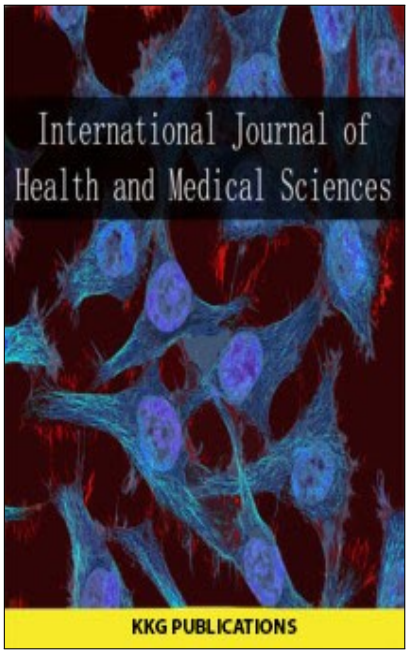

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WIPAKON SONSNAM [1], KANYA NAPAPNGSA [2]

[1, 2] The College of Nursing and Health, Suan Sunandha Rajabhat University, Bangkok, Thailand

Published online: 27 July 2016

To cite this article: W. Sonsnam and K. Napapngsa, "Factors of Thailand's aging that are related to perception of self-efficacy and social support," *International Journal of Health and Medical Sciences,* vol. 2, no. 2, pp. 37-40, 2016.
DOI: https://dx.doi.org/10.20469/ijhms.2.30003-2

To link to this article: http://kkgpublications.com/wp-content/uploads/2016/2/Volume2/IJHMS-30003-2.pdf

International Journal of Health and Medical Sciences
2016, 2:2 37-40

IJHMS

FACTORS OF THAILAND'S AGING THAT ARE RELATED TO PERCEPTION OF SELF-EFFICACY AND SOCIAL SUPPORT

WIPAKON SONSNAM [1*], KANYA NAPAPNGSA [2]

[1, 2] The College of Nursing and Health, Suan Sunandha Rajabhat University, Bangkok, Thailand

Keywords:
Perception of Aging
Self-Efficacy
Social support

Received: 18 May 2016
Accepted: 12 June 2016
Published: 27 July 2016

Abstract. the objective of Quantitative research is to examine factors that are linked with perception of self-efficacy in increasing health and social support. Sample size of 100 based on random sampling technique was selected from communities in Dusit, Bangkok, 2014. Data were collected through questionnaire that was developed by the research team and then approved by three experts. questionaire was developed based on 5-point Likert scale, ranging from strongly agree, agree, undecided, disagree and strongly disagree. Reliablity coefficient (alpha) was 0.784 that shows that tool is reliable to gather result. Barthel ADL index for evaluation of ability to engage in a daily routine. out of total sample 68% were female, 33% ranges in the age group between 60-65%, 55% womens were married and were living with theor spouse, while 38% womens do not work. Avergae annual income helped by childern found to be less than 10,000 baht. Most of samples caring them-self, followed by their spouse 26%. Wellbeing of the public had sustained, living for the aging cover 100%, followed by Join and health volunteers in communities 23%. Perception of health, 53% of the samples feel health was fair. The most common health condition among samples was hypertension 68%, followed by diabetes 55%. Most of samples 84% are in type 1. Bedside the background of home, bathroom in the home 90.0% and floor of bathroom was slippery 91.0%. Samples have skills for caring themselves while being sick 48%, and how to keep up healthy lifestyle. Factors like gender, age and educational background were associated with perception of selfefficacy. Factors like age, education, health status and marriage status were linked with perceived of socialsupport, in addition, found associated between to perception of selfefficacy and perceived of socialsupport. The statistical significance was <0.05.

