ADJUSTMENT OF THE POOR OLDER PERSONS IN PHETCHABUN PROVINCE

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Mr. Chesada Panpeng

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การปรับตัวของผู้สูงอายุยากจนในจังหวัดเพชรบูรณ์ (ADJUSTMENT OF THE POOR OLDER PERSONS IN PHETCHABUN PROVINCE)

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บทคัดย่อ

การศึกษาวิจัยครั้งนี้เป็นการวิจัยเชิงสำรวจ เพื่อศึกษาการปรับตัวด้านเศรษฐกิจ ด้านสุขภาพกาย ด้านจิตใจ และด้านสังคมของผู้สูงอายุยากจนในจังหวัดเพชรบูรณ์ และเพื่อศึกษาปัจจัยที่มีอิทธิพลต่อการปรับตัวของผู้สูงอายุยากจนในจังหวัดเพชรบูรณ์ กลุ่มตัวอย่างเป็นผู้สูงอายุที่มีอายุ 60 ปีขึ้นไป ทั้งชายและหญิง ที่มีรายได้น้อยกว่าหรือเท่ากับ 780 บาทต่อคนต่อเดือน ประเมินตนเองว่ามีรายได้ไม่เพียงพอกับรายจ่าย และไม่ได้อยู่คนเดียว จำนวน 185 คน เก็บข้อมูลโดยสัมภาษณ์และสัมภาษณ์เจาะลึกผู้สูงอายุยากจน ระหว่างเดือนกันยายน-พฤศจิกายน 2546 วิเคราะห์ข้อมูลโดยใช้ร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน และการวิเคราะห์ถดถอยพหุคูณแบบขั้นตอน

ผลการศึกษาวิจัยพบว่า ผู้สูงอายุยากจนส่วนใหญ่มีการปรับตัวโดยรวมได้ในระดับดี ร้อยละ 56.76 และเมื่อพิจารณาการปรับตัวของผู้สูงอายุยากจนรายด้าน พบว่า ส่วนใหญ่มีการปรับตัวด้านเศรษฐกิจในระดับดี ร้อยละ 53.51 ปรับตัวด้านสุขภาพกายในระดับไม่ดี ร้อยละ 56.22 ปรับตัวด้านจิตใจในระดับไม่ดี ร้อยละ 51.35 และปรับตัวด้านสังคมในระดับดี ร้อยละ 54.59 เมื่อวิเคราะห์ตัวแปรที่สามารถทำนายการปรับตัวของผู้สูงอายุยากจน พบว่า ความรู้สึกมีคุณค่าในตนเอง โลกทัศน์ต่อชีวิต และสัมพันธภาพในครอบครัว สามารถร่วมกันทำนายการปรับตัวของผู้สูงอายุยากจนได้ร้อยละ 31.1

จากการวิจัยครั้งนี้มีข้อเสนอแนะว่า หน่วยงานที่ทำงานด้านผู้สูงอายุ ควรจัดกิจกรรมเพื่อส่งเสริมสุขภาพที่หลากหลายและเข้าถึงผู้สูงอายุยากจน จัดสรรเบี้ยยังชีพให้ครอบคลุมผู้สูงอายุยากจน จัดกิจกรรมยกย่องเทิดทูนผู้สูงอายุ ครอบครัวควรให้ความรัก เอาใจใส่ดูแลผู้สูงอายุ ผู้สูงอายุควรมองโลกในแง่ดี มีความเชื่อมั่นตนเอง และวางตนให้เหมาะสมกับวัย

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M.A. (POPULATION EDUCATION)

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ABSTRACT

This study was survey research to investigate adjustment of poor older persons in Phetchabun Province regarding finance, physical health, psychological and social factors and studied factors affecting adjustment of poor older persons in Phetchabun Province. Samples of 185 poor older persons both male and female were over 60 years of age, not living alone, had an income equal to or lower than 780 bath/month which according to self-assessment was insufficient funds. The tool for data collection was an interview form and an in-depth interview form. The procedure was conducted from September–November 2003. Statistical analysis was completed using percentage, mean, standard deviation, and Stepwise Multiple Regression Analysis.

The results showed that most poor older persons had an overall level of adjustment that was positive at 56.76% and that most of them had adjusted economically at 53.51%, physical health was negative at 56.22%, showed negative psychological states of mind at 51.35% and social adjustment was positive at 54.59%. When analyzed on variables predicting adjustment of poor older persons, it was found that self-esteem, vision of life and family relationship affected adjustment of poor older persons at 31.1%

This study indicated that unit section where was implementing on poor older persons should establish projects and services for poor older persons to promote their well-being. There should be pension funds, they should be encouraged to be active and people should be encouraged to care for them.

KEY WORDS : ADJUSTMENT / POOR OLDER PERSONS

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CHAPTER 1

INTRODUCTION

1.1 Background and significance of the problem

At the present older persons population structure is obviously higher that affect world population. Many countries were apparently interested to older persons group that the speech of Miss. Thoraya Obaid, Vice President of United Nations Population Fund. She addressed to the 2nd world ageing assembly in Madrid City, Spain during April, 8-12, 2002. She stated that older persons had become important issue of the world that rapidly grew up. The older persons who lived in developed and developing country had quality of life which was different and in the next 20-30 years, there would have readiness of health service, retirement, pension fund and other issues that affected older persons population. For while people would have more longevity than olden day, many face a future without a social safety net. In many places, the force of modernizatiozation are fracturing the sense of community and family care that the older persons have traditional counted on. (United Nations Population Fund, 2002 [online] Available: http://www.unfpa.org/about/ed/2002/ageing_joint.htm)

Socio-demographic change that affected age structure such as high birth rate was become low that affected older persons proportion rapidly increased. By 1950, there was older persons about 8% of worldwide populations and in 2000 it raised to10% and expected that in 2050, there would have worldwide populations were 21%. There was older persons 600 millions at the present and it was raised almost 2,000 millions in 2050 (United Nations, 2002: XXVIII-XXIX) or 1 in 10 of world wide population. These were current population of 60 years up and would rise to 1 of 5 in 2050 and 1 of 3 in 2150 (United Nations, 2003 [online] Available: http://www.un.org/esa/socdev/ageing/agewpop.htm). While WHO expected that in 2020, there

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would have older person populations around the world approximately 1,000 millions that in these groups were in developing country more than 700 millions (World Health Organization, 1999: 4)

Currently, over 400 millions of older persons in developing country were under poverty lines that lower than standard of quality of life. Poverty was one causation threat to quality of life among older persons; they will be losing reimbursement, health insurance or accessing social welfare. Whereas, their descendants immigrated to city for working, and sent money back. Older persons had to encounter problem of cost of living and others. They could not access to government service thus, they would be dependency of their family. Their family had more expenditure but they had still insufficient income. These problems would affect economic system of country. Thus various countries would be interested in establishing national policy to solve poor older person's problem. These poor older persons would be responded regarding sufficient appetite, healthy, facility and taking care form their family. (United Nations Population Fund, 2002 [online] Available: http://www.unfpa.org/about/ed/2002/ageing_joint.htm; United Nations, 2002 [online] Available: http://www.un.org/ageing/prkit/ageingndevelop ment.htm)

Thailand is prosperous in social economy, technology, medical and public health, which affected demographic structure in Thailand, low fertility and low mortality. The child population and labor force were higher under the rate of increasing was lower and older persons population rate also raised (North development center, National Economic and Social Development Bureau, 2001: 1) from data mentioned affect older persons' proportion more continually increase and from the report of census in 1980 was found that 5.5% of total population was older persons, and later in 2000 older persons increased about 9.5% of total population. (Nation Statistical Office, 2002: 1) and expect that in 2010 and 2020 this group will more increase to 11.0% and 16.2% of total population respectively. (Health Promoting Office, Health Division, 2001: 10)

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As for increasing of older persons in Thailand effected economic system, society and culture in macro level (National Older Persons Committee,1982: 1; Nisa Chuto, 1982: 4-1; Samrit Srithamrongsawat, et al., 2000: 48; Siriwan Siriboon, 1993: 4) as follows:-

1. Elderly dependency ratio was higher and labor force group was 15-19 years of age had to take care this older persons..

2. Elderly dependency ratio among older persons was higher, therefore, the government should have to develop economy and welfare throughout planed to create a measurement standard to supported a mentioned problem. These would affect economic system under saving and investment of the country.

3. Most of developing economy and society in the country headed forward to industrial development in urban. Labor force or middle age had to abandon paddy, and moved to the city and with this cause, the older persons would be alone. It was model of social change, in the past the family was an extended family but now the situation was changed. The older persons were more abandoned and had not caretaker.

4. Having low income and living alone affected older persons had to seek a job. The older persons who were unemployed will be dependency of descendants.

5. Most of older persons were illiterate, insufficient knowledge to seek information as be benefit in living for this age range.

6. Society would have value to older persons that they should be in the house and cared descendants, listened to Buddhist commandment that the society did not concentrate in their experience that was cumulated all their life.

7. Expense of treatment of older persons both in and out patients had high trend. There would increase from 2,174 million baht in 1995 to 3,975 million baht in 1999.

As for the older persons, when they were older, their life style would be changed such as physical health, mental, social and their finance. There was many things of older persons were changed such as worsened organ, losing effective of working. Those of older persons were changing thus, they would have disease appear. Whereas, mental health, it was found that they would meet losing many things and

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inability to adjustment. Society, it was found that they had to retire, had not income and financial system in family was also change, it was found that ability was dropped, they had to depend on their descendants or collected money for living if they had much money they did not depend on others but they would depend on their descendants. (Suraphong Amphanwong, 1992 cited by Division of Academic and Plan, Department of Public welfare, 1995: 22-23)

From demographic structure change of older person populations and occurred impact mentioned would affect Thai government interested in this problem and to promoted the older persons was able to more live in their family and society with happiness, the descendants paid respect under Thai culture. By 1982, the government had a resolution to promoted national older person committee on 9 Febuary 1982 and set a long plan for national older person in 1982-2001. This was a point of start of policy determination and important target that the government should promote to these older persons. All this to the older person was under security of economy, health, education, occupation and working, society and culture (National Older Persons Committee, 1982: 4-15) Especially, service on health and social welfare to the older persons were the need of older person namely, service on health; there should have free available service to them whereas, social welfare; there should have old age dwelling and social service center to the older person including paid money for cost living to them and established older person party (Malinee Wongsit & Siriwan Siriboon, 1998: 5). As for poor older person, the government supported money for cost living about 300 baht/month, free available service on treatment including decreased the fare of all vehicles and other public services for them in urban and local. The government yet promoted social family also (Wiphaphan Khokietkhachorn & Buchita Sungkaew, 1998: 32) however, there was two features of those services were health service and money for cost living that was performed in model of image. As for the fare, it was conducted in only public transportation of State Enterprise such as railway transportation of Thailand that there would decrease price of the passenger among older person during June to September about 4 months. Whereas, the Bangkok Mass Transportation Authority (BMTA) began a project of the

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bus for older persons but it was not completed (National Older Person Organizing and Promoting Committee, 2002: 25-26)

In 1997, Thailand encountered to economic crisis that affected human and society. It was impact to quality of life among Thai people such as income per household was low, more unemployed especially, the poor who had more severity (Awirut Worrakun, Teeparat Watcharangkul & Weena Tachaphanakorn, 2002: 39; National Economic and Social Development Bureau, 2001a: 1; Nittaya Kamonwatthananisa, 2001: 3-11; Worawit Charoenlert & Bandit Thanachaisetthawut 2001 cited by Khanoksak Kaewtep & Nuannoi Trirat, Editor, 2001: 227-228;) found that economic crisis affected people that there was more poor about 22.3% or 1.5 millions and proportion of the poor in each age group was decreased respectively to age range 60-69 years and it was more raised in age group of over 70 years. In 1998, there was poor older persons numbering 0.4 millions (Charoenchit Phothong, 1999; 31; National Economic and Social Development Bureau, 1999: 4, 9) there was expectation of National Economic and Social Development Bureau found that in 1999, there would have the older persons having problem, had not income about 10.1% of older persons throughout country or about 550,000 persons (Division of Public Welfare, 1999: 1) it can be seen that trend of poor older persons more increased which in accordance to expectation of Matthana Phananiramai and Nongnut Sunthornchawakan (2001: 5-6) as found that in 1992, there was poor older persons about 0.681 millions and raised to 0.8 millions in 1997 and 1.07 millions in 2007. These older persons would have been the poor more than other groups with this situation it was to be noted that these persons would have variety of problem such as problem of treatment and general welfare thus, the government should be responsibility to them (Sukanya Nithangkorn & Nongnut Sunthornchawakan, 1999: 84)

The problem of poor older persons as occurred was having low income that affected them were unable to support their descendants have high education. Their descendants would be only a labor in industry. The poor older persons had to take care nephew or children and work in the house everyday. Poor older persons' resource

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of income from their descendants but it was insufficiency to spend in each day and was not reserve for treatment. When they were sick would have not enough money to pay for the treatment although they would have free treatment. Because of they had to have an expenditure of fare between their houses to hospital if it was so far from hospital. They still concerned in their nephew at home that nobody would take care them (Suree Bunyanuphong, 1991: 37) when economic crisis was occurred all people had to save everything thus older persons were necessary to depend on their descendants and especially, hospitalization they had to request them to help about health problem. Sometime the descendants would be boring (Population Collage, Chulalongkorn University, 2000: 2) Thus, in this situation the descendants would have not the time to take care that affect the older persons would have health problem, malnutrition, their physical was worsened (Nonglak Thepsawat, 1998: 149) it was can be seen that the problem of older persons was one causation related to physical health problem, mental health, society that affected the older persons had to adjust their self. (Atchley, 2000: 158) and poor older persons would experience to adjustment problem more than who were rich (Suphattra Suphap, 1978: 85) because of the poor older persons had to encounter with living problem in present and future that were expected that poor older persons would have adjustment better than rich older persons and they were able to concern to the future was higher than (Suree Bunyanuphong, 1967: abstract) it was consistent with the study of Amphairat Klinkachorn (1990: 69) Thasanee Kregkunthorn (1993: 86) Premrudee Sriram (1996: 58) and Sutthinan Namphet (1999: 149) as found that older persons having low income or assessed their self that insufficient income to living would affected adjustment also that meant that the older persons who met finanial problem or poor would also have negative adjustment.

Many researchs that focused on older persons' adjustment in the past; found that most of participants were the retirement group of civil servant or older persons being member in older persons group/assembly, several organizations. But from studying on older persons' adjustment in the past was found there was less volume that older persons would adjust to self-help and decreased being dependency to descendants. They attempted to work and helped every thing in family thus,

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descendants should be sympathized to them who tried to make their self were not dependency. (Supatra Suphap, 1978: 85) although they would depend on their descendants but they were yet poor thus the older persons had to help family to earn money despite, the older persons would be weak but they still attempted such hiring mow lawn and others (Weerasit Sitthitri & Yothin Sawangdee, 1990: 38) Thus, as data mentioned the author was interested in studying on poor older persons' adjustment. The topic of this study was investigated on finance, physical health, psychological and society including factors influencing poor older persons' adjustment.

Adjustment was behavioral modification process under proper environment change (Martin & Osborne, 1989: 2) including it was yet of basic needs of security of life such as security of physical, mental and socity (Roy, 1991 cite by Premrudee Sriram, 1967: 12-13) when person stepped to old age, they would meet general change in their life such as worsened physical health, retirement, insufficient income after stop working and losing a lover, participating in group of same age, adjustment in living with new society and satisfaction in current living. These affected older persons' adjustment (Havinghurst, 1972 cited by Turner & Helmes, 1991: 527) older persons who accepted to real condition and able to adjust their self will decrease mental problem but if they were unsatisfied to current condition that was they will walk to hopeless and lost self-esteem and when they encountered to various problem such as health problem or illness, maladjustment would toke them to insecurity (Kreangsak Charoenwongsak, 2000: 34-35) and especially, poor older persons' adjustment was negative will affect them as regard to economic, physical health, mental and society (Banloo Siriphanitch 1992: 8-10; Berger, 1983: 578-579; Khotchakhorn Sungkhachat, 1995: 28-66; Mallika Mattiko, et al., 1999: 99-100; Obrom Sinphiban, 1977: 149-152;) as follows

1.Currency was important factors to living, poor older persons who experienced to inadequate problem of income will be under low quality of life, and they were unable to meet 4 factors of living. They would have to work out side to earn money for family due to family income was working of poor older persons. This was a huge problem that should be solved.

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2.Health condition was poor who had financial problem thus they would experience to problem of nutrition because life style was changed such as decreased meal, insufficient income, had not enough money to treatment these affected health condition among the poor older persons. In addition, they would meet a problem of mental condition due to they would be anxiety to everything.

3. Poor older persons had anxiety and stress that derived from physical health was worsened, had not income for living and decreased the role of society including they lost spouse or a lover. These were a cause of hopeless among poor older persons.

4. Relationship in family was not closed due to economic pressure that affected necessary to working of the descendants; they had to move their family to work in others province. The poor older persons was abandoned lonely in the house or lived with their nephews, they were decreased the role of society such as retirement or working on economy thus, they were lost self-esteem.

Thus, changing in poor older persons life as regard to economy, physical health, mental, and society above mentioned affected poor older persons have to adjustment (Atwater, 1979: 4)

The older person populations in Thailand, however, yet did not have clearly definition due to the criterion of the poor in Thailand had variety of definitions and indicators. The popular indicator was mission of economic such as income, by assessing with income as lower than a standard criterion or perceiving sufficient income or asset owner. At present, there was yet not any data that specified person or group of the poor covering all dimensions such as dimension of economy, social, political, culture. According to most of considerations were concerned in income because of it was counted. However, only income was unable to formulate that it was sufficiency, or not? All this, it depended on responsibility to expenditure, habit of expense, expectation or satisfaction in each person thus, an adequacy of each person would not compare. It was difficult to specify to the poor (Matthana Phananiramai & Nongnut Sunthornchawakharn, 2001 cited by Sutthichai Chitthaphankun, et al., 2001: 4-5). Thus, only income was unable to specify that that was the poor and from reviewing the last document did not find that there would have the indicator of poor older persons having variety of dimensions. The author would review the study of

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Kritsada Boonchai (1998 cited by Narong Phetprasert, 1998: 120-125); Charoenjit Phothong, et al., (1999: 12); Narong Phetprasert (2002: 13-14); Prayong Nattayarak (2001 cited by Thailand Development and Research Institute, 2001: 35-37); Matthana Phananiramai & Nongnut Sunthornchawakharn (2001 cited by Sutthichai Chittaphankun, et al., 2001: 4-5); Research Institution for Community Organization Development and leader (2001 cited by Thailand Development and Research Institue, 2001: 1-9) and Somchai Chitthasuchon (2001 cited by Thailand Development and Research Institue, 2001: 1-21) to studied index and indicator of the poor in multi-dimensions and able to explain a coverage of all dimensions. Those of dimension were built to be indicator of poor older persons and then submitted to the thesis advisor verified content and validity and consistency of social context among poor older persons. After that it was applied to indicator of poor older persons who participated in this study which given a meaning of poor older persons that an aging both male and female were over 60 years of age, not living alone, had an income equal to or lower than 780 bath/month which according to self-assessment was insufficient funds.

