

A Healthy Lifestyle for Preventing Chronic Diseases among Active Older Adults Aged Over 80 Years: A Case Study in Tron District, Uttaradit Province, Northern Thailand

Case Study

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Abstract

Some common chronic diseases are associated with ageing and lifestyle. Most people in Bangang Sub-district, Tron District migrated from northernmost Thailand and northern Laos. Their lifestyle and cultures were also brought with them. Some of their health cares were a part of their cultures such as healthy food and positive thinking toward belief in Buddhism. Hence, ageing people in Bangang Sub-district adopted their cultures with their self-care in order to enhance their health. The purpose of this study was to explore healthy lifestyle for preventing chronic diseases among the elders aged over 80 years, such as principles of lifestyle, food consumption behavior, exercise behavior, relaxation/leisure time, and stress management. A narrative approach was used and purposive sampling technique was employed for participant recruitment. The saturation was found at five informants, who were between 82 and 94 years old without chronic diseases, and had experiences of good self-care. In-depth interviews were undertaken to explore the perspectives of the participants. Content analysis revealed that three themes were emerged in this study. These included 1) ways of life such as sufficiency economy and living with consciousness due to guidance of the King Rama 9, 2) physical care, and 3) mental care. Self-care ability among the elderly occurred because of cooperation from the government sectors, family members, as well as the elderly themselves. However, if the elderly were empowered, their ability would be improved.

Keywords: Healthy Lifestyle; Active Ageing; Older Adults; Northern Thailand.

Introduction

Population ageing is poised to become one of the most significant social transformations of the twenty-first century, with implications for nearly all sectors of society, including labor and financial markets, the demand for goods and services, such as housing, transportation and social protection, as well as family structures and intergenerational ties. According to the data from World Population Prospects: the 2017 Revision, the number of older persons aged 60 years and over is expected to more than double by 2,050 and to more than triple by 2,100, rising from 962 million globally in 2,017 to 2.1 billion in 2,050 and 3.1 billion in 2,100. Globally, population aged 60 years and over is growing faster than all younger age groups [1].

The older population in Thailand has been rising continuously. The proportion will be expectedly increasing from 13.2% in 2,010

to 32.1% in 2,040 [2]. Ageing care in family has been changed resulting from the demographic changes [3]. According to World Health Organization (WHO), healthy ageing was defined as “the process of developing and maintaining the functional ability that enables well being in older age population [4]. It also stated that functional ability includes the capabilities that enhance all people to be and do what they have reasons to value. This includes the ability of ageing people to meet their basic needs such as to learn, grow and make decisions, to be mobile, to build and maintain relationships, and to contribute to society. Moreover, the environment such as home, community and broader society can be able to support and maintain ageing intrinsic capacity and functional ability which is the key to be healthy ageing. Therefore, lifestyle and culture may enhance well-being as well as being healthy ageing.

Some common chronic diseases, such as cardiovascular disease,

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Received: November 07, 2020

Accepted: November 23, 2020

Published: November 28, 2020

Citation: Archin Songthap, Civilaiz Wanaratwichit, Supatana Chomson, Wutthichai Jariya, Sitthisak Tikham. A Healthy Lifestyle for Preventing Chronic Diseases among Active Older Adults Aged Over 80 Years: a Case Study in Tron District, Uttaradit Province, Northern Thailand. *Int J Chronic Dis Ther.* 2020;6(3):107-110.
doi: <http://dx.doi.org/10.19070/2572-7613-2000022>

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hypertension, diabetes, arthritis, obesity and cancer, are associated with ageing and lifestyle [5]. These lifestyles involve food consumption, smoking, alcohol drinking, physical activity, and stress management. Since most people in Bangang Sub-district, Tron District migrated from northernmost Thailand and northern Laos, their lifestyle and cultures were also brought with them. Due to their lifestyle, some of their health cares were a part of their cultures and belief in Buddhism.

Our study aimed to explain healthy lifestyle for preventing chronic diseases among the elders aged over 80 years living in lower northern Thailand. The results of this study can be utilized by healthcare providers, care givers, and health volunteers to provide appropriate healthcare services for the older population in the future.

