

Development of Activities Model for promoting healthy of Aging in Thailand and Japan

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Abstract

The study of the current situation and problems of organizing activities of healthy promotion for aging in Thailand found that the village still did not have any aging healthy promotion model with the whole dimensions of aging development. Actually, there were some activities that people of any ages could participate but those activities had been stopped. In Japan, it was found that the activities were healthy activity and social activities.

The problem is that there were not enough participants, no clear plan of activities and no budget and stopped when the budget ran out.

The study of types of activities to promote for aging in Thailand and Japan found that it is necessary to promote physical activities, social activities and economic activities.

The results of developing the models could be shown in 3 models as physical model, social model and economic model. All the formulated models were implemented in forms of healthy development activities for three months. The physical model included 3 activities such as: exercising, playing games, attending trainings for healthy promotion of knowledge. The social model comprised 5 activities such as: group meetings on the Buddhist observance day, visit to nine temples for Buddha worship, New Party, study visits for aging healthy promotion, and activities on the aging day. The economic model included 2 activities such as: a training for making the DOK MAI JUN (Sandalwood flower) for cremation, herb preservation training.

The result of assessment used questionnaires and interviews of aging people who joined the activities for the degree of satisfaction, knowledge, and usefulness that they received from the activities. The assessment also found that the happiness points of aging were at 33 as the lowest and at 54 as their highest point, which was higher than that of the general standard of Thai psychological health, which is between 27.0 through 32.0 points. The finding of this research showed that aging people who participated in the proposed healthy promotion activities were happier than others in general.

Keywords: healthy aging, activities model for promoting healthy, developing the models

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1. INTRODUCTION

One of the population trends is the aging society. The aging population (aged 60 years and over) has increased. The rate increased from 10.0 percent in 2000 to 15.0 percent (approximately) in 2025. While the population of children (aged 0-14 years) decreased from 30.1 percent in 2000 to 24.2 percent (approximately) in 2025. There are countries where the proportion of aging people is very high in countries, namely Greece, Italy, Japan, Germany and Switzerland. Japan is the only country in Asia where the proportion of aging people is very high in the world.

The aging of Japan outweighs all other nations with the highest proportion of aging citizens, 21% over the age of 65 in 2005. In 1989, only 11.6% of the population was 65 years or older, but projections were that 25.6% would be in that age category by 2030. However, those estimates are updated at 23.1% (as of February 2011) are already 65 and over, and 11.4% are 75 and over, now the world's highest (though 2010 Census age results have not yet been released). The change will have taken place in a shorter span of time than in any other country. The age 65 and above demographic group increased from 26.5 million in 2006 to 29.47 million in 2011, a 11.2% increase. The Japanese Health Ministry estimates the nation's total population will decrease by 25% from 127.8 million in 2005 to 95.2 million by 2050. Japan's aging population, aged 65 or older, comprised 20% of the nation's population in June 2006, a percentage expected to increase to 40% by 2055. (Wikipedia),

Old age brings many changes with it such as physical, mental, emotional, social, and environmental. Some people may not be able to accept the changes; therefore, there is higher opportunity for these people to be more depressed than the younger people. Reportedly, there are approximately 30% of older people with the age over 60 have experienced severe depressive illnesses at least once with effects to their healthy state. However, it is widely believed that the symptom of depression is normal for the aging so most people do not pay attention to it. Consequently, the aging feel more suffering. In fact, the depressive illness in the aging can be avoided and prevented if they are well-prepared both physically and mentally to accept all the changes that are going to arise. If the aging is informed of how to do when being depressed, they will be able to handle the problems, adaptable to all the changes and live their lives worthy and happily with good quality of life. On the contrary, if they are neglected, they may be so much in depression that it is needed to have treatment from the psychiatrist otherwise an unexpected damage to the aging people, themselves, and their families may not be able to avoid (**Brien, 1975**). From the above mentioned discussion, it can be seen that old people are facing health problems, feeling depressed and desperate, both physically and mentally. Therefore, the aging health supporting policy covering all aspects includes physical, mental, emotional, and social is required to serve the aging's needs of healthy state, self-reliance, so that they can spend the rest of their life worthy and happily in the society. Thai aging is considered valuable. They are not a burden on family, community, and Thai society. Therefore, it is suggested that this group of people should be promoted to lead other people to take good care of their health with standardized healthy promotion model. Being physically and mentally healthy, the aging group will be strong and able to take good care of their health and peers. The use of small note book for recording the state of health will be helpful for the aging to observe their health consistently. The aging will have a longer life without being burden on the family and the community, but feel valuable, and

can make full utilization of their free time. The system of transferring aging patient from a hospital to a community is a factor in promoting the aging health (Miller, 1995).

