

**International Academic Multidisciplinary Research Conference 2017**

**Conference Proceedings**

**INTERNATIONAL BUSINESS ECONOMIC TOURISM SCIENCES TECHNOLOGY  
HUMANITIES SOCIAL SCIENCES AND EDUCATION RESEARCH CONFERENCE**

*London, United Kingdom  
5 – 7 April, 2017*

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# Conference Proceedings

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## THE 2017 ICBTS

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## INTRODUCTION

We would like to welcome our colleagues to the International Business Tourism Transport Technology Social Sciences Humanities Education Research Conference. It is the seven series in 2016 of Conference on Business Tourism and Apply Sciences was held in Amsterdam. As always many members of the ICBTS 2016 community look forward to meeting, sharing and exchanging their research ideas and results in both a formal and informal setting which the conference provides. Likewise, the concept of alternating the international conference every one month on April to November between Europe and the rest of the world is now well established. This year's event in London (UK) Paris (France) Munich (Germany) Amsterdam (Netherlands) Boston (USA) Toronto (Canada) London (United Kingdom) Zurich (Switzerland) Berlin (Germany) Tokyo (Japan) and another continues with the cultural following the very successful and productive event held in London-Zurich in August 2016 in the field of various types for international academic research conference on Business Economics Social Sciences Humanities Education and Apply Sciences. As usual The ICBTS 2016 brings together leading academics, researchers and practitioners to exchange ideas, views and the latest research in the field of Business Tourism and Apply Sciences.

The theme of this event The 2016 ICBTS International Business Tourism Social Sciences Humanities and Education Research Conference is "Opportunities and Development of Global Business Economics Social Sciences Humanities and Education" It is also represents an emerging and highly challenging area of research and practice for both academics and practitioners a like, The current industrial context is characterized by increasing global competition, decreasing product life cycles, Global Business, Tourism Development, Social Sciences Humanities Education Apply Sciences and Technology collaborative networked organizations, higher levels of uncertainties and, above all, and customers. In our view holding this event in Tokyo represents a timely opportunity for academics and researchers to explore pertinent issues surrounding Business Economics Tourism Social Sciences Humanities Education Sciences and Technology.

Potential authors were invited to submit an abstract to the International Conference Session Chairs. All abstracts were reviewed by two experts from the International review committee and final papers were further reviewed by this volume with 30 contributing authors coming from 18 countries. This book of proceedings has been organized according to following categories:

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# TABLE OF CONTENTS

## ORGANIZE

## INTRODUCTION

## INTERNATION ADVISORY COMMITTEE

## INTERNATIONAL COMMITTEE

## SPEAKER

CROSS-SECTIONAL STUDY TO IDENTIFY THE PREVALENCE OF ABUSE AND ITS TYPES, ITS CAUSES AND ITS RESOURCES FOR A SAMPLE OF CHILDREN AND ADOLESCENTS	1
<i>Raghad Ibrahim, Mohammed Baqir</i>	
THE IMPACT OF CORPORATE SOCIAL RESPONSIBILITY ON EGYPTIANS' PURCHASE INTENTION "THE CASE OF TELECOMMUNICATION SECTOR IN ALEXANDRIA"	22
<i>Dina ElSalmy, Ahmed ElSamadicy, Mohamed Mostafa</i>	
DEVELOPMENT OF ANALYTICAL READING BASED ON THE TRANSACTIONAL STRATEGIES INSTRUCTION	33
<i>Tasanee Sathapong</i>	
BLENDED LEARNING MODEL AND ACHIEVEMENT IN A FOUNDATION OF MARKETING COURSE	39
<i>Narumon Chomchom</i>	
TOURISM LIFE CYCLE ANALYSIS AND SUSTAINABLE TOURISM MANAGEMENT FOR URBAN CULTURAL TOURIST ATTRACTION: A CASE STUDY OF KOH KRED, THAILAND	46
<i>Siripen Yiamjanya</i>	
OPPORTUNITY TO INCLUDE A SECONDARY DESTINATION FOR TOURIST EXPERIENCES WITH HERITAGE POTENTIALS THE CASE STUDY OF KHIRIWONG COMMUNITY, LANSKA DISTRICT, NAKHON SI THAMMARAT, THAILAND	56
<i>Nuntana Ladplee</i>	
GENERATION 'Y' (MILLIANIAL TOURIST) PERCEPTIONS AND VISITATION PATTERNS TOWARDS MUSEUMS	64
<i>Tran Trung Kien and Dr. Vipin Nadda</i>	
THE IMPACT OF CORPORATE SOCIAL RESPONSIBILITY ON CORPORATE REPUTATION CAPITAL	89
<i>Kritchana Santawee</i>	
MARKETING MIX OF OTOP: FROM THAI LOCAL WISDOM TO GLOBAL THROUGH THAI AIRWAYS INTERNATIONAL	99
<i>Krongthong Khairiree</i>	
THAILAND AND TECHNOLOGICAL PRODUCTS: A SOCIAL SCIENCES CASE STUDY	104
<i>Darma R. Khairiree</i>	
FACTORS RELATED TO SPORTS OR EXERCISE BEHAVIORS OF THAI PEOPLE	110
<i>Dr.Rattana Panriansaen, Dr.Kingkanok Saowapawong and Kantapong Prabsangoba</i>	
9/11 THE DOMESTICS CRUSADERS REGISTERS VIOLENCE AGAINST MUSLIMS FOLLOWING 9/11	116
<i>Rehab Farouk and Mona Anwar</i>	
THE CONTRIBUTIONS OF WOMEN ENTREPRENEURS IN SOCIOECONOMIC DEVELOPMENT (A STUDY OF SELECTED LOCAL GOVERNMENTS IN ANAMBRA STATE NIGERIA)	143
<i>Muogbo Uju .S. PhD</i>	
FACTORS AFFECTING TOURISTS DECISION MAKING IN CHOOSING HOMESTAY IN AMPHAWA DISTRICT, SAMUTSONGKRAM, THAILAND	154
<i>Kanamon Suwantada</i>	
INTENTION TO VISIT GREEN HOTELS OF THAI TOURISTS IN BANGKOK, THAILAND	159
<i>Kanyapilai Kunchornsirimongkon</i>	
NEW DIMENSIONS TO ADMINSTRATE HUMAN DEVELOPMENT TO CONSERVE BUDDHISM OF MAHAYANA CHINESE SECT: THE STUDY OF MUNGKORNKAMALAWAS CHINESE TEMPLE, BANGKOK	167
<i>Saowapa Phaitthayawat, Suwaree Yodchim, Yaninie Phaitthayawat</i>	
DEVELOPMENT OF STUDENT TEACHERS' REFLECTIVE THINKING ABILITIES	172
<i>Sucheera Mahimuang</i>	