From statistic was found that north had a proportion of older persons was the highest at 10.8% (National Statistic Office, 2001: 7) and there was elderly dependency ratio was the highest at 14.7% (National Statistic Office, 1998: 9). Phetchabun Province was one province in the lower north region that had demographic structure was changed to ageing population. Phetchabun Province had trend of higher older persons proportion in 1996-1999 was 8.2%, 8.5%, 8.7% and 8.9% respectively. (Ministry of Public Health, 1999: 8) this meant that the elderly dependency ratio was also raised every year. During economic crisis affected proportion of the poor in Phetchabun Province more raised from 9.34% to 15.9% in 1996 and 1998. (Charoenjit Phothong, et al., 1999: 18, 20) this was expected that the trend of more raised older persons would affect increasing of poor older persons also. The poor older persons would meet the terrible in their life. Hence, it was to be interesting that how did they will adjust their self? This study was to investigate on poor older persons' adjustment in Phetchabun Province regarding on finance, physical

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health, psychological and society including studied on what was factor influencing poor older persons' adjustment in Phetchabun Province?

From reviewing document and related research was found that there were many variables that influenced poor older persons' adjustment such as health status. It was found that older persons who assessed their self that had healthy had positive adjustment more than older persons who assessed their self was negative (Kanhokwan Sillapagamphiset, 1984: 69) and being member of older persons' group/assembly was found that they were able to perform to that activity and satisfied to life style and had positive image about one self (Nattaporn Wongsuthiphakorn, et al., 1994: 23-24) including they had positive adjustment more than others who had not any performance (Duangrudee Lasukha, 1984: abstract; Katts, Metress & Metress, 1988 cited by Phanyaphat Phattharakantakhun, 2001: 14) vision of life was found that they had positive vision of life and understanding including accepted to new experience and able to adjust their self. (Banloo Siriphanich, 1995: 6; Sasiphat Yodphet, et al., 1997: 25; 1998a: 18; 1998b: 19), self-esteem was found that the term of its self-esteem had closely association with adjustment, confidence, insecurity to criticize, expectancy on success (Coopersmith, 1967; Kitts, 1972; Rosenberg, 1965 cited by Gurney, 1988: 31), relationship in family was found that they had positive relationship with member in family and had positive adjustment more than others older persons who had relationship was low. (Amphairat Klinkhachorn, 1990: 64; Benjama Laohapunlungsri, 1991: 79), social support was found that they received social support was good that would make them have also good behavior on health care (Laksamee Buntham, 1997: 108; Montha Charoenkuson, 1991: 41; Sirima Leelawong, 1998; 94) As variables above mentioned were applied on general older persons and were found that it influenced older persons adjustment that it can be seen that although they would be poor but if they assessed their health status that was good and participated in older persons' group/assembly evertime , had positive vision of life, had self-esteem, good relationship in family and received good social support. These would affect positive adjustment among poor older persons also. The author would select these variables to apply in this study.

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Thus, this study would apply concept and related research such as concept on older persons' adjustment (Agarwal, 1980; Anchalee Chumphadajameegorn, 1994; Noppharat Wattanasing, 1993), participated in older persons' group/club (Duangrudee Rasukha, 1984, Havinghurst, 1953), concept on vision of life (Banloo Siriphanich, 1993; Sasiphat Yodpet, et al., 1997: 1998a; 1998b), concept on self-esteem (Coopersmith, 1967; Kitts, 1972; Rosenberg, 1965 cited by Gurney, 1988), concept on relationship in family (Amphirat Klinkhachorn, 1990; Benchama Laohaphunrungsri, 1991) concept on social support (Schaefer, et al., 1981 cited by Thasani Kregkhunthorn, 1993) these were a conceptual framework of the study of poor older persons' adjustment by investigating problem among poor older persons such as low income and insufficiency for living, having unhealthy, had anxiety and stress including negative relationship in family. These were cause of poor older persons would have to adjust their self that they were able to have self-care and did not dependency to descendants. The study was to investigate on 4 dimesions of adjustments as follows; adjustment on economy, physical health, psychological and society. These were questioned that how did they have adjustment? Including studied on factors influencing poor older persons' adjustment that consisted of health status, participated in older persons' group/assembly, vision of life, self-esteem, relationship in family and social support. As the results above mentioned would be benefit to preliminary data of Thai older persons' adjustment and unit section, institution and organization where were implementing as related to older persons. Many organizations were able to applied and developed policy including several measurement such as factor on economy, health, social and education to implementation. This was consistent with situation of raising of older persons who was worthy population in the past and future that it was creating holistic knowledge for Thai social.

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1.2 Research objectives

1.2.1 To studied adjustment regarding finance, physical health, mental and social among poor older persons in Phetchabun province.

1.2.2 To studied factors affecting adjustment among poor older persons in Phetchabun province.

1.3 Research problems

1.3.1 How did poor older persons in Phetchabun province adjust on finance, physical health, mental and social changes?

1.3.2 What did the factors affect adjustment among poor older persons?

1.4 Research hypotheses

Health status, participating in older persons' group/assembly, vision of life, self-esteem, relationship in family and social support had positive influence on poor older persons in Phetchabun province.

1.5 Scope of research

1.5.1 This study was able to define the limitation of infinite population that derives from the poor older persons in this study were determined by the author. They were under criterion of this study including they were not participated in any studies. The author reviewed an index and indicator of poverty in multi-dimension and applied indicator on selecting poor older persons in this study. The criterions were proved by the thesis adviser regarding completion, validity and content through consistency with poor older persons' social context. Finally, meaning of poor older persons that an aging both male and female were over 60 years of age, not living alone, had an income equal to or lower than 780 bath/month which according to self-assessment was insufficient funds and lived in Phetchabun province.

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The author would investigate poor older persons by name list survey from Basic Minimum Need (BMN) data in each village. Then the author would participate in community leader conference to investigate poor older persons. Before interviewing, the author would have question to them for prove that whether they had characteristic of being poor older persons under formulated criterion or not.

1.5.2 This study was to investigate on adjustment regarding finance, physical health, mental and social among poor older persons who had problem of poverty, poor health, anxiety, schizophrenia and stress including relationship in family did not close. This was causation of adjustment of poor older persons to live by one -self without being dependency to their descendants.

1.6 Research conceptual framework

For finding, the author reviewed meaning and indicator of poor older persons, problem and need concept of poor older persons' adjustment and relevant research. This study was applied Agarwal's poor older persons' concept. (Agarwal, 1980) Anchalee Chumphadajameekorn (1994), Noppharat Wattanasing (1993) to be dependent variable. As for independent variable comprised of health status (Kanokwan Sillapakamphiset, 1984; Khuanrak Suksomhathai, 1997) participated in older persons' group/assembly (Havinghurst, 1953; Duangrudee Rasukha, 1984), vision of life concept (Banloo Siriphanich, 1993; Sasiphat Yodpet, et al., 1997; 1998a; 1998b), Self-esteem concept (Coopersmith, 1967; Kitts, 1972; Rosenberg, 1965 cited by Gurney, 1988), relationship in family concept (Amphairat Klinkhachorn, 1990; Benjama Laohaphunrangsri, 1991) and social support concept (Schaefer, et al., 1981 cited by Thatsanee Kregkunthorn, 1993). These concepts were focused on reasonable relationship within independent variables that influenced dependent variable. As shown in Figure 1.

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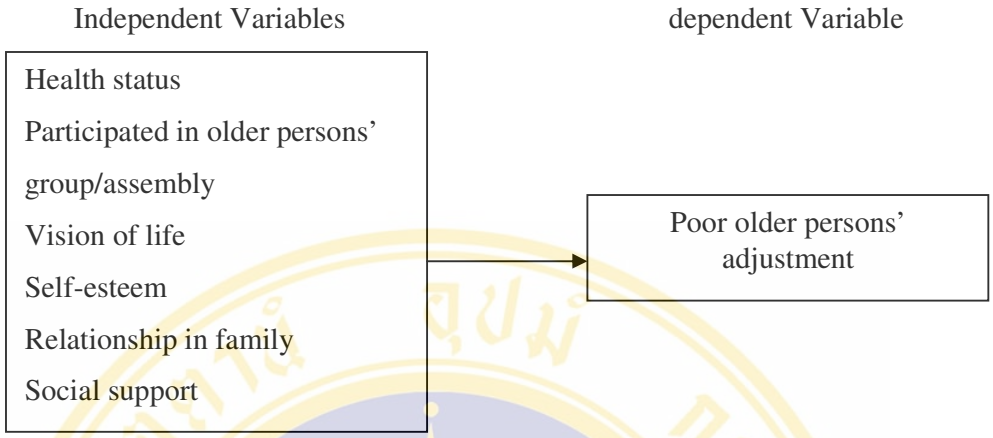

Figure 1 Conceptual framework of the study of adjustment of poor older persons in Phetchabun province.

1.7 Definition of terms

Poor older persons' adjustment referred to acting level of poor older persons responded to problem and need driving of poor older persons were able to adjust their self as regard to balance of expenses and enough income to living, sustainable of healthy, strong and decreased depending their descendants including being a part of society and accepted by society. Relieving their sadness, anxiety, and stress and made their self to satisfy to living. These were investigated that they had level of practice such as often, less or never. In this study was investigated on 4 parts as follows financial adjustment, physical health adjustment, psychological adjustment and social adjustment as shown particularly as follows

1. Financial adjustment referred to acting level of poor older persons to balanced their income and expenditure and had income as enough to living. These were consisted of seeking a new job, pastime job, considering a necessary of expense, reducing other expenses, collected money and loan money. These were investigated that they had level of practice such as often, less or never.

2. Physical health adjustment referred to acting level of poor older persons practiced until they were able to help themselves. They had healthy and independent their descendants, these comprised of having good meal, exercised, rest, prevented

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accidence, doing daily activities by self, no drinking beverage, no smoking, practice on physical (doctor, nurse, public health staff) these were investigated that they had level of practice such as often, less or never.

3. Psychological adjustment referred to acting levels of poor older persons to relieved their sadness, anxiety, stress and increased satisfaction in their mind for living in each day. These were comprised of accepting situation as appeared, did not intended to solve problem as appeared, talking to other persons to relieved their stress and accepted to real situation, avoided a problem, met and chatted to peer for relieve anxiety including memorizing the past of success or doing hobby when had free time, understanding in one self or others, stood on situation as dislike, and able to live together with others as happiness these would be investigated that how did they have level of practice such as often, less or never.

4. Social adjustment referred to acting level of poor older persons to adapt their self be one part of society and accepted by society. These were consisted of using free time being a benefit, participating community activities, participating ritual ceremony, chatting to their peers, given recommendation to their descendants, these were investigated that how did they have level of practice such as often, less or never.

Poor older persons were an aging both male and female were over 60 years of age, not living alone, had an income equal to or lower than 780 bath/month which according to self-assessment was insufficient funds and lived in Phetchabun province.

Health status referred to health assessment among poor older persons in one year before participate in this study and compared to their health that emphasize on healthy, sometime ill or weakness.

Participating in older persons' group/assembly was participating in older persons' group/assembly in village, sub-district, district or province throughout general organizations that establish activities for older persons such as: conference, seminar, entertainment or study tour around 1 year passed at least 1 time/month. The definition of being member of older persons' assembly was classified on regularly, sometime or never.

Vision of life was level of idea to a concept, belief or attitude toward older persons regarding physical, mental, social, finance and culture among poor older persons which consisted of (1) understanding and adoption to physical change such

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organ deterioration, self-care (2) understanding and adoption to mental such lost a lover or closely person, doing activity was low (3) understanding and adoption to social change such continually education of descendant in the future, prepared to encounter changing matter and more experience of older persons. (4) Understanding and adoption to economic change such stop working, lack income, impecuniosities and (5) understanding and perceiving on cultural change such different idea, belief, value and perceiving information of their descendants. The definition of vision of life was classified on agree or disagree.

Self-esteem was level of poor older persons' concept to one-self regarding self-acceptance, self-efficacy, self-positive image and being accepted from society. These would be investigated that which level of self-esteem as the poor older persons had such as: much, moderate and low.

Relationship in family was level of poor older persons' concept to the relationship between older persons and member in their family comprised of sharing experience, relaxation, reaction of family members, respecting/compromising and unity in the family. These would be investigated that which level of relationship in family as the poor older persons had such as: much, moderate and low.

Social support was level of poor older persons' concept to receiving any helping form member in their family regarding emotional information and tangibles. These would be investigated that which level of relationship as the poor older persons had such as: much, moderate and low. The investigation was respected in following.

1. Emotional support such as: getting love from their descendants, taking care, binding, and sympathy.

2. Information support such as: getting information or direction about general solving problem.

3. Tangibles support such as: receive helping as regard to money, things, objects, foods and journey.

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1.8 Benefit of the research

This research was benefit to

1.8.1 Perceiving that how did poor older persons have adjustment regarding finance, physical health, metal and society.

1.8.2 Related organizations that were seeking for a way to promote and support positive adjustment of poor older persons such as:

1.8.2.1 Helping all poor older persons had sufficient income for spend in daily

1.8.1.2 Developing a model of health promotion and disease prevention among older persons by facilitating of available service

1.8.2.3 Developing participatory of poor older persons to practiced in several activities in community and had self-esteem and being one part of the society.

1.8.2.4 Developing related personnel to have the skill and knowledge about poor older persons. This study would be benefit to further study regarding poor older persons.

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CHAPTER 2

LITERATURE REVIEW

The study of adjustment of poor older persons in Phetchabun Province was studied on document and reviewed concepts, theories, researches and related thesises to determined a conceptual framework of this study as following

2.1 Meaning and indicator of poor older persons

2.2 Meaning and concept on adjustment

2.3 Adjustment of poor older persons

2.4 Research variables

2.5 Related research about poor older persons' adjustment

2.6 Summarized on the key variables of conceptual framework, theory and related researches

2.1 Meaning and indicator of poor older persons

2.1.1 Meaning of poor older persons

Older Persons Welfare Extraordinary and Seniority Social Development Committee. (1991: 125) gave a meaning of poor persons that person is over 60 years of age and their organic was worsened and physical growth would be decreased and low immunization.

Somsak Srisantisuk (1996: 3) given meaning older persons that person who had age during the last of life and was changed as regard to physical, mental and social.

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WHO (n.d. cited by Chusak Vetchaphat, 1995: 3) gave a meaning of older persons that who is 60-74 years of age, old that who is between 75-90 years, and very old that who is over 90 years.

United Nations (1990 cited by Somsak Srisantisuk, 1996: 2) there was establish a world ageing assembly in 1982 in Vienna, Austria. The meaning of older persons was determined that person both male and female having age over 60 years.

By summarized, meaning of older persons was person who was over 60 years old that criterion of 60 years was indicator of being older persons that it was accepted worldwide. Thus, the author took that criteria mentioned to indicated the older persons who participated in this study.

2.1.2 Meaning of poverty

Prasart Lhaksira (1965 cited by Adul Tanprayoon, 1983: 151) given meaning of poverty that lack of money and insecurity of economy that it was occurred with anyone, the terrible would destroy a living until they were able to live like other person. Thus, those persons would be unable to use their efficiently physical and brain to be fully benefited.

Sub commission considered on solutions of poverty in Thailand (2002: 9) gave a meaning of poverty that any person has living under the Basic Minimum Need and unhappiness.

An economist divided poverty into 2 levels was absolute poverty and relative poverty and gave meaning the absolute poverty that it was cost of living level at the lowest until they could not live and relative poverty had meaning that economic condition that person had inadequate. But according to social and humanity science, poverty was of social that each social would define. Thus, one social would not compare to another social because of each social condition was difference. As poverty in concept of socialist stated that it was of unability to responding basic need

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such as mental and physical, social relation, value, believe and probably among any group of person (Sanya Sanyawiwat, 1999: 108-109)

Suphat Suphachalasai, et al., (2001: 3-4) gave a meaning of poverty as follows:-

1.Income; in case of it was considered on standard of living that was assessed on income or expenditure if lower than standard would be the poor.

2.Basic Minimum Needs of living such lacking goods and basic service as importance to living such as food, dwelling, clothes and social security including other basic needs for living both of physical and mental that led to problem of the poverty.

3.Resource limitation; poverty was being attempted to access those of resource limitation.

4.Right ownership; poverty was originated from lacking of right ownership that was not meant lacking resource but lacked of ownership right factor.

5. Desertion; poverty was probably considered by social relationship when that person was isolated to participating in living in common life. This was factor that identifying of poverty.

6.Imbalance of resource allocation was inequality that would lead to relative poverty condition.

7.Social class: Inequilibrium of social class that cause of poverty among low class due to their social occasion was lower than high class.

8. Government dependence; person who had to dependency and waited for government assistance was a poverty.

9. Period of poverty; poverty had been occurred in one duration time. It was decided that it was under a poverty line. Lack of asset in short time could not specify that they were the poor.

Prayong Nattayarak (2001 cited by Thailand Development and Research Institue, 2001: 35-37) revealed that a criterion of evaluating poverty under concept of the villager was summarized that

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1. There was no product factors such as land, material, equipment these affected their income that they should get.

2. Hiring or no income, they were terrible in daily.

3. under obstacle of working such as illness, disability, older persons that was alone, orphaned child, having responsibility to family, these affected their working

4. Individual characteristic was bad such as lazy, drug addicted, drinking or gambling these affected unbalance of cost living.

5. Insecurity dwelling, no electric supply or had not owner house .

6.Others such as inadequate of rice along year, low education, inadequate appetite lots of dept, etc.

Community Organization Institute and Community Leader (2001 cited by Thailand Development and Research Institue, 2001: 3) summarized on type of poverty under concept on community leader and villager was 2 types comprising urban poverty and rural poverty.

Aspect of poverty in urban

1. Insecurity in their life/ being on the land of others or intruding into the government's land.

2. Insufficient of certain occupation and income.

3. Illness/unhealthy/had not expense for treatment.

4 Characteristic of living in community that each person was trouble.

5.Environment in community such as drinking, drug addicted and gambling.

6. Low confident/ non-participation in activity of community/society .

7. Poor intelligence; lacked of learning process.

Aspects of poverty in rural

1. Insufficiencies of four factors such as lost appetite, lack of clothes, insufficient land, did not access health service/ lack of money.

2. Poor intelligence, have not future, doesn't do anything to lift the life up, lack of self-confidence, advocacy adaptation and be burdened on idea.

3. Poor occasion/ alternative, unable to access resources/ available service, lack of occasional accessing resource and learning including self development.

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4. Poor by one self, unintended/ lazy, buying lottery, playing gambling, alcohol addiction and smoking.

Kanoksak Kaewtep (1998 cited by Narong Phetprasert, editor, 1998: 97) stated that in academic gave meaning of poverty at least 2 meanings was first “poor” referred to person who had low income and had not enough money to buy some nutrient food and second “poverty” referred to person who lost opportunity to be owner important resource for produced.

