	151	35.70
	Satisfaction	less	18	4.26	33	10.77	51	12.06
		middle	44	10.40	43	14.04	87	20.57
		very	9	2.13	4	1.31	13	3.07

## 9.2 Public health services

<b>Public Health Services</b>		male	percent	female	percent	total	percent	
1. Services about elderly have been received counseling services or to provide knowledge about health and illness for the elderly at least once time a year.	Perception	No Have	56	75		131	30.97	
		Have	116	164		280	66.19	
		unknown	4	8		12	2.84	
	Access		97	22.93	136	44.39	233	55.08
	Satisfaction	less	17	4.02	25	8.16	42	9.93
		middle	35	8.27	46	15.01	81	19.15
		very	45	10.64	65	21.22	110	26.00
2. Services about elderly have been received the annual health check up at least once time a year.	Perception	No Have	44	79		123	29.08	
		Have	127	158		285	67.37	
		unknown	5	10		15	3.55	
	Access		97	22.93	126	41.13	223	52.72
	Satisfaction	less	11	2.60	15	4.90	26	6.15
		middle	26	6.15	36	11.75	62	14.66
		very	60	14.18	75	24.48	135	31.91

## 9.3 Residential Services.

Residential Services.		male	percent	female	percent	total	percent	
1. Services about elderly have been provided or coordinate the responsible authorities to provide housing, clothing and shelter to the helpless elderly.	Perception	No Have	90	122		212	50.12	
		Have	78	117		195	46.10	
		unknown	8	8		16	3.78	
	Access		32	53	17.30	85	20.09	
	Satisfaction	less	7	1.65	11	3.59	18	4.26
		middle	16	3.78	29	9.47	45	10.64
		very	9	2.13	13	4.24	22	5.20
2. Services about elderly have been provided a housing survey for hygiene and safety at least one time a years.	Perception	No Have	110	155		265	62.65	
		Have	59	86		145	34.28	
		unknown	7	6		13	3.07	
	Access		21	32	10.44	53	12.53	
	Satisfaction	less	8	1.89	8	2.61	16	3.78
		middle	11	2.60	19	6.20	30	7.09
		very	2	0.47	5	1.63	7	1.65
3. Services about elderly have been provided support family services for the elderly.	Perception	No Have	136	195		331	78.25	
		Have	35	38		73	17.26	
		unknown	5	14		19	4.49	
	Access		7	7	2.28	14	3.31	
	Satisfaction	less	5	1.18	3	0.98	8	1.89
		middle	2	0.47	4	1.31	6	1.42
		very	0	0.00	0	0.00	0	0.00
4. Services about elderly have been provided daily elderly center - not free services.	Perception	No Have	149	210		359	84.87	
		Have	23	32		55	13.00	
		unknown	4	5		9	2.13	
	Access		2	4	1.31	6	1.42	
	Satisfaction	less		0.00		0.00		0.00
		middle	1	0.24	3	0.98	4	0.95
		very	1	0.24	1	0.33	2	0.47

## 9.4 Assurance and Revenue Services.

Assurance and Revenue Services			male	percent	female	percent	total	percent
1. Services about elderly have been provided the allowance payment.	Perception	No Have	6		10		16	3.78
		Have	168		236		404	95.51
		unknown	2		1		3	0.71
	Access		168	39.72	236	77.03	404	95.51
	Satisfaction	less	2	0.47	2	0.65	4	0.95
		middle	92	21.75	154	50.27	246	58.15
		very	74	17.49	80	26.11	154	36.41
2. Services about elderly have been provided career support to the elderly.	Perception	No Have	143		206		349	82.50
		Have	27		29		56	13.24
		unknown	6		12		18	4.26
	Access		7	1.65	3	0.98	10	2.36
	Satisfaction	less	3	0.71	3	0.98	6	1.42
		middle	4	0.95		0.00	4	0.95
		very		0.00		0.00		0.00
3. Services about elderly have been provided and set the establishment of elderly funds.	Perception	No Have	150		217		367	86.76
		Have	21		22		43	10.17
		unknown	5		8		13	3.07
	Access		11	2.60	13	4.24	24	5.67
	Satisfaction	less	2	0.47	5	1.63	7	1.65
		middle	6	1.42	7	2.28	13	3.07
		very	3	0.71	1	0.33	4	0.95
4. Services about support the establishment of the Welfare Promotion Fund of the elderly in the community.	Perception	No Have	150		211		361	85.34
		Have	20		24		44	10.40
		unknown	6		12		18	4.26
	Access		8	1.89	8	2.61	16	3.78
	Satisfaction	less	4	0.95	5	1.63	9	2.13
		middle	4	0.95	3	0.98	7	1.65
		very		0.00		0.00		0.00
5. Services about providing special discount services in various items for the elderly, such as tourist attractions place or the local culture trips.	Perception	No Have	143		205		348	82.27
		Have	28		35		63	14.89
		unknown	5		7		12	2.84
	Access		6	1.42	4	1.31	10	2.36
	Satisfaction	less	3	0.71	1	0.33	4	0.95
		middle	2	0.47	3	0.98	5	1.18
		very	1	0.24		0.00	1	0.24