INTRODUCTION

United Nations defines about elderly people in the agreement with the Vienna Convention 1982, Austria that both males and females who are aged up to 60 years are considered as "elderly" [1]. World Health Organization reported about aging, most of the countries have growing number of people aged over 60 years than any other age group because of 2 reasons: longer life expectancy and declining fertility rates. From 2000-2050, the proportion of the world's population over 60 years will increase from 11% to 22%. Thailand aging in 2012 estimated that the population is expected to increase steadily in 2025 and the elderly population will reach 14 million people or will represent (20%) of the total population of the country [2].

In poor countries, most of older people die of non-communicable diseases such as heart disease, cancer and diabetes, rather than from infectious and parasitic diseases. In addition, older people often have several health problems at the same time, such as diabetes and heart disease. The number of older people who are no longer able to look after themselves in developing countries are forecasted to quadruple by 2050 and many of the very old will lose their ability to live independently because of limited mobility, frailty or other reasons [3].

Physical or mental health problems may require some form of long-term care, which can include home nursing, community care and assisted living, residential care and long stays in hospitals. It was found that the aging patients had following chronic diseases (70%): Hypertension (34.5%), Diabetes (6.9%), heart disease (1.5%), and chronic renal failure (1.5%). The most of common health problem was visibility. (39.90%) of urinary control and quality of life are positively correlated with higher levels of health status ($r = 0.77$, $p<0.01$) [4]. [5] studied about health status, perception of self-efficacy to promote health, self-care during illness, and social support among aged in Buddhamonton, Nakhon Pratom. It was found that the samples were females (61%). 57% of them were in the age of 60-65. Hypertension was the most common health condition among sample group (50%), followed by diabetes (24%). About eyesight, 51% of the sample group does not need prescribed glasses. 83.0% do not need hearing aids. They can still maintain balance. 91% of the participants do not have bladder incontinence, and 94% do not have bowel incontinence.

*Corresponding author: Wipakon Sonsnam
†Email: wipakorn.so@ssru.ac.th

For mental condition, 77% do not have insomnia. 96% do not have anxiety. 96% do not have depression. However, 81% of the sample group is facing stress [5]. Characteristics of aging that pose risk for mental health problems are 1) gender; more men than women in older age will have increased risk of mental health problems 2) aging; aged people with higher education have a high risk of mental health problems that is dropped significantly 3) People with disabilities have natively the risk of having mental health problems since birth, than those who are not disabled 4) Economic factors have found that seniors who do not work have high risk of mental health problems than those who work a little longer 5) Aged people who live in households with medication have the risk of mental health problems than those who do not live in the house until nearly 2-fold. Thailand's social structure of families has changed, especially in the cities. In single family from the extended family, the aged have to live daily life more independently [6]. The factors that were statistically and significantly related to the quality of life of elderly were internal locus of control, self-esteem and social support from family [7]. The population study was prepared about self-care and self-efficacy to promote health of the aged, internal social support and external family; it is of paramount importance.

Objective

Examine factors associated with perception of self-efficacy and social support in enhancing health.

METHODOLOGY

The quantitative research aims to examine factors associated with self-efficacy in enhancing the health and self-care when illness hits. The population were people who live in Dusit, Bangkok, 2014. Sample size was 100 persons selected from 3 communities in Dusit, Bangkok, 2014 by random sampling. Data collection was done by interviews with application from [5]. The interview was part of perception of self-efficacy for promote health and ability of self-care when illness hits (13 item) made in 5-point Likert Scale, consisting of strongly agree, agree, undecided, disagree and strongly disagree and recognition scores were divided into 5 levels (0-13 lowest, 14-26 low, 27-39 moderate, 40-52 great, 53-75 excellent) and test of reliability coefficient alpha was .784. Part of Perception of social support (9 item) was made in 5-point Likert Scale, consisting of strongly agree, agree, undecided, disagree and strongly disagree and recognition scores were divided into 5 levels (0-9 lowest, 10-18 low, 19-27 moderate, 28-36 great, 37-45 excellent) and test of reliability coefficient alpha was .827. Data of Ability to engage in a daily routine were collected by Barthel ADL index [3]. Data were analyzed by computer program using these statistics in section general Information, descriptive statistics were used to analyze all data, Pearson correlation was used to find the relationship between all factors and perception of self-efficacy and social support.

