

**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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*The International Education Social Sciences and Humanities Research Conference*

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# Conference Proceedings

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

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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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# EXPLORING HEALTH STATUS AMONG OLDER ADULTS IN THE URBAN COMMUNITY OF BANGKOK, THAILAND

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## ABSTRACT

**Purpose of research:** The objective of this study was to explore health status among older adults with hypertension in an urban community of the Bangkok Metropolitan Administration.

**Methodology:** Twenty participants were recruited. The majority of participants were female (65%), with an average age  $\pm$  SD of 73.1  $\pm$  12.6 years old ranging from 50 to 93). Interviews focused on participants' health during the two weeks prior to the interview

**Results:** and most of them rated their health status as good to moderate (90%), with the remainder describing it as fair (10%). However, most also mentioned several chronic illnesses, such as hypertension plus with more than one additional chronic problems (40%) or hypertension and one other chronic condition (40%). Regarding their daily activities, most participants reported that they enjoy a simple lifestyle with their family and engage in social leisure activities, such as consuming quality and healthy foods and food supplement products, socializing with their neighbors, participating in festival events, and receiving an annual health check-up. The participants stated that, concerning dietary intake and their chronic conditions, high blood lipids were difficult to control by themselves because of variety of foods and sweets in their diets. Some participants reported that they exercise regularly for 20-30 minutes during the week at a community center, or that they exercise by themselves at home, in order to keep in good physical health and to reduce stress. We conclude that individual health status, including psychological and social well-being, among older adults in urban communities should be studied in relation to several practices, in order to help this population practice self-care and get a suitable amount of exercise. Professional health-care teams should establish an appropriate model for sustainability and better health for older adults with chronic conditions in the community.

**Keywords:** Chronic illness, health status, self-care, older adults, urban community.

## INTRODUCTION

The prevalence of chronic diseases increases considerably along with increases in life expectancy and advanced technologies. Globally, the greater number of older people may mean that more people than ever are not suffering from age-related cardiovascular disease [4, 17, 9]. A national health survey of the Thai people has reported on the increasing rate of chronic disease in that country, and discussed diseases' impact of the rapid urbanization of modern cities and its effect on residents' lifestyles, physical inactivity and stress levels [1,16]. Furthermore, it reported that many Thais suffer from at least one chronic disease [13]. Thailand now has a global health policy with strategies to improve health care for chronic disease. It focuses on primary implementation to assist patients and their families by providing promotive, preventive, curative, and rehabilitative services for at-risk groups and those already suffering from chronic conditions [12]. Furthermore, the Thai Ministry of Public Health has launched the Thailand Healthy Lifestyle Strategic Plan 2011-2020. The plan is

being implemented throughout all health-promoting hospitals and primary care facilities under the auspices of a WHO-Thailand Country Cooperation Strategy [10]. However, several studies of primary health in older adults with chronic diseases have indicated that patients usually rely on self-care that varies depending on their own lifestyles, socioeconomic factors, cultural backgrounds, and beliefs [3, 15]. Further, the lifestyles of people in urban areas seem to be quite different from those in rural regions; for example, family size, income, and social relationship with neighbors seems to rely somewhat on one's place of residence [6]. With the above in mind, the objective of this study is to explore the health status of older adults with chronic diseases in an urban community, the Bangkok Metropolitan Administration, Thailand.

## **METHODOLOGY**

### **1. Study design**

A descriptive qualitative study was used to explore in-depth patients' self-care for their chronic diseases under primary health care services, namely Public Health Center 25 (PHC 25), in the Huai-Kwang district of the Bangkok Metropolitan Administration. Finally, the urban community of "Sunthonsiri Village," in the Huai-Kwang district, was randomly selected, with the agreement of PHC 25.

### **2. Participants and Recruitment**

Older adults who live in the Sunthonsiri Village section of the Huai-Kwang district and who receive health services at PHC25 were invited to participate in in-depth interviews during the PHC 25 healthcare team's annual health survey update, between August and October 2016. The inclusion criteria called for participants with an age greater than 50 years; those who had already diagnosed been diagnosed with at least one chronic disease, such as high blood pressure, diabetes, dyslipidemia, or kidney disease; and who follow-up regularly for treatment at PHC 25. Community members who received treatment at other healthcare services were excluded from participation. In the end, 20 participants were recruited.

### **3. Data collection and analysis**

The interviews aimed to collect health status data among participants in terms of self-care habits related to diet and nutrition, physical activity, and relaxation to reduce stress (Table 1). Face-to-face interviews were conducted, and the researchers took the responsibility of coordinating with the public health center and community involved, to ensure a sense of partnership among the community members. The interview guides aimed to engage participants in communication regarding their own lifestyles and personal health concerns relating to their chronic condition. All interviews were audiotape-recorded, and healthcare staff collected written field notes, devoting approximately 30 minutes to each person, or until saturated. Also, a form of a triangulation approach was used to understand people's behaviors using various interpretations from different disciplines to bring a variety of perspectives to the analysis [14]. For the ethical considerations, all interview participants underwent informed consent about our recruitment and in-depth interview; these forms which provided by PHC 25.

**Table 1**  
**The Interview Guide**

List	Category of interview guides
Diet and nutrition	How do you perform self-care for dietary and nutrition concerns?
Physical activity	How do you perform self-care for physical activity and exercise?
Stress and relaxation	How do you perform self-care for stress reduction?

