

A Study of Community Participation in the Elderly Health Care Promotion in Bangkok, Thailand

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Abstract

This study aims to: 1) investigate the level of participation in promoting healthcare for the elderly in the Bang Khen Market community, Lak Si District, Bangkok; 2) compare the opinions of questionnaire respondents regarding the participation in promoting elderly healthcare based on individual factors; and 3) examine the challenges, obstacles, and suggestions for enhancing the participation in promoting elderly healthcare in the Bang Khen Market community, Lak Si District, Bangkok. The research utilizes a sample group comprising 81 family caregivers of the elderly in the Bang Khen Market community, Lak Si District, Bangkok. Data collection tools include questionnaires, and statistical analyses involve percentages, means, standard deviations, t-tests, and f-test (One-way ANOVA). The study reveals that: 1) the overall level of participation in promoting elderly healthcare is at a moderate level; 2) caregivers with different gender, age, education levels, and occupations show similar levels of participation in promoting elderly health, while those with different marital status and monthly income exhibit significant differences in participation at a statistical significance level of 0.05; and 3) the identified challenges and suggestions for enhancing participation in promoting elderly healthcare include caregivers lacking knowledge and understanding of elderly care, as well as insufficient coordination with government agencies providing guidance, knowledge, and consultation. Key recommendations involve community-based training for caregivers, provision of elderly care manuals, and the establishment of networks and technologies to promote elderly care.

Keywords: Participation; Healthcare; Elderly; Bang Khen Market Community

1. Introduction

The Ministry of Public Health, in collaboration with the National Health Security Office (NHSO) and local administrative organizations, has set crucial goals for adequately caring for the elderly without becoming a burden to their families. This involves promoting skills among the elderly, their relatives, family members, and caregivers to enable self-care based on their abilities. Community-based elderly healthcare includes fostering community participation in health-related activities through health clubs covering every community and village. This approach adheres to the concept of "utilizing integrated resources in all sectors to create a community learning process," aiming to establish sustainable and enduring health (Ministry of Public Health, 2020: 1).

Health holds great significance for human beings, encompassing both physical and mental well-being. Physical health involves having a robust body, free from illness and disease. Mental health includes having a clear and cheerful mind, emotional balance, happiness free from stress and anxiety, self-awareness, and the potential for creative self-development, contributing to personal and societal advancement. The relationship between physical and mental health has both positive and negative impacts on each other (Channuwong & Ruksat, 2022: 29-41).

According to the 1985 Ottawa Charter, health promotion refers to the process of enhancing people's capacity to control and improve their health, achieving complete well-being in terms of physical, mental, and social aspects. Individuals and groups must be able to express and be aware of their own desires and respond to their own problems, as well as adapt to the environment. It is essential to control various factors influencing health positively, such as reducing risk factors for cancer, promoting physical activity, fostering safety awareness to prevent accidents, and avoiding exposure to environmental pollutants harmful to health. At the same time, emphasis should be placed on promoting factors that enhance health, such as increasing physical activity and consuming nutritious food in a favorable environment (Sinsakchon Unphrommee, 2013: 5).

Channuwong et al. (2022: 166-172) and Sirisuk Nakasenee (2018: 40) further state that the current elderly population faces numerous issues requiring government assistance and support, including economic problems. Nearly half of the elderly population has insufficient income to sustain their lives. Some struggle and work as laborers without any support. Others face physical health issues such as back pain, joint pain, muscle pain, hypertension, and heart disease. Additionally, some experience mental health issues such as stress, anxiety, excessive worry, and depression.

Furthermore, Nattawut Petchkong (2015: 91) studied the impact of recreational programs on the quality of life of the elderly at Phrachomklao Hospital in Phetchaburi Province. The study found that after participating in recreational programs, the quality of life of the elderly at Phra Jomklao Hospital improved compared to before joining the programs.

Considering the Bang Khen Market community in Lak Si District, Bangkok, which is a Chinese immigrant community with a history spanning over 100 years, the traditional way of living and mutual care has changed. Originally, Chinese individuals residing in Thailand used to live together as extended families, with few nuclear families. At present, there are 150 families, and among them,

81 families have elderly members who require close caregivers (Lak Si District Office Bangkok, 2021:3). In addition, the societal shift to an elderly society, coupled with an urban lifestyle in Bangkok, has led each family member to live separately. While many elderly individuals in the community cannot take care of themselves and are bedridden, government agencies have implemented systems to care for them, providing training for volunteer caregivers, family members, and relatives. However, it is observed that many families with elderly members are neglected due to the children working outside the home. Without promoting participatory healthcare, this situation can become a burden to families and have long-term repercussions on society. Therefore, the researchers are interested in studying the level of participation in promoting elderly healthcare in the Bang Khen Market community, Lak Si District, Bangkok, to utilize the data for promoting participation in elderly healthcare in the community according to the government's policies efficiently and effectively.