SAFETY BEHAVIOR OF OPERATION STAFFS IN WATER PRODUCTION AND SUPPLY DEPARTMENT BANGKHEN WATER PLANT, BANGKOK, THAILAND <i>Pongsak Jaroengarmsamer, Wanwimon Mekwimon Kingkaew</i>	177
PROSPECTIVE STUDY OF RABIES ELIMINATION MODEL AND STRATEGY, FORMULATED BY THE PEOPLE IN 2-EPIDEMIC COMMUNITIES <i>Thavatchai Kamoltham, Wattanasak Sornrung, Chalatchawan Nanui</i>	184
JOB SATISFACTION AND EMPLOYEE PRODUCTIVITY IN THE NIGERIAN PUBLIC SECTOR (A STUDY OF ANAMBRA STATE UNIVERSITY) <i>Ezeamama Ifeyinwa G.</i>	191
AN OUTLOOK OF STOCK MARKET PERFORMANCE AND ITS CONTRIBUTION TO ECONOMIC GROWTH: BRICS AND MINT <i>Behiye Korpe</i>	202
DEMONETIZATION IN INDIA: AN OVERVIEW <i>Abhinav Singh Chandel</i>	203
EFFECT OF AROMA OIL MASSAGE AND HERBAL COMPRESSION WITH ANALGESIC DRUGS ON PAIN IN PERSONS WITH LOW BACK PAIN <i>Ladaval Ounprasertpong Nicharajana, Chanvate satthaputh MD</i>	205
THE APPLICATION OF PALMISTRY KNOWLEDGE IN THE DIAGNOSIS OF DISEASES FOLLOWING THE PRINCIPLES OF TRADITIONAL THAI MEDICINE <i>Phatphong Kamoldilok, Orawan Sinpaiboonlert, Mukda Tosang</i>	212
PIET MONDRIAN'S PAINTING INSPIRED YVES SAINT LAURENT, THE WORLD CLASS FASHION DESIGNER <i>Jaruphan Supprung</i>	217
SOCIAL SUPPORT OF POSTPARTUM MOTHERS BASED ON FOLK MEDICINE IN NAKORN PATOM PROVINCE, THAILAND <i>Supparas Oatsawaphonthanaphat, Wichai Srikam, Vichai Chokevivat</i>	223
DEA MODEL MEASURING AIRPORT PERFORMANCE IN THAILAND <i>Piyaon Sriwan</i>	231
COMMUNICATION BILINGUAL APPROACH IN A THAI SCHOOL ON VOCABULARY AT HOME AND AT SCHOOL <i>Suwaree Yordchim, Goragot Butnian, Palaunnaphat Siriwongs</i>	237
DIABETES CARE AND PATIENTS' PERSPECTIVES ON DIABETES MELLITUS IN RURAL THAILAND: A QUALITATIVE STUDY <i>Kantapong Prabsangob</i>	243
AN ANALYTICAL STUDY OF SOCIAL PROBLEMS OF WOMEN RELATED TO SPORTS <i>Shagufta Jahangir, Dr. Asma Manzoor, Dr. Nusreen Aslam Shah, Raisa Jahangir</i>	249
THE INVESTIGATION OF CLINICAL EXPERIENCE ON LEARNING BEHAVIORS AND STRESS FOR NURSING STUDENTS <i>Yen-ju Hou</i>	250
LONDON INTERBANK OFFER RATE VOLATILITY: THE US DOLLAR, THE BRITISH POUND, THE JAPANESE YEN AND THE EURO: HOW IT AFFECTS MULTINATIONAL COMPANIES (1986-2016) <i>Alhassan Ndekugri</i>	262
CORRUPTION, POLITICAL ACCOUNTABILITY AND THE CHALLENGES OF GOVERNANCE IN NIGERIA <i>Imoukhuede Benedict Kayode</i>	280
THE PARTICIPATION IN THE DEVELOPMENT OF PACKAGING AND LOGOS TO THE NEEDS OF THE CONSUMER PRODUCTS KHANEONGHIN COMMUNITY PERSONNEL BANGKOK <i>Jitima Suathong, Supassawee Morakul, Worraruethai Harnchotipan</i>	290
LIFE QUALITY PROMOTION FOR THE ELDERLY <i>Ponpun Vorasiha, Anchalee Jantapo</i>	295
FABRIC PRINTING DESIGN, AN INSPIRED FROM THAI TRADITIONAL TIN TOYS <i>Suwit Sadsunk</i>	301
THE ART OF DESIGNING, FABRIC PATTERN BY MOLD WITH NATURAL DYES <i>Chanoknart Mayusoh</i>	311
HEALTH PROBLEMS AND NEEDS FOR HEALTH SERVICE OF THE ELDERLY: A CASE STUDY OF ELDERLY IN TAMBON WANGTAKOO, NAKORN PATHOM PROVINCE, THAILAND <i>Prapaiwan Danpradit, Boonsri Kittichotipanich</i>	319