The Ministry of Public Health has implemented a strategy on aging health promotion which includes preventive healthcare, basic self-care, learning to live together, and strengthening aging organization, encouraging the full utilization of personal potential in aging for a better living with dignity which would bring happiness, liveliness, hopefulness, and worthiness into their lives. This would make them feel proud of themselves for being of benefit to the family members, the community, and the aging society, during the rest of their lives. Therefore, the aging should not waste their time just waiting for the transition into old age. They should live their lives in a meaningful and dignified manner.

Of these is the need to develop a model of health promotion activities in Thailand, the needs of the community by using the knowledge of Japan to be integrated with studies in Thailand. The results of this study can be used as guidelines for activities to promote health among the aging. They will feel proud of themselves, happy, lively, hopeful, and worthy for the rest of their lives.

2. OBJECTIVES

- 1 To study the current situation and problems of organizing activities of healthy promotion for aging in Thailand and Japan.
- 2 To study a types of the activities to be promoted for aging in Thailand and Japan.
- 3 To develop activities model for promoting healthy of aging in Thailand by the public participation approach.

3. SCOPE OF RESEARCH

3.1 Content

The content of this research was dealing with:

The development of activities model for promoting health of aging covering the aspects which included physical, mental, social, and economic with 3 scopes of work: (1) healthy activities (2) social activities and, (3) economic activities

3.2 Target Group

The target groups in Thailand were: (1) old people who were able to answer to the questionnaire consciously were the group for the evaluation of the aging's healthy state, (2) old people with healthy problems from the above mentioned group were selected for in-depth interview, (3) people consisting of the aging in the study area, and all the units concerned which were the community leaders, village health volunteers, Tambon administrative officers, staff from community public health centers, and the head of community development were the group for group discussion, and (4) the people aging during 60-70 living in the study area, able to do the activities were selected to participate in the experiment of the models.

The target groups in Japan were: (1) old people in urban and rural areas and (2) officers and directors of relevant departments.

4. BENEFITS OF THE STUDY RESULTS

1. To be used as a healthy practice for the aging; the result of the research and the academic discussion will be applied to the practice for promoting a proper physical exercise for the aging to have better quality of life
2. To be developed as a body of knowledge on healthy promotion behavior for the aging
3. To be used as a practice for promoting aging health in other communities and developing other health promotion behaviors for the aging
4. To have a healthy innovation for a community and to be the public information used as a guideline for defining the aging behaviors
5. To have an integrated spatial planning model on healthy promotion for the aging with participation of the community
6. To have a community-base information in setting up a policy for healthy promotion of the aging
7. To be a guideline for the units concerned in developing a healthy promotion model for physical exercise in the aging

5. LITERATURE REVIEW

Ageing (British English) or aging (American English) is the accumulation of changes in an organism or object over time. Ageing in humans refers to a multidimensional process of physical, psychological, and social change. Some dimensions of ageing grow and expand over time, while others decline. Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand. Research shows that even late in life, potential exists for physical, mental, and social growth and development. (**Bowen and Atwood, 2004**) Ageing is an important part of all human societies reflecting the biological changes that occur, but also reflecting cultural and societal conventions. Roughly 100,000 people worldwide die each day of age-related causes (**Aubrey and Grey, 2007**).

Age is measured chronologically, and a person's birthday is often an important event. However the term "ageing" is somewhat ambiguous. Distinctions may be made between "universal ageing" (age changes that all people share) and "probabilistic ageing" (age changes that may happen to some, but not all people as they grow older including diseases such as type two diabetes). Chronological ageing may also be distinguished from "social ageing" (cultural age-expectations of how people should act as they grow older) and "biological ageing" (an organism's physical state as it ages). There is also a distinction between "proximal ageing" (age-based effects that come about because of factors in the recent past) and "distal ageing" (age-based differences that can be traced back to a cause early in person's life, such as childhood. (**Stuart-Hamilton and Ian, 2006**).