## 9.5 Social services.

Social Services			male	percent	female	percent	total	percent
1. Services about elderly have been provided an elderly service center.	Perception	No Have	90		123		213	50.35
		Have	79		113		192	45.39
		unknown	7		11		18	4.26
	Access		24	5.67	33	10.77	57	13.47
	Satisfaction	less	12	2.84	13	4.24	23	5.44
		middle	12	2.84	19	6.20	31	7.33
		very	2	0.47	1	0.33	3	0.71
2. Services to coordinate the relevant agencies for the elderly who qualify under the law have been assisted in managing the traditional funeral.	Perception	No Have	42		75		117	27.66
		Have	127		160		287	67.85
		unknown	7		12		19	4.49
	Access		127	30.02	160	52.22	287	67.85
	Satisfaction	less	5	1.18	11	3.59	16	3.78
		middle	55	13.00	80	26.11	135	31.91
		very	67	15.84	69	22.52	136	32.15
3. Services about elderly home visit and supervision at least 2 times a year.	Perception	No Have	50		66		116	27.42
		Have	122		176		298	70.45
		unknown	4		5		9	2.13
	Access		103	24.35	137	44.72	240	56.74
	Satisfaction	less	7	1.65	6	1.96	13	3.07
		middle	56	13.24	64	20.89	120	28.37
		very	40	9.46	67	21.87	107	25.29
4. Services about elderly religious services.	Perception	No Have	32		43		75	17.73
		Have	140		196		336	79.43
		unknown	4		8		12	2.84
	Access		138	32.62	186	60.71	324	76.59
	Satisfaction	less	3	0.71	4	1.31	7	1.65
		middle	22	5.20	48	15.67	70	16.55
		very	113	26.71	134	43.74	247	58.39
5. Services about providing facilities and services directly to the security for the elderly in buildings, vehicles or other public services.	Perception	No Have	41		64		105	24.82
		Have	126		167		293	69.27
		unknown	9		16		25	5.91
	Access		82	19.38	116	37.86	198	46.81
	Satisfaction	less	2	0.47	4	1.31	6	1.42
		middle	3	0.71	20	6.53	23	5.44
		very	77	18.20	92	30.03	169	39.95

## 9.5 Social services - continue

Social Services			male	percent	female	percent	total	percent
6. Services about providing support to family members gain ability to take care the elderly by providing a knowledge and information to elderly caregivers.	Perception	No Have	111		172		283	66.90
		Have	57		61		118	27.90
		unknown	8		14		22	5.20
	Access		20	4.73	16	5.22	36	8.51
	Satisfaction	less	10	2.36	10	3.26	20	4.73
		middle	10	2.36	6	1.96	16	3.78
		very	0	0.00	0	0.00	0	0.00
7. Services about providing for the promotion of the values of coexistence with the elderly.	Perception	No Have	121		177		298	70.45
		Have	48		59		107	25.29
		unknown	7		11		18	4.26
	Access		28	6.62	31	10.12	59	13.95
	Satisfaction	less	18	4.26	14	4.57	32	7.56
		middle	9	2.13	12	3.92	21	4.96
		very	1	0.24	5	1.63	6	1.42
8. Services about advocacy to family member and people in the community about value of the elderly.	Perception	No Have	107		163		270	63.83
		Have	62		73		135	31.91
		unknown	7		11		18	4.26
	Access		25	5.91	25	8.16	50	11.82
	Satisfaction	less	8	1.89	14	4.57	22	5.20
		middle	12	2.84	11	3.59	23	5.44
		very	5	1.18	0	0.00	5	1.18
9. Services about supporting to the elderly, living with families with quality and continuously until the end of life.	Perception	No Have	109		171		280	66.19
		Have	60		68		128	30.26
		unknown	7		8		15	3.55
	Access		13	3.07	17	5.55	30	7.09
	Satisfaction	less	9	2.13	7	2.28	16	3.78
		middle	4	0.95	10	3.26	14	3.31
		very	0	0.00	0	0.00	0	0.00
10. Services about the provision of mobile community services by local government.	Perception	No Have	80		127		207	48.93
		Have	88		112		200	47.28
		unknown	8		8		16	3.78
	Access		70	16.55	71	23.17	141	33.33
	Satisfaction	less	10	2.36	11	3.59	21	4.96
		middle	57	13.47	53	17.30	110	26.00
		very	3	0.71	7	2.28	10	2.36

## 9.5 Social services - continue

Social Services			male	percent	female	percent	total	percent
11. Services about providing elderly volunteer services and care in the area of local government.	Perception	No Have	102		143		245	57.92
		Have	69		94		163	38.53
		unknown	5		10		15	3.55
	Access		18	4.26	17	5.55	35	8.27
	Satisfaction	less	4	0.95	5	1.63	9	2.13
		middle	11	2.60	11	3.59	22	5.20
		very	3	0.71	1	0.33	4	0.95