OUTCOME OF FOOT CARE EDUCATION PROGRAM IN DIABETIS MELLITUS AT PREMRUTHAI PRAVATE COMMUNITY BANGKOK	325
<i>Tipapan Sungkapong, Boonsri Kittichottipanich, Namthip Martkoksoong</i>	
TOURISM IMPACT ON DESTINATION ECONOMY: EVALUATING THE RELATIONSHIP BETWEEN TOURISM RECEIPTS AND ECONOMIC GROWTH IN THE UK	331
<i>Abimbola Alexandra Dada, Adenike Adebola Adesanmi, Dr. Vipin Nadda</i>	
MEDIA LITERACY: ADVANTAGES AND APPLICATIONS A CASE STUDY OF SRINAKHARINWIROT UNIVERSITY	343
<i>Sasithon Yuwakosol</i>	
ASSESSMENT OF THE RELATIONSHIP BETWEEN HUMAN RESOURCE MANAGEMENT PRACTICES AND PERFORMANCE OF HOTELS IN KENYA	354
<i>Owiti, Phelix Onyango, Erick Fwaya</i>	
PARENTAL EDUCATION BACKGROUND AND STUDY MATERIALS AS CORRELATES OF ACADEMIC PERFORMANCE OF SECONDARY STUDENTS IN ABIA STATE	355
<i>Beatrice Okore Ogbonnaya</i>	
THE CONSEQUENCES OF POOR CURRICULUM IMPLEMENTATION IN NIGERIA	356
<i>Okorafor philomena nmennaya (ph.d)</i>	
THE EFFECTS OF WORL CHARACTERISTICS AND SELF-ESTEEM ON WORK BURNOUT FOR ENTRY—LEVEL EMPLOYEES IN HOTELS	357
<i>Hany Hosny Sayed Abdelhamied</i>	
EMPOWERMENT PROGRAM ON PROMOTING PERCEIVED SELF-EFFICACY AMONGPREGNANT WOMEN FOR PREVENTING GESTATIONAL DIABETES MELLITUS	358
<i>Napissara Dhiranathara, Petcharat Techathawewon</i>	
THE STUDY OF SEXUAL HEALTH BEHAVIORS IN ADOLESCENT	364
<i>Boonsri Kittichottipanich, Udornporn Yingpaiboonsuk, Saree Dangtongdee, Ancha Dangtongdee</i>	
EDUCATION PROGRAM ON PROMOTING PERCEIVED SELF-EFFICACY IN PREGNANCY WOMEN FOR DIABETES MELLITUS PREVENTION	369
<i>Petcharat Techathawewon, Warunsiri Praneetham</i>	
THE EFFECTSOFT HAI MIND-BODY EXERCISE“RUSIE DUTTON” ON BODY WEIGHT AND BLOOD LIPID LEVEL INMENOPAUSAL WOMEN	374
<i>Kanit Ngowsiri, Assoc. prof. Suchitra Sukonthasab, Assoc. prof. Prasong Tunmahasamut</i>	
EDUCATION PROGRAM OUTCOMES IN PREGNANCY PREVENTION OF SEX-RISK FEMALE ADOLESCENTS: A CASE STUDY OF STUDENTS IN S AMUT-SONGKRAM PROVINCE, THAILAND	380
<i>Premwadee Karuehadej</i>	
STUDY OF SEX HEALTH KNOWLEDGE AND DEMAND OF SEX HEALTH CARE IN UNDERGRADUATE STUDENTS	386
<i>UdornpornYingpaiboonsuk, KanyaNapanglk, Boonsri Kittichottipanich, AnchaDangthongdee</i>	
ENVIRONMENTAL MANAGEMENT BEST-PRACTICE AND STRATEGIES WITHIN THE INSTITUTIONAL CONTEXT: THE CASE OF (UAE)	394
<i>Dr.Ahmed Zain Elabdin Ahmed</i>	
Activity-Based Costing of Library Services in Universities – A Case Study of a Private University	409
<i>Dr.Hala Elias</i>	
Influence of Cultural dimensions on Management practices in Hospitals: A Study of Indian Subcontinent	411
<i>Dr.Devjani Chatterjee</i>	
PROMOTION OF EXERCISE FOR THE ELDERLY	424
<i>Anchalee Jantapo, Ponpun Vorasiha</i>	
PATTERN DESIGN FROM THE CONCEPT OF THE CARP FISH WEAVE	430
<i>Siracha Samleethong</i>	
THE HISTORY OF THAI WOMEN LINGERIE	437
<i>Junjira Monnin</i>	
SATISFACTION OF URINATION PROMOTION IN BENIGN PROSTATIC HYPERPLASIA	446
<i>Kanya Napapongsa, Warunsiri Praneetham, Nopbhornphetchara Maungtoug, Kanit Ngowsiri</i>	
EXPLORING HEALTH STATUS AMONG OLDER ADULTS IN THE URBAN COMMUNITY OF BANGKOK, THAILAND	452
<i>Chotisiri, L, Charoonpongsak, A</i>	
Face-to-face learning, cross-cultural virtual teams and study abroad: Incorporating experiential learning into a multi-modal class	458
<i>Denise Luethge, Carole Cangioni</i>	