Differences are sometimes made between populations of aging people. Divisions are sometimes made between the young old (65-74), the middle old (75-84) and the oldest old (85+). However, problematic in this is that chronological age does not correlate perfectly with functional age, i.e. two people may be of the same age, but differ in their mental and physical capacities. Each nation, government and non-government organization has different ways of classifying age.

Population ageing is the increase in the number and proportion of older people in society. Population ageing has three possible causes: migration, longer life expectancy (decreased death rate), and decreased birth rate. Ageing has a significant impact on society. Young people tend to commit most crimes; they are more likely to push for political and social change, developing and

adopting new technologies, and need education. Older people have different requirements from society and government as opposed to young people, and frequently differing values as well. Older people are also far more likely to vote, and in many countries the young are forbidden from voting. Thus, the aged have comparatively more political influence.

6. RESEARCH DESIGN

The study was conducted with the application of both qualitative and quantitative research methods. The emphasis was put on the qualitative one. Participatory Action Research (PAR), focus group discussion, brainstorming meeting, related documents, in-depth interview, and participatory observation were applied on the part of qualitative research. A community survey and a questionnaire were used for the quantitative method.

7. INSTRUMENTS

1. The health checklist developed by the research, and the standard checklist for happiness developed by the Department of the Mental Health was applied.
2. An in-depth interview of the management on healthy policy for the aging in community, and an in-depth interview of the aging, the public health officers, and the village health volunteer were used to obtain the information on the condition of the healthy promotion for the aging in the community.
3. A questionnaire on the participants' satisfaction and knowledge received after the activity was used. The questionnaire was designed for the informants to freely answer according to how they felt.
4. Participatory observation form
5. Aging group discussion on their need of aging activities in the community
6. Brainstorming meeting of activities model for promoting health of aging in the community

8. RESEARCH PROCEDURE

The research procedures are as follows

Stage 1 Studying the condition and the problems of the healthy promotion activities for the aging in Thailand and Japan by using the following methods:

1. In-depth interview with the aging, the public health officers, and village health volunteers on the operation and the condition of healthy promotion for the aging in the community.
2. In-depth interview with the village leaders, the Municipal administrators, public health chief, etc, on the policy of healthy promotion activities for the aging in the community.

Stage 2 studying types of the activities to be promoted for aging in Thailand and Japan by using the following methods:

1. In-depth interview with the village leaders, the administrators, public health chief, etc, on the types of the activities they have to promote for aging in Thailand and Japan
2. Documentation related to the policy development activities of the aging in Thailand and Japan.

Stage 3 Designing the models of healthy promotion activities for the aging with application of the following methods:

- 1 Brainstorming meeting with participatory action of all the units concerned in the community in order to have the models and the practical guideline of healthy promotion for the aging
- 2 Setting up an action plan based on the outcome of the brainstorming meeting; the planned activities were designed to cover physical, social, and mental aspects of healthy promotion for the aging.
- 3 Group discussion with the leaders of the aging group and the related people to obtain a practical guideline in taking the plan into action with suitable activities required by the aging

Stage 4 Operating the activities in the action plan following are the below procedures:

1. Meeting with the aging to advise the detail of the activities
2. Operating the activities in the action plan by assigning a job and responsibility to the working team members. The activities were divided into different aspects: health (physical exercise, and health knowledge training), emotion (group activity, and recreation), society (party and entertainment), and economy (vocational training)
3. Tracking the status of the activities

Stage 5 Evaluating the outcome of the activities

At this stage, all the activities were evaluated after the operation of all the activities. The instruments were the same as those used before commencing the activities which consisted of the questionnaire, the interview, the checklist of the aging health condition and happiness.

9. DATA VERIFICATION AND ANALYSIS

The qualitative data were to be verified via triangulation with consideration of time, place, and subject in case these factors vary. The analysis of data was conducted by both qualitative and quantitative methods as follows:

1. Quantitative analysis was done by analyzing the data obtained from the checklist and the questionnaire, coding, and recording the data with application of SPSS PC for Window to calculate for the percentage, the arithmetic mean (\bar{x}), and the standard deviation (S.D.).
2. Qualitative analysis was done through the content analysis method. The data collection and primary analysis were made at the same time. At the end of each data collection phase, the data were recorded thoroughly and categorized for further analysis, and concluded with descriptive research report.