Somporn Tepsittha (1998: 1) summarized meaning of poor that:-

1. The poor was person having inadequate income to buy food that enrich with nutrition

2. The poor were person having income lower than standard.

3. The poor were person having inadequate income to expenditure and did not response to the need in both of physical health and mental until it was cause of person was under the formulated social standard.

Narong Phetprasert, et al., (2002: 13-14) stated that the poverty comprising 4 dimensions: poverty in property, opportunity, power, and honor that meaning of each dimension was shown the detail as follows:-

Inadequate property was having low income, lacked of supported factor.

Lacked of opportunity was losing opportunity to study, unable to access public service such as treatment, electric, water supply and unable to available service of resource and out put of society. Opportunity had a great meaning thus; it was variable lead to condition poverty.

Power; the poor had not right and participating in political activities and they receive achievement by person who had authority. Power was political dimension that derived from inequality in society.

Low prestige was the poor who unaccepted by society, low prestige and received inequality performance such as skin color disparagement, race and occupation.

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By summarized, meaning of poverty was given meaning in variety of dimension such as dimension of economic, society, political and environment. The meaning was easy to understand was person would have adequate income for living because of the poverty was will affect several poverties. Thus, the author took the meaning of economic dimension that there was income under poverty line and insufficience income to expenditure to this study.

2.1.3 Indicator of poverty

National Economic and Social Development Bureau developed a poverty line that was accepted that it was a standard of poverty. It was able to measure poverty by person, household, area, province throughout country. This measurement was considered on individual Basic Minimum Needs both of food and goods that of a poverty line analysis was divided into 2 parts (Somchai Chitsuchon, 2001 cited by Thailand Development and Research Institue, 2001: 16-18) following aspects: -

1. Food poverty line in household

- Analyzed on appetite or calories of household level by considered on nutritional condition standard of Thai (by age group and gender)
- Analyzed on calorie as able to buy with one baht that was analyzed on food basket or Thai consuming model living in urban area and adjust be calories by using conversion factors of Division of Health, Ministry of Public Health.
- Adjust calorie needs of household is currency that is divided quotient of a number of calorie needs and divide with calories buying with one baht. It can be said that a poverty line on food is a number of money as house hold require purchase necessarily energy for member in household.

2. Analyzed on total household poverty line that was total of poverty line on food with basic expenditure for consumption as did not food by formulated that “quantity of consumption” was 40% of total consumption (as for quantity of food consumption was 60% of total consumptions) but due to goods price of food was unequally changed to non-food price that affected “expense of non-food consumption” was unequal 40% of total expenditure.

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A poverty line in 2001 was 916 baht/ month thus, any person had income lower than 916 baht/month was lower than a poverty line is a poor. (National Economic and Social Development Bureau, 2003 [online] (Available: http://poverty. nesdb.go.th)

Suphat Suphachalasai, et al., (2001: 23-24) created indicator of targeting map to investigated the older persons in the area by gathering data from Basic Minimum Need data and created it be indicator of Human Poverty Index = HPI which was comprised of non-income indicator as covered 3 components; health, education and accessed public service that was shown detail as follows:-

Table 1 Indicator of the poverty

Index group	Sub-index
Health	Malnutrition in baby 0-5 years
	Malnutrition in children 6-12 years
	Antenatal care
	Vaccination in baby 0-5 years
	Vaccination in children 6-12 years
	Infant mortality < 1 year
	Using sanitary latrine
	Proper and sufficient water supply
Education	Illiterate
	Illiterate among adult
Access government service and basic structure	Using electricity
	Having water supply

Criterion of selection, a group district where had severity of poverty that was distributed frequency of poverty indicator. It was divided into 2 features: 1) classified on each part and 2) analyzed on total indicator

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Charoenchit Phothong (2001: 12) characterized that there was many different criterion that was used for specify poverty in each in unit section but had not systematic co-indicator such as indicator of average income by determining low income standard/ head. Several standard of project in each ministry, department, division such as formulated criterion of income in basic need was 20,000-baht/household/ year. That was a criterion of low income that would specify that which family was poor? Whereas, a criteria of health insurance card by Ministry of Public Health was income not over 2,000 baht/month/head for a single and 2,800 baht/month/head for household. In addition, the criteria would depend data on leader in community to know that which family was poor. The leader in community comprising head of sub-district, head if village. As for a poor occasion, would consider on homeless status, independence and health care need among these disabilities or they were chronic diseases.

It can be seen that poverty was not one part of dimension on economy but there was many dimension that overlapped. This criteria of assessment was still varied that base each area (Suphat Suphachalasai, et al., 1998: 1). Sometime many people yet conflict in meaning of a poor. Although they understood that they were a poor, they become a poor in some definition (Somchai chitsuchon, 2001 cited by Thailand Development and Research Institue, 2001: 1) that the standard of poor assessment was determined on various dimension as was not dimension of economy and difficult to evaluated to be currency but it was set as basic needs such as social participation, pure atmosphere, new freedom and security, etc. (Office of Policy and Plan of Agriculture Developing, 1996: 3) In addition, Asian Development Bank did not consider on only currency but inferred to disability group that these persons were called risk group or vulnerable groups such as children, aging, widow, prostitute, handicap and migrant etc. (Kellers, 1999 cited by Narong Phetprasert, 2002: 14)

Indicator of poverty in Thailand was variety of definition which most of consideration was specified on economic dimension such as income or being real ownership property that comprising indicator of poverty. The most of acceptance on poverty indicator was having income lower than poverty line and income was lower

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than criterion of basic minimum needs. This information was collected by survey throughout country that it was usage to solving poverty problem. Currently, there was not any data which was able to identified person who was poor and cover al dimension such as economy, society, political, culture. The most of criteria would be considered on income due to it was able to be countable.

2.1.4 Meaning and indicator of poor older persons

The most of poverty indicator would be assessed on general person but did not obviously separate on target which the study of Matthana Phananiramai and Nongnut Sunthornchawakarn (2001 cite by Suthichai Chittaphankun, et al., 2001: 4-5) expected that trend of poverty would more effect poor older persons but did not technician or any unit section gave meaning and indicators of poverty which was covered all dimensions and consistent with social context of older persons, thus the author reviewed criteria of poverty among general persons of Krisada Bunchai (1998 cited by Narong Phetprasert, 1998); Charoenchit Phothong, et al., (1999); Narong Phetprasert, (2002); Prayong Nettayarak (2001 cited by Thailand Development and Research Institue, 2001) and Somchai Chittasuchon (2001 cited by Thailand Development and Research Institue, 2001) studied on index and indicator of poverty under various dimensions as comprising dimesion of economy such as having income was lower than poverty line, insufficiency, no property, unemployed, lacked of four factors and products process including social dimensions such as lacked of participating in community, lacked of occasion on approaching available service, education whereas, political dimension such as lacked of approaching and managing self resource. The most of criteria of general persons did not separate obviously target which this criteria was collected to be various dimensions that comprising absolute poverty and relative poverty, compared by self to society including measured on individual and family, society and community. Thus, the definition of poverty was not acceptance to publics (Somchai Chittasuchon, 2001: 5). Measurement selection of individual or society, structure or process level was considered on suitable for implementation such as if we considered on political dimension thus there should take account into social dimension so. (Suthicahi Chittaphankun, 2001: 9) as for poor

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older persons was given definition of older persons by considered on a sense of them had enough income, or not?, and indicated that who was insufficient would be a poor, However only income was unable to indicate that they were poor all this it depended on insufficient of expenses and habit on expense, poverty, expectation or individual satisfaction so ,Thus, insufficient of each person would be unable to compare and difficult to defined be poverty indicator (Matthana Phananiramai & Nongnut Sunthornchawakarn, 2001 cited by Suthicahi Chittaphankun, et al., 2001: 4-5)

In this study, the author reviewed poverty indicators under variety of dimensions to created those indicators. Then approved content validity and consistency to social complex by thesis advisors and when considered on poor older persons in community was found that older persons had characteristic of poverty was not difference namely social dimension was found that most of poor older persons did not participate in various activities in community, as for political dimension was found that most of poor older persons was interested in being committee in community, all this might derived from they were older and tought that it was suitable for a new generation but the author would not apply social dimension and political dimension be criteria for indicated on poor older persons For economic dimension had both absolute poverty and relative povety that absolute poverty use the poverty line of Phetchabun Province was determined that it was 780 baht/month (Charoenchit Phothong, et al., 1999: 20) but it had limitation was person who had income was lower than 780 baht/month might feel that they were not poor. Thus, the author would apply on relative poverty to affirmed that whether income and expense were sufficient or not? As summarized that the key indicator of poverty was dimension of economy thus, in this study was poor older persons who were over 60 years old, both of male and female and had income was not over 780 baht/person/month including self-assess that insufficient income to expense and were not alone and lived in Phetchabun province.

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2.2 Meaning and concept on adjustment

2.2.1 Meaning of adjustment

Lazalus (1976: 3-5) stated that concept on adaptation was under basic of theory of evolution of Charls Darwin. It was biological surviving adjustment and The psychologist modified adaptation to be "Adjustment" that was individual had to fight for surviving in society and environment thus, Larsarus yet gave a meaning of this term that it was adjustment of person to received self-needs among value and environment was changed.

Arkoff (1968: 4) gave a meaning of adjustment that person's reaction with his/her environment that they attempted to gain their target and needs but at the same time it was under pressure of environment to modify positive behavior. Hence, adjustment would lead to balance between individual need with environment.

Atwater (1979: 4) gave a meaning of adjustment that it was self –satisfaction regarding self-needs and surrounding environment.

Grasha & Kirshenbaum (1980: 60) gave a meaning of adjustment that it was ability to manage problem and environment was success.

Martin & Osborne (1989: 2) gave a meaning of adjustment that it was changing self –behavior under their environments.

Evans & Tait (1991: 4) gave a meaning of adjustment that it was process of seeking self-needs under their environments.

Berger (1983: 14) stated that adjustment to new situation was always difficult and emotional quotient level was also difference. However, these conditions were stopped if they knew the future and able to prepare to that situation.

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Atchley (2000: 157) revealed that adjustment was adaptation process to several situations or environment that person would experience to daily. First adjustment wpas acceptance to changing situation if anyone refused they would be in that society with troubled thus, person would undergo process of changing behavior to new situation.

Sucha Chanaim (1981: 69) gave a meaning of adjustment under psychology that process of person expressed his/her behavior gain general target. All humans had to adjustment whenever they were live in the society, had to solve a problem to achievement and responded their need as comprising physical, mental and society.

Sopha Chuphikunchai (1985: 140) gave a meaning of adjustment that it was confrontment to several problems, living and must take count into the fact. In addition, would have to live rule the society with happiness.

Sukhothaithammathiraj opened university (1986: 499) gave a meaning of adjustment that it was process of psychology that was used by human to gain needs and approached changing environment throughout it promoted person yet had good behavior. Those of person were comprised of solving problem and decreased the stress and sadness.

Kanya Suwansang (1990: 61) gave a meaning of adjustment that it was possible activities of life that each person adjustment was difference these based on personality and environment or situation that person was encountering. Living had obstacle to conflict that affected the stress. Thus, it was necessary to decrease and relieve for maintain a life. All this person had to adjust his or her behavior that was called “Adjustment”

Thus, adjustment referred to individual behavior practiced for one self or responded changing internal and external both of physical and mental if those persons had appropriately adjustment they would get satisfaction and as if those persons had inappropriately adjustment they would be stress.

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In this study, a meaning of poor older persons referred to performance of poor older persons responding problem of low income or insufficient income to living, unhealthy condition, having anxiety, and stress including relationship in family was low these were cause of adjustment of poor older persons. Thus, these poor older persons would have to modify their self to good living and did not depend on their descendants and they were able live in society with happiness, accepted by social, had not stress and satisfied in living. In this research was to investigate 4 part of adjustment on economy, physical health, mental and society (Noppharat Watthanasing, 1993; Anchalee Chumphadachameekorn, 1994; Agarwal, 1980)

2.2.2 Adjustment causation

Bunthat Thunkam (2522 cited by Kanya Suwansang, 1990: 65-66) summarized on adjustment causation as follows: -

1. Drives and needs in life style of person who had basic need such as physical needs and psychological needs that both of needs made the drives such as appetite was the drives to the food, recruitment to responded his or her needs. But if there was obstacle appeared, the needs were unable to response hence, physical would showed various form of behavior such as behavioral needs which was called "Adjustment"

2. Social drives referred to rapidly social change or environment was changed. These affected person adjustment such as higher cost of living, fashion, life style, communication, and modernization of material growth these would affect to all adjustment if person were unable to solve that problem. There was many things were following thus person should adjust his or her self with various processes.

3. Attitude, interesting, life goal was changed thus we had to modify behavior

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Sukhothaithammathiraj opened university (1986: 499) stated that we had to know adjustment due to there was 2 stimulation or drives as following: -

1. Internal drives were a psychological need which was in human such as love, warm, security, life success, social acceptance, and paid respect and admire, these were factors affected adjustment when the human received.

2. External drives were social drives and environment such as culture, value, religion, rule these were factors affecting adjustment and decreased psychological pressure.

Nipha Nittayayon (1987: 72-75) stated that a drive had influence adjustment was 2 features as follows:-

1. External drive

First, such as physical needs to adjust to environment. All this living was adjustment under self needs to lived in the proper environment.

Second, requirement of social environment that occurred to human lived in environment and being together with human and relationship to the others all time.

2. Internal drive

First, it was internal drives of each person that come about each physical organ such as food, air and sex.

Second, it was social experience that person had learned by his or her experience in the past such as: love need, success need, respect need, etc.

Jirapha Tengtrirat, et al., (2001: 34) stated that adjustment behavior was respondent compensation to human needs that might derive from the diffidence of physical and mental thus it would be a driver to behavior. Number of behavior would more or less that was able to divide into 2 patterns.

1. Biological need or physiological need was occurred by physical need relating the life such as air breathed need, drinking water need and food need that these were not responsed to physical may be death.

2. Social need or psychological need was external need that occurred by psychological need, living need such as students studied in university to have a

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diploma, general person would like to get position, rank, and be upper class. The psychological need was not finished that depended on need of each person.

By summarized, adjustment had various causes that adjustment of person was derived from internal and external factors that internal factor was comprised of physical need such as eating for living, sleeping for relaxation and psychological need such as received a love from the others, accepted by the society etc. This was person received previous experience in the past and environment or society around person such as changing income, lost a lover, etc., affected an external cause.

In this study, the author applied on concept on older persons' problem and need as comprised with problem of low income or inadequate of income for living, unhealthy, had anxiety and stress, relationship in family was low these would stimulate older persons had more adjustment for yet their healthy and decreased problem of being dependency to descendants, being one part of society, released stress and anxiety, satisfied on living and lived with happiness.

2.3 Adjustment of poor older persons

2.3.1 Problem and requirement of older persons effecting self-adjustment

Khotchakorn Sungkhachat (1995: 28-66) offered the problems of older persons that often experience was problem of physical change, social change and psychology change.

1. Physical changing problem among older persons; the most of them accepted physical change was normal when they were more age the physical would change thus; they stated that they wouldn't like to do anything because of could not do. So they were met health problem such as Diabetes Mellitus, Heart disease and Hypertension etc. Most of people misunderstood that these diseases were a disease of older persons that they could not avoid. Currently, the scientist and physician studied on older persons that was found that having longevity and good quality of life were

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being without possible disease and several diseases that was appeared among older persons but can be prevented.

2.Social changing problem referred to social status and social role transformation such as losing position, retirement of 60 years of civil servant, lacking of care taker due to being abandoned, poor relationship with the neighbor and lot of free time that they though that had not self-esteem and solitary.

3.Psychological changing problem referred to psychological and behavior transformation affected adjustment among older persons and made them were unhappy that derived from physical change and social change mentioned including there was several causes such as losing a lover having negative attitude toward older persons etc.

Banloo Siriphanich (1992: 8-10) summarized main problem that affected older persons as follows:-

1. Health problem; health was continue process of life since birth until death. If we would maintain and had health food that was impossible because of if person would be strong during childhood and teenage, they would be yet strong when they are older in contrast, if during childhood was weakness and poor nutrition when grew up they would be yet weak.

2. Economic and income problem; older persons when they were older will be retired thus, they would lack of income. Older persons who had not retirement because of they were agriculturist, their ability was low and affected income was also low. If they had good ability their income would be higher. As if the older persons who was riches and saved money for spend when they were older. They wouldn't have economic problem but they did not save their money when they were adult then they were older would not have any money for spend.

3. Dwelling and caretaker problem when they were older about over 80 years, most of them would have appeared disability. It was necessary to care them especially, organic movement.

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Mallika Mattiko, et al., (1999: 99-100) presented whole problem by classified group of problem among older persons to community and family as follows:-

1. Function of several organs was worsened that affected physical movements such as walking by depending on descendants, taking meal with low salt and soft these were conducted by descendants.

2. Illness; when more age, person was ill and had a disease such as hypertension, Diabetes Militates and Hearth disease. These diseases were treated and the descendants had to care them and had to pay for expenditure or regularly visited them.

3. Poverty; it made person was trouble and had not money to treat their health, thus they would be dependency to descendants.

4.Old age condition was comprised of forgotten, complained and sometime the descendants was bored and did not chat when they were pass a way the descendants was responsibility to have death ceremony.

Berger (1983: 578-579) stated that poverty was severity problem to older persons especially, the poor older persons and did not receive social security or compensated money that the effect of poverty was:

1.Insufficient to health care although government would have a package of health insurance for all older persons but in fact, there was a coverage of half of all older persons had not money to pay for treatment but they were available service that quality of service might be lower than paid. In addition, they did not have any money to pay for other expense as related to treatment such as fare for visited a doctor. Thus, they were unhealthy.

2.Social service for older persons such as older house, decreased fare and home visit s for American older persons received enough basic need but poor older persons was unable to access social service.

3. Insufficient of older house, trend of poor older persons was live in rural or urban. Older persons living in urban was in low standard house, surrounded by criminal. Whereas, older persons living in rural was not afraid criminal but they had to live in low standard house so.

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4. Poverty was causation of hopeless of people such as inadequate of all thing would affect older persons was poor both society and mental.

Obrom Sinphiban (1977: 149-152) revealed that in old aged would have several problems that they had to proper adjustment such as

1. Physical changes such contacted organ, nervous system, brain, and memory. These were worsened, the older persons would adapt their self was more difficult.

2. Emotional changes; it was occurred with worsened physical including losing power, position and social role. These would affect a sense of older persons.

3. Changes in work; some older persons must work for their value, honor, friends, entertainment and income because the older persons was happy when they worked.

4. Retirement; the older persons who was retired will accept to situation. Some older persons would be sad and worried about expenditure in family.

5. Family relationships; descendants grew up and had his or her owner family thus the family was smaller. Some older persons had to lose his or her couple; they had to adapt their self.

6.Loneliness; older persons met loneliness due to his or her couples were pass a way, descendants were marriage if they were live with peer or descendants would be happy.

