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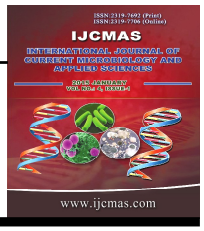

Original Research Article

Abandoned elderly and health problem in the Lower Northern Region of Thailand

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A B S T R A C T

Recent social and demographic changes affecting Thailand mean that the numbers of abandoned elderly are increasing.This study investigates a population of over-60s in a rural Thai province to examine the relationships between abandonment and health problem. It investigates how far abandoned older people or with carers practiced a range of healthy and unhealthy, and how far particular behaviours were associated with health problem. The population investigated in this study included population over the age of 60 meeting the study criteria and live in Thapo sub-district, Phisanulok province, in the lower northern region of Thailand, which has been identified as the Thai region with the highest proportion of older people living alone. The target group, comprising 572 persons were included in the study. The data were collected between June10 and September10, 2014. The research employed a purpose-designed questionnaire, which included items on health problem. Possible associations between abandonment and reported health problem were examined using logistic regression analysis and odds ratios (OR), confidence intervals (CI), and chi-square results were calculated. Those abandoned were more likely falling, low back pain, diabetes, have depression and hypertension. After controlling for confounding variables, the study found that abandonment was significantly associated with falling and with higher levels of depression. Older people living alone were more than twice as likely to fall as those living with a caregiver and more than twice as likely to report significant depression. Regarding the relationship between chronic conditions and abandonment , living alone was found to be significantly associated with depression.The likelihood of depression which were diagnosed by medical doctors was 3.42 times higher in those abandoned (95% confidence interval [CI] = 1.3 to 5.5. Given the results of this study, we suggest that increased attention must be focused on health promoting behaviors for elderly abandoned withhealth problem.

Keywords

Abandonment, Elderly, Chronic disease

Introduction

Elderly people is expected to be among the most prominent global demographic trends of the 21st century. The level and pace of population aging vary widely by geographic region (Gavrilov & Heuveline, 2003). In Thailand, as in most other countries, the

proportion of older people is increasing steadily (Soghra et al, 2006). Consequently, the number of elders living alone has also increased (Ryuichi et al, 2005).

Older adults is a period of life when people may face degenerative problems, with physical, mental and social dimensions. Older people are vulnerable to a range of communicable and non-communicable diseases, such as dementia, diabetes, osteoporosis and cataract, all of which may lead to disability (WHO, 2006). It is also found that more than 40% of older people have at least one underlying disease and 75% suffer from chronic disease (Margaret.& Westaway, 2009). Much of this illness results from unhealthy behaviors such as insufficient physical exercise, poor diet, and tobacco and alcohol use, which may all contribute to increased morbidity and mortality (Reeves & Rafferty, 2005).

Abandoned elderly may be especially vulnerable: they have been described as an 'at risk' group by the World Health Organisation (WHO, 1977). Living alone may exacerbate physical and mental health problems (Hicks, 2000), particularly since the support of an extended family, valued in Asian cultures, is absent (Lena et al. 2011). Lone elders with more than two chronic health problems may be at higher risk of not receiving proper health screening (Resnick. 2003). In later life chronic disease means, at best, an undesirable state and, at worst, a greater risk of early mortality (Kharicha et al.2007). Moreover the cumulative impacts of old age, chronic illness and living alone have not been properly studied, so that little is known about the functional status of community-dwelling, live-alone, elderly persons (Diana et al. 2009).

Abandoned elderly have fewer social connections (Resnick. 2003), and make higher demands on health and social services (Ryuichi et al. 2005). Many lack an accessible point of contact in case of emergency (Iliffe *et al*. 1992). Emotional support is especially important for older people who face a variety of age-related challenges to their functional abilities and health, but may be absent for many (Patrick, Cottrell, & Barnes, 2001). Morover, although many older people would opt to live independent lives in their own homes for as long as possible when provided with appropriate support, this may not be available (Frances et al. 1989).