## 9.6 Recreational services.

Recreational Services			male	percent	female	percent	total	percent
1. Services about providing recreational activities for elderly on important and special day.	Perception	No Have	31		46		77	18.20
		Have	140		191		331	78.25
		unknown	5		10		15	3.55
	Access		140	33.10	186	60.71	326	77.07
	Satisfaction	less	3	0.71	6	1.96	9	2.13
		middle	34	8.04	58	18.93	92	21.75
		very	103	24.35	122	39.82	225	53.19
2. Services about providing for the promotion of integration of the elderly in the form of groups, clubs or associations of the elderly.	Perception	No Have	121		171		292	69.03
		Have	44		61		105	24.82
		unknown	11		15		26	6.15
	Access		33	7.80	32	10.44	65	15.37
	Satisfaction	less	22	5.20	20	6.53	42	9.93
		middle	10	2.36	11	3.59	21	4.96
		very	1	0.24	1	0.33	2	0.47
3. Services about providing the elderly community center.	Perception	No Have	118		185		303	71.63
		Have	46		42		88	20.80
		unknown	12		20		32	7.56
	Access		12	2.84	16	5.22	28	6.62
	Satisfaction	less	8	1.89	11	3.59	19	4.49
		middle	4	0.95	5	1.63	9	2.13
		very	0	0.00	0	0.00	0	0.00
4. Services about providing such as tour for the elderly in interesting place.	Perception	No Have	122		167		289	68.32
		Have	47		71		118	27.90
		unknown	7		9		16	3.78
	Access		13	3.07	19	6.20	32	7.56
	Satisfaction	less	8	1.89	8	2.61	16	3.78
		middle	4	0.95	9	2.94	13	3.07
		very	1	0.24	2	0.65	3	0.71

Table 10: A present an assessment the elderly needs

Character of sample	Elderly Male	Elderly Female	Total	percent
The elderly needs				
No need	105	160	265	62.65
Health care	32	39	71	16.78
Money	13	24	37	8.75
Information / Data	4	5	9	2.13
Groups	22	19	41	9.69

Table 11: A present an associate between perceptions and satisfactions of the elderly about elderly social welfare services.

Character of sample	n	correlation	P-value
<b>1.Education service</b>			
trained and studied, depend on the skill needs.	31	0.328	0.067
useful information through media broadcasting tower.	151	0.159	0.052
<b>2.Public Health Services.</b>			
counseling services	233	0.123	0.06
the annual health check up	223	0.398	0.047
<b>3.Residential Services</b>			
provide housing, clothing and shelter to the helpless	85	0.204	0.06
housing survey for hygiene and safety	53	0.261	0.057
provided support family services for the elderly	14	0.488	0.065
provided daily elderly center - not free services	6	0.683	0.091
<b>4.Assurance and Revenue Services</b>			
provided the allowance payment	404	0.438	0.042
provided career support to the elderly	10	0.561	0.073
provided and set the establishment of elderly funds.	24	0.372	0.067
Welfare Promotion Fund of the elderly in the community.	16	0.461	0.063
special discount services such as tourist attractions place	10	0.538	0.088
<b>5.Social services.</b>			
elderly service center	57	0.254	0.054
assisted in managing the traditional funeral	287	0.115	0.052
elderly home visit and supervision	240	0.125	0.052
elderly religious services	324	0.356	0.020
facilities and services to the security for the elderly	198	0.197	0.095
support to family members	36	0.322	0.052
the promotion of the values	59	0.247	0.057
advocacy to family member and people	50	0.264	0.061
living with families with quality	30	0.349	0.055
mobile community services by local government	141	0.322	0.018
elderly volunteer services and care	35	0.328	0.051
<b>6.Recreational services.</b>			
recreational activities for elderly	326	0.344	0.032
promote of integrate of the elderly in the form of groups	65	0.251	0.042
the elderly community center	28	0.381	0.018
providing such as tour for the elderly	32	0.327	0.051

Table 12: A factors that associate with perceptions and satisfactions of the elderly about elderly social welfare services.

12.1 Education and Public Health services.

	Chi-square	Sex		Marital Status		Education level		Employment /Work	
		value	Sig.	value	Sig.	value	Sig.	value	Sig.
<b>Education Services</b>									
1. Services about elderly have been trained and studied depend on the skill needs.	Perception	2.578	0.276	29.62	0	3.382	0.496	19.78	0.001
	Satisfaction	2.175	0.337	4.058	0.669	4.899	0.298	6.192	0.185
2. Services about elderly have been gotten the useful information through media broadcasting tower.	Perception	0.036	0.982	30.17	0	7.742	0.102	4.791	0.309
	Satisfaction	8.616	0.013	5.253	0.512	4.263	0.372	0.854	0.931
<b>Public Health Services</b>									
1.Services about elderly have been received counseling services or to provide knowledge about health and illness for the elderly at least once time a year.	Perception	0.412	0.814	38.35	0	4.337	0.362	9.79	0.044
	Satisfaction	0.113	0.945	18.11	0.006	7.823	0.098	2.832	0.586
2.Services about elderly have been received the annual health check up at least once time a year	Perception	3.17	0.205	17.11	0.009	14.14	0.007	7.08	0.132
	Satisfaction	0.746	0.689	16.38	0.012	9.786	0.044	1.161	0.885