7. Living quarter; relocating was one cause of negative adjustment.

By summarized, poor older persons' adjustment was same as general problem of older persons that was about a worsened as regard to economy, physical, mental and society (Banloo Siriphanich, 1992: 8-10; Berger, 1983: 578-579; Khotchakorn Sungkhachat, 1995: 28-66; Mallika Mattiko, et al., 1999: 99-100; Obrom Sinphiban, 1977: 149-152) that was summarized as follows: -

1. Economic problems namely when person went to old age, society formulated that they should stop working whereas, civil servant who was older persons and state enterprise would be retired when they were 60 years of age. As for general older persons would stop working because of their descendants request them.

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Thus they would have low income because did not work. If they didn't have enough money or collected money would be unable to response to their needs such as treatment cost, dwelling or clothes.

2. Physical problems namely the force and doing physical function of older persons would worsen following more age. Manifestation of disease was obviously clear more than the past such as chronic disease as comprising Hypertension, Diabetes Mellitus and Hearth Disease. When the symptom mentioned was appeared they would be sad, worried about it and need to have caretaker for keeping and taking them to hospital. They would be anxiety about expenditure, treatment that these affected older persons mental problem

3. Psychological problems namely the older persons was anxiety, loneliness and stress that derived from physical problem was worsened including they had not enough money to spend and reduced social role, lost a lover. This problem would affect older persons that they felt that lost self –esteem (Haggstrom, 1994 cited by Mckinney, Lorion & Zax, 1976: 145)

4. Social problems namely family relationship was more distant due to economic pressure affected descendants went to other areas for work and income. There were more immigrants that led to the city. They would not occasion to participate to their older persons. Thus, the older persons would be lonely abandoned, cared children, had not caretaker including older persons would decrease social role and social status such as retirement, or decreased economic role of older persons, lost self-esteem and had not meaning of life.

Thus, trend of poor older persons would undergo with problem of economic, physical health, mental and social. These affected poor older persons would adjust their self to eliminate a problem and environment needs was success. (Grasha & Kirshenbaum, 1980: 60)

Suphattra Suphap (1982: 49-50) revealed that basic needs among older persons comprising 5 parts as follows: -

1.Economic needs referred to receiving assistant on money such as descendants and relatives should care them because they had not any income.

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Whereas, social security was responsibility of government such as welfare project for poor older persons, paid superannuation, social security to them.

2. Dwelling needs, older persons should have dwelling such as there was owner dwelling or lived in relatives' house or older persons house under government and priest state.

3. Health needs; older persons was physical health lower than youths that it was responsibility of descendants cared them. In general country had reality this service, health insurance, such as American, and Europe etc.

4. Job needs: jobs were important to older persons that it was resource of income and used a force be benefits and preventing boring. In addition, it was showing ability to other person accepted and paid respect. Because some of older persons work without wage but they worked for bebefit a time and had self-esteem.

5. Love needs, paid respects and attention these were everything that all persons need especially, older persons. This age was period of grave and near the death and need to lover such as descendants paid appreciation such as talking, embraces, kissing. These actions were repaying an obligation to older persons had happiness in late life.

National Economic and Social Development Bureau (1998: 1) revealed that basic need of older persons as follows: -

1. Currency assistance such as assisted from descendants, relative or government.

2. Housing needs such as supported dwelling to older persons, or lived with their descendants or relatives or in older persons house.

3. Health care, the older persons would have worsened physical and someone unable to care one self. Thus, it was responsibility of descendants to care them or the government should support social welfare.

4. Currency, the older persons should work for public to create their image and accepted by people in society.

5. Love needs, respected by descendants that in this old age need more than the others to make them happy.

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Chinttana Songprasert (1995: 35) stated that common human needs for the aged were 3 types as follows:-

1. Physical needs such as food, clothes, dwelling and treatment.

2. Psychological needs such love, emotional and psychological security, acceptance to being member in family and success in position and job in the end of life.

3. Social needs such as sense of importance, sense of belonging, sense of expectation and opportunity.

Banloo Siriphanich, et al., (1989: 66) studied on behavior and life style among older persons having longevity and strong was found that they had need that was listed from high to low as follows:-

1. Medical treatment service
2. Money welfare
3. Living quarter
4. Support career
5. Haing the park for relaxation
6. Welfare for tourism
7. Welfare for transportation
8. Reduce tax to caretaker

Thorpe (1950 cited by Nipha Nittayayon, 1987: 75-76) stated that human needs were drives of human adjusted to responded its needs that was classified on 3 types as follows: -

1. Physical needs were appetite needs, wishful to happiness, painful, exhaustibility, heat and coolest etc. If that need were not responded would affect stress and older persons health.

2.Needs to responded to “Self” was needs that had to be responded, accepted, being valuable person and being one self or being ouststanding person in current society.

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3. Security and safety needs by living together with others and being important person of who gave a security for us and we were able to live there with happiness.

By summarized when the older persons met the changing of economy, physical health, psychological and social, they had motivation and requirement to manage that transformation until they were satisfied. The poor older persons also met that problem; transformation would be motives to adjust their self to those of term. Thus, internal and external motivations were stimulation to the poor older persons had expectance to adjustment. They would lead to success of the target such as healthy, sufficience economy, good relationship to the others, that can be summarized on poor older persons needs (Banloo Siriinphanich, et al., 1989: 66; Bureau of Policy and Public Health Plan, 1998: 1; Chintana Songprasert, 1995: 35; Suphattra Suphap, 1982: 49-50; Thorpe, 1950 cited by Nipha Nittayathan, 1987: 75-76) as follows: -

1. Economic needs namely, the older persons required assistance on money from their descendants or relatives or welfare of state enterprise. Thus, they would wait for assistance from the others.

2. Physical needs namely; older persons wished to receive social security such as health insurance by the government and received caring by their descendants when they were ill. All this they tought that they were worsened and unhealthy therefore they would care their self although some of disease can be protected by exercise, taking healthy food and rest.

3. Psychological needs namely, the older persons wished to the love, faithful and taking care by their descendants in family, being important person in society for their late life.

4. Social or belongingness needs namely, the older persons wished to the love, faithful, and some person would like to do advantage to the society and being one part of that society. They would be feel that they had more self-esteem and did not loneliness.

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2.3.2 Concept on older persons' adjustment

Phillips (1961 cite by Surin Thanakosai, 1978: 215) revealed that person having more age, negative thinking to be old age that these feeling would affect adjustment. Phillips confirmed that if we felt that we were a youth, we can adjust our self.

Tibbit (1962 cited by Surin Thanakosai, 1978: 215) offered that basic of personality was importance and necessary to model and pattern of older persons adjustment. Person who was more age and satisfied to transformation had different performance. Some person was happy to working or previous activity. All persons were able to have alternative way of life suitable for them.

Atchley (2000: 158) stated that changing physical, psychological and social was situation of older persons that affected older persons adjustment. Sometime they were able to positive adjustment such as accustomed to freedom and depended one self after retirement, and some time limitation of health, currency and society was one factor affected older persons maladjustment. Thus, the older persons had to have strategies to adjust themselves to be compensatory that limitation.

Obrom Sinphiban (1977: 153) stated that the older persons being happy was person who was able to adjust themselves when went to old age. They would accept to occurred transformation such as physical, emotion, psychology and gender including they knew about health care and had relationship with member in family, being under currency security, did not loneliness, satisfied in living and expected that they were benefit to others.

Sriruean Kaewkangwan (2002: 548-549) stated that older persons who was happy was person adjusting their self that older persons adjustment had pattern was nearly unique. This adjustment of this age was contrasted other age because of this age would adjust their self for health crisis that was divided into 2 types such as 1) external adjustment such as health treatment, interested hobby 2)Internal adjustment

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such as peace mind, adopted losing, adopted ageing that was found external adjustment was easier than internal.

Atchley (2000: 158-161) stated that strategies to adjustment for older persons was consisted of continuity, anticipation, and compensation.

Continuity was an important strategy that the most of older persons used for adjustment that comprising:

1. Continuity of self and personality referred to continuity of cooperation to public and accepted by member.

2. Continuity of activity and environment referred to using energy for doing activity to prevent and decreased impact of grew up to the youth.

3. Continuity of relationships referred to relationship between persons, that it was importance to social support among older persons.

4. Continuity of lifestyle and residence referred to receiving possible tangibleness such as clothes, food, dwelling and journey.

5. Continuity of roles and activities to maintained ability to respond emotion and social support.

6. Continuity of independence and personal effectiveness referred to maintenance on self-esteem.

Anticipation was expectation of older persons to reduced or eliminated negative outcome or performance to promoted positive impact that occurred such as the older persons expected that they would probably had disability or illness thus they were able to prevent disease by exercise, reduced sugar or fat and cholesterol and had health promoting behavior such as taking nutritional food. If they expected that they would encounter income problem, they would collected money, saving and reduced expenditure etc.

Compensation was older persons performance or respondent to losing function of physical, psychological and social. Physical compensations such as listening aid, wearing spectacle or environment adaptation for daily living, psychological compensations such as assigned job to older persons although they had low skill, compensation for social losses such as recruited a new social sponsor such as going to the church, being various group/club.

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Atchley (2000: 162) stated that when person went to old age, they would adjust themselves that it was derived from these causes as follows: - adaptation due to change job, income was decreased, illness and disability. Adaptation due to dependency and losing role and activities.

Havinghurst (1972 cited by Turner & Helmes, 1991: 527) stated that the older persons would have development to adjustment comprising 6 features as follows: -

1. Coping to physical was weakness and worsened health.
2. Adjusted to retirement and prepared currency.
3. Adjusted to losing spouse
4. Participating in same aged group.
5. Adjustjusted to modern society and responsibility on behalf of citizen.
6. Maintenance to satisfaction of current living system.

In each range of life all person had to work that outcome of performance would make person lead to success but if that performance was not success affect that person was not happy, refused by society and other developments were fail. The development was comprised of anything was in person such as maturity, value and culture that different age would had different development so. (Kasem Tantiphalachewa & Kunlaya Tantiphalachewa, 1985: 13)

Agarwal (1980: 101-102) stated that adjustability of older persons was factor-affecting older persons was happiness that was considered on 3 parts: -

1. Physical Health

Physical health was important to the older persons thus, health care would be important to healthy such as exercise, joking, brisk walking and swimming etc including taking nutritional food was sufficient to physical both quantity and quality such as low fat and sugar and taking high protein and mineral, relaxation and reduced stress.

2. Economic self-sufficiency

Economic problem of older persons was solved by save-all thus, they should carefully spend regarding clothes, dwelling and media on entertainment.

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3. Mental and Emotional Health

The obstacle of happiness was negative attitude and negative emotional model. Thus, the older persons who had self-control and discipline will be able to adjustment.

Anchalee Chumphadachameekorn (1994: 24) stated that happily adjustment among older persons as follows: -

1. Prepared and accepted the nature of old age such as lost physical ability, leaving of descendants and being alone.

2. There should not worry about the past.

3. Didn't worry that more age make unrespected to them

4. There should consult with others when had problem.

5. Did not concentrate in life and lived in middle way.

6. Health care such as taking nutritional food, exercise and regularly checked up one self about 2 time /year.

7. Should rest and do hobby such as planted, made merit, practiced Dhamma.

8. While he or she had income should save money to spend in the last life.

9. Did not separate one self and accepted transformation

10. Being accepted status and properly behaved.

11. Did not make one self be trouble to descendants.

12. Lighten up mind and make fun

13. Descendants were important to older persons adjustment such as respected and cared them including built self-esteem to them.

By summarized, poor older persons encounter problem as same as general older persons such as problem of economy, physical health, psychological health and social. These were factor influencing poor older persons adjustment. In this study, the author reviewed concept on adjustment and applied concept of Agarwal (1980) and Anchalee Chumphadachameekorn (1994) including the study of Noppharat Watthanasing (1993) on dependent variable frame. The author determined dependent variable was 4 parts such as adjustment on economy, physical health, mental health and social. These of the term would respond to older persons adjustment as follows:-

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1. Economic adjustment referred to acting level of poor older persons to balanced their income and expenditure and had income as enough to living. These were consisted of seeking a new job, partime job, considering a necessary of expense, reducing other expenses ,collected money and loan money.

2. Physical health adjustment referred to acting level of poor older persons practiced until they were able to help themself. They had healthy and independent their descendants, these comprised of having good meal, exercised, rest, prevented accidence, doing daily activities by self, no drinking beverage, no smoking, practice on physical (doctor, nurse, public health staff).

3. Mental adjustment referred to acting level of poor older persons to relented their sadness, anxiety, stress and increased satisfaction in their mind for living in each day. These were comprised of accepting situation as appeared, did not intended in problem as appeared, talking to other persons to relented their stress and acceptance to real situation, avoided a problem, met and chatted to peer for relieve anxiety including memorizing the past of success or doing hobby when had free time, understanding in one self or others, stood on situation as dislike, and able to live together with others as happiness.

4. Social adjustment referred to acting level of poor older persons to adapted their self in part of society and be accepted by society. These were consisted of using free time being a benefit, participating community activities, participating ritual ceremony, chatting to their peers, given recommendation to their descendants.

2.3.3 Positive and negative adjustment

Feldman (1989: 227-229) classified on maladaptive behavior was 4 aspects as follows: -

1. Deviation-from-the-average approach referred to behavior as occurred less than normal but it had limitation as following there was alimentation of explanation such as person was intelligence or kindness was minority of person was considered that they had improper behavior. Incontrst, Impolite and self-respect person was majority group that was proper behavior.

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2. Deviation-from-the-ideal approach or an appropriate standard of behavior model referred to most of behavior that was accepted by many people and practice. This concept mentioned might be religious principal, philosophy or psychology. But it yet had a limitation was that standard did not reform under the time.

3. A sense of subjective discomfort referred to a sense after expressed negative behavior such as loneliness, stress, anxiety, guilty and made others trouble. But it yet had a limitation was that it could not explain to ability of fuction due to member of social.

4. The functional approach was misbehavior that was unable to consider under this criterion as follows: - (1) personal behavior that did not affect others (2) personal behavior that did not respond or (3) behavior affecting negative quality of life of the others.

Manun Tanawatthana (1983: 141-143) revealed that person had good adjustment would have indicated factors as follows: -

1. Self-knowledge or self-understanding was person who adjusted one self and understood in all things as related to oneself.

2. Self-esteem referred to good emotion to one self and able to fuction in society effectiveness.

3. Feeling of security person who had good adjustment would accept that he or she was one part of society and had free idea.

4. Ability to accept and give affection referred to ability to build reaction with the others and person who had good adjustment would be empathy.

5. Satisfaction of bodily desires referred to person having adjustment and had attitude toward completely physical function. They would accept to working of various organs and did not worry about anything. They should satisfy in life condition.

6. Ability to be productive and happy referred to ability to do activity or reaction to the others and lived together with happiness.

7. Absence of tension and hypersensitivity referred to person did not adjust their self was sad and stress. These persons would be under the pressure.

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Mukda Sriyong, et al., (1997: 343-346) revealed that adjustment was process of person responded to external and internal drives and it was maintaining a balance of psychological and physical.

Proper adjustment comprising as follows: -

1. Personal adjustment was benefit to his or her life.

2. Person was able to participate in society and live by one self and accept difference among others

3. Adjustment wouldn't make other persons were trouble or stop other freedoms.

Vipaporn Maphobsuk (n.d.: 450-451) stated to proper adjustment that it had consideration as follows: -

1. Proper adjustment was making one self to be benefit to that person.

2. Good adjustment made person properly participated in society.

3. Good adjustment would not make others was trouble

4. Person had good adjustment would be cared by a love.

5. Person had good adjustment would come from a rich family

6. Person had good adjustment would feel in one self was good.

7. Others components, person had good adjustment, intellectual, proper critical thinking and good humanity.

By summarized, proper adjustment was person who received a gain or responding the need, making satisfaction to one self and did not make the others were trouble.

Herlock (1976: 361) stated that positive and negative adjustment of older persons was shown as follows: -

Positive adjustment

1. Paid interest in various situations

2. Independent on economy that made the life went on with freedom

3. Connected to society and met all person of age range.

4. Enjoyed their working

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5. Participating in community organization

6. Ability to live in his or her house was convenient

7. had happy to current activities and did not worry about the past

8. Worry about one self was the most less

Negative adjustment

1. Paid less interest to current situation or individual role

2. Withdrawn world of entertainment

3. Recognized to the past

4. Worried and lazed

5. Lacked of motivation that affect low productions

6. Attitude toward value activities was make-work activities.

7. Loneliness due to relationship in family was low and did not interest the same aged peer.

8. Be forced to relocation

9. Lived in older persons houses or with his or her descendants by were not voluntary.

Atchley (2000: 174) stated that due to older persons'adjustment was difference thus, outcomes of the adjustment process that was not obviously summarized regarding the definition of adjustment that was considered 2 features as follows: -

1. Internal adjustment process was assessed regarding subjective on life of older persons that how did they satisfy in their life?

2. External adjustment process referred to relationship of older to society and accepted by society.

Sunee Theradakorn (1980: 255) revealed that success in adjustment of each older persons was difference. Someone was satisfied to being in his or her house after retirement did not work hard. Someone was happy if they were around by descendants in the last life. However, this adjustment in this aged would be more success or less would be under component of standard cost of living, emotional security, and currency and healthy. The most importance of transformation was the feeling, they

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were able to perceive coming transformation of old age, there should collect any money, built emotional quotient, modifying their behavior, self-acceptance and optimistic.

2.4 Research variables

2.4.1 Health status was one variable influencing older persons'adjustment that explained that the older persons having healthy would had adjustment better than older persons having unhealthy and from the study of Kanokwan Sillapakamphiset (1984: 69-70) found that retiree having healthy had adjustment was difference from retiree having unhealthy that consistent with the study of Kuanrak Suksomhathai (1997: abstract) found that the older persons who was healthy would also have positive adjustment. Whereas, older persons having unhealthy would affect their mental so they had stress and be worried about their illness and sometime it attacked to condition of currency. As for older persons having healthy, they were not worried about anything and ability to have self-help and others. They would view worldwide and met their peer to shared experience. Thus, older persons having healthy would have better adjustment than other older persons was unhealthy.

Health status variable was applied on the study for general older. It was found that there was affected older persons adjustment that the author believed that poor older persons who were healthy would have also positive adjustment. The author would apply this variable for this study that the hypothesis was health status positive affected poor older persons' adjustment in Phetchabun province.

2.4.2 Participated in older persons' group/club was one variable that affected older persons adjustment. Activity theory of Havinghurst (1953) he believed that person who had more age would meet worsened social status but they still need to be one part of that society. Thus, they should have continue activities liked the past and had satisfaction to participating in various activities in community including had self- positive image (Natthaporn Wongsutthiphakorn. et al., 1994: 23-24) and had more adjustment than the others (Katts, Metress & Metress, 1988 cited by Panyaphat Phattharakantakun, 2001: 14) and in the study of Sukanya Lamphungit

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(1994: 90) found that doing activity that affected society had positive association with mental health condition and the study of Panyaphat Phattharakantakun (2001: 68) found that participating in social activities had association with pleasantness was moderate level and Phuangphaga Chueansangnate (1995: 89) found that older persons having a role in society would have more satisfaction in life than the older persons had not. Hence, the older persons participating in social activities would have better adjustment than older persons did not participated.

