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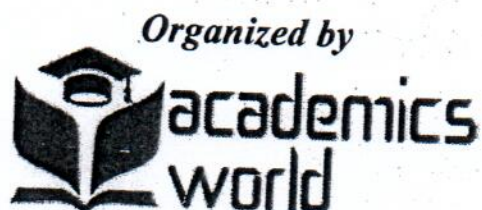
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THE STUDY OF HEALTH CARE BEHAVIOR OF THE ELDERLY PEOPLE IN TRAT MUNICIPALITY

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Abstract. This research was aimed to study the health care behavior of the elderly people and to study the level of their health knowledge. The population of this research were from 2,593 elderly people in Trat municipality, by using random samples as the method from Taro Yamane formula to find the population ratio with 0.95 level of significance, then the sample group were 345 elderly people. The data was compiled using the questionnaire with 4 parts; part 1 - general information, part 2 - health care behavior of the elderly people, part 3 - level of health knowledge of the elderly people and part 4 - suggestions. The statistics for data analysis were percentage, mean and standard deviation.

As to the research result, most of elderly people were female, 228 or 66.08%. Most of their educational attainment was primary school degree, 274 or 79.42%. Most of their marital status was married, 312 or 90.43%. And most of their occupation was agriculturist, 257 or 74.49%. The health care behavior of the elderly people was in the moderate level ($\bar{x} = 3.14$, S.D. = 0.712) and the level of their health knowledge was in the moderate level ($\bar{x} = 3.41$, S.D. = 0.764) as the research which would be used for planning and defining guideline of the activity and promotion improvement for the elderly people afterwards.

Keywords. Health Behavior, Health Care, Elderly People.

I. INTRODUCTION

As now Thailand has a demographic structure changing with a higher ratio of elderly people, this change was caused by 2 factors; a fertility decrease or a reincarnation decrease which showed that the average children's number of 1 woman has decreased consecutively, and a mortality decrease which affected to the age increase as seen from Thai new born's expected age increase[1]. In addition, this change affected to the children demography decrease rapidly and the elderly demography increase continuously. Nevertheless, from this situation, it had to arrange the readiness and dealing with the social of elderly people which the government exceedingly emphasized on promoting and supporting the service accessibility for the elderly people. Besides, it also had the policy of occupational skill development, health and social welfare service, and life-long learning which integrated the state agency to promote and support the life security for those elderly people.

The information of demographic situation from various sources indicated that Thailand was the social of elderly people and had a demographic structure change rapidly, then brought to the life quality issue due to most of the elderly people had less educational attainment which affected to the health and social service accessibility, and the occupational migration of their children that brought to a dependent hardness would be affected to the physical and mental health

of the elderly people which was significant dimension for as it was the age of change. The elderly people who had the experience of adaptation from the mental health would be their worth, but in the other sides, it would be good if they could get ready for any upcoming incident. In addition, the lack of warmth and taking care from their children was also significant for example; taking them for relaxation or for medical treatment, etc. Besides, if the elderly people could take care of themselves and occupation, it would be motivated to their children for cancelling the occupational migration. Nevertheless, the role of elderly people was not that much significant in this economical era, then it had to increase the occupational opportunity and long-term caring system in both of socio-economic and health dimension for the elderly people[2]

Ministering and promoting health knowledge of the elderly people were from the behavior or activity which they initiated and behaved themselves continuously by bringing a health system activity to respond and correspond with a trend of the health care by the natural methods and herbs which it is getting popular in promoting disease prevention[3], and health treatment and rehabilitation as a daily life. The elderly people could minister and promote their health, but it had to bring out well-knowledge and understanding of health care for the basic prevention and treatment before seeing doctor. The health

condition from self-assessment of the elderly people was the popular index in a health assessment classified by age, gender and place of residence, most of the elderly people who did a self-assessment as good or very good health were decrease in both of the urban and rural area. Furthermore, percentage of who had a good or very good health was fluctuated by age and gender - the elderly people who aged more, percentage of who had a good or very good health was lower than who aged less. The significant issue was the longer age related to a good health or not, due to the higher average age was caused by health care but if the elderly people had it continuously without warm-up, then it would be affected to their health[3].