Education and Public Health services. - cont

	Chi-square	Type of Work		Revenue		Source of income		Economic status	
		value	Sig.	value	Sig.	value	Sig.	value	Sig.
<b>Education Services</b>									
1. Services about elderly have been trained and studied depend on the skill needs.	Perception	34.32	0	11.56	0.003	31.89	0.001	18.69	0
	Satisfaction	31.74	0	0.761	0.683	16.52	0.169	5.301	0.071
2. Services about elderly have been gotten the useful information through media broadcasting tower.	Perception	8.848	0.355	3.471	0.176	24.72	0.016	30.05	0
	Satisfaction	8.634	0.374	1.285	0.526	18.62	0.098	2.103	0.349
<b>Public Health Services</b>									
1.Services about elderly have been received counseling services or to provide knowledge about health and illness for the elderly at least once time a year.	Perception	15.08	0.058	2.18	0.336	29.6	0.003	12.16	0.002
	Satisfaction	21.12	0.007	5.039	0.08	18.62	0.098	1.093	0.579
2.Services about elderly have been received the annual health check up at least once time a year	Perception	9.774	0.281	0.759	0.684	28.35	0.005	6.877	0.032
	Satisfaction	2.673	0.953	0.236	0.889	18.58	0.099	0.809	0.667



## 12.2 Residential Services.

	Chi-square	Sex		Marital Status		Education level		Employment /Work	
		value	Sig.	value	Sig.	value	Sig.	value	Sig.
<b>Residential Services</b>									
1 Services about elderly have been provided or coordinate the responsible authorities to provide housing, clothing and shelter to the helpless elderly.	Perception	0.475	0.789	24.43	0	5.406	0.248	30.79	0
	Satisfaction	0.779	0.678	11.41	0.077	5.506	0.239	8.84	0.065
2 Services about elderly have been provided a housing survey for hygiene and safety at least one time a years.	Perception	0.4	0.819	10.97	0.089	5.131	0.274	5.54	0.236
	Satisfaction	0.852	0.653	4.802	0.569	13.48	0.009	10.27	0.036
3 Services about elderly have been provided support family services for the elderly.	Perception	3.072	0.215	52.37	0	12.52	0.014	11.56	0.021
	Satisfaction	0.172	0.679	3.136	0.371	1.045	0.593	1.335	0.513
4 Services about elderly have been provided daily elderly center - not free services.	Perception	0.032	0.984	5.939	0.43	11.58	0.021	5.588	0.232
	Satisfaction	0.515	0.773	5.895	0.435	3.052	0.549	3.005	0.557

## Residential Services. - cont.

	Chi-square	Type of Work		Revenue		Source of income		Economic status	
		value	Sig.	value	Sig.	value	Sig.	value	Sig.
<b>Residential Services</b>									
1 Services about elderly have been provided or coordinate the responsible authorities to provide housing, clothing and shelter to the helpless elderly.	Perception	30.51	0	2.633	0.268	43.7	0	9.854	0.007
	Satisfaction	11.33	0.183	1.475	0.478	15.83	0.199	2.359	0.307
2 Services about elderly have been provided a housing survey for hygiene and safety at least one time a years.	Perception	18.45	0.018	2.618	0.27	26.72	0.008	30.28	0
	Satisfaction	12.35	0.136	5.972	0.05	12.66	0.394	0.985	0.611
3 Services about elderly have been provided support family services for the elderly.	Perception	19.37	0.013	1.388	0.5	12.1	0.438	3.307	0.191
	Satisfaction	1.662	0.798	1.842	0.175	4.887	0.558	0.501	0.479
4 Services about elderly have been provided daily elderly center - not free services.	Perception	36.18	0	3.226	0.199	22.67	0.031	25.97	0
	Satisfaction	4.508	0.809	0.618	0.734	7.611	0.815	0.899	0.638

## 12.3 Assurance and Revenue Services.

	Chi-square	Sex		Marital Status		Education level		Employment /Work	
		value	Sig.	value	Sig.	value	Sig.	value	Sig.
<b>Assurance and Revenue Services</b>									
1 Services about elderly have been provided the allowance payment.	Perception	0.887	0.642	6.899	0.33	20.56	0	16.96	0.002
	Satisfaction	4.54	0.208	18.44	0.03	33.54	0	28.27	0
2 Services about elderly have been provided career support to the elderly.	Perception	1.571	0.456	24.34	0	9.389	0.052	52.55	0
	Satisfaction	5.667	0.017	1.517	0.678	0.694	0.707	1.686	0.43
3 Services about elderly have been provided and set the establishment of elderly funds.	Perception	1.06	0.589	26.69	0	26.23	0	21.23	0
	Satisfaction	1.984	0.371	10.92	0.091	3.042	0.551	5.538	0.236
4 Services about support the establishment of the Welfare Promotion Fund of the elderly in the community.	Perception	0.776	0.679	18.28	0.006	14.32	0.006	25.28	0
	Satisfaction	0.707	0.457	8.559	0.036	1.222	0.543	2.898	0.235
5 Services about providing special discount services in various items for the elderly, such as tourist attractions place or the local culture trips.	Perception	0.247	0.884	23.58	0	8.002	0.092	6.145	0.189
	Satisfaction	1.411	0.494	1.526	0.958	79.29	0	1.519	0.823