TOURISM REVENUES REGRESSION FOR TOURISM PROMOTION INVESTMENT DECISION– MADEIRA CASE STUDY <i>Élvio José Sousa Camacho</i>	460
Alauddin Malay King Mosque- searching for architectural symbols and identity <i>Roslan Bin Talib</i>	461
THE TEACHING OF ENGLISH LANGUAGE AS A MEANS TO AN END FOR BUSINESS TOURISM <i>Nande C.K. Neeta</i>	462
Dealing with Identity Loss and Stigma of Unemployment in Georgia - Perspective of Youth <i>Anastasia Kitiashvili</i>	468
The Portuguese Presence in the Arabian Gulf as Reflected in Local Omani Historical Narratives <i>Hasan Al Naboodah</i>	469
Antecedents of Customer Satisfaction Levels in UAE Museum Shops <i>Akin Fadahunsi and Salwa Osama</i>	470
COMPARISON OF SKIN APPEARANCE WITH APPROPRIATE TIME IN SELF REFLEXOLOGY AREA WITH THAI TRADITIONAL MEDICINE IN GERIATRICS <i>Natsinee Sansuk</i>	471
PEER OBSERVATION AND SELF-MONITORING IN PRE-SERVICE TEACHERS’ MICROTEACHING <i>Wipada Prasansaph</i>	476
ESL STUDENTS’ EXPERIENCE OF PROJECT-BASED LEARNING <i>Abigail Melad Essien</i>	483
THE EFFICACY OF EXPLICIT INSTRUCTION ON IMPLICIT AND EXPLICIT KNOWLEDGE OF ENGLISH ARTICLES <i>Faten A. Alarjani</i>	489
TOPSIS METHOD TO SELECT LOCATION OF GRASS FLOWER IN WAREHOUSE <i>Martusorn Khangkhan</i>	509
ONLINE MARKETING IMPLEMENTED ON HIGHER EDUCATION IN THAILAND: A CASE OF INTERNATIONAL COLLEGE, SUAN SUNANDHA RAJABHAT UNIVERSITY <i>Nalin Simasathiansophon</i>	515
GUIDELINES FOR BUDDHIST ORGANISATION DEVELOPMENT IN THE PRESENT THAI SOCIETY <i>Cholvit Jearajit Ph.D</i>	523

# HEALTH PROBLEMS AND NEEDS FOR HEALTH SERVICE OF THE ELDERLY: A CASE STUDY OF ELDERLY IN TAMBON WANGTAKOO, NAKORN PATHOM PROVINCE, THAILAND

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## ABSTRACT

The objectives of this qualitative research are to study problems of health care and needs for health services of the elderly and relatives in TambonWangtakoo, NakornPathomProvice. The samples who provided information were 30 elderly and relatives. The research tools were questions for in-depth interview. Data were collected from April 2014 to December 2014 and were analyzed by content analysis. The research results showed that the health care problems of the elderly were:

1. Inappropriate behavior for taking medication not according to treatment plan due to lack of drug knowledge.
2. Inappropriate dietary intake for illness due to no-self cooking, no food choice or unavailable food for illness.
3. Inadequate exercise due to lack of exercise knowledge for specific disease and poor physical fitness.
4. Loss to follow up due to lack of transportation, no caregiver while waiting at the hospital visit and living alone

The results of needs for health services of the elderly were:

1. Need for home health care.
2. Need for assistant during hospital visit.
3. Need for knowledge in drug, diet and exercise from health personnel.
4. Need to have doctors on duty at Tambon Health Promoting Hospitals.
5. Need for home visit with local community participation.