Objective

To explore healthy lifestyle for preventing chronic diseases among the elders aged over 80 years such as principles of lifestyle, food consumption behavior, exercise behavior, relaxation/leisure time, and stress management.

Materials and Methods

Informants

The informants used for this study were recruited using criterion qualitative sampling from all those over the age of 80 years in Bangang Sub-district, Tron District, Uttaradit Province; a rural area in lower northern Thailand. Informants were selected as potential participants related to criterion qualitative sampling in this study. Those participants were able to hear, understand, respond for reasons, free of chronic diseases, and willing to share experiences and perspectives. The data saturation was met at five informants.

Study tool and procedure

As the methods of the study, a narrative approach was conducted. It was employed with the informants using open-ended questions. Data were collected by face to face in-depth interviews. Tape recorder was used by a research assistant. Of the five informants, their experiences were explored in terms of healthy lifestyle, health behavior, activities on leisure time, and stress management.

Analysis

Data derived by in-depth interview and the information were audio-recorded and transcribed. Content analysis was used for data analysis in this study.

Ethical Considerations

This study was approved by the Ethics Committee of Naresuan University (IRB: 0607/2018). Additionally, the researchers explained study objectives, research methodology, benefit, and the expected risks that might arise to the participants and allowed them to be able to leave this study at any time. Moreover, the information collected from this study was kept confidentially and the results presented for the overall.

Results

Setting, culture, and lifestyle

Bangang Sub-district was in Tron District, Uttaradit Province-located in lower northern Thailand. Most people in Bangang sub-district were Buddhists. In addition, almost all of them were farmers. The lifestyle of ageing people in this area related to Buddhism, guidance of the King Rama 9, and their own cultures. After the data analyzed, three major themes were emerged, as follows;

Ways of life

The elderly people followed guidance of the King Rama 9, especially sufficiency economy in their daily life. "Sufficiency Economy" is a philosophy that stresses the middle path as an overriding principle for appropriate conduct by the people at all levels. An older adult aged 91 years stated that sufficiency economy helped him to accept life change from working age to retired age, as the participants stated:

Since I have followed the sufficiency economy guidance of the King Rama 9, I am satisfied with what I have and what I am. I can adjust myself with everything surrounded me. [P1, aged 91]

The term "Letting things go" was a concept of some ageing people who respected the Buddha's words. These words could induce the elderly not to worry about sufferings as illustrated in the quote below:

I let my bad life goes and I don't worry about it again. My life has to move forward. [P3, aged 94]

Positive thinking is one of ways of life among the elderly. When they faced with dissatisfactions, they thought in positive way. This thinking could decline their worries, as the participants mentioned:

I always think about unsatisfied situations I face in positive way. This strategy makes me happy. Also, I like helping people because I want them to be happy as I am. [P5, aged 86].

Physical care

In terms of physical care, there are two major items that emerged from the perspectives of ageing people; there were food consumption behavior and exercise behavior.

For food consumption behavior, most of the elderly took three meals per day. Each meal included five major nutrients such as proteins, carbohydrate, minerals, fat, and fiber. In addition, all of them consume proteins from fish rather than other sources of proteins. According to eating style of people in remote areas in lower northern Thailand, most people like eating rice and cook vegetables with spicy source. These kinds of food are traditional food in lower northern area of Thailand. As they lived in rural areas, they consumed fruits and vegetables which they grew in their farms. They did not use chemicals in their own farms because they realized that such chemicals might harm their health, as the participant said:

I eat three meals per day and each meal contains of five essentials for health. I have learned about this from healthcare providers and my children. [P3, aged 85]

I like eating fish rather than other meats because it is easy to digest and good for health. [P2, aged 84]

I have my own farm. I grew plenty of fruits and vegetables without using chemicals. Thus, I feel safe when I eat my clean fruits and vegetables. [P1, aged 91]

Regarding exercise behavior and leisure time in ageing people, most of them did not exercise seriously as working people did. However, they had light activities such as growing plants, watering plants, walking, bicycling, and stretching muscle by folk dances illustrated in the quote below:

I used to smoke when I was not retired from work. I have stopped smoking since I started doing exercise. I think exercise can keep me away from smoking. [P1, aged 91]

I do not exercise seriously, but I usually do daily activities instead of doing vigorous exercise due to my ageing health. [P4, aged 85]

I enjoy folk dance every evening. In our community, elderly people participate in folk dance as doing exercise. This dance is not only good for my physical health but also my mental health. [P5, aged 86]

As the participants stated, exercise or relaxation/leisure time among ageing people can be applied in the form of folk dance as well as light activities as mentioned above. Additionally, the folk dance can enhance their mental health as well as physical health.

