

**DETERMINANTS OF PREVENTIVE HEALTH BEHAVIOR
AND MORBIDITY AMONG THE ELDERLY
IN BANGKOK METROPOLIS**

by

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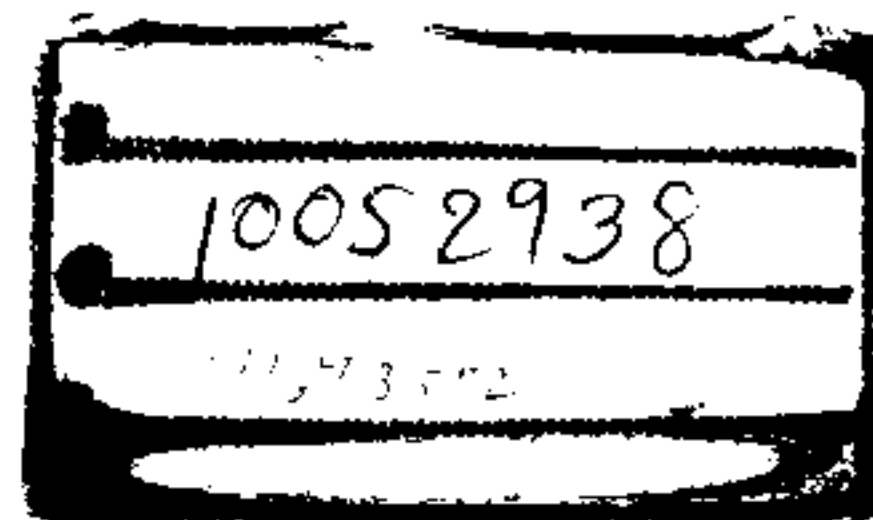
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ABSTRACT

DETERMINANTS OF PREVENTIVE HEALTH BEHAVIOR AND MORBIDITY AMONG THE ELDERLY IN BANGKOK METROPOLIS

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The purposes of this study are firstly, to investigate the 1976-1996 morbidity trend of the elderly living in Bangkok Metropolis and to study the essential factors affecting the preventive health behavior of the elderly. The results obtained from the study on the morbidity tendency of the elderly in Bangkok Metropolis, using the data gained from the Report of the Health and Welfare Survey of the National Statistical Office, indicates an increasing rate of morbidity among the elderly living in Bangkok Metropolis (the highest rate rose to 28.0 percent in 1991). Most diseases in the elderly were the diseases of the respiratory system, cardiovascular diseases, and diseases of the musculoskeletal system and connective tissue. Chronic diseases that attacked the elderly most were hypertension, back pain, diabetes mellitus, heart disease, and peptic ulcer.

To study factors affecting the preventive health behavior and morbidity of the elderly in Bangkok Metropolis, the primary data was exploited. Multi-stage sampling was used to select a sample of 600 elderly aged 60 years and over living in the Bangkok Metropolitan Area. Both path analysis and logistic regression statistical techniques were employed in analyzing the affecting factors the preventive health behavior and morbidity among the elderly. The findings showed that the factors

affecting the preventive health behavior were sex, type of community, perceived benefits and barriers in preventive health behavior, self-efficacy expectation, the belief in chance health locus of control, receiving information on the basic elements of personal health from mass media, and the taking care of the elderly's health by their families. The external variables were sex and type of community/residence which effect both directly and indirectly the preventive health behavior among the elderly. The results of logistic regression model predicting morbidity among the elderly, showed that most of the variables included in the analysis were not significant predictors of morbidity. In fact, only 4 of the 10 independent variables attained significance, i.e. sex, type of community / residence, chronic disease, and preventive health behavior.

In conclusion, the researcher suggests that the elderly's most significant other is the one in his/her family who plays the important role of convincing the elderly to realize the advantages of preventive health behavior, and the primary value of taking care of their own health. Motivation should be provided to inspire descendants or relatives who look after their elderly. Welfare should be conducted by providing financial support as well as medical care to the elderly who are poor and living alone. Furthermore, mass media of both governmental and private should be supported and inspired so that knowledge concerning health is continuously spread, especially the advantages and utilities of practicing preventive health behavior. Additionally, the Sports Authority of Thailand and the Department of Physical Education should have programs for the elderly, using sports and games to promote outdoor exercises. The recommendation for future research is that preventive health behavior and morbidity among the elderly in each region of the country should be studied, so that the data obtained may be used as a guideline to develop and promote their health among those elderly more effectively.

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