Participated in older persons' group/club variable was applied on general older persons and found that it affected older persons'adjustment that the author believed that poor older persons participating in social activities by being member of older persons' group/club would also have positive adjustment. The author would applied on this variable to the study that the hypothesis was participated in older persons'group/club was positive affected poor older persons' adjustment in Phetchabun province.

2.4.3 Vision of life was one variable of this study that influenced older persons' adjustment. Vision of life was concept system, believe or attitude of any person in society that focused on the world. (Chainarong Kotanon, 1990 cited by Chittakorn Phongam, 1999: 29) vision of life would be a determinant of way of life, social pattern and standard of decision behavior and a contradictory agent in one self and others. (Chittakorn Phongam, 1999: 30) as for the older persons having good vision of life and understood in transforming in family, community and society these were able to make older persons coping problem and had proper adjustment Banloo Siriphanich (1995: 6) revealed that older persons should have optimistic, didn't see old age in worsened physical and accepted new occasion and experience. In addition, perceiving information from various media such as television, radio, newspaper, and broadcasting hall in community, exchange experience between groups of peer. These would affected acceptance on transformation and in the study of Sasiphat Yodpet, et al., (1997: 25; 1998a: 18; 1998b: 19) found that social transformation affected older persons had to modify their vision of life and adjustment such as acceptance on being alone because of their descendants had to work another province. They would be able to be alone and should have health care to prevent disease. When the sick was

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appeared they should see a doctor including there should exercise everyday. The older persons should promoted descendants' education because education was able to create good occasion to much more income in the future. It can be said that the older persons having good vision of life and accepted social transformation would have good adjustment. Thus, the older persons that had good vision of life would had good adjustment better than older persons had bad vision of life.

Vision of life variable was applied on general older persons and found that it affected older persons'adjustment. The author believed that older persons having positive vision of life would also have positive adjustment. The author would apply this vision of life was one variable for this study and the hypothesis was vision of life was poisitive affected poor older persons' adjustment in Phetchabun province.

2.4.4 Self - esteem was one variable influencing older persons'adjustment that can be explained that self-esteem was important to adjustment, confident and insecurity to commendation and expectance on success (Coopersmith, 1967; Kitts, 1972; Rosenberg, 1965 cited by Gurney, 1988: 31) person who had self-esteem would be in this world with confidence, had ability, satified on living. (Linberge, et al., 1990: 85 cited by Kamonphan Hormnan, 1996: 38) the older persons who had high self-esteem would be able to perceive on their self and wished to have healthy and had self-efficacy, this older persons would have proper health behavior. (Parent & Whall, 1984: cited by Yaowarak Mahasitthiwat, 1986: 67) from the study of Kamonphan Hormnan (1996: 60-61) and Sirin Sarttranulak (1995: 63-64) found that self –esteem had relationship with self-care and Nonglak Bunthai (1996: 154) found that self-esteem had relationship with ability to practice in daily activities. In addition, the study of Chonggonnee Tuicharoen (1997: 110) found that the youth having high self-esteem would have high adjustment level and better than the youth having moderate adjustment level and the study of Kritsana Poolperm (2000: 53) found that self-esteem had association with pregnancy adjustment among first pregnant female and the study of Lappana Kitrungrote (2000: 69) found that self-esteem had association with patient with cervical cancer patient receiving radiation therapy. Thus, the older persons having high self-esteem would be able to adjust their self better than older persons having low self-esteem.

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Self-esteem was applied on general older persons that it affected older persons'adjustment. The author believed that poor older persons having high self-esteem would also have positive adjustment and the hypothesis of this study was self-esteem was positive affected poor older persons in Phetchabun province.

2.4.5 Relationship in family was one variable influencing older persons' adjustment that was found that the older persons who had positive relationship in family would had adjustment better than older persons having relationship in family was poor. From the study of Amphairat Klinkhachorn (1990: 64) studied on older persons who had broken legs and had positive relationship in family and they had behavioral adjustment on 4 parts comprising physiological, self-concept, role and function and interdependence relations these were positive that was in accordance to the study of Benchama Laohaphunrungsri (1991: 79, 85) found that retired civil servants having positive relationship in family would have adjustment better than who had negative relationship in family. Positive relationship in family would be prouded of older persons due to them received love, respect, care and faith by descendants or the others. The older persons would be happy when they lived with their descendants, enjoyed, did not alone. This factor would affect positive adjustment among the older persons thus the older persons having positive relationship would had adjustment better than older persons who had low relationship.

Relationship in family variable was applied on this study that was found that it affected older persons adjustment. The author believed that the older persons having positive relationship in family would also have good adjustment. Thus relationship in family variable would be one variable of the study that the hypotheses of the study were relationship in family positive affected poor older persons' adjustment in Phetchabun province.

2.4.6 Social support was one variable having influencing older persons' adjustment and problem that occurred to them such as economy, health, social and psychological these were factor affect older persons' adjustment Lindsey (1988 cited by Thassanee Kregkhunthorn, 1993: 81) stated that ability to reduced adjustment among older persons had to received helping from surrounding person to responded

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basic needs and coping stress including adjustment, Schaefer, et al., (1981 cited by Thassanee Kregkhunthorn, 1993: 44) divided social support into 3 parts comprising emotional support, tangible support and information support. In this study applied concept on social support of Schaefer et al was construction of total variables 3 parts comprising emotional support, tangible support and information support and the study of Thassanee Kregkunthorn (1993: 81) found that social support had association with older persons'adjustment that was if the older persons received more social support, they would be able to adjust their self. In addition, from the study of Supakarn Sirikarna (2000: 61) found that social support influenced positive adjustment on role and function of postnatal and Siriporn Chudjuajeen (2001: 56) found that social support influenced positive adjustment on role and function of first pregnancy and Rungrawee Tengtrisorn (2001: 53) found that social support influenced positive adjustment on role and function of father who had the first baby thus, the older persons receiving social support would had adjustment better than who received low.

Social support variable was applied on general older persons and found that it affected older persons' adjustment that the author believed that poor older persons having positive social support would have also positive adjustment thus, the author would applied this variable on this study by determining the hypotheses that poor older persons having good social support was positive affected poor older persons' adjustment in Phetchabun province.

2.5 Related research about poor older persons' adjustment

2.5.1 Thai Research

Kanokwan Sillapakamphiset (1984: 42-59) stated that factor affecting retirement adjustment in Muang and Haddyai Districts in Songkhla Province that studied on retirement in Muang and Haddyai in Songlhla Province. The participants was retiring since 1973-1982 and lived in Muang Songkhla District and HaddYai District. There was total 176 samples and most of participants was positive behavior at 60%, negative behavior was 40% and balance expenditure and income, position classification before retirement, period of retirement and after, social participation,

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health status had association with those of retirees with statistical significance whereas, gender and marital status and characteristic of family had not association with retirement's adjustment.

Duangrudee Rasukha (1984: 41-52) studied on relationship between selection factors with older persons adjustment in Chiangmai Province that there was a sample of over 60 years of age both of male and female who had domicile in Chiangmai Province at least 2 years and had not history of severity disease. There was 120 participants in the study that was found that most of older persons had whole adjustment was moderate level at 70.83% and had proper adjustment was 29.17% when considered on in each part found that physiological adjustment was proper, as for self-concept, role and interdependence relation was properly moderate level. In addition, participating older persons activity and knowledge about changing old age and health had association with older persons adjustment with statistical significance at p-value<.01. As for gender and area of living had not association with older persons adjustment.

Amphairat Klinkhachorn (1990: 54-63) studied on association between relationship in family with older persons adjustment behavior who were broken leg during they were inpatients in the hospital numbering 100 cases that was found that the participants had whole score on physiological adjustment behavior, self-concept adjustment behavior, role adjustment behavior and interdependentce relations adjustment behavior was rather high when considered on in each of behavior was found that

physiological adjustment behavior was difference to gender,status in family and income with status and income for family with statistical significance at p-value < .05 but did not difference followed characteristic of family.

self-concept adjustment behavior was difference to income with statistical significance at p-value<. 05 But did not difference to gender, characteristic of family.

role adjustment behavior was difference to gender, status in family and income with statistical significance at p-value<. 05 but did not difference to characteristic of family.

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interdependentce relations adjustment behavior was significant difference followed an income at p-value < .05 but did not difference followed gender, type of family and status in family.

Benchama Laohaphunlungsri (1991: 50-72) studied on relationship of preparing before retirement with adjustment after retirement in Nakornrajasima Province. The samples were government retirement during 1995-2000 numbering 130 samples. The study found that majority of the samples had moderate level of adjustment was 62.3%, followed by positive level of adjustment was 36.9% and only 0.8% had negative adjustment when considered on each part found that, self-concept adjustment about self-esteem was positive at 53.8%, role adjustment was moderate level was 56.2% and interdependentce relations adjustment was moderate level was 81.5% and found that preparing before retirement, marital status and relationship in family had association with adjustment after retirement with statistical significance. As for job description before retirement, position classification before retirement, period of time after retirement, doing hobby and social activities had not association with preparing after retired.

Suree Bunyanuphong (1991: 37) studied on life style among older persons in the city that was to investigate that how did adjustment among older persons living in the urban, and how did they have any problem? The study found that the samples were low income, unable to support their descendants had high education; their descendants had not good knowledge for good occupation except labour force. They had to do homework and cared descendants nowaday. Current income they would get by their descendants it was sufficient only one day, did not remain tomorrow or for treatment. The older persons who had disease when they were ill had to pay for cure although the older persons would have free treating privilege but yet must depend on the neighbor take them to hospital due to the hospital was way far and their descendants lived far from there. Thus, they would have anxiety about their health and concern about descendants would keep them. But they still expected that they probably work and be healthy including able to work.

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Thasanee Kregkunthorn (1993: 66-87) studied on social support and older persons adjustment in Muang Saraburi Municipality. The sample of this study was older persons who was over 60 years of age and lived in sub-community in Muang Saraburi Municipality was found that older persons had whole adjustment ($\bar{X}$=3.29, S.D.=0.30), physiological adjustment ($\bar{X}$=3.31, S.D.=0.34), self-concept adjustment ($\bar{X}$=3.12, S.D.=0.44), role adjustment ($\bar{X}$=3.47, S.D.=0.37) and interdependence relation adjustment ($\bar{X}$= 3.35, S.D.=0.44) these were moderate level and found that social support, marital status, income had association with older persons adjustment with statistical significance. As for gender and type of family had not association with older persons adjustment.

Benchawan Phomsamaphitak (1993: abstract) studied on selected factors relating with psychosocial adjustment among older patients who were admitted in government hospital in Bangkok Metropolitan numbering 160 samples. The studied was found that most of whole psychosocial adjustment was moderate level was 58.13% followed by proper level was 37.5% and only 4.37% had improper psychosocial adjustment when considered on each part of adjustment found that self-concept adjustment, role adjustment, interdependence relation adjustment and adjustment on pain and uncomfortable were moderate level. In addition, it yet found that education level, perceived meaning of painful, satisfaction to hospital environments, supporting by staff in hospital and supporting by their family, these had positive association with psychosocial adjustment among patients with statistical significance at p-value<.01, whereas, gender, age had not association with those of older patients and it was found that supporting by their family, satisfaction to hospital environment, supporting by staff in hospital and perceived meaning of painful were able to predict psychosocial adjustment among older patients was 50.78%

Noppharat watthanasing (1993: abstract) studied on adjustment among the teacher in primary school after retirement in Ubonrachathani Province. The samples of this study was teacher who were retirement in Ubonrachathani Province numbering 90 samples that was found that

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1.Physical health; retirees having health problem was 51.1% they stated that they often have a stroke about 100%, unsleeping was 91.3%, Hypertension was 80.4%, they had method of solving problem by doing hobby was 76.0%, bought drug 73.9% and rest was 54.3%

2. Psychological health; retirees group had negative mental health was 11.2%, the studied mental health such as irritable was 40.0% loneliness was 30.0% most of them would solve a problem by listening Dhamma, exercise and rest was 60.0% and took drug for depress nervous was 40.0%.

3.Economy; Retirees was still responsible on economy was 25.5%, did not have income from other resources except pension was 51.2% and had economic problem was 13.3%, had responsibility to descendants' education was 34.7%, expense for dwelling was 30.4%, most of solving problem by selling their property was 56.5% and working was 43.4%

4. Marital status; Retirees had not marital status problem that was not changed because of they still lived together was 75.5%

5. Social; Retirees was able to adjust their self to the peers, relative and they were accepted by the others liked the past.

6. Using knowledge; Retirees performed their self to be benefit for public by being consultant in community and neighbor was 30.0% and being educational committee was 28.8% and participated in merit-making ceremony in community was 23.3%

7. Dwelling; retirees had dwelling problem was 5.6% they stated their dwelling was small; they would sovle a problem by visiting their descendants, making peace-mind and developing their dwelling.

Phitchayaporn Moonsil, et al., (1993: 406-410) studied on factors effecting older persons adjustment after retirement. The sample was a group of retirees or older who did not work because of old age lived in Bangkok Metropolitan and surrounding provinces numbering 700 samples it was found that they had moderate adjustment level when considered on each part of adjustment found that adjustment on role and emotion was high level whereas, adjustment on living in family, physical change, security in life and social activities were moderate level. The factor affecting

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retirement adjustment such marital status, education level, economy, living in family, and occupation before retirement, planning before retirement, need for living after retirement and satisfaction in life in the past. As for gender, number of year after retirement, number of member in family and health condition did not affect adjustment among retirement.

Premrudee Sriram (1996: 45-56) studied on loneliness and older persons adjustment in Angthong Province by investigating on older persons was 60 years up numbering 250 persons and they had to live in urban and rural area in Angthong Province. The results were found that mean score on whole adjustment among older persons was 149.18, standard deviation was 11.91, mean score on physiological adjustment was 62.30, standard deviation was 7.88, mean score on self-concept adjustment was 47.31 whereas, standard deviation was 4.32, mean score on role adjustment of older persons was 25.16, standard deviation was 2.65 and means score on interdependence relations adjustment was 14.42, standard deviation was 1.53 and found that gender, income, marital status had association with older persons adjustment with statistical significance. As for type of family and border of dwelling had not association with older persons adjustment and loneliness, income and marital status was can be predicted older persons adjustment was 29.7%

Khuanrak Suksomhatai (1997: abstract) studied need and social adjustment among older persons in Bangkok Metropolitan and surrounding provinces numbering 259 samples. The study investigated on social adjustment among older persons comprising self-understanding and self-esteem, mental security, listening and understanding other persons, giving and receiving a love and no fear found that health condition, border of dwelling, life style, education and economic condition influencing social adjustment among older persons that it was found that factor on health the sample explained that having healthy affected older persons adjustment, whereas having good education and lived in Bangkok Metropolitan able to adjust their self regarding mental security, listening and understanding other persons. As for the older persons who participated in activities would give and receive a love from the others and did not anxiety about living similar to who have money, they also did not

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anxiety about living. Whereas, older persons who stayed in the currently environment would self-understand and had self-esteem.

Sutthinan Namphet (2001: 129-152) studied on relationship between selected factor with older persons'adjustment after retirement in Phetchaburi Province. The sample of the study was the samples of retirees during 1992-1997 who lived in Phetchaburi Province at least 1 years ago numbering 220 samples. The study was found that most of the samples had whole adjustment after retirement was moderate level at 64.5% followed by high level was 32.8% and low level was only 2.7%. When considered in each part was found that most of the samples had role adjustment, physiological adjustment and self-concept adjustment was moderate at 64.5%, 55.9% and 54.1% respectively. Whereas, interdependence relations adjustment was high level at 56.8% and found that position classification before retirement, personality, income and preparing before retirement such as whole preparing, physical, mental, dwelling, economy, hobby and social participation, attitude toward retirement had association with adjustment of retirement with statistical significance. As for period after retirement, gender, marital status, education level, type of family was not association with adjustment of retirement. Factor predicting retirement was attitude toward retirement, mental preparation before retirement, personality and social participation these can be predicted adjustment after retirement was 47.70% (r^2_{adj} = .477)

2.5.2 Foreign Research

Lipman (1961 cited by Kanokwan Sillapakamphiset, 1984: 29) studied on role and morale concept of retirees' spouse. The samples of this study were 100 couples who were over 60 years old that they were investigated that role concept of male and female had association with adjustment pattern, or not? It was found retirement affected changing activities such as before retirement; female and male had sex separated activities. The male would perform only his job whereas, female was housewife but when they have been retired they had free time would be interested in

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housekeeping that was not difference of the function between male and female. Both of gender would help together and had understood in their late life.

Linn, et al., (1979 cited by Kanokwan Sillapakamphiset, 1984: 29) studied on differences by sex and ethnicity in the psychosocial adjustment of the poor older persons. The study was investigated on psychosocial adjustment of 203 poor older persons who were over 65 years old both of male and female that was divided into white group was 109 persons, black was 100 persons and Cuba was 74 persons. The results were found that adjustment of cultural function of male and female was similar of 3 groups. Female had social participation better than male and having visited her peers and family too. Whereas, healthy older persons would have low adjustment, older persons who was low social class would have also low self-respect.

Kenyon (1986: abstracts [online] Available: http://buu.thailis.uni.net.th/dao/detail.nsp) studied on the coping process and adjustment of the institutionalized elderly following relocation (long-term care). The samples of this study were 789 older persons would be interviewed regarding adjustment that was found that changing environment was high level that had association with whole adjustment, psychological behavior and life satisfaction was also high after relocation 1 week and 4 weeks and there was high self-focus that had association with whole adjustment, whereas low functional level after relocation 1 week and there was association with morale at low level after relocation 4 weeks.

Armer (1989: abstracts [online] Available: http://buu.thailis.uni.net.th/dao/detail.nsp) studied on factors Influencing relocation adjustment among community-based rural elderly. The samples of this study were 50 older persons. The results were found that relocation affected positive image to perceived choice of new relocation, efficacy to prediction, perceived on social support and perceived appraisal had association with older persons adjustment. As for age, perceived on health status, period of living, benefits, and assistance of coping problem had association with older persons adjustment.

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Wilson (1989: abstracts [online] Available: http://buu.thailis.uni.net.th/dao/detail.nsp) studied on quality of sibling relationships: relation to psychosocial adjustment in the elderly. The samples in this study were 130 older persons in St. Louis community that was found that quality of sibling relationship had association with psychosocial adjustment among older persons. The quality of sibling relationship can be predicted to psychosocial adjustment among older persons better than quantity of sibling relationships, sibling relationships were important to older persons who were widows or non-children more than who have spouse and children and their children fostered them more than relatives, especially older persons who were widows or divorce. As for changing sibling relationship between spouse and peers was not difference from children. Sibling relationships having most closely relationship between female and female, between male and female was low. Closely relationship between male and male was lowest.

Tesch, et al., 1989: abstracts. [Online] Available: http://www.lib.umi.com/dissertation/results), studied on social relationships, psychosocial adaptation and intrainstitution relocation of elderly men. The samples was male aged between 53-91 years old who relocated, numbering 40 persons. The study found that male older persons had attitude toward being older persons was low and had friend was lower than male older persons who did not relocate. Male who had kindness would have more change after they relocate that was more than male did not relocate.