**Keywords-**Health problems, needs for health service of the elderly

## INTRODUCTION

At present Thai population has become an aging society. The statistical data in 2010 showed that there were 7,522,280 people who aged over 60 years old and it was predicted to increase to 10,954,191 people in 2020. (National committee for economic and social development office, 2007). The population will be double or 17 million in the next 20 years. These resulted from increase of life expectancy of Thai people due to better medical care, evolution of medicine and public health, and decrease of reproduction rate from 1 million births per year to less than 800,000 births per year. (Pramote Prasartkul, Suthida Chuanwan and Kanjana Tianlai, 2012: 122). There were studies which showed rapid growth of the over 80 years old population. (Banloo Siripanich, 2014: 15) and the ratio of the over 80 years old population was 9.80 percent of the total elderly group. (Suvinee Wiwatwanich, 2009: 3) The elderly have more risks to diseases than other groups especially chronic diseases such as hypertension (31.7%), diabetes (13.3%), heart disease (7%), cerebrovascular disease from thrombosis 1.6%/ stroke 2.5%, and cancer 0.5%. (Banloo Siripanich, 2014: 31)

When the elderly have diseases and cannot accomplish activity daily living, they will depend on others for health care. The family size became smaller from 5 members per family 40 years ago to 3.5 members in 2110. With the smaller family size, the elderly cannot depend on others. (Pramote Prasartkul, Suthida Chuanwan and Kanjana Tianlai, 2012: 113) They need more hospitalization because no relatives to take care at home. However, the governmental hospitals cannot accommodate all the sickness due to limited hospital beds for all age group. The sick elderly who cannot afford private hospitals may have to stay home. Therefore the government, society and community should provide their health care. There is the second national plan for the elderly (2002-2021) which sets philosophy that creating security for the elderly is the process of creating social security. Creating security for the elderly needs the following actions: 1) People help themselves. 2) Family support. 3) Community assistance. 4) Society- Government support.

Health problems and needs for health services of the elderly in Tambon Wangtakoo, Nakorn Pathom Province should be met with the health services provided by the community and government. Tambon Wangtakoo is located near Bangkok and its demographic structure is aging society. The elderly's children will work outside when they grow up and leave the elderly at home. In 2013 there were 807 elderly from 6,628 population (12.17%) in Tambon Wangtakoo. The researchers are interested in health problems and needs for health services of the elderly in Tambon Wangtakoo, Nakorn Pathom Province and conduct qualitative research.

### **OBJECTIVES**

To study problems of health care and needs for health services of the elderly and relatives in Tambon Wangtakoo, Nakorn Pathom Province.

### **METHODOLOGY**

Research method consists of 2 steps.

**Step 1** to study problems and needs for health services of the elderly in Tambon Wangtakoo, Nakorn Pathom Province.

Research design- qualitative research

Informants are 30 elderly who are more than 60 years old and have chronic diseases and attend health services at Tambon Wangtakoo Health Promoting Hospital. The purposive sampling technique was conducted from 7 villages in Tambon Wangtakoo with 2-4 elderly per village.

Research tools are 1) researchers 2) questionnaires to interview the elderly consisted of problems and needs for health services 3) audio-tape record and 4) record tool.

Quality of the questionnaires is conducted by try out with 5 elderly at Tambon Prongmadua, Nakorn Pathom Province and correct for face validity for Tambon Wangtakoo.

Data collection by in depth interview with the elderly and audio-tape record between April and December 2014.

Data analysis - the researchers analyze data from audio-tape record and content analysis.

