

PERCEPTION OF HEALTH STATUS AND SELF-EFFICACY OF AGING: SAMUT SONGKHRAM PROVINCE

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ABSTRACT

The quantitative research aim to study self-efficacy to promoted health and self-care of illness of aging in Samut Songkhram, the samples were aging in Bang Nang Li district, Samut Songkhram province 300 persons from 680 that registered aging by simple random sampling. Collected data by interview was developed and validated by the researcher and 3 reviewed, reliability was 0.87 and assessment of physical performance by Activity of Daily Living (ADL). Descriptive Statistics was to use for analyses data.

Found, Samples (N=300) were women 168 persons (56.0%), male 132 persons (44.0%). Man and women age 60-65 years at the most, 142 persons were illness (47.3%). History of illness (N=124), top 3 of history illness were hypertension 68 persons (47.9%), Diabetes 55 persons (38.7%) and Heart were 9 persons (6.3%). The most of samples 224 persons (74.7%) have Activity of Daily Living (ADL) in group 1 and less ness group 3 were 24 persons (8.0%), only 98 persons have a problem of stability. The most of samples live with spouse and child 153 persons (51.0%) but 20 (6.7%) persons live alone. Mental stress were mild 257 persons (77.0%), moderate 41 persons (21%), and severe 7 persons (2.3%). The most of perception about present of healthy were moderate degree 153 persons (51.0%) only 55 persons (18.3%) that good degree and 7 persons (2.3%) were poor degree, and perception of Self-Efficacy in to promote health and self-care of illness.

Keyword: Aging, Perception of Self-Efficacy, Thailand

INTRODUCTION

World Health Organization reported about aging, all most of country has growing faster of people aged over 60 years than other age group because of 2 reasons, longer life expectancy and declining fertility rates, between 2000-2050. The population of the world's population over 60 years will increase from 11% to 22%. Thailand aging in 2012, the population is expected to increase steadily in 2025 estimated that the elderly population will reach 14 million people or representing (20%) of the total population of country (Foundation for Research and Development of Thailand), so that Thailand into an aging society because of the population among 60 year and over increased more than 10 percent of population and increase continuously (Nations, 2007). Inside of the estimated by TGRI in 2021 Thailand will completely society (Foundation of Thai Gerontology Research and Development institute (TGRI), 2001).

In poor countries, most of aging die from non-communicable disease (NCD) such as hypertension, diabetes, heart disease and cancer, In addition, aging often have several health problem at the same time, such as diabetes and heart disease, the number of aging who are no longer able to look after themselves in developing countries is forecast to quadruple by 2050 and many of the very old lose their ability to live independently because of limited mobility, frailty or other (WHO, 1988).

Physical or mental health problem many require from of long-term care, which can include home nursing, community care and assisted living.

Cross-sectional data from community-based study of aging, aged 71+, have shown that self-efficacy beliefs regarding the ability to perform various activity of daily living (ADL) without falling are associated with higher self-reported levels of physical and social functional (Tinetti et al., 1994), and risks for functional disability rise with age, whether people will simply live longer with greater burdens of disease and disability (Fries & Crapo, 1981). Previous research on function disability has demonstrated higher risk of reported disability associated with older age (Seeman, 1994).

Self-efficacy beliefs represent one factor that may play role in this pattern of relationships because

they reflect the individual's perceptions or assessments of their ability to produce given levels of performance, that is, to perform specific behaviors successfully (Bandura, 1977, 1982), and self-efficacy beliefs were associated with increased risk of self-reported declines in functional abilities, independent of underlying physical ability as well as other health status, health behavior (Teresa E. & others, 1999)

Through such influences on perceptions of disability, self-efficacy belief may importantly affect lifestyles and quality of life at older ages (Teresa E. & Other, 1999).

Samut Songkhram Province is top 5 of high aging population in Thailand in another hand decrease of birth rate and an aging active index of 111.3 (Ministry of Social Development and Human Security, 2014). Therefore, the research on to knowledge of the elderly is still important to gain a comprehensive knowledge that will lead to planning to jump to healthy society.

OBJECTIVES

This research aim to study perception of self-efficacy to promoted health and self-care of illness of aging.

METHODOLOGY

The quantitative research; Subjects were drawn from community based studies of individuals aged 60 years and older in Bang Nang Li district, Samut Songkhram province 300 persons from 680 that registered aging include man and woman by simple random sampling. Collected data about to level perception in self-efficacy by interview included ten items and 10 level developed and validated by the researcher and 3 reviewed were used to assess subjects' self-efficacy perceptions in to promote health and self-care of illness, reliability was 0.87 and assessment of physical performance by Activity of Daily Living (ADL). Descriptive Statistics was to use for analyses data.

RESULTS

Found, Samples (N=300) were women 168 persons (56.0%), male 132 persons (44.0%). Man and women age 60-65 years at the most (see Table 1), 142 persons were illness (47.3%). Table 2 presents descriptive information for history of illness (N=124), top 3 of history illness were hypertension 68 persons (47.9%), Diabetes 55 persons (38.7%) and Heart were 9 persons (6.3%). Table 3 presents to the most of samples 224 persons (74.7%) have Activity of Daily Living (ADL) in group 1 and less ness group 3 were 24 persons (8.0%), only 98 persons have a problem of stability (see Table 4). The most of samples live with spouse and child 153 persons (51.0%) but 20 (6.7%) persons live alone (see Table 5). Table 6 present to mental stress were mild 257 persons (77.0%), moderate 41 persons (21%), and severe 7 persons (2.3%). The most of perception about present of healthy were moderate degree 153 persons (51.0%) only 55 persons (18.3%) that good degree and 7 persons (2.3%) were poor degree (see Table 7), and Table 8 presents descriptive information for perception of Self-Efficacy in to promote health and self-care of illness.