RESULTS

Seniors in the sample group were mostly females (68 people, 68.0%). 33 participants (33 people, 33%) of the sample group were in the age range of 60-65 years old, followed by 24 participants being within 66-70 years (24 people, 24%), and at least 3 participants in 81-85 years old (3 people, 3%). For educational background, most common education level was primary level (52 participants). Most seniors of the sample group are Buddhists (98%), the others are Muslims (2%). 55% of the aged are still living together with spouse.

Physical Status: 53% of the aged felt they were moderately healthy. 35% felt they were great of health. There were 7% who thought they were not healthy. The most common personal health condition in this group was hypertension (68%). Diabetes is found in 55% of the group. It was found that aged had more than one disease. 42% of aged still have good eyesight and have good hearing, 83% do not need hearing aids.

Internal Support for families: 70% of the seniors are retired and still work (30%). Most of them are supported by their children (38%), and only (4%) of them spend money from the savings. Averagely, aged earned 10,000 Baht a year (38%) but they were satisfied with the income (61%). 18 did not quite like what they earned, while 14 seniors felt great with their income. 39% of the aged were self-cared, followed by spouse (26%).

External Social support for families: 100% of aged had received welfare support by governmental aging allowance, followed by home visit by volunteers in community (23%). Most of the aged were satisfied with services provided by government (62%). In terms of appropriate environment, (90%) of aged have bathrooms inside the house. (91%) have non-slippery bathroom floor. Anyway, the bathroom doors are mostly push and pull style (61%). Only (1%) have sliding bathroom door. The common lavatory style is the flush toilet (49%). 58% aged drink branded bottle water.

The average age of aged was 69.5 years with standard deviation of 6.41. The level of self-efficacy was excellent (M= 44.70, SD = 6.96) and the recognition of the influence of social support was also excellent (M= 32.36, SD= 5.61).

Gender, educational background, health status and age are related to the perception of self-efficacy of aged to promote health and self-care when illness hits with the statistical significance of <0.05.

Gender, health status, marital status, and educational

background are related to the perception of social support with the statistical significance of <0.05. They also found a correlation between perception of self-efficacy and perception of social support of aged into health promoting and caring with the statistical significance of <0.05.

TABLE 1
MEAN AND STANDARD DEVIATION OF AGE, SELF-EFFICACY OF AGED AND SOCIAL-SUPPORT OF AGED

Items	N=100	
	MEAN	SD
Age	69.50	6.41
Self-efficacy of aged	44.70	6.96
Social support of aged	32.36	5.61

TABLE 2
COMPARISON OF ASSOCIATION FACTORS; GENDER, EDUCATION, HEALTH STATUS WITH SELF-EFFICACY

Items	Chi- square test	Df	*p*-value
Gander	12.96	1	**0.000
Social support	73.88	20	
Health status	229.44	7	**0.000
Social support	73.88	20	
Marital status	85.80	4	**0.000
Social support	73.88	20	
Education	137.66	6	**0.000
Social support	73.88	20	

TABLE 3
CORRELATION OF PERCEPTION OF SOCIAL SUPPORT

Items	Perception of social support	
	Pearson correlation	*p*-value
Age	-.205	$^{**}p<.05$

TABLE 4
CORRELATION OF PERCEPTION OF SOCIAL SUPPORT AND PERCEPTION OF SELF-EFFICACY

Items	Perception of social-support	
	Pearson correlation	*p*-value
Perception of self-efficacy	.342	$^{**}p<.05$