## RESULTS

### 1. Interview participants' characteristics

A majority of participants were female (65%), with an average age (SD) of 73.1 (12.6) years old (full age range: 50 to 93 years). Furthermore, they mentioned several chronic illnesses from which they suffered, including hypertension and other health problems such as diabetes, stroke, gout, knee pain, and dyslipidemia. Before the start of each interview, participants were asked to self-rate their health during the past two weeks. Most of them stated that self-rated health was good to moderate (90%), and the remaining described it as fair (10%). The distribution of participants' general characteristics are shown in Table 2.

**Table 2**  
**Distribution of Interview Participants' General Characteristics**

Variables	n = 20	(%)
Sex		
Male	7	(35.0)
Female	13	(65.0)
Age (years) Mean (SD) 73.1 (12.6)		
51-60 years	4	(20.0)
61-70 years	4	(20.0)
71-80 years	8	(40.0)
> 80 years	4	(20.0)
Marital status:		
Married	9	(45.0)
Widowed/Divorced/Separated	11	(55.0)
Educational level		
No education	2	(10.0)
Elementary school	11	(55.0)
Secondary school/vocational school	7	(35.0)
Occupation		
Unemployed/retired	16	(80.0)
Employed	4	(20.0)
Smoking status		
Non-smoker	16	(85.0)
Smoker	4	(15.0)
Alcohol status		
Non-drinker	16	(80.0)
Drinker	4	(20.0)
Diagnosis of chronic disease		
Diabetes	2	(10.0)

Variables	n = 20	(%)
Hypertension	2	(10.0)
Diabetes with hypertension	2	(10.0)
Hypertension with post Stroke	4	(20.0)
Hypertension with dyslipidemia	2	(10.0)
Hypertension with other health problems (gout, cataracts, knee pain, kidney disease)	8	(40.0)
Self-rated health in the past 2 weeks		
Good	10	(50.0)
Moderate	8	(40.0)
Fair	2	(10.0)

## 2. In-depth interviews regarding self-care of older adults with chronic diseases

Three questions contained in the interview guide were used to elicit data from the participants individually. Sections on diet and nutrition, physical activity, and stress and relaxation were explored as follows:

### 2.1 Diet and nutrition

Most interviewees indicated that it was not easy to eat healthy foods for a variety of reasons. Some said there were no convenient choices for healthy foods, and one interviewee reported, “I buy some foods because it is more convenient for 1-2 members in my family, and one more reason [is that] it’s cheaper than self-cooked [food].” They also stated, “We have to eat the main dish together as a family, so it is difficult to select only healthy foods.” However, most interviewees indicated that healthy food habits, such as adding more fiber and vegetables, reducing salt intake, pursuing a low-fat diet, and limiting sweet foods helped them to self-care for their blood pressure, serum blood lipids, blood sugar, and control weight. In fact, they said that it is difficult to do well because they had no much time.

### 2.2 Physical activity

Most of the interviewees agreed that physical movement is useful for their health. Three participants agreed that exercise can help them to control serum blood lipids more than taking medication does. One man with gout and a female stroke patient indicated that physical exercise helps them to walk independently without a caregiver’s help. However, they said that they had not paid attention to do well on their own.

### 2.3 Stress and relaxation

Hypertensive interviewees concluded that stress affects their blood pressure more than other health problems because they observed themselves by monitoring blood pressure readings, which are taken care by village health volunteers. Moreover, the other interviewees, such as those with diabetes stated, “Stress made them get high blood sugar easily because of overeating.” Many agreed that spending leisure time is the best way to manage and reduce stress. Also, two female interviewees said that they use Buddhist meditation every night for relaxation, and that it can help them to sleep well. However, the oldest woman, age 89 years, said, “People get sick as their age increases, and it is wasting time to stress, so let’s sing a song every day together. T h a t i s b e t t e r f o r g o o d h e a l t h.”

## DISCUSSION

The study's findings indicated that participants were concerned about their chronic conditions, such as blood pressure readings, blood sugar and serum blood lipids, and having healthy foods. They know they need to take in less salt, less sugar, and add more vegetables to their menus. They also wanted to spend more time relaxing. On the other hand, some participants have not change their lifestyles, even after being diagnosed with one or more health problems, because "people get sick as age increases." Consistent with Prabsangob's study [11].

Due to their experiences, the participants suggested that choosing healthy foods, engaging in movement for exercise, and reducing stress by singing were useful for addressing their chronic conditions. However, they also face barriers to self-care due to circumstances, such as a lack of awareness, belief, low family support, and so on. Such findings were consistent with the study of descriptions of barriers to self-care by persons with comorbid chronic diseases [2, 5]. Similar findings about exercise show that it can relieve knee pain; these have been reported as chronic pain management plans and are among elderly people's preferred coping strategies and barriers to management [7, 8]. The study findings suggest that health status, in terms of self-care with chronic diseases, could improve outcomes in order to maintain health. The limitations of this study are, first, that it used only a purposive and small number of participants; therefore, data may not represent of all views across the urban population. Second, most participants who are diagnosed with hypertension have a wide range of ages. Therefore, the results here may not fully represent other chronic conditions. Third, the specific geographic area in this study may not be generalized to other areas.

## CONCLUSION

Individual health status, including psychological and social well-being, among older adults with chronic diseases in urban communities should be conducted in several practices in order to gather information on self-care, about healthy foods, physical activity, and stress reduction. Professional healthcare teams should establish an appropriate model for sustainability and better health being for older adults in urban communities.

## CONFLICT OF INTEREST

The authors have no conflict of interest

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