A Study of Health Status and Health Care for Senior Citizen at Mueang District Nakhon Ratchasima

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Abstract

This qualitative research aimed to study the community context, heath status and health care of seniors including 24 pariticipants: community and regional leaders, nurses at Tambon Health Promotion hospital, public health volunteers and seniors at Talad Sub-district, Mueng District Nakhon Ratchasima. Data collection instruments were based on the primary source of data, group discussion guideline and interview. Qualitative analysis based on the content gathered from the instruments.

The findings showed that Talad Sub-district, Mueng District Nakhon Ratchasima consisted of 8 villages with the total population of 6,290 and 2,558 households. The 681 seniors in this area contributed to 10.80 per cent of the total population. The first 5 ranks of death were from 1. senility, 2. heart attack, 3. diabetes and hypertension, 4. accident and 5. cancer. The first rank of chronic disease in senior was hypertension, followed by diabetes. 97 per cent of seniors were able to take care of themselves, 2 per cent were partly able to be self-support and 1 per cent needed support from their family. Gerontological assistant system in the community relied mainly on 1) Tambon Health Promotion hospital with the service of senior health care assistance and the visit at their houses by the nurses and volunteers. 2) Tambon Administrative Office was responsible for elderly welfare and arranging health promotion projects and visiting elderly who could not take care of themselves. Results from the interview from elderly showed that they wanted the public health volunteers to visit, provide mental support, take them to the hospital and deliver the medicines for them Recommendation from this study was to develop the potential of elderly assistants to support the health condition of these seniors..

Keywords : Health status, Health care, Elderly

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Introduction

Thailand is currently facing an aging society resulting from change in population structure with the decrease in birth and death rate. This phenomena stem from the social and economic development in the previous decades bringing high technology in medicine and public health service, thus, expending the age of people. Increase in seniors at present and future is significant because this group of people has different needs from the adolescents. Society, therefore, needs to provide appropriate support for them (Sutthichai Jiitpankul et al, 2002:104)

Needs in different aspects for seniors come from deteriorating in physical, mental and social changes. Their physical and organs condition are easy to be infected. In the infected case, it is always severe. Most of diseases are chronic from aging, for example heart attack, cancer, rheumatoid, neuropathy and psychosis. Seniors need understanding and close support from all involvers such as family members. However, there are so many seniors who have not received support from family; volunteer thus comes for this duty. These volunteers are willing to contribute themselves for public benefits and support all people by considering their potential and careless about the subsidiaries. Volunteers are group of people who are accepted as key facilitator in providing social service to the people. Volunteer work is appropriate and suitable with local needs. Collaboration from volunteer is strongly significant to society that volunteer will provide support and benefit to people and those who are in need for help including solving the problem (Krissadee Pinnil, 2003:2).

Researcher as a lecturer at Community Health program is interested in studying health condition and care for seniors in the community at Mueang district, Nakhon Ratchasima to develop elderly health support model.

Research objectives

To study the community context, heath status and health care for seniors in the community at Mueang district, Nakhon Ratchasima.

Research methodology

1. **Research design** was a qualitative research.
2. **Informants**

Informants were consisted of four groups as follows.

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2.1 Community leaders: head of the village, president of elderly association, public health volunteers from the village with the total of 10 informants.

2.2 Regional leaders: chief executive or deputy chief of sub-district administrative office with the total of 3 informants.

2.3 Nurses at Tambon Health Promotion hospitals with the total of 2 informants.

2.4 Seniors who were fully and partly self-support with the total of 5 informants.

3. Data collection instruments were as follows.

3.1 Survey for primary data of community to gather geographical, cultural, and political, administrative and community economic information.

3.2 Group discussion guideline to study problem, elderly care and operation of volunteer.

3.3 In-depth interview guideline to study problem, elderly support and management of elderly care.

3.4 Interview guideline for elderly health care.

4. Data collection procedures

Researcher studied secondary data from Krachod Tambon Health Promotion hospital and villages. For Primary data, researcher self-collected data from in-depth interview and group discussion.

5. Data analysis

Qualitative data analysis was considered from congruence and accuracy of data using triangulation method and content analysis.

6. Research ethics

In this study, researcher considered research ethics involving human based on the freedom, risk protection and fairness to all informants. Researcher sent the consent form in

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human to research ethics involving human committee at Maharaj Hospital, and the document was certified with reference number of 047/2013.

Research results

Research results were as follows.

1. On the community context and health condition, it was found that

Talad Sub-district, Mueng District Nakhon Ratchasima consisted of 8 villages with the total population of 6,290 and 2,558 households. The 681 seniors in this area contributed to 10.80 per cent of the total population. Majority of the locals worked as a worker and followed by farmers. There were 2 temples and 1 hospital called Krachod Tambon Health Promotion Hospital. First 3 ranks of sickness causes were 1) respiratory system, 2) external causes and 3) blood circulation. The first 5 ranks of death were from 1. senility, 2. heart attack, 3. diabetes and high blood pressure, 4. accident and 5. cancer. The first rank of chronic disease in elderly was high blood pressure, followed by diabetes.