## Assurance and Revenue Services. - cont

	Chi-square	Type of Work		Revenue		Source of income		Economic status	
		value	Sig.	value	Sig.	value	Sig.	value	Sig.
<b>Assurance and Revenue Services</b>									
1 Services about elderly have been provided the allowance payment.	Perception	21.14	0.007	2.682	0.262	99.99	0	7.659	0.022
	Satisfaction	34.99	0	7.252	0.064	1.005	0	4.771	0.189
2 Services about elderly have been provided career support to the elderly.	Perception	31.34	0	18.55	0	81.76	0	3.127	0.209
	Satisfaction	0.907	0.924	0.59	0.442	3.243	0.778	3.947	0.081
3 Services about elderly have been provided and set the establishment of elderly funds.	Perception	17.28	0.027	29.77	0	30.08	0.003	2.178	0.337
	Satisfaction	6.421	0.6	7.829	0.02	7.305	0.837	1.383	0.501
4 Services about support the establishment of the Welfare Promotion Fund of the elderly in the community.	Perception	54.79	0	6.549	0.038	42.31	0	2.1	0.35
	Satisfaction	17.19	0.002	0.685	0.473	8.566	0.2	3.02	0.109
5 Services about providing special discount services in various items for the elderly, such as tourist attractions place or the local culture trips.	Perception	14.49	0.07	2.408	0.3	46.85	0	39.98	0
	Satisfaction	5.71	0.68	2.444	0.295	4.742	0.966	12.33	0.002

## 12.4 Social services.

	Chi-square	Sex		Marital Status		Education level		Employment /Work	
		value	Sig.	value	Sig.	value	Sig.	value	Sig.
<b>Social Services</b>									
1 Services about elderly have been provided an elderly service center.	Perception	0.108	0.947	11.98	0.062	8.434	0.077	8.094	0.088
	Satisfaction	0.883	0.643	2.795	0.834	6.56	0.161	1.322	0.858
2 Services to coordinate the relevant agencies for the elderly who qualify under the law have been assisted in managing the traditional funeral.	Perception	2.573	0.276	11.04	0.087	12.62	0.013	19.67	0.001
	Satisfaction	5.637	0.06	12.19	0.058	6.7	0.153	9.615	0.047
3 Services about elderly home visit and supervision at least 2 times a year.	Perception	0.191	0.909	50.96	0	7.5	0.112	5.425	0.246
	Satisfaction	2.101	0.35	20.5	0.002	1.51	0.825	10.9	0.028
4 Services about elderly religious services.	Perception	0.373	0.83	5.126	0.528	4.459	0.347	6.734	0.151
	Satisfaction	5.103	0.078	10.04	0.123	4.679	0.322	3.409	0.492
5 Services about providing facilities and services directly to the security for the elderly in buildings, vehicles or other public services.	Perception	0.842	0.656	25.57	0	6.881	0.142	12.55	0.014
	Satisfaction	8.812	0.012	10.25	0.114	7.27	0.122	10.23	0.037
6 Services about providing support to family members gain ability to take care the elderly by providing a knowledge and information to elderly caregivers.	Perception	3.09	0.213	9.343	0.155	17.71	0.001	31.62	0
	Satisfaction	2.988	0.119	4.424	0.219	0.987	0.61	3.722	0.155
7 Services about providing for the promotion of the values of coexistence with the elderly.	Perception	0.644	0.725	13.86	0.031	2.889	0.577	18.22	0.001
	Satisfaction	1.566	0.457	4.872	0.56	0.486	0.975	4.754	0.314
8 Services about advocacy to family member and people in the community about value of the elderly.	Perception	1.526	0.466	63.22	0	3.706	0.447	28.86	0
	Satisfaction	8.372	0.015	8.607	0.197	0.624	0.96	2.256	0.689
9 Services about supporting to the elderly, living with families with quality and continuously until the end of life.	Perception	2.447	0.294	14.1	0.029	6.027	0.157	29.74	0
	Satisfaction	1.013	0.413	2.839	0.417	0.708	0.702	0.174	0.917
10 Services about the provision of mobile community services by local government.	Perception	1.682	0.431	16.95	0.009	10.32	0.035	17.77	0.001
	Satisfaction	6.653	0.036	12.42	0.053	4.513	0.341	7.969	0.093
11 Services about providing elderly volunteer services and care in the area of local government.	Perception	0.458	0.795	26.49	0	2.569	0.632	8.225	0.084
	Satisfaction	2.579	0.275	9.197	0.163	17.44	0.002	5.763	0.218