2. Research Objectives

1. To investigate the level of participation in promoting elderly healthcare in the Bang Khen Market community, Lak Si District, Bangkok.
2. To compare the level of participation in promoting elderly healthcare in the Bang Khen Market community, Lak Si District, Bangkok, based on the perspectives of caregivers in families. This will be categorized according to personal factors, including gender, age, education level, occupation, marital status, and average monthly income.
3. To examine the obstacles and suggestions for enhancing participation in promoting elderly healthcare in the Lak Si Market community, Lak Si District, Bangkok.

Research Methods

This research adopts a survey approach, and the research process is outlined as follows:

Scope of the Research

Content Scope:

The study encompasses an examination of participation in promoting elderly healthcare in four aspects: identifying the causes of problems, planning activities, investment and operation, and monitoring and evaluating results.

Population and Sample Groups:

Population

The population for this research includes elderly families in the Bang Khen Market community, Lak Si District, Bangkok, with a total of **150** households.

Sample Group

The sample group used in this research consists of **81** households in the Bang Khen Market community, Lak Si District, Bangkok, selected through purposive sampling. These households have elderly individuals requiring close caregiving, such as bedridden seniors, those with high levels of dependency, or those who employ caregivers. Information is gathered from 81 caregivers in 81 households.

Geographical Scope:

The research focuses on the Bang Khen Market community in Lak Si District, Bangkok.

Chronological Scope

Timeframe

The study and data collection take place during the period from July to December **2021**.

Research Tools

The research employs a quantitative survey instrument, which is divided into three parts as follows:

Part 1: Personal Factors Questionnaire for Caregivers of the Elderly

Data on personal factors of caregivers are collected, including gender, age, education level, occupation, marital status, and average monthly income.

Part 2: Participation in Elderly Care Questionnaire

This section is a close-ended questionnaire which gathers information regarding the level of participation in promoting elderly health. It utilizes a 5-point rating scale as defined by Boonchom Srisada (2002:113):

| | | |
|---|-------|-------------------|
| 5 | Means | Strongly Agree |
| 4 | Means | Agree |
| 3 | Means | Neutral |
| 2 | Means | Disagree |
| 1 | Means | Strongly Disagree |

The average score is interpreted as follows:

| | |
|-------------|-------------------|
| 4.21 – 5.00 | Strongly Agree |
| 3.41 – 4.20 | Agree |
| 2.61 – 3.40 | Neutral |
| 1.81 – 2.60 | Disagree |
| 1.00 – 1.80 | Strongly Disagree |

Part 3: Open-ended Questions

This part consists of open-ended questions to gather comments and suggestions on promoting health for the elderly.

The research instrument's quality is verified through the following methods:

1. Expert analysis by three specialists to ensure the content's validity, by selecting questions with congruence (IOC) values ranging from **0.67** to **1.0**.
2. The reliability of the entire questionnaire is tested through a trial with a non-sample group of **30** community caregivers, not included in the research sample. The Cronbach's alpha coefficient for this questionnaire is **0.91**, indicating high reliability.

Data Collection

In gathering data, the researcher personally collects information, seeking permission from community leaders, village elders, and community health volunteers for introductions to caregivers of the elderly within families.

Statistical Methods for Data Analysis

The analysis of data includes the following approaches:

- 1) Personal factors are analyzed through frequency and percentage to be presented in tabular form as part of the descriptive statistics
- 2) Participation levels in promoting elderly health are analyzed by calculating the mean and standard deviation. Results are presented in both itemized and overall scores, with interpretation according to average score criteria. Data is also presented in tabular form.
- 3) Comparative analysis of participation levels are categorized based on personal factors of questionnaire respondents. Independent Samples t-test is employed for two independent groups, while One-way Analysis of Variance (ANOVA) is used for three or more groups. Pairwise differences are examined using Scheffe's Method, with a significance level set at .05.
- 4) Open-ended questions regarding suggestions for promoting elderly health participation are analyzed using Content Analysis, examining the qualitative content of responses.