Mental care

With regard to mental care, most ageing people tried to find out the way to cope problems. When they faced with problems, most of them realized Buddha's words by thinking "Let it be". Also, some of them went to the temple or other places to relax. Positive thinking was the way they coped with stress. These stress management were the mental care that the ageing people care for themselves, as the participant stated:

When I get stress, I always think that "Let it goes" [P1, aged 91]

I think positively when I face with problems and then I feel relaxed. Also, I always think about Buddha's words and let the problems go. [P3, aged 94]

When I have problems, I like to go to other places such as a temple or my neighbors' houses to relax. [P4, aged 85]

Briefly, there were three major themes compounded of 1) ways of life such as sufficiency economy due to guidance of the King Rama 9, and living with consciousness, 2) physical care, and 3) mental care. These healthy lifestyles were the key components that these active ageing lived in their daily life and these lifestyles help them to prevent chronic diseases.

Discussion

Lifestyle of Thai elders influences towards mental and physical health. Especially, the elderly who live in rural areas tend to have better mental health than those who live in urban areas [6]. Regarding rural areas in Thailand, most elderly people live nearby farms or orchards. Also, some of them still grow vegetables and fruits for consumption as well as selling. Such consumption among the elderly can maintain their health and keep them healthy. In addition, the elderly club can motivate the elderly in rural area to decrease their mental health and increase their quality of life [7]. Furthermore, the previous study also found that males and wealthy elders in rural areas were more likely to have more activity than females [8]. In this study, most male participants also had more activity than those female participants. Also, most ageing people in rural areas followed guidance of the King Rama 9 because they wanted to live without economic hardship. The economic hardship can be able to impact on health status among elders [9]. Similarly, Long, and Sudnongbua (2017) also found that low income could lead to reduce quality of life in elders [10].

In regard to physical care, activities in leisure time are essential for physical health because light activities in elders seem to be light exercise as stated in the findings. Consistent with previous study [11], it was found that physical activity increased quality of life among ageing people. Likely, social participation can improve quality of life in old age [12, 13]. The findings of this study illustrated that most active ageing participated in folk dance every evening. This means that the dance improves physical health the same as physical activity.

In terms of mental care, over 90% of Thai people are Buddhists. Therefore, the religion involves Thai lifestyle. Buddha's words impact on feeling of the elderly as previous studies found. Similarly, Sudnongbua, LaGrow, and Boddy (2010) found that ageing people did not feel abandoned because they accepted what happened and let things went [14]. This thought was from Buddha's words. Thus, realization of Buddha's words is the way of mental care. Furthermore, outdoor activities such as going to the temple, visiting relatives, joining elderly club, or participating folk dance with friends may reduce depression or stress. Consistent with previous studies [15], outdoor activities could improve psychological health among rural elders. In addition, positive thinking is the way that can decrease stress or anger among the elderly. However, family support is also important for elders' needs. If they meet their needs, conflict, stress, or anger may not happen. In line with the study of Sudnongbua, Kroadee, and Khunphet (2018), they found that family support could improve quality of life among elders [16].

Recommendation

The three main themes emerged from active ageing in this study should be a guideline for people who are becoming senior people. In order to enhance people to live longer without health conditions. The government sectors should encourage young generation to prepare themselves before getting old. Physical health and mental health should be concerned together. Therefore, the program of elderly care should be launched together with physical health as well as mental health. The key persons, who are important for the elderly, are their children. Furthermore, those children

should involve in activity of their elderly parents. Thus, active ageing should maintain their physical and mental health until their peaceful death.