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2. On elderly health care in the community, it was found that 97 per cent of seniors were able to take care of themselves, 2 per cent were partly able to be self-support and 1 per cent needed support from their family. No seniors were left without caring. Elderly care system in the community relied mainly on 1) Tambon Health Promotion hospitals with the service of elderly health care assistance and the visit at their houses by the nurses and volunteers. 2) Sub-district Administrative Office was responsible for elderly welfare and arranging health promotion projects and visiting seniors who could not take care of themselves. 3) Elderly Association was a strong organization with frequent meeting and arranging activities.

From the interview with 3 partly self-support seniors and 1 non self-support senior, the results were as follows.

Male senior 1 aged 75 years was a born blind from Glaucoma and looked after by his children and wife for 7 years of sickness. Elderly health problem was blind from Glaucoma. He was partly able to support himself, but had a hard time commuting to see the doctor by motor cycle and car. He felt dizzy and headache and wanted to vomit during the trip. He needed *"a doctor to see me at home and bring the medicine and eyes glasses for me."* He received 700 Baht for monthly welfare and got support from public health volunteer and officer. This patient said that *"I want a public health volunteer to come and take care of me."*

Male senior 2 aged 73 years was sick from Rheumatoid, hand weakness and taken care by his wife for 5 years of sickness. Elderly health problem was contorted hands from weakness and numb in wrist, hands and arms. He felt depressed about his life and useless with his physical condition. He did not want to see the doctor when he got sick. He needed *"to recover from this disease. I want to use my hands as they used to be."* He received 700 Baht for monthly welfare and got support from public health volunteer and officer. This

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patient said that *"I want a public health volunteer and neighbor to come and take care of me."*

Female senior 3 aged 70 years was sick from diabetes and high blood pressure and taken care by her child for 8 years of sickness. Elderly health problem was diabetes and incurrent disease complication that obstructed blood to flow to her 2 legs. Her legs turned to black and must be cut off to protect inflammation. She could partly support herself with good mental condition from the care of her child. She needed *"friends to talk to and some to take me to the hospital."* She received 700 Baht for monthly welfare and got support from public health volunteer and officer. This patient said that *"I want a public health volunteer to come and take care of me."*

Female senior 4 aged 60 years was a patient attached to bed from paralysis and looked after by her husband for 6 years of sickness. Elderly health problem was that she could hardly support herself and was able to move only her right hand to eat. She was depressed and felt as a burden for others. Her husband was a hard drinker and had no one to take care of. She needed *"someone who could regularly take care of me. I wanted diapers, blanket and needed mental support. I wanted my husband to quit drinking alcohol."* She received 700 Baht for monthly welfare and got support from public health volunteer and officer. This patient said that *"I want a public health volunteer to come and take care of me."*

From analysis of four attached to bed patients, it was found that majority of them were females aged between 70 to 75 years with different health problem. Senior 1 was sick from Glaucoma, senior 2 from Rheumatoid, hand weakness, senior 3 from diabetes with 2 legs cut off and 4 from paralysis. 4 of them were looked after by family member such as children, husband and wife. They all wanted public health volunteer to come, talk to them, take them to the hospital and bring them some medicine at home." Elderly volunteers should be public health volunteers.

Discussions

Researcher provided discussions as follows.

1. Research findings showed seniors' health problem at Talad Sub-district that most of them were able to take care of themselves (social attachment) with the number of 765, at 97 per cent, partly able to take care of themselves with the number of 14, at 2 per cent (home attachment), unable to take care of themselves (bed attachment) with the number of 7, at 1

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per cent. The result corresponds with area of Don Chompoo Sub-district, Nonesoong District Nakhon Ratchasima. In this area, 87.7 per cent were social attachment seniors, 8.7 per cent were home attachment seniors and 3.61 per cent were bed attachment senior (Lalitaya Gongkam: 2012). Most of them had someone to take care of and none of the seniors were left without care. In this area, there were public health volunteers and Krachod Tambon Health Promotion Hospital officers visited all the seniors at home. Talad Sub-district Administrative Office and Senior Clun sometimes visited bed attached seniors at home, and they brought some present and provided support from the patients' requests.

2. Results also showed that elderly health care at Talad area consisted of 3 stakeholders at sub-district level: Sub-district Administrative Office, Senior Club and Krachod Tambon Health Promotion Hospitals which relates to the study from Lalitaya Gongkam (2012) on the analysis of long term care for dependent seniors. She found appropriate senior care system suitable in Thai context that these 3 stakeholders should collaboratively work.

Bed attached seniors wanted the volunteers to talk, provide mental support, take them to the hospitals and bring them the medicine. This result is pertinent to the work of Roasalin Prasiri (2008) who studied seniors volunteer at Sithong Sub-district, BangGruay District Nonthaburi. She found that seniors' mental problem was feeling unwanted, no one cared, worried about their sickness and treatment budget problems. They wanted love, care and self-respect. Solutions for the seniors were volunteers should be intermediaries in providing service, social welfare, preventing problem and providing knowledge for seniors' family and locals for appropriate elderly care.

Recommendations for future study

1. Elderly volunteers should be developed on their potential to take care of these seniors.

2. Elderly volunteers' leaders should be developed to provide sustainable support to the seniors.

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