## Social services. - cont

	Chi-square	Type of Work		Revenue		Source of income		Economic status	
		value	Sig.	value	Sig.	value	Sig.	value	Sig.
<b>Social Services</b>									
1 Services about elderly have been provided an elderly service center.	Perception	25.52	0.001	0.278	0.87	51.98	0	31.9	0
	Satisfaction	7.062	0.53	0.199	0.905	17.66	0.126	0.542	0.763
2 Services to coordinate the relevant agencies for the elderly who qualify under the law have been assisted in managing the traditional funeral.	Perception	34.46	0	5.083	0.79	25.29	0.014	11.52	0.003
	Satisfaction	18.98	0.015	1.758	0.415	20.15	0.064	0.268	0.875
3 Services about elderly home visit and supervision at least 2 times a year.	Perception	30.87	0	2.211	0.331	19.76	0.072	24.31	0
	Satisfaction	32.33	0	0.707	0.702	14.12	0.293	0.948	0.623
4 Services about elderly religious services.	Perception	9.527	0.3	13.89	0.001	45.74	0	12.5	0.002
	Satisfaction	5.667	0.684	13.63	0.001	47.47	0	0.837	0.653
5 Services about providing facilities and services directly to the security for the elderly in buildings, vehicles or other public services.	Perception	15.51	0.05	0.365	0.833	58.32	0	4.318	0.115
	Satisfaction	14.99	0.059	0.293	0.864	11.08	0.522	0.693	0.707
6 Services about providing support to family members gain ability to take care the elderly by providing a knowledge and information to elderly caregivers.	Perception	53.42	0	2.419	0.298	66.55	0	11	0.004
	Satisfaction	9.525	0.049	0	1	8.482	0.205	4.405	0.036
7 Services about providing for the promotion of the values of coexistence with the elderly.	Perception	36.83	0	3.384	0.184	41.53	0	9.638	0.008
	Satisfaction	12.46	0.132	0.389	0.823	5.295	0.947	2.685	0.261
8 Services about advocacy to family member and people in the community about value of the elderly.	Perception	44.23	0	3.164	0.206	38.08	0	29.39	0
	Satisfaction	9.989	0.266	1.44	0.487	7.028	0.856	5.55	0.062
9 Services about supporting to the elderly, living with families with quality and continuously until the end of life.	Perception	36.5	0	3.556	0.169	33.64	0.001	17.01	0
	Satisfaction	8.01	0.091	1.02	0.413	5.198	0.519	0.484	0.767
10 Services about the provision of mobile community services by local government.	Perception	34.46	0	15.38	0	34.92	0	21.96	0
	Satisfaction	30.52	0	6.688	0.035	23.15	0.026	7.034	0.03
11 Services about providing elderly volunteer services and care in the area of local government.	Perception	21.73	0.005	2.695	0.26	18.96	0.09	9.008	0.011
	Satisfaction	10.74	0.217	6.418	0.04	17.93	0.118	2.957	0.228

## 12.5 Recreational services

	Chi-square	Sex		Marital Status		Education level		Employment /Work	
		value	Sig.	value	Sig.	value	Sig.	value	Sig.
<b>Recreational Services</b>									
1 Services about providing recreational activities for elderly on important and special day.	Perception	0.545	0.762	15.46	0.017	4.811	0.307	16.86	0.002
	Satisfaction	3.441	0.179	13.33	0.038	2.288	0.683	7.912	0.095
2 Services about providing for the promotion of integration of the elderly in the form of groups, clubs or associations of the elderly.	Perception	1.167	0.558	38.08	0	2.527	0.64	7.154	0.128
	Satisfaction	0.391	0.822	23.97	0.001	0.97	0.914	3.974	0.41
3 Services about providing the elderly community center.	Perception	5.227	0.073	26.2	0	3.476	0.481	24.76	0
	Satisfaction	0.03	1	0.427	0.935	0.175	0.916	6.725	0.027
4 Services about providing such as tour for the elderly in interesting place.	Perception	0.227	0.893	7.761	0.256	6.106	0.191	4.257	0.372
	Satisfaction	0.741	0.69	2.474	0.871	2.406	0.662	1.65	0.799

## Recreational Services. - cont.

	Chi-square	Type of Work		Revenue		Source of income		Economic status	
		value	Sig.	value	Sig.	value	Sig.	value	Sig.
<b>Recreational Services</b>									
1 Services about providing recreational activities for elderly on important and special day.	Perception	32.97	0	18.94	0	28.29	0.005	34.87	0
	Satisfaction	11.19	0.191	9.894	0.007	13.9	0.307	0.783	0.676
2 Services about providing for the promotion of integration of the elderly in the form of groups, clubs or associations of the elderly.	Perception	16.31	0.038	6.355	0.042	24.96	0.015	3.553	0.169
	Satisfaction	5.136	0.743	4.615	0.099	3.836	0.986	0.872	0.647
3 Services about providing the elderly community center.	Perception	48.47	0	13.34	0.001	25.28	0.014	9.3	0.001
	Satisfaction	7.297	0.121	0.001	1	4.369	0.627	0.252	0.616
4 Services about providing such as tour for the elderly in interesting place.	Perception	32.22	0	10.54	0.005	12.73	0.389	17.65	0
	Satisfaction	13.24	1.04	1.099	0.517	6.874	0.866	1.975	0.373



## Appendix B

### แบบสอบถาม - Questionnaire

วิทยานิพนธ์ เรื่อง การศึกษาการรับรู้ และความพึงพอใจของผู้สูงอายุในอำเภอพระสมุทรเจดีย์  
จังหวัดสมุทรปราการ ที่มีต่อการดำเนินการตามนโยบายของประเทศสำหรับผู้สูงอายุ