Trat, a province which located in the east seashore of Thailand with 2,819 square kilometers area, and close to Chantaburi and the Kingdom of Cambodia. It was a commercial center of South East Asia in the late Ayutthaya era, there were the exporting products especially the non-timber forest products such as antler, leather, aquilaria malaccensis and several spices from the forest area in the east seashore along Rayong, Chantaburi and Trat, and the products were transported through Kao Sa Mhing river to Trat estuary. Now Trat is a popular tourist destination especially the beautiful seashore, and the government policy that promoted the town as a special economic zone which also affected to its continuous development of[4]. In addition, most of the elderly people in this area are still working, then their health treatment are in significant level, as a good health affected to the physical, mental and social health[5] which cause to the good change in a strong body, happy mind, warm family and good service system that brought them the energy for all beneficial activities to strengthen their life, health and occupation[6].

From the background and significance of this issue, the researcher had studied the health care behavior of the elderly people in Trat municipality, Trat province has brought the research result for planning and defining a guideline of promoting and supporting activity development for the elderly people continually.

II. DETAILS EXPERIMENTAL

2.1. Objective

1. To study the health care behavior of the elderly people in Trat municipality, Trat province.
2. To study the level of health knowledge of the elderly people in Tart municipality, Tart province.

2.2. Methodology

This research was a survey research which studied the health care behavior of the elderly people in Tart municipality, Tart province.

2.3. The population and sample group

The population of this research was 2,593 elderly people in Trat municipality, calculated the sample group by Taro Yamane formula with 0.95 level of significance, then it was 345 elderly people. The sample group was chosen by the Accidental Sampling method[7].

2.4. The research method

The research method that was used in this study is a questionnaire which the researcher has created from the relevant concept, theory and research. It divided into 4 parts as following;

- part 1 - general information consisted of age, gender, level of educational attainment and congenital disease
- part 2 - health care behavior of the elderly people which assessed by the rating scale (Likert Scale);
 - 5 represented to 100% of behavior, very high level of knowledge
 - 4 represented to 75% of behavior, high level of knowledge
 - 3 represented to 50% of behavior, moderate level of knowledge
 - 2 represented to 25% of behavior, low level of knowledge
 - 1 represented to 0% of behavior, very low level of knowledge
- part 3 - level of health knowledge of the elderly people which were true-false questions defined the true answer as 1 point and the false answer as 0 point, and classified them into 3 knowledge levels;
 - 14 - 20 points represented to high level of knowledge
 - 7 - 13 points represented to moderate level of knowledge
 - 0 - 6 points represented to low level of knowledge
- part 4 - suggestions which was a open-ended question.

Initially, the researcher brought the questionnaire for the content proof from 3 experts and revised for the completion. After that, tested the reliance with 30 elderly people who had the similar characteristics (excluded the sample group), and brought the data for the reliance analysis of the questionnaire by Cronbach's Alpha Coefficient formula, then it was 0.82[8].

The data from 345 sample group were compiled in 4 weeks, then proofed for data completion before the analysis and assessment.

The data analysis were as following; 1.analyze a general information by mean and percentage, 2.analyze a health care behavior of the elderly people and 3.analyze a level of health knowledge of the elderly people by mean and standard deviation (Best Criteria);

- 4.51 - 5.00 represented to very high level
- 3.51 - 4.50 represented to high level
- 2.51 - 3.50 represented to moderate level
- 1.51 - 2.50 represented to low level
- 1.00 - 1.50 represented to very low level

III. RESULTS AND DISCUSSION

3.1. Results

1.The finding of a general information revealed that; most of the elderly people were female (228, 66.08%) and male (117, 33.92%), most of the educational attainment was the primary school degree (274, 79.42%) and no degree (46, 13.33%), most of the marital status was married (312, 90.43%) and single (33, 9.57%), most of the occupation was agriculture (257, 74.49%) and employee (38, 11.02%).