3. Research Results

The overall level of participation in promoting health care for the elderly in the Bang Khen Market community, Lak Si District, Bangkok, is at a moderate level (Mean = 3.12, S.D. = 0.12). Upon considering individual aspects, it is observed that the average scores fall within the moderate range across all dimensions, arranged in descending order as follows: the highest mean is found in the area of identifying the causes of problems (Mean = 3.31, S.D. = 0.19), followed by activity planning (Mean = 3.15, S.D. = 0.21), and the lowest mean is in the area of investment and operation (Mean = 3.00, S.D. = 0.29), as shown in Table 1.

Table 1 presents the mean and standard deviations (S.D.) of the participation in promoting healthcare for the elderly in the Bang Khen Market community, Lak Si District, Bangkok.

| Participation in Promoting Healthcare | \bar{x} | S.D. | Level |
|---------------------------------------|-----------|------|----------|
| Identifying the Causes of Problems | 31 | 19 | Moderate |
| Activity Planning | 15 | 21 | Moderate |
| Investment and Operation | 00 | 29 | Moderate |
| Monitoring and Evaluating results. | 01 | 19 | Moderate |
| Overall | 12 | 12 | Moderate |

Comparative analysis of the level of involvement in promoting health care for the elderly in the Bang Khen Market Community, Lak Si District, Bangkok, based on caregiver characteristics (gender, age, educational level, occupation, marital status and monthly income) are as follows:

1. Caregivers of the elderly, differing in gender, age, education level, and occupation, show no significant difference in their participation in promoting health care for the elderly.
2. Caregivers of the elderly, with varying marital status and different average monthly incomes, exhibit significantly different levels of involvement in promoting health care for the elderly, with a statistical significance level of .05.

In pairwise comparisons, among the 7 pairs, those with an income exceeding 20,000 Baht per month show greater participation compared to those with incomes ranging from 12,001 to 15,000 Baht, less than 7,000 Baht, and 7,000 to 12,000 Baht, respectively. Similarly, the group with an income between 18,001 and 20,000 Baht per month shows greater participation compared to the income groups of 12,001 to 15,000 Baht, less than 7,000 Baht, 7,000 to 12,000 Baht, and 15,001 to 18,000 Baht, respectively. The average monthly income of caregivers of the elderly in these income groups does not differ significantly.

3. Regarding obstacles and suggestions for involvement in promoting health care for the elderly, the research indicates challenges such as the unavailability of convenient equipment for the elderly and a lack of knowledge among caregivers regarding problem identification and health promotion. Additionally, there is a lack of understanding about monitoring and assessing the care provided to the elderly. Recommendations include 1) community training for caregivers, 2) provision of caregiver manuals, and 3) establishment of networks and technologies to enhance elderly care.

4. Research Discussion

From the research findings, it was observed that the level of participation in promoting the health care of the elderly in the Bang Khen market community, Lak Si district, Bangkok, is generally at a moderate level. The highest average score is in the aspect of identifying the causes of problems, followed by the planning and implementation of activities. This may be attributed to the community's lack of preparedness in line with the policies promoting the participation in elderly care, as part of the process driving long-term elderly care policies towards becoming public policies to foster community involvement in elderly care. This aligns with the research by Siranee Srihapak and colleagues (2018:144), which identified significant obstacles in elderly care, including inadequate preparation of local government personnel, unclear long-term care funding structures during the transition of power, and the overwhelming workload of elderly care managers. The process of driving long-term elderly care policy towards a public policy to foster community involvement in elderly care consists of three main components: supporting community participation, creating knowledge infrastructure to drive public policy, and integrating collaboration with policy oversight agencies in the area. This can lead to the actual implementation of public policies in the region through increased community participation in all components. This increased community involvement contributes to driving funds for long-term care systems into practice, enabling greater access to long-term care services for dependent elderly individuals. Additionally, it helps improve the quality of life for caregivers. Moreover, the promotion of long-term elderly care public policy funding is a social movement aimed at creating collaboration within the network, especially with local government entities and public health organizations in the area. This collaboration aims to drive significant state policies towards local implementation and development of long-term elderly care systems in communities to support an aging society in the future. This is in line with the findings of Ukrit Chaopraeknoi (2021: 15-22) which studied elderly participation in the development activities for enhancing the quality of life in the Lak Ha Subdistrict Municipality, Baan Phaeo District, Samut Sakhon. It suggests that to elevate the development of the elderly's quality of life, it is essential to formulate policies for the elderly in line with development in various aspects. This includes budget-supported project planning and regular public relations efforts to invite the elderly to participate consistently.

