ALTERNATIVE TYPES OF CARE AND THEIR IMPACTS ON THE QUALITY OF LIFE OF THE THAI ELDERLY IN THE BANGKOK METROPOLITAN AREA

by

Sasithorn Tamarak

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We approved the dissertation of Sasithorn Tamarak as satisfying the requirements for the degree of Doctor of Philosophy.

(Somboonwan Satyaarakwit, D.B.A)
Committee Co-Chairman

(Vitura Sangaingko, M.D.)
Committee Co-Chairman

(Suchitra Punyaratanabandhu, Ph.D.)

(Santhat Sermsri, Ph.D.)

(Duanpen Theerawanwiwat, Ph.D.)

(Nareewan Chintakanond, M.S.)
Dean, School of Applied Statistics
Examination Date on Dissertation: February 26, 1996
ABSTRACT

ALTERNATIVE TYPES OF CARE AND THEIR IMPACTS ON THE QUALITY OF LIFE OF THE THAI ELDERLY IN THE BANGKOK METROPOLITAN AREA

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In order to deal with an aging population increasing rapidly in numbers and proportion, a study into present care provisions, existing needs, and the quality of life of the Thai elderly is needed.

Two research methods are employed: documentary research and survey research. Documentary research into the demographic profile of the Thai elderly is presented by obtaining data from the National Statistical Office which focuses on the transition of population structure and socioeconomic characteristics of the aging population. A decline in the proportion of extended families and an increase in the number of nuclear families issues warnings of a weakening capacity to care for the elderly. Alternative care support (by government and non-government organizations) is also documented.

The survey was conducted by interviewing 447 elderly people, both those in private households and nursing homes, within the Bangkok Metropolis and its peripherals in 1992. One hundred and eighty samples (40.3% of the total) are living with their families. There are equal gender and age group numbers and three socio-economic statuses (high-middle-low) covering three zones of Bangkok (inner bound, outerbound, and peripheral). The household sampling lists were randomly selected from data from the Central Office of the Registrar. For those samples living in nursing homes, equal age and gender groups were preferred; however, the type of nursing home itself classified the socio-economic status of its residents. There
are 192 samples (43% of the total) living in free-of-charge nursing homes, and 75 samples (16.8%) living in one profit-making hospital-based nursing home.

In determining the factors that affect the elderly person's decision to either remain with the family or enter an institution, discriminant analysis is used. It is found that characteristics of family structure are good indicators for differentiating these two groups of elderly. Those without a solid family core or permanent residence or fewer living children are more likely to be institutionalized. Thus, building up strong family ties is important as family problems are causes for entering institutions. Especially when family size is reduced, for those who are childless, support from siblings, nieces or nephews can be reliable resources of support in later life. Encouraging the low-income population to own their own living units before retirement can also prevent institutionalization in the future.

When comparing assessments for care received by groups of respondents under different types of care, the issues raised are of a different nature. Those in institutions are less negative because their previous problems have been relieved; however, they have a lower sense of security than those in families, and have less care support available to them.

When assessing the needs of the elderly, many are found to be physiological and preventable. Financial problems are reported by a high percentage of those in private free-of-charge nursing homes. The institutionalized experience more loneliness and isolation than those in families. The use of a checklist increases the reported needs expressed by the elderly. Factor analysis helps to clarify the types of underlying needs based on a 24 item checklists, and also provides factor scores for need factor analysis.
Multivariate analysis of variance is used to examine the main effect of being in different types of care versus six assessment scales of quality of life. Quality of life is defined as a multi-dimensional measurement of life satisfaction, self-esteem, general health, functional ability, and living environment. The institutionalized elderly report lower self-esteem. This is explained by the fact that the majority have little outer social lives, have lost family contact, or have no children. On the contrary, the elderly living with the family report a poorer living environment. The environmental surroundings of most nursing homes are clean and quiet compared to the environment of the Metro-Bangkok area as a whole.

To distinguish factors that affect the elderly's quality of life, an analysis of six direct discriminant functions is performed. Each function uses 29 variables as predictors of membership in two groups of respondents. The three most reliable indicators in distinguishing an elderly person's quality of life assessment are: 1. remaining socially active 2. self-reported financially secure, and 3. health. Based on this evidence, organizing elderly clubs in communities, giving elderly people prominent roles in the family and the society, and providing information on remaining healthy could be key strategies for promoting their quality of life.

It is noted that chronological age should not be used solely in assessing eligibility for benifit programes. It is not a factor that determines people's needs nor does it reflect the quality of life in a broader sense. Age itself only affects the ability to function independently in daily life. As found in this study, financial security and health are important factors in enhancing an elderly person's quality of life. The Thai government's medical care and monthly subsistence allowance for the destitute are viewed as heading in the right direction.
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