จงทำเครื่องหมาย ✓ และเติมข้อความลงในช่องว่างที่เป็นคำตอบหรือความคิดเห็นของท่าน

#### ตอนที่ 1 ข้อมูลทั่วไป

1. เพศ  ชาย  หญิง
2. อายุ .....ปี
3. สถานภาพการสมรส  1. โสด  2. ม่าย  3. แยกทาง  4. คู่สมรสอยู่ด้วยกัน
4. ระดับการศึกษา  1. ไม่ได้ศึกษา  2. ประถมศึกษา  3. มัธยมศึกษา  4.ปริญญา
5. การทำงาน  1. ไม่ได้ทำงาน  
 2. ทำงานเพื่อหารายได้ โดยต้องทำงาน  
 2.1 รับจ้าง  2.2 เกษตร  2.3 ค้าขาย  2.4 อื่นๆ .....  
 3. ทำงานช่วยครอบครัวแต่ไม่มีรายได้ โดยต้องทำงาน  
 3.1 ทำงานบ้าน  3.2 ฝ้าบ้าน  3.3 เลี้ยงหลาน  3.4 ทำกับข้าว  
 3.5 อื่นๆ ระบุ.....
6. ปัจจุบันท่านมีรายได้เป็นของตนเองหรือไม่  1. มี  2. ไม่มี
7. กรณีมีรายได้เป็นของตนเอง ท่านมีรายได้ต่อเดือนประมาณ .....บาท
8. รายได้ประจำของท่านมาจากแหล่งใด  1. เงินเดือนประจำ  2. ค่าจ้าง (รายวัน/ชิ้น/งวด)  
 3. ลูกหลานให้เป็นประจำ  4. ญาติ  5. คนรู้จักให้ใช้จ่าย  6. เพื่อนบ้าน  
 7. รัฐสงเคราะห์ให้รายเดือน  8. งานเกษตร ปลุกพืช เลี้ยงสัตว์  9. อื่นๆ ระบุ .....
9. จากสถานะเศรษฐกิจปัจจุบัน มีผลกระทบกับชีวิตของท่านหรือไม่ กระทบอย่างไร  
 1. ไม่กระทบ  
 2. กระทบ.....

#### ข้อมูลด้านที่อยู่อาศัย

10. ใครเป็นเจ้าของบ้านที่ท่านอยู่อาศัย  1. ตนเอง  2. คู่สมรส  3. ลูก  4. หลาน  
 5. ญาติ  6. อื่นๆ ระบุ .....
11. (สังเกต) ขนาดของบ้าน  1. ใหญ่  2. พอดี  3. เล็ก

12. (สังเกต) สภาพของบ้าน  1. เก่าโทรม ไม่แข็งแรง  2. เก่า แต่ยังแข็งแรง  
 3. เก่า สภาพยังดีพออยู่ได้  4. กลางเก่ากลางใหม่ แข็งแรง  5. กลางเก่ากลางใหม่ ไม่แข็งแรง  
 6. ไม่เก่า หรุดโทรมมาก  7. อื่นๆ ระบุ .....
13. (สังเกต) วัสดุที่ใช้สร้างบ้าน  1. ปูน หลังคากระเบื้อง / ลังกะลี  
 2. ไม้กระดาน ปูน หลังคากระเบื้อง / ลังกะลี  3. ไม้กระดาน หลังคากระเบื้อง / ลังกะลี  
 4. ไม้ไผ่ ไม้ไม่แข็งแรง หลังคาลังกะลี  5. ไม้ไม่แข็งแรง หลังคาจาก  
 6. วัสดุหลากหลาย  7. อื่นๆ ระบุ .....

### ข้อมูลด้านครอบครัว

14. จำนวนคนที่อยู่อาศัยในบ้าน .....คน
15. บุคคลในครอบครัว มีใครบ้าง (ตอบได้หลายข้อ)  1.สามี / ภรรยา  2. พี่ / น้อง  3. ลูก  4. หลาน  
 5.ญาติอื่นๆ  6. คนที่มาอาศัยอยู่ด้วย  7. ลูกจ้าง  8. คนอื่นๆ ระบุ .....
16. บุคคลที่ดูแลท่านเป็นประจำ ยามเจ็บป่วย (ตอบเพียงข้อเดียว)  1. สามี / ภรรยา  2. พี่ / น้อง  
 3. ลูก  4. หลาน  5. ญาติอื่นๆ  6. คนที่มาอาศัยอยู่ด้วย  7. ลูกจ้าง  8. คนอื่นๆ ระบุ .....

### ตอนที่ 2 การดูแลตนเอง แบบประเมินสมรรถภาพในเชิงปฏิบัติ (Chula ADL Index)

คำชี้แจง - ใน 1 เดือนที่ผ่านมาผู้สูงอายุมีกิจกรรมต่อไปนี้อยู่ในระดับใด

17. เดินหรือเคลื่อนที่นอกบ้าน  
 0. เดินไม่ได้  
 1. ใช้รถเข็น และช่วยตัวเองได้ หรือต้องการคนประคอง 2 ข้าง  
 2. ต้องการคนช่วยพยุง หรือไปด้วยตลอด  
 3. เดินได้เอง (รวมทั้งที่ใช้เคลื่อนช่วยเดิน เช่น walker)
18. ทำหรือเตรียมอาหาร / หุงข้าว  
 0. ทำไม่ได้  
 1. ต้องการคนช่วยในการทำ หรือจัดเตรียมการบางอย่างไว้ให้ล่วงหน้าจึงจะทำได้  
 2. ทำได้เอง
19. ทำความสะอาดบ้านเรือน / ซักหรือเปลี่ยนผ้า  
 0. ทำไม่ได้ / ต้องมีคนช่วย  
 1. ทำได้เอง