Reschovsky & Newman (1990: abstracts [online] Available: http://www.lib.umi.com/dissertation/results) studied on adaptation for independent living by older frail households. The study was to investigate on how did older frail households who cope problem and need for independent living? The study was considered need of activity in household, consumption adjustment and health activities. These were found that an inadequate income and informal support effected coping problem and need for independent living was low level and family would like to support older persons frail received those of supporting.

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Sanford (1991: abstracts. [Online] Available: http://buu.thailis.uni.net.th/dao/detail.nsp) studied on pattern of adjustment among the homeless elderly: investigation into their personal histories and characteristic. The samples of this study were 20 homeless older persons was found that pattern of changing of having dwelling to homeless had 6 stages was (1) denial/ withdraw (2) Against (3) negotiation (4) sorrowful (5) acceptation (6) homeless and found that psychological factors, refusing angry and sadness, had association with adjustment process due to they had not dwelling was moderate level, formal supporting system or government welfare had association with adjustment process due to had not dwelling was moderate level. Informal supporting system, family and peers, had association with adjustment due to had not dwelling was moderate level and human resource was comprised of education, career and currency status. These had reverse association with adjustment process due to had not dwelling was high.

Aquino (1992: abstracts [online] Available: http://buu.thailis.uni.net.th/dao/detail.nsp) studied on social support and the adjustment of elderly prison inmates (life satisfaction, depression) the participants in this study was 63 prison inmates of over 50 years old. From studying in qualitative was found that social support was association with life satisfaction and had not association with depression and number of reporting on discipline. In addition, it was found that perceived on social support by external institute person and social support from staff was association with life satisfaction and number of reporting on discipline respectively. As for studying in quantitative was found that social support from external institute person and internal institue person had not association with older persons adjustment.

Armer (1993: abstracts [online] Available: http://intl.highwire.org) studied on elderly relocation to a congregate setting: Factors influencing adjustment that there was to study association between perceived on occasion of relocation, ability to prediction, social support perception, thinking appraisal with coping appraisal strategies among older persons relocation to a congregate setting in New York City that was found that perceived on occasion of relocation, ability to prediction, social support perception and thinking appraisal to relocation that it was threatening, or

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challenge. These were association with older persons adjustment and was found that most of older persons had positive attitude to relocation and perceived that relocation was challenge. This result would be able to explore a meaning of older persons relocation and it was guideline to helping older persons successful.

Cairney & Wade (1998: abstracts [online] Available: http://intl.highwire. org) studied on reducing economic disparity to achieve better health: modeling the effect of adjustments to income adequacy on self-reported morbidity among the elderly in Canada, the samples was older persons having 64 years of age numbering 1,943 persons was found that adequate income had association with illness.

Chiu lin (1999: abstracts [online] Available: http://buu.thailis.uni.net.th/ dao/detail.nsp) studied on the adjustment process of elderly widows (Chinese text) the study was a qualitative study that investigated on 15 older persons widows of over 55 years old. The study was found that coping appraisal strategies to adjustment due to a spouse's death among older persons widows was classified on 6 features as following:- perception, behavior, reaction with the others, changing interest, and future planning. The older persons widows probably used more than one coping strategy and there was different adjustment. Approximately 1/3 of older persons widows had less sadness and spent a short time to adjustment. Approximately 1/3 of older persons widows had sadness and spent a time to adjustment about 6 months and another 1/3 of older persons widows were still sadness although their husbands were pass a way over 2 years ago. In addition, found that factor affecting older persons widows adjustment was personality, religious believe, education, health status, spouse ralationship, husband care during his illness, cause of husband's death, death ceremony, relationship in family, social support net work, cultural believe, social attitude, percieving a widow, and experience of the past.

Dunn, 2001: abstracts [online] Available: http://wwwlib.umi.com/dissertation/result) studied on adaptation to chronic pain: Religious and non-religious coping in Judeo-Christian elders by investigated on of 200 older persons in Midwestern city that was found that chronic pain level had association with physical

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functional deficient and depression including it also had negative association with psychological quality of life. In addition, found that chronic pain older persons would apply on coping problem both of religious and non- religious coping chronic pain. However, older persons who states that using religious coping had deficient of physical function was low, but there was loneliness and psychological was high. As for older persons who had physical functional deficiency would apply on non-religious coping was more than older persons who used religious coping. Hence, coping appraisal problem both of religious and non-religious was importance to adjustment to chronic pain.

Drungle (2001: abstracts [online] Available: http://wwwlib.umi.com/ dissertation/result)) studied on positive psychosocial adaptation in later life: Use of meaning-based coping strategies by nursing home residents. The samples of 94 older persons were interviewed about deficient perception and reporting they're unhealthy among older persons who was healthy. The study was to investigate on relationship between meaning based coping statregies such as positive reappraisal, religious believe and emotional quotient making situation with positive psychosocial performance such as positive impact and psychological quality of life. These were found that positive reappraisal and emotional quotient making situation had association with positive impact and psychological quality, as for religious believe had not association with positive psychosocial performance.

Lang, et al., 2002: abstracts [online] Available: http://psychsoc. gerontologyjournals. org) studied on adapting to aging losses: Do resources facilitate strategies of selection, compensation, and optimization in everyday functioning? By using data of The Berlin Aging Study about 4 years to compared adjustment indicator of optimization in daily living among longevity and short lived older persons was found that longevity older persons had (1) most of the time they would live with member in family (2) Reduced several activities (3) Often sleep and long in midday (4) More spent times to several activities after 4 years.

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Baarsena, 2002: abstracts [online] Available: http://psychsoc.gerontologyjournals.), studied on the impact of social support and self-esteem on adjustment to emotional and social loneliness following a partner's death in later life. The objective of this study was to investigate self-esteem and social support with adjustment due to social loneliness with a partner's death. The samples of this study were older persons was 55-89 years old numbering 101 samples both of before and after partner's deaths. The study was found that losing a partner affected them was low self-esteem and had emotional lonliness and social loneliness was high level, perceiving social support was low level and social support as be person was association with emotional loneliness was low.

2.6 Summarized on the key variables of conceptual framework, theory and related research

From concept and theory of adjustment were summarized on important variables that affected poor older persons' adjustment in Phetchabun province as following

Table 2 Key variables derive from the concept, theory and related research.

Variable	Concept, theory and related research
Dependent variable	
Poor older persons	Concept on Agarwal, (1980)
adjustment	Concept of Anchalee Chumphadachameekorn (1994)
	Noppharat Watthanasing (1993)
Independent variables	
Health status	Kanokwan Sillapakumphiset (1984)
	Khuanrak Suksomhatai (1997)
participated in older persons'	Activities Theory (Havinghurst, 1953)
group/club	Duangrudee Lasukha (1984)

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Table 2 Key variables derive from the concept, theory and related research. (cont.)

Variable	Theory, concept and related research
Vision of life	Concept of Banloo Siriphanich (1993) Concept of Sasiphat Yodphet, et al., (1997; 1998a; 1998b)
Self-esteem	Self-esteem concept (Coopersmith, 1967; Kitts, 1972; Rosenberg, 1965 cited by Gurney, 1988)
Relationship in family	Amphairat Klinkhachorn (1990) Benchama Laohaphunrangsri (1991)
Social support	Schaefer, et al. (1981) Tatsanee Greggunthorn(1993)

From reviewed meaning and indicator of poor older persons, meaning and concept on adjustment, poor older persons'adjustment and related research mentioned. It was can be seen that the trend of poor older persons would experience on problem on economy, physical health, mental, and social more than general older persons. Thus, poor older persons would have to adjust their self-live in the society and yet remaining healthy, good living and lived in society with happiness. In this study formulated a definition of poor older persons were an aging both male and female were over 60 years of age, not living alone, had an income equal to or lower than 780 bath/month which according to self-assessment was insufficient funds and lived in Phetchabun province. The author would study on poor older persons' adjustment of 4 parts that comprising adjustment on economy, physical health, mental and social. From reviewing literature mentioned, it can be seen that poor older persons did not receive helping from government section thus, they would solve a problem by adjustment. In this research would be benefit to perceiving situation on poor older persons' adjustment regarding economy, physical health, mental and social. In this implementation would be a stimulation to related section helped and supported the poor older persons such as supported them had more adjustment by supporting money to them. When they had enough money to spend in their life that

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was they would be able to develop their life, develop model of health promotion and prevention including they were available service with convenience. They would be one part of community and wished to participated in activities in the village and felt that they had high self-esteem. Finally, this study was to develop related personnel had knowledge and skill for implementation among older persons adding knowledge including it was adding knowledge about older persons to further study.

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CHAPTER 3

RESEARCH METHODOLOGY

This study was to investigate adjustment of poor older persons in Phetchabun Province. The study focussed on quantitative study and supported by a qualitative study to explore detail of this study. The detail was divided into 5 parts as following aspects: -

3.1 Research population

3.2 Sample and sampling method

3.3 Research instrument and development

3.4 Data collection

3.5 Statistical analysis

3.1 Research population

This study was unable to limit the finite population because of the definition of poor older persons for the author determined this study. The author reviewed concept, indicator of poverty among general people of Kritsada Boonchai (1998 cited by Narong Phetprasert, 1998: 120-125); Charoenchit Phothong, et al. (1999: 12); Narong Phetprasert (2002: 13-14); Prayong Nettayarak (2001 cited by Thailand Development and Research Institue, 2001: 35-37); Mattana Phananiramai & Nongnut Sunthornchawagan (2001 cited by Sutthichai Chittapangun, et al., 2001: 4-5); Community Organization Development and community Leader Institute (2001 cited by Thailand Development and Research Institue, 2001: 1-9) and Somchai Chittasuchon (2001 cited by Thailand Development and Research Institue, 2001: 1-21) to studied index and indicator of poverty under various dimensions. The term of its dimensions were applied on indicator of poor older persons in this study that thesis advisor audited validity and content including consistency with social context among poor older persons. The advisor had given meaning of poor older persons for this

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study that an aging both male and female were over 60 years of age, not living alone, had an income equal to or lower than 780 bath/month which according to self-assessment was insufficient funds and lived in Phetchabun province.

3.2 Sample and sampling method

3.2.1 Determination of infinite sample size by using Multiple Regression of Kerlinger & Padhazur (1973 cited by Thawatchai Worrapongsathorn, 1989: 60)

Formula, $\frac{n}{K} \geq 30$

Determined n = Number of samples

K = Number of variables

Replaced in equation $\frac{n}{6} \geq 30$

$n \geq 30 \times 6$

$n \geq 180$

Thus, for completion of studied sample size, the author formulated sample size was 185 samples.

3.2.2 Random sampling for quantitative data collection was applied on multi-stage random sampling as follows: -

3.2.2.1 Sampling three of eleven districts in Phetcahbun province were selected for names of district for bring sample such as - Muang-Phetchabun, Vichianburi and Chondan districts.

3.2.2.2 Sampling one sub-district of each district such as Tumbon Saduang, Muang Phetchabun District, Tumbon Subsomboon, Vichianburi District and Tumbon Thakham, Chaodan District.

3.2.2.3 Sampling three villages of each sub-district totaled 9 villages to selected poor older persons by purposive. The poor older persons for this study was who had characteristic following a criterion of definition of this research was an aging both male and female were over 60 years of age, not living alone, had an

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income equal to or lower than 780 bath/month which according to self-assessment was insufficient funds and lived in Phetchabun province. The author would survey name list of them by using data on Basic Minimum Needs (BMN) in each village. The author would have meeting among leader of community to considered proper characteristic among poor older persons following a criterion of basic selection then the author would interview them to verify their history and characteristic that whether they had proper characteristic under the criterion, or not? The studied target was 185 older persons.

3.2.3 Samples for qualitative data collection, its data would be gathered to support qualitative study. An implementation would focus on process and result of poor older persons' adjustment regarding how did they adjust them self about economy, physical health, mental and social throughout factors as affect them?

3.2.3.1 After analyzing quantitative data it was classified adjustment among poor older persons on 2 groups following type of adjustment such as positive and negative by based on the mean score. The poor older persons had whole score more than or equal mean score was positive and score on bad adjustment was negative.

3.2.3.2 Adjustment score was considered for selecting sample that investigated as follows poor older persons having first two levels of adjustment score in each part was highest. There was numbering 8 older persons and first two levels were lowest had 8 older persons totaled 16 older persons. In the even that there was repeated name the author would interview next poor older persons. For interviewing of this step was conducted following.

3.3 Research instrument and development

3.3.1 Building instrument

Instrument for collecting data was interviewing form and in-dept interview form, which was developed by the author as follows: -

3.3.1.1 Studied on concepts, theories, texts, various documents and related research that covered content and research objectives. These were applied on interview form and in-dept interview form.

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3.3.1.2 Interview form, applied conceptual framework to build questions, which consisted of 6 sections as follows: -

Section 1: Socio-demographic of poor older persons comprised of 11 items of opened and enclosed question. This section was investigated about age, gender, marital status, educational level, number of member in family; member lived with poor older persons, average income, source of income, health status, being participated in older persons' group/assembly and characteristic of dwelling.

Section 2: Data on vision of life comprised of 17 questions which was two choices such as: - agree and disagree. Each item would be negative or positive statement that used formulation in following aspect: -

	Positive	Negative
Agree	1	0
Disagree	0	1

Classifying level of vision of life by depending criterion of group. Because of the interviewing form for this study was developed by the author and only analyzed for comparison within poor older persons group. The vision of life was divided into 2 levels were positive and negative by using the mean score that was shown setting level of vision of life as follows: -

$$\text{Formulated mean } (\bar{X}) = \frac{\text{Total scores of sample}}{\text{Number of sample}}$$

Received 11-17 scores referred to having positive vision of life

Received 1-10 scores referred to having negative vision of life

Section 3: Data on self-esteem comprised of 18 items which apply on 3 rating scales such as: much, moderate and low. Each item was defined positive or negative statement which shown detail in table below:

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	Positive	Negative
Much	3	1
Moderate	2	2
Low	1	3

Classifying self-esteem level by based on a group score. This questionnaire was interviewing form that was built by the author and analyzed to compare within a group of poor older persons who were sample in this study. The self-esteem was divided into 2 levels were positive and negative by using mean score under criteria that can be seen as follows

$$\text{Formulated mean } (\bar{X}) = \frac{\text{Total scores of sample}}{\text{Number of sample}}$$

Received 42-54 scores referred to having positive self-esteem

Received 18-41 scores referred to having negative self-esteem

Section 4: Data on relationship in family was comprised with 15 items which applied on 3 rating scales such as: much, moderate and low. Each item would be positive or negative statement that used formulation in following aspect: -

	Positive	Negative
Much	3	1
Moderate	2	2
Low	1	3

Classifying level of relationship in family by depending criterion of group that was derived from in this study would be analyzed only the term of poor older persons. The term of relationship in family was divided into 2 levels; there was positive and negative level by using mean score that criterion of formulation was shown as follows: -

$$\text{Formulated mean } (\bar{X}) = \frac{\text{Total scores of sample}}{\text{Number of sample}}$$

Received 26-33 scores referred to having positive relationship in family

Received 11-25 scores referred to having negative relationship in family

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Section 5: Data on social support was comprised with 13 items which applied on 3 rating scales such as: much, moderate and low. Each item would be positive or negative statement that used formulation in following aspect: -

	Positive	Negative
Much	3	1
Moderate	2	2
Low	1	3

Classifying social support level by depending criterion of group that was derived from in this study would be analyzed only the term of poor older persons. Th e term of social support was divided into 2 levels; there was positive and negative level by using mean score that criterion of formulation was shown as follows: -

$$\text{Formulated mean } (\bar{X}) = \frac{\text{Total scores of sample}}{\text{Number of sample}}$$

Received 30-39 scores referred to having positive social support

Received 13-29 scores referred to having negative social support

Section 6: Data on poor older persons' adjustment was comprised with 50 items which was applied on 3 rating scales such as: often, less and never. Each item would be negative or positive statement that used formulation in following aspect: -

	Positive	Negative
Often	3	1
Less	2	2
Never	1	3

Classifying poor older persons' adjustment level by depending criterion of group that was derived from in this study would be analyze only the term of poor older persons. The term of poor older persons' adjustment was divided into 2 levels; positive and negative level by using mean score that criterion of formulation was shown as follows: -

$$\text{Formulated mean } (\bar{X}) = \frac{\text{Total scores of sample}}{\text{Number of sample}}$$

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Received 113-150 scores referred to having overall of positive adjustment
Received 50-112 scores referred to having overall of negative adjustment

As for adjustment in each part had question was unequal thus the author would adjust base of score to be equal by using $\overline{X}$ for interpretation. It was calculated by

$$\text{Formulated mean } (\overline{X}) = \frac{\text{Total scores in each part of sample}}{\text{Number of sample}}$$

Financial adjustment
Received 24-33 scores referred to positive financial adjustment
Received 11-23 scores referred to negative financial adjustment

Physical health adjustment
Received 30-39 scores referred to positive physical health adjustment
Received 13-29 scores referred to negative physical health adjustment

Psychological adjustment
Received 31-42 scores referred to positive psychological adjustment
Received 14-30 scores referred to negative psychological adjustment

Social adjustment
Received 31-36 scores referred to positive social adjustment
Received 12-30 scores referred to negative social adjustment

3.3.1.3 In-depth interview form, the author created question guideline for in-dept interview that was consistent to objectives, conceptual framework to studied methods and results of poor older persons' adjustment regarding finance, physical health, mental and society including studied factors supporting or being barrier to poor older persons' adjustment. The guideline of question was asked following aspects: -

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Guideline of the question for in-depth interview

Currently did you think that?

1. How method that make you have enough money for spend in each day?

2. How about of your achievement was?

3. What did supporting factors as affected you had to do that?

4. What obstacle affected you had not enough money to spend in daily?

5. How method did you are healthy and did not dependency to your descendants?

6. How about of your achievement was?

7. What were supporting factors as affected you have to do that?

8. What obstacle affected you are healthy and did not dependency to your descendants?

9. How method affected your ability to relieve sadness and stress?

10. How about of your achievement was?

11. What factors affected you do that?

12. What was obstacle affected your ability to relieve your sadness, anxiety and stress?

13. How method affected being one part of social and respected by social?

14. What was causation making you do that?

15. What factor affected you do that?

16. What was obstacle affected your ability to be one part of social?

17. How did you satify on adjustment of economy, physical health, mental and social? (Interviewing satisfaction on poor older persons' adjustment who satisfied in one part of variables)

3.3.2 Quality of instrument

3.3.2.1 Studied method of building instruments for research and creating interviewing form and in-dept interviewing form by applied concept, theory, text, document, research and thesis related to older persons adjustment. These were used for formulating conceptual framework in this research.

3.3.2.2 Checked the quality of questionnaire by the thesis's advisor and experts in older persons to examine its correctness for the content validity and

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construct validity. Then the researcher developed further before trying out the questionnaire.

3.3.2.3 Tried out questionnaires with a group of population similar to sampling group numbering 30 poor older persons. They were poor older persons in Ladkae sub-district, Chondan district.