DISCUSSION AND SUMMARY

[8] refers to elderly as individuals who grow older physically; person aged up to 65 years is regarded as "the elderly". In this study, it means those people with 60 years or higher of age with reference to the calendar criteria. Most of the elderly population in Dusit Communities Bangkok, is aged from 60-65 years (M= 69.5). This indicates that the community in Dusit was elderly and middle-aged (70-79); it would result in a population of elderly and aged [5]. It was found that if a person has an illness, it affects perception of health status [5]. They have been living for the elderly people, and attended by Volunteers. Factors of age, gender, educational level and marital status were associated with perception of self-efficacy but perceived level of social support was associated with gender, education, marital status and health status. That showed when there is increasing age or illness, the activities of daily living of person get more limited. Then perceived self-efficacy of elderly is low. Results in a population with a health condition vary. Gender, age and educational background are related to the perception of self-efficacy of aged to promote health and self-care when

illness hits. This was in accordance with the rules of Bandura [9], [10]. Family; spouse, children or guardian or the competent assistance resulted in the recognition of older people in health and health care. This resulted in the recognition of the influence of social support that was high. Consistent with [11], findings showed that the elderly with greater social support from family were more likely to possess the religious practicing behavior than those with lesser family support [11] and [7]. It was found that social support from family was factor that was related to the quality of life of elderly too [7]. That was according to the rules of Bandura. Gender, health status, marital status, and educational background are related to the perception of social support [9]. Therefore, for health care of seniors and seniors with limitations in activities of daily living, social support is necessary to provide a better quality of life for seniors living in the community. The quality of life is indicative of individual's well-being in general and it is an indicator for the improved well-being of happiness, adequate income, non-threatening mind, social support of family and peers [12].

Acknowledgment

The researcher team would like to show deepest appreciation and gratitude to Research and development institute, College of nursing and health, Suan Sunandha Rajabhat University to support in this research.

REFERENCES

[1] United Nations, and ESCAP, "Population Ageing and Development," *Asian Population Studies Series,* no. 140, Part I, 1995.

[2] Department of Mental Health, Ministry of Public Health. (n.d). *Foundation for research and development of Thailand* [Online]. Avaliable http://www.dmh.go.th/main.asp

[3] World Health Organization, "The Age of Aging," World Health Organization, Gevena, Switzerland, 1988.

[4] W. Sonsnam and K. Napapongsa, "Health status, perception of self-efficacy and social support of Thailand aging," in *18th International Conference on Cognitive, Psychological and Behavioral Sciences,* Zurich, Switzerland, 2015, pp. 132.

[5] W. Sonsnam and R. Hatairat, "Health status, perception of self- efficacy to promote health, self-care during illness, and social support among aging," Unpublished thesis, Suan Sunandha Rajabhat University, Thialand, 2013.

[6] L. M. Vitorino, L. M. G. Paskulin and L. A. C. Vianna, "Quality of life of seniors living in the community and in long term care facilities: A comparative study," *Revista Latino-Americana de Enfermagem,* vol. 21, no. SPE, pp. 3-11, 2013.

[7] T. Chaimongkol, "Factors affecting quality of life of the elderly in Sumutsongkram Province," Unpublished thesis, Suan Sunandha Rajabhat University, Thialand, 2013.

[8] D. C. Kimmel, "Adult development and aging: A gay perspective," *Journal of Social Issues,* vol. 34, no. 3, pp. 113-130, 1978.

[9] A. Bandura, "The self-system in reciprocal determinism," *American Psychologist,* vol. 33, no. 4, pp. 344-345, 1978.

[10] A. Bandura and R. H. Walters, *Social Learning Theory.* Englewood Cliffs, NJ: Prentice Hall, 1977.

[11] M. J. Kim, H. Y. Jun and H. B. Rha, "Comparison of serum adiponectin levels according to body mass index and dietary behaviors of female university students in Seoul," *Korean Journal of Community Nutrition,* vol. 18, no. 4, pp. 354-364, 2013.

[12] L. Zhan, "Quality of life: Conceptual and measurement issues," *Journal of Advanced Nursing,* vol. 17, no. 7, pp. 795-800, 1992.

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