In Thailand, the numbers of abandoned elderly are increasing. Economic development and the growth of manufacturing and service jobs in the cities have led to large-scale migration from agricultural provinces and huge changes in the structure of rural communities. There are fewer people of working age, a breakup of extended families, and a disturbance of traditional patterns of inter-generational caring. The relative under-representation of people of working age, means that fewer careers are available when older people experience health problems. A growing number are left alone, while often being dependent on money sent from children in the city (Sanitwong Na Ayutthaya T., 1999; Chunharasmi S.2009). Rural communities have adopted urban values and ways of life, so that community support for such lone elders may be very limited. Most of the elderly living alone are female and aged more than 70 years (Bureau of Health Promotion, 2009). The proportion of older people living alone increased from 3.6% in 1994 to 6.3% in 2002 and 7.7% in 2007 (National Statistical Office, 2007). The Northern Region appeared to be the region that had highest percentage of the elderly living by themselves (Foundation of Thai Gerontology Research and Development,

2008). Furthermore, 31.7% of total elderly living alone were suffered from hypertension, 13.3% from diabetes, 7.0% from heart condition, 0.5% from cancer, 1.6% from cerebral infarction and 2.5% from paralysis/paresis. In respect of mental health among the elderly, this research found that 4.8% suffered from depression in the Northern Region (Khuha & Thammanwat, 2009).

The perception of abandoned elderly being problematic continues to drive policy and practice, since the research team is therefore interested in the study to explore the diagnosed chronic medical conditions significance of living alone and investigating the relevance between lone status and health behaviours and chronic condition, in older people. As a result, health care practitioners may be encouraged to use lone status as a trigger for further attention and assessment, the elderly living alone at home will have appropriate home health care services and will primarily have better health which will lead to the decrease of illness and medical expenses.

Research methodology

The population investigated in this study included population over the age of 60 meeting the study criteria and live in Thapo sub-district, Phisanulok province, in the lower northern region of Thailand, whichhas been identified as the Thai region with the highest proportion of older people living alone. The target group, comprising seventh hundred and sixty two persons were included in the study. The data were collected between June10 and September10, 2014. The criteria for selection were as follows: can communicate in Thai, normal perception of time, place and person, able to hear, understand, willing to join the study. The study was approved by the Research Ethics Committee of Naresuan University.

Data collection

Data were collected from structured, face-to-face interviews. The two authors were assisted by 10 community hospital officers, who received training on carrying out interviews and recording data. The interview schedule included questions on demographic information, including age, gender, level of education, and career, and abandon status. One item specifically asked the participants to indicate the degree to which they engaged in specified health problem. Respondents were asked about chronic conditions recorded in their medical records and originally diagnosed by a physician or community nurse.

Statistical analysis

Descriptive statistical analysis was utilised to calculate percentage, means and standard deviations (SD). The association between the independent and dependent (abandon) variable was examined using binary logistic regression analysis, and the odds ratio (OR), confidence interval (CI), and chi-square values were calculated.

Results and Discussion

The majority of participants were female (64.16%). The largest age group were 71-75 years of age (32.72%) followed by the 66-70 years group (19.22%). With respect to level of education, most completed primary education (93.24%), with the next largest group having had no formal education (4.41%). The majority of the older people had either had no formal occupation (70.14%) or worked in agriculture (14.80%) (Table 1).

Table.1 Demographic characteristic

Demographic data	Particopants N=572 percent
Gender	
Male	35.84
Female	64.16
Age (years)	
60-65	18.70
66-70	19.22
71-75	32.72
76-80	16.62
>80	12.72
Education Background	
No education	4.41
Primary school	93.24
Secondary-High school	1.29
Bachelor or higher	1.03
Employment	
No formal employment	70.14
General Employee	8.05
Vendors	7.01
Agriculture	14.80

Table.2 Health Problem by abandon status and unadjusted and adjusted odds ratios of Health problem among those abandoned and living with caregivers