Table 1
Show frequency and percent of age

Age	Number (N=300)	Percent (100%)
60-65	100	33.0
66-70	84	28.0
71-75	53	17.7
76-80	37	12.3
81-85	23	7.0
> 85	3	1.0
Total	300	100

Table 2
Show frequency and percent of History of illness

History of illness	Number (N=142)	Percent (100%)
Stroke	3	2.1
Hypertension	68	47.9
Diabetes	55	38.7
Heart	9	6.3
Cancer	1	0.7
Paralysis	1	0.7
Psychosis	3	2.1
Dyslipidemia	2	1.5
Total	142	100

Table 3
Show frequency and percent of Activity of Daily Living (ADL)

Activity of Daily Living (ADL)	Number (N=300)	Percent (100%)
Group 1	224	74.7
Group 2	52	17.3
Group 3	24	8.0
Total	300	100

Table 4
Show frequency and percent of Problem of Stability

Problem of Stability	Number (N=300)	Percent (100%)
Yes	98	32.7
No	202	67.3
Total	300	100

Table 5
Show frequency and percent of Living

Living	Number (N=300)	Percent (100%)
Alone	20	6.7
With spouse	100	33.3
With child	21	7.0
With cousins	7	2.3
With spouse and child	152	50.7
Total	300	100

Table 6
Show frequency and percent of mental stress

Mental stress	Number (N=300)	Percent (100%)
Mild	257	77.0
Moderate	41	21.0
Severe	2	2.0
Total	300	100

Table 7
Show frequency and percent of Perception of healthy present

Perception of healthy present	Number (N=300)	Percent (100%)
Excellence	55	18.3
Good	85	28.4
Fair	153	51.0
Poor	7	2.3
Total	300	100

Table 8
Show frequency and percent of level of Perception of self-efficacy

Perception of Self-Efficacy	Level of Perception	(Number, Percent)
1. In self-care when in alone	level 6, another	(150, 50.0), (150, 50.0)
2. Prepare yourself to get help when I grill urgent illness, even alone	level 6, another	(150, 50.0), (150, 50.0)
3. Chose consumption	level 6, another	(150, 50.0), (150, 50.0)
4. Exercise 30 minus 3-5 day per week	level 6, another	(150, 50.0), (150, 50.0)
5. Avoid eating vegetables and fruits that are sweet	level 9, 10	(150, 50.0), (150, 50.0)
6. Avoid foods and drinks that are bad for health	level 9, 10	(150, 50.0), (150, 50.0)
7. Weight or body composition appropriately	level 9, 10	(150, 50.0), (150, 50.0)
8. The quitting alcohol and alcoholic beverages	level 9, 10	(150, 50.0), (150, 50.0)
9. To control anger And mind to relax		(150, 50.0), (150, 50.0)
10. Practice on the advice of doctors and health personnel		(150, 50.0), (150, 50.0)

CONCLUSION

According to a survey of 300 elderly people, the majority of them were female. Age is between 60-65 years old that to show this is early aging (WHO), living together as caregivers that can support aging health. Most people still feel that they are healthy because they can go anywhere and perform activities on their own that association to previous research on function disability has demonstrated higher risk of reported disability associated with older age (Seeman, 1994). Aging have common diseases such as hypertension, diabetes, etc. and the aging in the group age over 80 have ability decreases rerate to research a cross-sectional data from community-based study of aging, aged 71+, have shown that self-efficacy beliefs regarding the ability to perform various activity of daily living (ADL) without falling are associated with higher self-

reported levels of physical and social functional (Tinetti et al., 1994), and risks for functional disability rise with age, whether people will simply live longer with greater burdens of disease and disability (Fries & Crapo, 1981). Previous research on function disability has demonstrated higher risk of reported disability associated with older age (Seeman, 1994). So that perception of self-efficacy of physical activity is moderate, and self-care themselves when stay alone this data show in aging that age 80+ years and who have restrictions on movement, memory, self-efficacy beliefs represent one factor that may play role in this pattern of relationships because they reflect the individual's perceptions or assessments of their ability to produce given levels of performance, that is, to perform specific behaviors successfully (Bandura, 1977, 1982), and self-efficacy beliefs were associated with increased risk of self-reported declines in functional abilities, independent of underlying physical ability as well as other health status, health behavior (Teresa E. & others, 1999). But perception of self-efficacy in avoid eating vegetables and fruits that are sweet, avoid foods and drinks that are bad for health, weight or body composition appropriately, the quitting alcohol and alcoholic beverages, to control anger And mind to relax, and practice on the advice of doctors and health personnel is high level. The empowerment program to prevent dementia in the elderly was one of the programs which helped slow down and prevent dementia in the elderly on the long run (Monrudee P., 2016)

Therefore aging must to empowerment on perceptions of self-efficacy in physical activity because it importantly for affect lifestyles and quality of life at aging (Teresa E. & Other, 1999). empowerment program to prevent dementia in the elderly was one of the programs which helped slow down and prevent dementia in the elderly on the long run

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