20. ทอนเงิน / แลกเงิน

0. ทำไม่ได้ / ต้องมีคนช่วย

1. ทำได้เอง

21. การเดินทาง เช่น ใช้บริการของรถเมล์ รถสองแถว

0. ไม่สามารถทำได้

1. ทำได้แต่ต้องมีคนช่วยดูแลไปด้วย

2. ไปมาเองได้

### ตอนที่ 3 สภาพจิตใจของผู้สูงอายุ - แบบประเมินอารมณ์ซึมเศร้า

คำชี้แจง - ตอบคำถามต่อไปนี้ว่าใช่ หรือ ไม่ใช่

คำถาม	ใช่	ไม่ใช่	
1. ท่านรู้สึกพอใจในความเป็นอยู่รอบตัว			
2. ท่านหมดความสนใจและหยุดทำกิจกรรมต่างๆ			
3. ท่านรู้สึกว่าชีวิตของท่านว่างเปล่า			
4. ท่านเกิดความรู้สึกเบื่อหน่ายบ่อยๆ			
5. ท่านรู้สึกสดชื่นเกือบตลอดเวลา			
6. ท่านกลัวว่าสิ่งไม่ดีจะเกิดขึ้นกับท่าน			
7. ท่านรู้สึกมีความสุขอยู่เสมอ			
8. ท่านรู้สึกขาดที่พึ่ง			
9. ท่านชอบที่จะอยู่ในบ้านมากกว่าออกไปข้างนอกหรือทำสิ่งใหม่ๆ			
10. ท่านมีปัญหาเกี่ยวกับความจำ			
11. ท่านคิดว่าท่านโชคดีที่มีชีวิตอยู่ในขณะนี้			
12. ท่านคิดว่าชีวิตค่อนข้างไร้ค่า			
13. ท่านรู้สึกว่ามึนงง (กระตือรือร้น)ที่จะทำสิ่งต่างๆ			
14. ท่านรู้สึกหมดหวังกับสภาพปัจจุบัน			
15. ท่านคิดว่าคนอื่นๆ ดีกว่าท่าน			







บริการสวัสดิการสังคม	มี	ไม่มี	ไม่ทราบ	การเข้าถึง		ความพอใจ		
				ได้ใช้	ไม่ได้ใช้	มาก	ปานกลาง	น้อย
5.10 จัดให้มีบริการชุมชนเคลื่อนที่ โดยองค์กรปกครองส่วนท้องถิ่น								
5.11 จัดให้มีบริการกิจกรรมอาสาสมัครผู้ดูแลผู้สูงอายุในเขตพื้นที่องค์กรปกครองส่วนท้องถิ่น								
<b>6. ด้านนันทนาการ</b>								
6.1 จัดให้มีกิจกรรมนันทนาการในวันสำคัญ								
6.2 จัดให้มีการส่งเสริมการรวมกลุ่มผู้สูงอายุในรูปของกลุ่ม ชมรมหรือสมาคมผู้สูงอายุ								
6.3 จัดให้มีศูนย์บริการผู้สูงอายุในชุมชน								
6.4 จัดให้มีการบริการทัศนศึกษาตามความสนใจ เช่น แหล่งท่องเที่ยวทางศาสนสถาน แหล่งท่องเที่ยวนอกสถานที่ อย่างน้อยปีละ 1 ครั้ง								

23. ข้อเสนอแนะเกี่ยวกับนโยบายเพื่อผู้สูงอายุในชุมชน

.ท่านอยากได้

.....

.....

.ไม่อยากได้อะไร

.....

.....

24. คำถามส่วนเจ้าหน้าที่หน่วยงานท้องถิ่นที่ทำหน้าที่ในการกำหนดแนวปฏิบัติตามนโยบายการเตรียมการรองรับสังคม

ผู้สูงอายุ

นโยบายการจัดสวัสดิการผู้สูงอายุ เป็นอย่างไร

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ในพื้นที่รับผิดชอบทำเรื่องไต่หน้่าง (ที่เกี่ยวกับการจัดสวัสดิการผู้สูงอายุ)

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ศูนย์วิทยพัรพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## Appendix C

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### Research Assistant Training Program

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Training content (in theory).

- Research and research objectives.
- Deep interviews.
- How to start - the end of the interview.
- How to record data.
- Problems that may occur and problem solving.

Training content (in practice).

- Assumed to gain an experience.

Step to start an interviews

#### 1. Introduction.

- Introduce yourself and agencies.
- Explain the purpose of research.
- Let the data provider know that information, ideas are very important. -
- Notification of time is spent in the interview.
- Make yourself comfortable, make confident to a data provider, the information provided will be kept private.

#### 2. Interviewing.

- Interview Start in the LESS Sensitive Question or general question before depth in.
- Based on the information all the time listening.
- Using different techniques in order to receive a many information, used words like explain more, what happened next... .. or quite technique.
- When the data is complete. The end of the interview say thank you. Try to take to apologize if spent over time.
- Take notes as soon as possible. If several people interviewed, be aware of the confusion in the story.

## VITAE

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Doctor of Medicine from Faculty of Medicine, Thammasat University, 1999.

4. Current Affiliation.

Director of Mobile Check Up Unit of Bangkok Hospital Medical Center.

4. Research Interests: Public Health and Disaster Medicine.

5. Publications:

1. Phi Phi Modified Matrix Program in 4<sup>th</sup> National forum against Drugs abuse  
Drugs Abuse Institute [Tanyarak Institute], 2005

2. Prehospital and disaster medicine Web publication on 22 May 2006  
Case report : Medical Response of a Physician and Two Nurses to the Mass- Casualty Event  
Resulting in the Phi Phi Islands from the Tsunami

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