Caregivers of the elderly, differing in gender, age, education level, and occupation, show no significant statistical difference in promoting elderly health care. This lack of difference may stem from family caregivers' understanding of their roles in caring for the elderly, despite varying socio-economic statuses. In contrast, caregivers with different marital statuses and monthly incomes exhibit significant statistical differences in promoting elderly health care. Therefore, it is crucial for communities to promote collaboration without burdening family caregivers in low-income households, widows or those who work and live alone and unable to provide for the family. State agencies must intensify community participation policies, and the elderly should collaborate in health-promoting activities with caregivers and community organizations. The community should also strive to be a positive role model for family members in promoting health-related behaviors, such as partnering with voluntary health promotion groups in the community to provide guidance and knowledge to both caregivers and the elderly for self-care. After receiving care and observing health promotion models, the elderly can adjust their behaviors positively. This aligns with the research by Sujinda Sukrung and colleagues (2018: 159-176) on community participation in promoting the health of the elderly using the AIC process in Baan Pantae Subdistrict Health Promoting Hospital, Khuan Khanun District, Phatthalung Province. The research finds significant statistical differences in health-promoting behaviors among the elderly before and after participating in activities, from moderate level to high level. The top three activities selected by the community are 1) seminars and lectures terms of health promotion, 2) traditional herbal massage, and 3) elderly health promotion activities.

The subject of the problem and suggestions for promoting the health care of the elderly in the Bang Khen market community, Lak Si District, Bangkok, were found to have difficulties in providing convenient equipment for the elderly. Caregivers lacked knowledge and understanding of searching for and addressing the causes of problems in promoting the health of the elderly. They also lacked knowledge and understanding of monitoring the assessment of elderly care outcomes. The following suggestions were made: 1) communities should provide training for elderly caregivers 2) provide a guide or a manual for elderly care, and 3) establish networks and technologies to promote elderly care. These challenges may arise because the community lacks knowledge and understanding of building community strength and the role of solving community problems within the community itself. It is the responsibility of the government organization to clearly define guidelines or public health policies for the community, create community leaders, and establish a strong community-building system. This aligns with the research of Silpchai Nettanont and Uthaiwan Khokta Thong (2021:18), which studied factors that support and contribute to promoting the health of working-age individuals in the community. By applying the concepts of social intelligence learning theory and social ecological models, it was found that the pattern of promoting the health of working-age individuals in the community consists of five components: 1) Promoting health awareness, 2) Having good role models, 3) Strengthening community resilience, 4) Creating an environment conducive to health, and 5) Establishing public policies for health.

Research Suggestions

1. Suggestions for Implementing Research Findings:

1) In the area of identifying and addressing the problem of searching for illness in the elderly and promoting increased participation in consultations with caregivers, there should be support for budget allocation in creating guidelines for elderly care. Additionally, there should be promotion of the use of technology to aid in the care of the elderly.

- 2) Communities should provide training and educational field trips in successful elderly care communities, offering practical approaches that may not require significant financial investment.
- 3) Caregivers of the elderly should be aware of organizing health-promoting activities and serve as good examples to encourage and promote the mental health of the elderly. This could include activities such as organizing relaxation exercises and physical activities.

2. Suggestions for Future Research:

- 1) Conduct a study on factors influencing the capacity of elderly care to promote health, aiming to enhance the capabilities of caregivers in the community.
- 2) Research the development of a collaborative care network for the elderly to promote health in urban and rural communities. This could involve finding common ground for suitable integration in elderly care, utilizing both quantitative and qualitative research methods.
- 3) Study the development of policies and guidelines to promote the capacity of community elderly care, enabling them to provide assistance and self-sufficiency.

Research Knowledge

From the study, literature review, and data analysis, the researcher has gained new knowledge from this research, categorized into the following aspects:

1. Identified strengths and weaknesses of community participation in promoting the health care of the elderly, with the aim of using this information to develop measures to enhance efficiency and quality in promoting the health care of the elderly in the Bang Khen market community, Lak Si District, Bangkok.
2. In terms of problems and obstacles, it is evident that caregivers lack knowledge and understanding in caring for the elderly. There is also a lack of coordination with government agencies that provide guidance, knowledge, or advice in close proximity.
3. Developed academic knowledge regarding community participation in the care of the elderly in the community, aiming to strengthen the community and align with state policies in community health management.

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