10. STUDY RESULT

10.1 The Result of the study on the current situation and problems of organizing activities of healthy promotion for aging in Thailand and Japan

For the health promotion activities for the aging in Thailand, the physical exercise activity- Aerobics Dance - was promoted for all to participant daily. Presently, the activity is no longer performed because of few participants. It was found that there was little number of aging joined the dance. Most of them were not interested in it.

The difficulty in operating the activities due to no interest, and no cooperation from the participants was the unsolvable problem which led to the end of the activity at present.

In Japan, we found that the health promotion activities for the aging, healthy activities; exercise and sport and social activities: home visits, promotion of group activities, gatherings on special

occasions, such as respect for the aging, cooking, baking and crafts including recreational activities such as singing, drawing, etc.

10.2 The result of problems of health promotion activities found that there are many problems in the following. 1) The problem from aging; the problems of health. 2) Problems of children and family: family lacks of understanding and empathy 3) the problem from care givers: care givers are not sufficient. 4) the problem from the place of residence and activities : the location is not right 5) environmental problems : environment is not good and 6) social problems : aging are being deceived.

10.3 The Result of the Study on the type of activities to be promoted aging in Thailand and Japan.

- 1) Healthy activities consisted of (1) exercise (2) training on health education, and (3), amusement and recreation such as playing games.
- 2) Social activities consisted of (1) Reduction in quitting vices (2) behave as a good citizen (3) exercise should be to concentrate (4) sitting meditation practice.
- 3) The Result of the development of activities model for promoting healthy of aging in Thailand

10.4 The Result of the development of activities model for promoting health of aging in Thailand

The results of developing the models could be shown in 3 models as physical model, social model and economic model. All the formulated models were implemented in forms of healthy development activities for three months. The physical model included 3 activities: exercising, playing games, attending the trainings for health promotion knowledge. The social model comprised 5 activities : group meetings on the Buddhist observance day, visits to nine temples for Buddha worships, New party, study visits for the aging health promotions, and activities on the aging day. The economic model included 2 activities: a training for making the DOK MAI JUN (Sandal wood flower) for the cremation, herb preservation training. The result of assessment used questionnaires and interviews of the aging that joined the activities for the degree of satisfaction, knowledge, and usefulness that the aging received from the activities. The assessment also found that the happiness points of aging were at 33 as the lowest and at 54 as the highest their highest point was higher than that of the general standard of Thai psychological healthy which is between 27.0 through 32.0 points. The finding of this research showed that the aging who participated in the proposed health promotion activities were happier than others in general standard.

11. DISCUSSION

It was found that there were 3 models of health promotion for the aging. All were applied to the target group which was the aging in the study area. The 3 models were as follows:

11.1 Model of Health Promotion

Health promotion included physical exercise, health games, training for healthy promotion knowledge, and health market. The operation of all the activities was conducted according to the schedule agreed by all the participants. The operation result showed that the aging consistently

participated in the activities. It was found that the aging mostly participated in the physical exercise activity for over 5 times as there were many types of exercises provided. They could choose the exercise activity they enjoyed the most for example some might not like Tai Chi exercise, they would take their choice to do stick exercise instead. Most aging people participated in healthy games. However, some games could not be accommodated at all. The result of the training for health promotion knowledge showed that only some of the aging participated in the activity due to no interest in the topic. For the health market activity, it was found that all participants joined the activity since they received maximum benefit from it for example body check-up, dental treatment, free medicine, and etc, and they could get the hospital service of the community. The behaviors in participating in the provided healthy activities served the healthy promotion concept of Pender's (Pender, 1996) which concluded that the health promotion behavior would be initiated when people had understood that the action would bring them benefit and it was possible to do without difficulty influenced by the intimate and the environment.

The above results led the community; especially, the aging to take action on health promotion. The aging were encouraged to do physical exercises, to participate in the training for healthy promotion knowledge with emphasis on the daily healthy self-care which the aging were able to do them. All the above mentioned activities had never previously been provided for the community.