3.3.2.4 Then, a questionnaire mentioned was analyzed by coefficient alpha (Boontham Kitpreedaborisut, 1997: 212)

By formula $r_{tt} = \left[\frac{K}{K-1}\right]\left[1 - \frac{\Sigma s^2_i}{s^2_t}\right]$

Given k = Number of overall questions

s^2_i = variance of each item

s^2_t = variance of total score

Precision of the questionnaire was:-

1) Vision of life	the reliability was .7038
2) Self-esteem	the reliability was .8084
3) Relationship in family	the reliability was .7467
4) Social support	the reliability was .8153
5) Overall of poor older Persons' adjustment	the reliability was .7782
6) Adjustment on finance	the reliability was .6294
7) Adjustment on physical health	the reliability was .7318
8) Adjustment on psychological	the reliability was .7904
9) Adjustment on social	the reliability was .8072

Then analyzed on discrimination power by item that was divided into high and low score of group about 25% after that analyzed mean difference by using t-test that was shown in Appendix

3.3.2.5 A questionnaire was developed once again for a completion of the questionnaire to used go on.

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3.4 Data collection

3.4.1 Requested formal letters from Department of Education, Faculty of Social Science and Humanity, Mahidol University informing 3 Sub-district Administration Organization (SAO) to cooperate in implementation.

3.4.2 Liaison with health center officer or village health volunteers having qualification with grade 12 or equivalent. They would be assistant researchers.

3.4.3 Trained researcher assistants to informed research objectives and made understanding in detail such as interviewing technique and trained interviewing.

3.4.4 Gathering data during September to November 2003. The author and assistant researches conducted quantitative data collection. We would directly interview the samples then verified a completion of the questionnaires for analysis.

As for qualitative data collection to supported the quantitative study for apparently detail of the study. The author studied a methods and results of adjustment among poor older person that how did they will have adjustment on economy, physical health, mental and social?, and explored factor supporting or being obstacle to adjustment among poor older persons by interviewing the older persons about positive adjustment and negative adjustment. A method of selecting samples by selecting poor older persons having score on adjustment was the first two highest level that there were 8 persons and the first two lowest level that there were 8 persons. In interview if there was name list was repeated the author would select the next person for in-dept interview go on.

3.5 Statistical analysis

3.5.1 Quantitative analysis

3.5.1.1 Supervised and completed questionnaires

3.5.1.2 Given score on each section of questionnaire

3.5.1.3 Coding a proven data into computer and analyzed by using statistical Package for the social science: SPSS/PC^{+} for these questionnaires as follows

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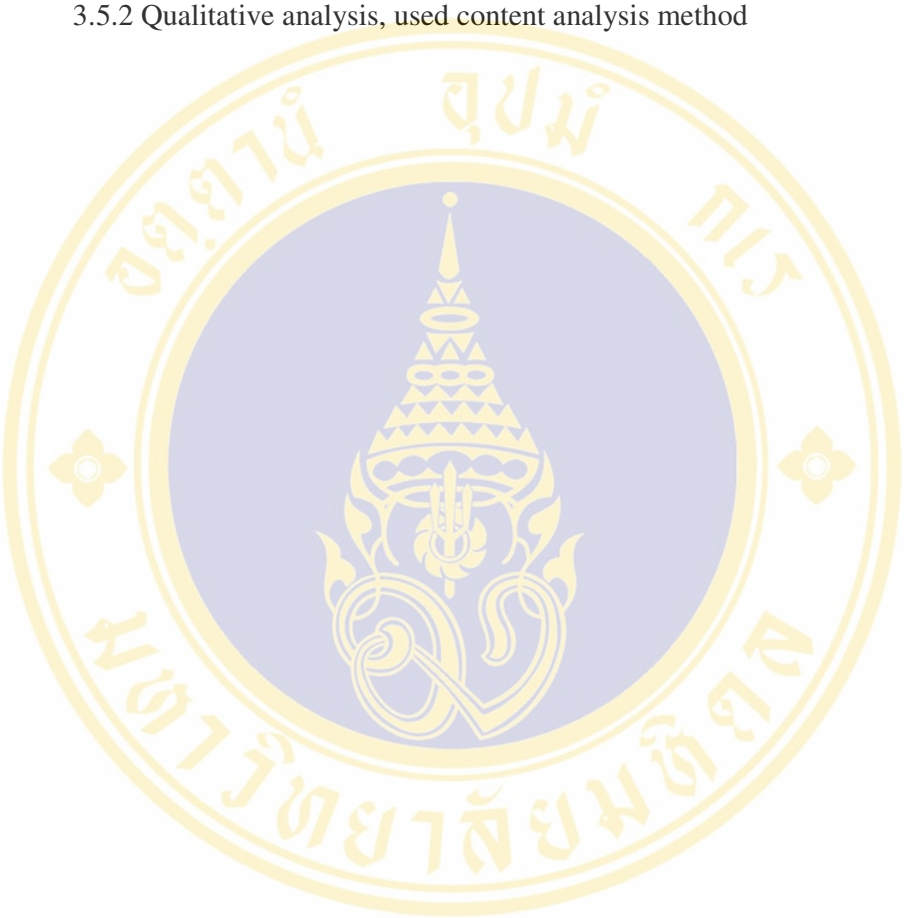
3.5.1.3.1 Descriptive Statistics analyzed preliminary data of sample such as: frequency, percentage, mean and standard deviation

3.5.1.3.2 Inferential Statistics, analyzed influence between dependent and independent variables by using Stepwise Multiple Regression Analysis

3.5.2 Qualitative analysis, used content analysis method



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CHAPTER 4

RESULTS

This research was to study on adjustment of poor older persons regarding finance, physical health, psychological and society including factors affecting poor older persons' adjustment in Phetchabun province. The results were shown as follows:-

4.1 Socio-demographic
4.2 Vision of life among poor older persons
4.3 Self-esteem among poor older persons
4.4 Relationship in family among poor older persons
4.5 Social support among poor older persons
4.6 Adjustment among poor older persons
4.7 Factors affecting adjustment among poor older persons

4.1 Socio-demographic

This study was found that female (62.16%) was more than male (37.84%), most of age (56.22%) was between 60-69 years old. Age average was 69 years of age ($\bar{X}$= 69.32, S.D. = 6.80), most of marital status was widow (49.19%) followed by couple (44.87%). Majority of education level was primary school (58.38%) followed by illiterate (41.08%). There was 2-4 members in family (61.62) followed by 5-7 members (33.51%) and by average there was 4 person in each family ($\bar{X}$=4.17, S.D. =1.92). Most of poor older persons would lived with descendants (72.43%) followed by their spouse (44.32%) and an income was found that they had an income about 400-780 baht/month (74.59%), average income was 526 baht/month ($\bar{X}$=526.24, S.D.=211.30), most of source of income was supported by their descendants or relative (74.59%)

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As for health status was found that the participants appraised their health status that most of them was sometime ill (58.38%) and they never participated in older persons' group/assembly (54.59%), most samples did not participated in activities and revealed that they did not know that there was an activity (31.68%) followed by unhealthy (19.80%)

From a notice of type of dwelling among the samples was found that there was address covered all dwellings at 100%, most of them were security (77.30%), located in community (77.30%) and route of transportation was convenience (85.41%) that the detail was shown in Table 3.

Table 3 Number and percentage of samples categorized in accordance with socio-demographic

Socio-demographic	Number	Percentage
1.Gender		
- male	70	37.84
- female	115	62.16
2.Age		
- 60-69 years	104	56.22
- 70-79 years	69	37.30
- over 80 years	12	6.48
($\bar{X}$ = 69.32 , S.D. = 6.80 , Min = 60 , Max = 95)		
3.Marital status		
- Single	1	0.54
- Couple/ Marriage	83	44.87
- Widow	91	49.19
- Divorce	4	2.16
- Separate	6	3.24
4.Education level		
- Illiterate	76	41.08
- Primary school	108	58.38
- Secondary school	1	0.54

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Table 3 Number and percentage of samples categorized in accordance with socio-demographic (cont.)

Socio-demographic	Number	Percentage
5.Number of member in family		
- 2 – 4 persons	114	61.62
- 5 – 7 persons	62	33.51
- 8 – 10 persons	7	3.79
- over 11 persons	2	1.08
($\bar{X}$ = 4.17 , S.D. = 1.92 , Min = 2 , Max = 12)		
6.Member lived with older persons (N=185)		
- Father/Mother	2	1.08
- Husband/ Wife	82	44.32
- Son	59	31.89
- Daughter	75	40.54
- Son-in-law	35	18.92
- Daughter-in-law	20	10.81
- Descendants	134	72.43
- Others	2	1.08
7.Average income/month		
- 0 – 399 baht	47	25.41
- 400 – 780 baht	138	74.59
($\bar{X}$ = 526.24 , S.D. = 211.30 , Min = 0 , Max = 780)		
8. Source of income (N=185)		
- No income	4	2.16
- Children / descendants / relatives	138	74.59
- Old-age pension	22	11.89
- Working	73	39.46
9.Health status		
- Healthy	21	11.35
- Sometime ill	108	58.38
- Weakness	56	30.27

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Table 3 Number and percentage of samples categorized in accordance with socio-demographic (cont.)

Socio-demographic	Number	Percentage
10.Praticipated in older person' group/club		
- Regularly	14	7.57
- Sometime	70	37.84
- Never	101	54.59
Cause of non participating in activities (N=101)		
-Don't know that there was an activity	32	31.68
- Health was improper	20	19.80
- No one take there	5	4.95
- Assigned to partner or child be agency	6	5.94
- No free time	7	6.93
- Unspecified	31	30.69
11.Characteristic of dwelling		
Number of address		
- Yes	185	100
- No	-	-
Type of residence		
-Security	143	77.30
-Insecurity	42	22.70
Distance from community		
-In community	143	77.30
- Near community	20	10.81
- Far from community	22	11.89
Route of communication		
- Convenience	158	85.41
- Inconvenience	27	14.59

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4.2 Vision of life among poor older persons

Form studying on vision of life among poor older persons was found that a half of the samples (50.27%) had positive vision of life and agreed that older persons should have some money to spend when they were necessary (96.76%), this age was duration of the rest among older persons (96.76%), older persons were who have experience in their life and able to teach descendants (95.68%), older persons were able to advise ritual making ceremony in the village (94.05%), older persons should be invited to participate in general ritual in the village (92.43%), older persons should visit their friend (89.73%), older persons should participated activities in the villages (81.62%), older persons should be satisfied to present living (80.54%), and they disagreed that older persons was unnecessary to care their self (71.35%), when they were illness, should wait for more symptom then went to clinic (64.51%)

The author found, however, that most of the samples agreed that older persons were terrible because unable to help their self as prior (89.73%), they should decrease doing daily activity (89.19%), older persons having descendants work in the different area affected older persons happiness (84.32%), living alone in the house that made them are sad (82.16%), and disagreed that older persons should work for their family (64.86%). The detail was shown in Table 4, 5

Table 4 Number and percentage of the samples categorized in accordance with vision of life among poor older persons

Vision of life among older person	Number	Percentage
Positive (11 - 17 scores)	93	50.27
Negative (1 - 10 scores)	92	49.73
($\bar{X}$ = 10.41 , S.D. = 1.79 , Min = 6 , Max = 15)		
Total	185	100

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Table 5 Number and percentage of the samples categorized in accordance with having vision of life among poor older persons by item.

Item	Statement	Conceptual level	
		Agree	Disagree
1*	Older persons were unnecessary to care their self	53 (28.65)	132 (71.35)
2*	When an illness was appeared they should wait for more symptom then went to a doctor	64 (34.59)	121 (65.41)
3*	They should decrease doing daily activity	165 (89.19)	20 (10.81)
4	This age was duration of the rest among older persons	177 (95.68)	8 (4.32)
5	Older persons were ready to experience to losing person being your lover	117 (63.24)	68 (36.76)
6*	Living alone in the house made them was sad.	152 (82.16)	33 (17.84)
7	Older persons should be satisfied to present living.	149 (80.54)	36 (19.46)
8*	Older persons were terrible because unable to help their self as prior.	166 (89.73)	19 (10.27)
9*	Older persons having descendants work in the different area affected older persons' happiness	156 (84.32)	29 (15.68)
10	Older persons should visit their friends	166 (89.73)	19 (10.27)
11	Older persons should participate activities in the village.	151 (81.62)	34 (18.38)
12*	Older persons who had no income, their descendants did not interest.	140 (75.68)	45 (24.32)
13	Older persons should have some money to spend when they were necessary.	179 (96.76)	6 (3.24)

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Table 5 Number and percentage of the samples categorized in accordance with having vision of life among poor older persons by item. (cont.)

Item	Statement	Conceptual level	
		Agree	Disagree
14	Older persons should work to support their family	65 (35.14)	120 (64.86)
15	Older persons were who have experience in their life and able to teach descendants	177 (95.68)	8 (4.32)
16	Older persons were able to advise doing ritual in the village.	174 (94.05)	11 (5.95)
17	Older persons should be invited to participate in general ritual ceremony in the village	171 (92.43)	14 (7.57)

(*) Negative statement referred to an item that had score was opposite the other items.

4.3 Self-esteem among poor older persons

As for self-esteem among poor older persons was found that more than half of the sample (56.22%) was positive self-esteem. The most of them had self-esteem level was moderate to much and most of self-esteem was revealed that they thought that their descendants were good person (99.46%), they properly behaved and be under moral (98.92%), they were important persons in their family (98.38%), they felt that they made their family is happy (98.38%), being honesty (97.84%), be paid respect by surrounded persons (97.84%), able to approached to the others (91.35%), being consultant of their family (91.35%), had confidence when they found the others (90.27%), and had moderate to low level regarding hopeless in their life and would like to be die (87.86%).

However, the author found that majority of the samples had agreement that they were healthy (92.43%), they could support the highest education to their descendants (75.68%) and they could help community by power, money or others (75.68%). The detail was shown in table 6, 7

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Table 6 Number and percentage of the samples categorized in accordance with self-esteem level among poor older persons.

Self-esteem level among poor older persons	Number	Percentage
Positive (42 - 54 score)	104	56.22
Negative (18 - 41 score)	81	43.78
($\bar{X}$ = 41.56 , S.D. = 4.87 , Min = 29 , Max = 54)		
Total	185	100

Table 7 Number and percentage of the samples categorized in accordance with self-esteem level among poor older persons by items

item	Statement	Conceptual level of self-esteem		
		much	moderate	low
1	You are honesty	76 (41.08)	105 (56.76)	4 (2.16)
2	You are healthy	14 (7.57)	130 (70.27)	41 (22.16)
3	You properly behaved and be under moral	68 (36.76)	115 (62.16)	2 (1.08)
4	You made your descendants are happy and well living	51 (27.57)	112 (60.54)	22 (11.89)
5	You never made others are terrible	109 (58.92)	53 (28.65)	23 (12.43)
6	You were important person in your family	134 (72.43)	48 (25.95)	3 (1.62)
7	You thought that your descendants were a good person	140 (75.68)	44 (23.78)	1 (0.54)
8	You felt that you made your family are happy	109 (58.92)	73 (39.46)	3 (1.62)
9*	You felt hopeless in your life and wished to be die.	28 (15.14)	49 (26.48)	108 (58.38)

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Table 7 Number and percentage of the samples categorized in accordance with self-esteem level among poor older persons by items (cont.)

item	Statement	Conceptual level of self-esteem		
		much	moderate	low
10	You could support the highest education to your descendants	29 (15.68)	91 (49.19)	65 (35.13)
11	You could do anything as same as this age should do.	48 (25.95)	95 (51.35)	42 (22.70)
12	You could solve general problem in your family	61 (32.97)	96 (51.89)	28 (15.14)
13	You could help family's working	74 (40.00)	84 (45.41)	27 (14.59)
14	You had confidence when you found the others	67 (36.22)	100 (54.05)	18 (9.73)
15	You could approach the others	114 (61.62)	66 (35.68)	5 (2.70)
16	You were consultant for your family	105 (56.76)	64 (34.59)	16 (8.65)
17	You could help community with power, money or others	45 (24.32)	94 (50.81)	46 (24.87)
18	You were respected by surrounding persons	54 (29.19)	127 (68.65)	4 (2.16)

(*) Negative statement referred to an item that had score was opposite the other items.

4.4 Relationship in family among poor older persons

As for relationship in poor older persons' family was found that more than half of the samples (53.51%) had positive relationship in family and they had conceptual level was moderate to much. They explained that they were able to complain when member in family made a mistake (92.97%), they were able to talk to everyone in family (91.89%), they were able to advise when there was problem in the family (90.27%) and had conceptual level was moderate to low and they explained

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that they quarreled to your descendants (94.59%), member in family was disturbed when the poor older persons requested do something (83.24%), Member in family abandoned them were alone (82.70%), member in family was not interested to their recommendation (79.46%), they would be angry or stress when their family argued them (78.92%) and when they had any problem, no one in family was their consultant (76.76%). The detail was shown in the Table 8, 9

Table 8 Number and percentage of the samples categorized in accordance with relationship in poor older persons' family

relationship in poor older persons' family	Number	Percentage
Positive (26 - 33 scores)	99	53.51
Negative (11 - 25 scores)	86	46.49
$\bar{X}$ = 25.74 , S.D. = 3.36 , Min = 15 , Max = 32		
Total	185	100

Table 9 Number and percentage of the samples categorized in accordance with relationship in poor older persons' family by item

Item	Statement	Relationship level in poor older person's family		
		much	moderate	Low
1	You were able to talk to everyone in family	114 (61.62)	56 (30.27)	15 (8.11)
2	You were able to advise when there was problem in the family	77 (41.62)	90 (48.65)	18 (9.73)
3*	Member in family was not interested to your recommendation	38 (20.54)	86 (46.49)	61 (32.97)
4	You and your member in family watched TV, Radio together	67 (36.22)	73 (39.46)	45 (24.32)
5*	Member in family abandoned you are alone	32 (17.30)	62 (33.51)	91 (49.19)

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Table 9 Number and percentage of the samples categorized in accordance with relationship in poor older persons' family by item (cont.)

Item	Statement	Relationship level in poor older persons' family		
		much	moderate	Low
6*	You quarreled to your descendants	10 (5.41)	53 (28.65)	122 (65.94)
7*	Member in family was disturbed when you had a request	31 (16.76)	58 (31.35)	96 (51.89)
8*	You would be angry or stress when your family argued you	39 (21.08)	73 (39.46)	73 (39.46)
9*	When you have any problem, no one in family was your consultant	43 (23.24)	76 (41.08)	66 (35.68)
10	You were interested in life condition of all your member in family	122 (65.94)	50 (27.03)	13 (7.03)
11	You were able to complain when member in family made a mistake	100 (54.05)	72 (38.92)	13 (7.03)

(*) Negative statement referred to an item that had score was opposite the other items.

4.5 Social support among poor older persons

As for social support among poor older persons was found that a half of samples (50.27%) had negative social support level and majority of them was moderate to much and the member in family paid a love to them (95.67%), member in family cared them (95.14%), member in family concerned them (94.60%), member in family expressed empathy to them when was illness (93.52%), member in family bought drug or took them to a doctor when they were ill (89.19%), member in family cared them about their appetite (87.03%), members in family were willing to explain a question to you (84.32%), member in family took care their journey when they go out (83.24%), member in family talked about their working to them (80.54%).