Health Promoting/Unhealthy Behaviors	abandoned *n* (%) (total n = 187)	Living with caregiver *n* (%) (total n = 385)	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Asthma	35/187 (18.7)	63/385 (16.3)	1.17 (0.7 to 1.8)	0.96 (0.5 to 1.7)
Depression	28/187 (14.9)	27/385 (7.0)	22.23 (12 to 3.9)	3.42 (1.3 to 5.5)*
Osteoporosis	56/187 (29.9)	114/385 (29.6)	1.01 (0.6 to 1.4)	1.25 (0.8 to 1.9)
Low back pain	27/187 (14.4)	87/385 (22.0)	0.59 (0.3 to 0.9)*	0.70 (0.4 to 1.1)
Socially isolated	36/187 (23.6)	66/385 (20.6)	1.11 (0.7 to 1.7)	1.33 (0.8 to 2.1)
fall	30/187 (16.0)	19/385 (4.9)	3.68 (2.0 to 6.7)**	2.48 (1.2 to 4.9)*
Diabetes	74/187 (39.5)	117/385 (30.3)	1.50 1.0 to 2.1)*	1.44 (0.9 to 2.1)
Arthritis/rheumatism	93/187 (49.7)	166/385 (43.1)	1.30 (0.9 to 1.8)	1.16 (0.7 to 1.7)
Hypertension	53/187 (28.3)	171/385 (44.4)	0.49 (0.3 to 0.7)**	0.79 (0.5 to 1.2)
Oral health problem	75/187(40.1)	183/385 (47.53)	0.73 (0.5 to 1.0)	0.77 (0.5 to 1.1)

Adjusted for age, sex, education level, and career. *P<0.05. **P<0.005. OR = odds ratio.

Those abandoned were more likely falling, low back pain, diabetes, have depression and hypertension. After controlling for confounding variables, the study found that abandonment was significantly associated with falling and with higher levels of depression. Older people living alone were more than twice as likely to fall as those living with a caregiver and more than twice as likely to report significant depression. Regarding the relationship between chronic conditions and abandonment , living alone was found to be significantly associated with depression.The likelihood of depression which were diagnosed by medical doctors was 3.42 times higher in those abandoned (95% confidence interval [CI] = 1.3 to 5.5). (Table 2).

This research found a significant association between depressed moods and abandoned. The likelihood of depressed moods was 3.42 times higher in those abandoned than those who lived with a care-giver. Depressed moods has become a major cause of mental health problem for older people in Thailand (Haseen F and Prasartkul P. 2011). Several past studies have indicated that living alone and depression are significantly associated (Adams 2004; Thisted 2006 Hong Mei Tong et al,2011, Lena L. Lim and Ee-Heok Kua 2011). Recent demographic trends and work patterns may be contributing to a situation where older Thai people find themselves isolated after a lifetime in a culture that stresses the value of the extended family and family support. With the migration of people of working age to the cities, many Thai elders find themselves in communities with disproportionate numbers of older people and young children, and a shortage of fit adult carers. Supporting the result of Jongudomkarn and Camfield (2006) found that some fear being without economic support when times get tough. These is probably a reason for them to feel depressed, particularly when they live alone with chronic disease and the lack of a caregiver. Feelings of abandonment do appear to result in lower quality of life in terms of psychological factors, including overall enjoyment of life, having a meaningful life, and feelings of despair, anxiety and depression (Sudnongbua et al. 2011) .

The limitations of this study should be acknowledged: it only included older people who could communicate in Thai, had normal perceptions of time, place and person, were able to hear and understand, and were willing to join the study. Therefore, the results cannot be generalised to the total elderly population. The study excluded older people with chronic disease, those who are unable to hear, and those with abnormal perception but there were rare case. Moreover, face to face interviewing may be influenced responses by pressuring patients to answer in expected ways.

In conclusion, many factors were all manifest among abandon older people and lack of a care giver. Given the results of this study, we suggest that increased attention must be focused on promoting health in these two areas. Appropriate intervention strategies, based on older people's social contexts and lifestyles, need to be designed to address the risk behaviors identified, including drinking alcohol and depression.

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