11.2. Model of Mental and Social Health Promotion

The activities applicable to this model were religious day meeting. The aging people were mostly joined the event especially during the Buddhist Lent period since they were happy and felt comfortable when attending the religious activities under the peaceful atmosphere in a temple. They also had a chance in chatting with their peers, exchanging experiences, and helping one another solving problems. In Thai society, there is a norm that the aging people were to have placed their interest in religion more than others. The study result was corresponding to the guideline on developing happiness proposed by Bunlou (1997) that attending to Dhamma instructions and discussion in a temple made to the aging stay calm in peace and happiness. For the activity of 9-temple worship, it was raised by the participatory meeting that the 9-temple worship was the ultimate dream that the aging had desired. Some had never done such religious practice even once. Some had never left the community before. Therefore, this activity brought them happiness, pleasure, and excitement. They had a chance to step out of the community world to explore new experience in some new places. They enjoyed the trip, the religious practices, and felt relaxed. Nitipat (2009) proposed the guideline to ease the tension in the aging people by encouraging them to go for vacation, spending their time among the nature with clean air. The activity had, moreover, provided them an opportunity to make new friends and exchanging ideas with one another. The study visit was considered a strategy for creating the participatory action in building up a public common sense and motivation through the learning process. The knowledge management discussion among the groups from different organizations outside the community during the study visit on the group management model helped to widen their knowledge on group management, and financial management for an activity operation. It was found that the aging group had managed their group efficiently. The last activity was the Day of

Aging which all the aging people were paid respect by the young people who were pouring scented water on the aging's hands and requested for a good wishes on the occasion of Songkran day, Thai New Year. They were also given a New Year gift on this day.

The outcome of these activities can be a foundation of health promotion in a community since the good health will always be with the happy mind. Therefore, the happy state of mind will always bring a healthy body like said in the statement: 'mind is a boss, body is a slave'. The development of body health must start from the development of mental health.

11.3 Model of Economic Health Promotion

Economy is very important for the aging as they have to rely on themselves, no children to take care. Besides, the birth rate is getting lower. Some aging stay single. Therefore it is necessary for them to have an occupation to earn some money for a living, not being a burden to the society. The activities to serve the economic purpose were the sandalwood flower training as required by the group. After the training, the group agreed to get together on Saturdays for making the sandalwood flowers for sale at the shops in the community. The activity did not just generate income to the group, but also helped them make utilization of the free time, provided an opportunity for them to strengthen their relationships by sharing ideas, chatting and singing together while working. All had the same purpose that was to produce the sandalwood flowers to raise some fund for the 9-temple worship activity. This determined goal led them to conduct the same behavior in producing the sandalwood flowers. For the herb product training, the result showed that only some participated in the activity due to other engagement like harvesting. Some had to work in the rice field since there were no children to help. The last activity was about the sweet and snack training which was very popular as such activity was conducted once long time ago; so, redoing the performance reminded their joy when doing the activity in the past. The study produced the result that is corresponding to Nitipat Mekkhachorn's concept on development of happiness for the aging (2009, on-line) which proposed a guideline to create happiness by the utilization of the free time with the favorite activity like the proper hobby to the person's age and health; for example, producing artificial flowers, listening to music, doing religious practices, writing, reading, playing computer games doing some housework or the activities in the club, making some sweet and snack, as well as carving and weaving for sale. Such activities will not only keep the aging occupied, joyful, relaxed, and peaceful, but also increase their income which ultimately was the benefit of the family and society.

Although this economic model was not previously set up to promote the health, the researcher opined that it was very important for the aging society in the modern world. The aging needed to have some personal skill so that they could have economic self reliance. They should have occupation to get income. This aspect is corresponding to the policy on developing the aging by encouraging them to be occupied. To be supportive to the policy, the government has opened various forms of occupational markets for the aging.

12. RECOMMENDATION

12.1 Recommendation for Utilization of the Study

- 1) The study result on the healthy promotion model for the aging in the aspects of: health, society, mentality, and economy, are possibly applicable to other communities.

- 2) Recommendation on development of the group:
 - a. To develop the empowerment of the aging group, it is necessary that the members should have a unity and extend cooperation to the management.
 - b. The study visit to the successful group should be arranged to serve the collaborative learning and create external network of cooperation.

12.2 Recommendation of Further Study

- 1) Mental health promotion for the aging should be studied.
- 2) A study for creating an innovation on healthy promotion for the aging in community with its evaluation after experiment is recommended.

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