Conclusion

Healthy lifestyle among the active ageing in Bangang Sub-district, Tron District, Uttaradit Province, can help them to prevent chronic diseases because they practice regularly in their daily life. Their healthy lifestyles were influenced by guidance of the Rama King 9 and Buddha's words as well as the cooperation from the government sectors, family members, and their own cultures. As a result, ageing people in Bangang Sub-district adopted their cultures with their self-care in order to enhance their health for preventing chronic diseases.

Acknowledgement

We would like to thank the elderly in Bangang Sub-district, Tron District, Uttaradit Province for sharing their view points and experiences. We also have to thank the community leaders and health care providers, who were gate keepers, provided us useful information in the research area and led us to access to the areas conveniently.

References

- [1]. United Nation. World Population Ageing Report. 2015.
- [2]. Foundation of Thai Gerontology Research and Development Institute (TGRI). Situation of the Thai elderly. 2014. 1st ed. Bangkok, Thailand: Amarin Printing & Publishing Public Company Limited. 2016.
- [3]. United Nations Population Fund (UNFPA). Ageing. New York: United Nations. 2016.
- [4]. World Health Organization. What is Healthy Ageing?. 2018 October 20.
- [5]. Prasad S, Sung B, Aggarwal BB. Age-associated chronic diseases require age-old medicine: role of chronic inflammation. *Prev Med.* 2012 May;54 (Suppl):S29-37. Pubmed PMID: 22178471.
- [6]. Apidechkul T. Comparison of quality of life and mental health among elderly people in rural and suburban areas, Thailand. *Southeast Asian J Trop Med Public Health.* 2011 Sep;42(5):1282-92. Pubmed PMID: 22299455.
- [7]. Kosulwit L. Mental health status, including depression and quality of life among members of an elderly club in suburban Bangkok. *J Med Assoc Thai.* 2012 Jan;95 Suppl 1:S92-101. Pubmed PMID: 23964450.
- [8]. Ethisan P, Somrongthong R, Ahmed J, Kumar R, Chapman RS. Factors Related to Physical Activity Among the Elderly Population in Rural Thailand. *J Prim Care Community Health.* 2017 Apr;8(2):71-76. Pubmed PMID: 27799413.
- [9]. Kim J, Frank-Miller E. Poverty, health insurance status, and health service utilization among the elderly. *J. Poverty.* 2015 Oct 2;19(4):424-44.
- [10]. Long S, Sudnongbua S. Quality of life among elderly people in Kampong Cham Province, Cambodia. *Southeast Asian J Trop Med Public Health.* 2017 Jul 1;48(4):884-91.
- [11]. Vagetti GC, Barbosa Filho VC, Moreira NB, Oliveira Vd, Mazzardo O, Campos Wd. Association between physical activity and quality of life in the elderly: a systematic review, 2000-2012. *Braz J Psychiatry.* 2014 Jan-Mar;36(1):76-88. Pubmed PMID: 24554274.
- [12]. Sudnongbua S. Feelings of abandonment among elderly people in rural northeast Thailand. 2018 october 20.
- [13]. LaGrow S, Sudnongbua S, Boddy J. The impact of self-reported visual disability on quality of life among older persons in a rural area of Northeast Thailand. *J Vis Impair Blind.* 2011; 105(6): 361-69.
- [14]. Sudnongbua S, LaGrow S, Boddy J. Feelings of abandonment and quality of life among older persons in rural northeast Thailand. *J Cross Cult Gerontol.* 2010 Sep;25(3):257-69. Pubmed PMID: 20820896.
- [15]. Liang Y, Lu P. Medical insurance policy organized by Chinese government and the health inequity of the elderly: longitudinal comparison based on effect of New Cooperative Medical Scheme on health of rural elderly in 22 provinces and cities. *Int J Equity Health.* 2014 May 13;13:37. Pubmed PMID: 24884944.
- [16]. Sudnongbua S, Kroadee A, and Khunphet H. Factors relating Quality of Life (QOL) among elderly people in the border region between Thailand and Myanmar: A case study of Letongku village, Maechan Sub-District, Umphang District, Tak province. *Research and Development Health System Journal.* 2018;11(2): 461-68.