**Step 2** to study needs for health services of the elderly in Tambon Wangtakoo, Nakorn Pathom Province.

Research design- qualitative research

Informants are 1) health team consists of nurses, public health personnel and 5 officials who involved with the elderly at Tambon Wangtakoo Health Promoting Hospital 2) 10 community representatives purposively selected from the people who involved in health care service or assisted the sick elderly at Tambon Wangtakoo Health Promoting Hospital 3) audio-tape record and 4) record tool.

Quality of the questionnaires is validated by 3 experts: the director of Tambon Wangtakoo Health Promoting Hospital and 2 nursing academic staff, and try out by focus group discussion with health team and representative from Tambon Prongmadua Health Promoting Hospital, Nakorn Pathom Province and correct for face validity for Tambon Wangtakoo.

Data collection by focus group discussion, brain storming, reflection and suggestion of health services for the elderly between June and September 2015.

Data analysis - the researchers analyze data qualitatively with conclusion from focus group discussion, brain storming and reflection.

## RESULT

The results of problems of health care and needs for health services of the elderly and relatives in Tambon Wangtakoo, Nakorn Pathom Province were:

### 1. Problems of health care from in depth interview with the elderly and care givers

1.1 10 out of 30 elderly in Tambon Wangtakoo had inappropriate behavior for taking medication not according to treatment plan. The reasons were lack of drug knowledge, appropriate drug administration to daily activity, drug side effects, forget to take drug, miss doctor appointment and out of drugs, and taking other non-prescribed medicines. The examples of interview were the followings:

“I felt dizzy after taking drugs, so I reduced the dose to 1 tablet”

“I borrowed the drug from a friend because it is also the anti-hypertensive drug. I have to wait or my son if he is free to take me to the hospital”

“I took herbs but afraid to tell the doctor. Herbs can treat many diseases.”

“I took drug at day time but felt palpitation and insomnia. At night I felt dizzy and could not work. I told the doctor and he said it was from high blood sugar and changed medicines. But I did not feel better with the new drug, so I quit.

1.2 Inappropriate dietary intake for illness. The reasons were lack of knowledge for appropriate diet, no-self cooking, no food choice as advice by the nurse because the elderly had no transportation and unavailable food for illness. The examples of interview were the followings:-

“My daughter-in-law cooks, I do not dare to tell her”

“I cannot eat less salty food because I bought them from the market with the same taste. The doctor advised me but I cannot choose.”

“I do not eat salty food. I only eat chilli soup and boiled vegetables”

1.3 Many elderly did not exercise. The reasons were lack of exercise knowledge for specific disease and poor physical fitness. The examples of interview were the followings:

“My son told me that I was old and did not have to exercise because I would fall.”

“The doctor advised me to exercise but I did not know which exercise would suit me because I have diabetes, and hypertension. And I felt tired.”

“I can't exercise because I do gardening and become exhausted. Is gardening an exercise?”

“I have leg pain. It affects my walking, so I can't exercise.

1.4 Loss to follow up due to lack of transportation because their sons were busy, no caregiver while the elderly were waiting at the hospital visit and living alone. The examples of interview were the followings:

“I don't want to bother my son, he works so hard”

“Sometimes I forgot the appointment date, so I borrowed drugs from a friend. I cannot go by myself, so I have to wait for my son to take me.”

“If I go by myself, I will have trouble going to toilet because of poor eyesight. I don't want to cause burden to others.”

## 2. Needs for health care services of the elderly

From in depth interview with 30 elderly in Tambon Wangtakoo, Nakorn Pathom Province, the needs for health care services of the elderly when they were sick were :-

- 1) Need for home health care.
- 2) Need for assistant to take them to toilet during hospital visit.
- 3) Need for knowledge of drug, diet and exercise from health personnel.
- 4) Need to have regular doctors on duty at Tambon Health Promoting Hospitals.
- 5) Need for home visit to the bed-ridden elderly from Tambon Wangtakoo Administration Organization official and also the visit from Buddhist monk to be offered alms.