2. The finding of a health care behavior of the elderly people in 3 sides revealed that the overall was in the moderate level (\bar{x} = 3.14, S.D. = 0.712) as following;

- 2.1 The elderly people had a health care behavior in the health promotion was in the moderate level (\bar{x} = 3.21, S.D. = 0.637)
- 2.2 The elderly people had a health care behavior in the health rehabilitation was in the moderate level (\bar{x} = 3.17, S.D. = 0.708)
- 2.3 The elderly people had a health care behavior in the health prevention was in the moderate level (\bar{x} = 3.04, S.D. = 0.791)

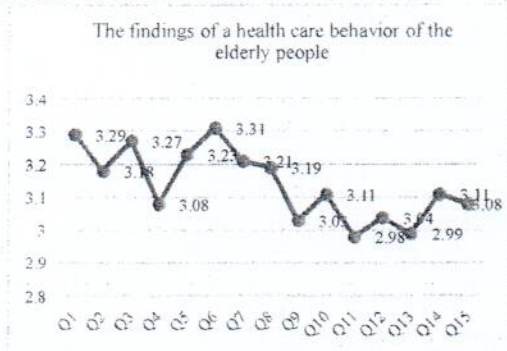


Fig.1. The findings of a health care behavior of the elderly people

3. The finding of a level of health knowledge of the elderly people revealed that the overall was in the moderate level (\bar{x} = 3.41, S.D. = 0.764) due to this research has assessed the basic knowledge in dietary, exercise, relaxation and environmental health which

the elderly people could not answer all the questions for as their perception error. Then, it had to promote, support and find out a guideline of the health knowledge and understanding activity for them applying this for the good health care both of health promotion and rehabilitation, and also promote the participation of family and social in the elderly people's health care.

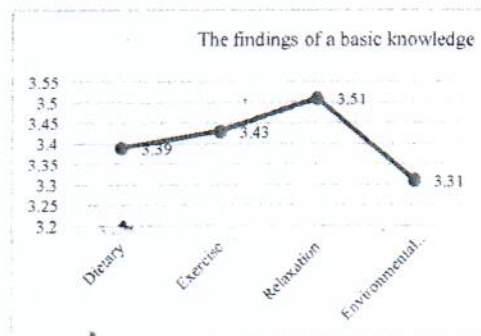


Fig.2. The findings of a basic knowledge

3.2. Discussion

The level of health knowledge of the elderly people revealed that the overall was in the moderate level due to their body system deterioration which affected to the perception error on the basic health knowledge in 4 sides as following;

1. The dietary, the elderly people knew the local eating culture with the wrong cooking which affected to level of health knowledge.
2. The exercise, the elderly people knew the right exercise method but sometimes their body condition were not ready.
3. The relaxation, the elderly people knew the leisure arrangement which suited to themselves and not caused the health damage.
4. The environmental health, the elderly people emphasized on disease prevention and disease vector destroying for as most of them stayed and cleaned home, due to the research finding which the researcher emphasized on promoting and improving health knowledge of the elderly people by activity for their life-long health.

CONCLUSION

The research of a health care behavior of the elderly people in Trat municipality, Tart province with 345 of the sample group, the finding of a general information revealed that; most of the elderly people were female (228, 66.08%), most of the educational attainment was the primary school degree (274, 79.42%), most of the marital status was married (312, 90.43%) and most of the occupation was agriculture (257, 74.49%). The finding of a health care behavior of the elderly people revealed that the overall was in the

moderate level ($\bar{x} = 3.14$, S.D. = 0.712). And the finding of a level of health knowledge of the elderly people revealed that the overall was in the moderate level ($\bar{x} = 3.41$, S.D. = 0.764)

The sample group of this research revealed that a health care behavior of the elderly people was in the moderate level due to a physical and mental change, and body system deterioration in 3 sides as following:

1. The health promotion, the elderly people emphasized on dietary which the finding revealed that most of the average satisfaction was having 3 meals a day, and having vegetable and fruit.
2. The health rehabilitation, the elderly people emphasized on exercise or playing sport which suited to their body, and always warmed up before and after the exercise.
3. The health prevention, the elderly people emphasized on cleanness of cooking, and using a biodegradable and ecological substance.

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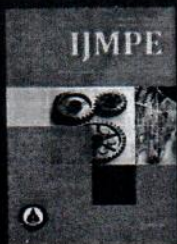
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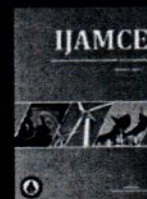
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