## DISCUSSION

### 1. Problems of health care of the elderly when they were sick.

1.1 Inappropriate behavior of taking medication not according to treatment plan. The reasons were lack of drug knowledge, appropriate drug administration to daily activity, drug side effects, forget to take drug, miss doctor appointment and out of drugs, and taking other non-prescribed medicines. Some elderly did not take drugs as treatment plan such as they did not have breakfast after taking antidiabetic medicines and went to work in the garden. It caused hypoglycemia, dizziness and palpitation, so they quit taking drugs without informing the doctor. Some elderly with hypertension had dizziness and they did not know that it was the drug side effect so they quit medicines without telling the doctor. Many elderly took herbs and local made ‘Luke Klon’ drugs and afraid to inform the doctor. Some elderly forgot to take drugs. When the elderly had no drugs left, they did not want to bother or burden the expense of their sons or care givers to take them to the hospital. The elderly who had limited mobility such as leg or knee problems chose to stay home and missed the doctor appointment.

The causes of inappropriate behavior of taking medication not according to treatment plan were in compliance with Prasert Assantachai (2012) who studied problems in drug usage of the elderly and found that many elderly missed doctor appointment because they had physical and psychological limitation and they were afraid to cause money burden to their sons or care givers. The behavior was also in compliance with Wassana Naiyapatana (2010) who studied problems of health, drug usage and behavior of drug intake of the elderly living in community of Phramongkutklao Hospital personnel's residence and found that 14.7% of the elderly had drug usage problem. They forgot medication time, had inadequate drug usage knowledge and took non-prescribed medicines

1.2 Many elderly had inappropriate food intake for illness. The reasons were lack of knowledge for appropriate diet for illness. Some elderly did not cook and were afraid to tell those who cooked to prepare specific food. There were elderly who could not choose food as advice by the nurse because no transportation and unavailable food for illness. The inappropriate dietary intake for illness was in compliance with Chanadda Kerdprae (2008) who studied health promotion behavior of the elderly at Tambon Makamsung, Muang District, Pitsanuloke Province and found that health promotion behavior in nutrition of the elderly was at low level for high salty food intake. Our result in exercise behavior was in compliance with Suree Soythong, Nikom, Moonmuang and Suwana Juprasert (2011) who studied factors related to exercise behavior of the elderly at Tambon Banpo, Chachuengsao Province and found that 20% of the elderly did not have regular exercise. The reasons were 44.9% of the elderly did not have time and 42.3% had diseases. The factors that affected exercise behavior of the elderly were illness, information for exercise benefit, support for material, media and family support. It was also in compliance with Pitakpong Punta and Doaw

Weingkow (2011) who studied perception of benefits and barriers of exercise behavior of the elderly in Payao Province and found that the mostly perceived barrier to exercise of the elderly was not to exercise when they were sick.

## 2. Needs for health care services of the elderly.

The research results showed that the elderly and relatives need home health care for the elderly who had chronic diseases. Many elderly believed that the health team visitors would provide more knowledge for self-care at home and encourage their living. It was in compliance with Juthatip Ngoichansri and Orasa Kongtahn (2012) who found that the elderly with chronic diseases who were visited at home could improve self-care behavior and became more independent. The home visitors had the opportunity to observe self-care behavior and problems of the elderly at home. Our research found that the reasons for home health care needs were some elderly lived alone, some needed the health personnel to advise them for drug side effects, exercise for specific disease, some needed home visit to the bed-ridden elderly from Tambon Administration Organization official and some also wanted the visit from Buddhist monk to be offered alms.

## CONCLUSION

The research results showed that health care problems of the elderly in Tambon Wangtakoo, Nakorn Pathom Province were inappropriate behavior for taking medication not according to treatment plan, inappropriate dietary intake for illness, inadequate exercise and loss to follow up. The results of needs for health services of the elderly were need for home health care, assistant during hospital visit, need for knowledge in drug, diet and exercise from health personnel, need to have doctors on duty at Tambon Health Promoting Hospitals and need for home visit with local community participation.

## SUGGESTION

The health care problems and needs for health services of the elderly in Tambon Wangtakoo, Nakorn Pathom Province from this research should be presented to community leaders and Tambon Health Promoting Hospital personnel for cooperation to deliver health care services for the elderly with community participation.

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