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The author found that, however, most of the samples' agreement was moderate to low level. They revealed that member in family gave them money to use (82.16%), member in family prepared the clothes (80.54%), member in family talked about social information to them (79.46%). The detail was shown in Table 10, 11

Table 10 Number and percentage of the samples categorized in accordance with social support level among poor older persons

social support level among poor older person	Number	Percentage
Positive (30 - 39 scores)	92	49.73
Negative (13 – 29 scores)	93	50.27
($\bar{X}$ = 29.28 , S.D. = 5.65 , Min = 13 , Max = 39)		
Total	185	100

Table 11 Number and percentage of the samples categorized in accordance with social support level among poor older persons by item

Item	Statement	social support level among poor older persons		
		much	moderate	Low
1	Member in family paid a love to you	98 (52.97)	79 (42.70)	8 (4.33)
2	Member in family concerned you	106 (57.30)	69 (37.30)	10 (5.40)
3	Member in family cared you	103 (55.68)	73 (39.46)	9 (4.86)
4	Member in family expressed empathy to you when you were ill.	105 (56.76)	68 (36.76)	12 (6.48)
5	Member in family talked about self-care of poor older persons to you	54 (29.19)	82 (44.32)	49 (26.49)
6	Member in family were willing to explain a question to you	80 (43.24)	76 (41.08)	29 (15.68)

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Table 11 Number and percentage of the samples categorized in accordance with social support level among poor older persons by item (cont.)

Item	Statement	social support level among poor older persons		
		much	moderate	Low
7	Member in family talked about their working to you	65 (35.13)	84 (45.41)	36 (19.46)
8	Member in family talked about social information to you	38 (20.54)	83 (44.87)	64 (34.59)
9	Member in family cared your journey when you go out	94 (50.81)	60 (32.43)	31 (16.76)
10	Member in family cared you about appetite	110 (59.46)	51 (27.57)	24 (12.97)
11	Member in family gave you money to use	33 (17.84)	91 (49.19)	61 (32.97)
12	Member in family cared you regarding preparing your clothes	36 (19.46)	88 (47.57)	61 (32.97)
13	Member in family bough drug or took you go to a doctor when you were ill	99 (53.51)	66 (35.68)	20 (10.81)

4.6 Adjustment among poor older persons

4.6.1 The quantitative results

4.6.1.1 Overall of adjustment

From the results of poor older persons' adjustment were found that more than half of the samples (56. 76%) had positive adjustment.

4.6.1.2 Financial adjustment

When considered on adjustment of each part. As adjustment above mentioned was found that the number of the item was unequaled hence, the author would adjust a base of the score by depending on mean ($\overline{X}$) for

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interpretation. Those were found that more than half of the samples (53.31%) had adjustment on finance was positive level and most of them stated that they were less to often practiced that can be explained that when they had enough money they would make ritual (96.76%), before they bought any thing they would consider necessary (92.43%), in each month they would allocated their expenditure was electric charge, water supply and medical care (69.73%) and the majority of samples revealed that less practiced to never practiced and explained that they switched on fan and television without using (97.30%), bought a lottery (97.30%) and bought drinking beverage (96.22%)

The author found that, however, most of the samples stated that they practiced low to never. They explained that currently, they had reinforcing occupation such as planted vegetable, sewing to more income (97.30%), When they have no money they would borrow from their neighbor (90.81%), they deposited to saving group or the bank (81.82%), When they had no money will beg from their descendants (78.38%) and currently, they still worked or hired for income (77.84%).

4.6.1.3 Physical health adjustment

As for health adjustment was found that more half of the samples (56.22%) had positive physical health adjustment level and most of them stated that they were less to much practice that explained that they took meal of some meat (pork, chicken, fish) (98.92%), walked to the near neighbor by their self (98.92%), followed information about older persons' diseases from variety of media such as TV, radio or neighbor (92.97%), slowly changed sitting position to be standing position (90.27%), walked up and down stair with care (89.73%), exercised such as walked around the house, jocking , aerobic, massage or driving a bicycle. (81.08%), taking soft meal and easy digested (80.00%) and most of them stated that less to never practiced practice which they explained that when they were sick would buy a sacked drug at the grocery (78.92%), smoking cigarette (71.35%), waited for a symptom is appeared they would go to see the doctor (70.27%).

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However, the author found that most of the samples stated that they were less or never practice which they explained that their member in family would help them to walk (93.51%), wore spectacle when read a book (71.35%)

4.6.1.4 Psychological adjustment

As for Psychological adjustment was found that a half of the samples (51.35%) had Psychological adjustment was negative, most of the samples revealed that they were less to often practice which can be explained that they often pray for their peace mind (92.97%), made mind was well being and don't worry about anything (84.87%), read Dhamma book and listened to teaching Dhamma to relieved their mind (83.24%), stood on when surrounding person attacked (81.62%), concentrated on what they were doing (81.62%), relaxed by doing activities such as planting, keeping the pets (75.13%) and most of the samples stated that they were less to never practice which can be explained that they were stress until they were unable to work (83.78%), they were moody to a bit of matter (77.30%), concentrated in unsolved problem (75.13%), lost power mind or sad (74.59%) and couldn't sleep because of they were anxiety (69.73%).

The author found that, however, majority of the samples revealed that their performance was less to often practice and stated that they were bored when they couldn't self-help (87.03%), they were disturbed when surrounding person made something was improper (80.54%) and they were sad as your descendants had no enough time to you (73.51%)

4.6.1.5 Social adjustment

Social adjustment was found that more than a half of the samples (54.59%) had positive social adjustment level that most of the samples revealed that their performance was less to often practice and stated that they taught descendants don't depend on narcotic (98.92%), gave recommendation to your descendants to working (98.92%), talked politely to descendants (98.92%), went out side to chat the neighbor (92.97%), helped housekeeping such as cooking, cleaning, taking care your descendants and pouring water to plants etc. (91.89%), went to

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temple for made a ritual (91.35%), participated in ordain ceremony, marriage or dead ceremonies in the village (91.35%), participated in variety of ceremonies such as Thod-kathin and Thod-papa (91.35%), whereas, the deed of samples was less to never practice was they were not interested due to your friend would have any activities do together (81.08%), they kept themselves and isolate (78.92%). The detail was shown in Table 12, 13.

Table 12 Number and percentage of the samples categorized in accordance with whole adjustment level and by item among poor older persons

Poor older persons' adjustment	Number	Percentage
Whole adjustment		
Positive (113 – 150 score)	105	56.76
Negative (50 - 112 score)	80	43.24
($\bar{X}$ = 112.97 , S.D. = 9.40 , Min = 83 , Max = 134)		
Adjustment of each part		
1.Economic adjustment		
- Positive (24-33 score)	99	53.51
- Negative (11-23 score)	86	46.49
$\bar{X}$ = 2.147 , S.D. = 0.249 , Min = 17 , Max = 30		
2.Physical health adjustment		
- Positive (30-39 score)	81	43.78
- Negative (13-29 score)	104	56.22
$\bar{X}$ = 2.235 , S.D. = 0.255 , Min = 18 , Max = 36		
3. Psychological adjustment		
- Positive (31-42 score)	90	48.65
- Negative (14-30 score)	95	51.35
$\bar{X}$ = 2.150 , S.D. = 0.313 , Min = 20 , Max = 40		
4.Social adjustment		
- Positive (31-36 score)	101	54.59
- Negative (12-30 score)	84	45.41
$\bar{X}$ = 2.516 , S.D. = 0.290 , Min = 16 , Max = 36		

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Table 13 Number and percentage of the samples categorized in accordance to poor older persons' adjustment by item

Item	Statement	Practice level		
		Often	less	Never
	finance adjustment			
1	Currently, you still worked or hired for income	41 (22.16)	37 (20.00)	107 (57.84)
2	Currently, you had reinforcing occupation such as planting vegetable, sewing to more your income	17 (9.19)	68 (36.76)	100 (54.05)
3	Before you bought any thing you would consider necessary before buying	131 (70.81)	40 (21.62)	14 (7.57)
4	In each month you would allocate your expenditure for electric charge, water supply and medical care	93 (50.27)	36 (19.46)	56 (30.27)
5*	You switched on fan and television without using	5 (2.70)	26 (14.06)	154 (83.24)
6*	You bought drinking beverage	7 (3.78)	41 (22.16)	137 (74.06)
7*	You bought a lottery	5 (2.70)	58 (31.35)	122 (65.95)
8	If you had enough money you will make ritual	90 (48.65)	89 (48.11)	6 (3.24)
9	You deposited to saving group or the bank	34 (18.38)	30 (16.22)	121 (65.40)
10	When had no money you would beg your descendants	40 (21.62)	87 (47.03)	58 (31.35)
11	When you have no money you would borrow from your neighbor	17 (9.19)	70 (37.84)	98 (52.97)

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Table 13 Number and percentage of the samples categorized in accordance to poor older persons' adjustment by item (cont.)

Item	Statement	Practice level		
		Often	less	Never
	Physical health adjustment			
12	You exercised such as walking around your house, brisk walking, massaging or driving a bicycle	123 (66.49)	60 (32.43)	2 (1.08)
13	You slept in midday	97 (52.43)	53 (28.65)	35 (18.92)
14	You walked to the neighbor by your self	48 (25.95)	95 (51.35)	42 (22.70)
15	You were smoking	117 (63.24)	55 (29.73)	13 (7.03)
16*	You bought drug at grocery when you were ill	53 (28.65)	10 (5.40)	122 (65.95)
17*	You waited for your symptom was appeared you will go to see the doctor	39 (21.08)	90 (48.65)	56 (30.27)
18*	You got information about older persons diseases by variety of media such as TV, radio or a neighbor	55 (29.73)	51 (27.57)	79 (42.70)
19	Your descendants helped you when would like to walk	81 (43.78)	91 (49.19)	13 (7.03)
20	You could walk up and down stair with care.	12 (6.49)	22 (11.89)	151 (81.62)
21	You changed slowly sitting position to be standing position	138 (74.59)	28 (15.14)	19 (10.27)
22	You had soft food because of it was easy to digest	105 (56.76)	62 (33.51)	18 (9.73)
23	You had soft food because of it is easy to digest	120 (64.86)	28 (15.14)	37 (20.00)

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Table 13 Number and percentage of the samples categorized in accordance to poor older persons' by item (cont.)

Item	Statement	Practice level		
		Often	less	Never
24	You wore your glasses when read the book	53 (28.65)	22 (11.89)	110 (59.46)
	Psychological adjustment			
25	You were able to relax your mind, didn't stress anything	85 (45.95)	72 (38.92)	28 (15.13)
26*	You concentrated in unsolved problem	46 (24.87)	62 (33.51)	77 (41.62)
27*	You were stress until you couldn't work	30 (16.22)	56 (30.27)	99 (53.51)
28*	You were disturbed when a surrounding person do something was improper	45 (24.32)	104 (56.22)	36 (19.46)
29*	You were moody with a bit of matter	42 (22.70)	89 (48.11)	54 (29.19)
30*	You couldn't sleep because of you were anxiety	56 (30.27)	72 (38.92)	57 (30.81)
31	You concentrated on what you were doing	99 (53.51)	52 (28.11)	34 (18.38)
32*	You lost power mind or were sad	47 (25.41)	81 (43.78)	57 (30.81)
33	You prayed to your peace	129 (69.73)	43 (23.24)	13 (7.03)
34*	You were sad as your descendants had no enough time to you	57 (30.81)	79 (42.70)	49 (26.49)
35	You couldn't stand when surrounding person was impolite	55 (29.73)	96 (51.89)	34 (18.38)
36	You read Buddhist book, listened to Dhamma to relieved your sadness	87 (47.03)	67 (36.21)	31 (16.76)

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Table 13 Number and percentage of the samples categorized in accordance to poor older persons' by item (cont.)

Item	Statement	Practice level		
		Often	less	Never
37*	You were bored when you couldn't self-help	89 (48.11)	72 (38.92)	24 (12.97)
38	You relaxed by doing hobby such as planted, keeping the pets Social adjustment	80 (43.24)	59 (31.89)	46 (24.87)
39	You taught descendants don't depend on narcotic	164 (88.65)	19 (10.27)	2 (1.08)
40	You gave recommendation to your descendants about working	148 (80.00)	35 (18.92)	2 (1.08)
41*	You kept your self and isolate	39 (21.08)	60 (32.43)	86 (46.49)
42	You talked politely to descendants	145 (78.38)	38 (20.54)	2 (1.08)
43	You helped housekeeping such as cooking, cleaning, taking care your descendants and pouring water to plants etc.	147 (79.46)	23 (12.43)	15 (8.11)
44	You went out side to chat the neighbor	105 (56.76)	67 (36.21)	13 (7.03)
45	You went to temple to make ritual	89 (48.11)	80 (43.24)	16 (8.65)
46	You were consultant in community regarding wedding, ordain ceremony	66 (35.68)	90 (48.65)	29 (15.67)
47*	You were not interested in practicing activities together with your friend.	35 (18.92)	93 (50.27)	57 (30.81)
48	You donated money to any activities in the village	82 (44.32)	89 (48.11)	14 (7.57)

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Table 13 Number and percentage of the samples as categorized in accordance with poor older persons' by item (cont.)

Item	Statement	Practice level		
		Often	less	Never
49	You participated in ordain ceremony , marriage or death ceremonies in the village	127 (68.65)	42 (22.70)	16 (8.65)
50	You participated in variety of ceremonies such as Thodkathin and Thodpapa	129 (69.73)	40 (21.62)	16 (8.65)

* Negative statement referred to item having score opposite side other items

4.6.2 The qualitative results

This study, the author applied qualitative data to support more coverage of quantitative study by studying on methods and results of poor older persons' adjustment that how they were able to adjust them self regarding finance, physical health, Psychological and society, including studied on factors supporting or being obstacle to those of poor older persons. The method of procedure was used in-dept interview among the samples as regard to positive or negative adjustment. The sample selection was conducted as follows: - selected poor older persons having the highest score on each part of adjustment at first two levels numbering 8 persons and lowest score at first two level numbering 8 persons so. They would be interviewed and if which name was repeated they would in-dept interviewed with next name list. The results were shown as follows:

4.6.2.1 Financial adjustment

4.6.2.2 Physical health adjustment

4.6.2.3 Psychological adjustment

4.6.2.4 Social adjustment

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4.6.2.1 Financial adjustment

1) Poor older person having score on financial adjustment was positive

(1) Methods of adjustment

Poor older persons having score on positive finance adjustment was found that they were a key of the family to earn some money hence, they would earn with various methods to be expense in family such as expenditure of food, education fee and rice. Some poor older persons still worked such as driving tri-motorcycle and general hiring. Their descendants' living in other province would send money to them and others in the family. Having responsibility to descendants affected them to work hard, including expenditure of member in family should deed carefully.

"Never loan, if had no money, I will call my son send money back to me for expenditure in the family. I will be save, for having enough money to spend in the next day. I have drive a tricycle a long 30 years ago I never buy anything for eat, will be save if I have enough money I will well-being" (Mr. Sorn (Alias))

"In season of harvest, I will hire to harvest it, but when reach to plant season I will be in a paddy too. If finish these seasons I will be a vendee" (Mrs. Thongyu (Alias)).

(2) Results of adjustment

Finance adjustment among poor older persons to collected money was adequate to spent, these affected they had enough money to spent in their family that consisted of money of food, rice and student fee. They were important power to earn for expense in the family. They had to work hard everyday did not have a rest or relaxation but they was healthy and were no illness. They had reaction to the neighbor were low or no participated in any activities hence, they wouldn't participate in poor older persons' group/assembly although they will be poor older persons but they did not think that they lost self-esteem.

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“Never treat,..go,….ill. Currently, my health is good I will make money to care my descendants about 5–10 years. I am no disease thus I don’t like to listen about it. I only think that I will have money to pay or not?” (Mr. Sorn (Alias)).

“Never think that I am low, only think that I am able to determine for this. There are many people who are lower than me. I can drive tricycle and able to make money. My life is better than them, I think that” (Mr. Sorn (Alias)).

(3) Factor affecting adjustment

A cause of adjustment of poor older persons to having enough money due to they were only one that make money for family that there was 5-6 members. Their descendants did not sent money back thus they had to work harder and they would concern in living of descendants including wouldn’t like to them were trouble. Hence, they would work hard to have more money.

(4) Satisfaction to adjustment on finance

Adjustment on finance affected poor older persons were satisfied to their self due to they were ability to earn money for their family and were not trouble. All this they yet received money from their descendants when they were necessary.

“Be satisfied to 100 baht, I have enough money to spend per day” (Mr. Sorn (alias))

2) Poor older person having score on financial adjustment was negative

(1) Methods of Adjustment

Poor older persons having score on finance adjustment was negative was found that some person had reinforcing occupation they had a little income and some older persons was unable to work thus they would not have enough money to spend in the family and some older persons did

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not. There for the older persons who have no enough money and they were still unhealthy so. They had no income but they did not borrow, they would have to save for expenditure in each next day. Someone cooked with vegetable growing around his or her household.

"Never borrow anyone and did not allow me loan because of I am so old. If which day I have not any money I will depend on my descendants" (Mr.Mhuk (Alias)).

"Have no enough money. I have to pay for dept, electric bill and some month it is raised about 300 baht. I don't have saving book or loaning book so. (Mrs. Boontham (Alias)).

(2) Results of adjustment

Financial adjustment among poor older persons for remained money to spent all this derived from they have not real occupation to work including they could not work because they were old. They would have no money to pay anything and deposited money in the bank. In addition, they were worried about expense including participating in poor older persons' group/assembly or reaction with the neighbor and they felt that they lost self-esteem.

"Worry! My son don't come to visit, I have no money and have to depend on descendants. I will only sleep because I am bored. I am ashamed thus would not participate in poor older persons' group/assembly" (Mr.Mhuk (Alias)).

"Would like to work but don't work because of unhealthy… when I stand my legs were clamp…I would like to help my son's working" (Mrs.Boontham (Alias)).

(3) Factor affected adjustment

A cause of poor older persons had negative adjustment on insufficient money due to some poor older persons were unemployed and older, they were unable to work. These would affect living in family whereas;

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poor older persons who did not live with descendants will be trouble and sadness more than poor older persons who lived with their descendants.

(4) Satisfaction to financial adjustment

Adjustment on finance affected poor older persons were satisfied to adjustment was low due to they had low income that be insufficient to expense of family but their descendants were near their house yet supported them as regard to food.

"So sad because of I have to be dependency to my descendants…but I don't have income from elsewhere unless income of weaving a coop" (Mr. Mhuk)

By summarization was found that they had positive and negative financial adjustment. They had different methods of adjustment that was explained following the poor older persons who had positive adjustment were able to work and earn to their family which derived from they were still strong and healthy thus, they would be a main of family. Whereas, poor older persons who had negative adjustment will be in their house and do not work, all this due to they were older and unable not work. However these poor older persons still had the descendants help them regarding the food and etc. When considered on the others were same and found that they had same adjustment that was saving money and they would consider on necessary before buying. As above data mentioned can be explained that both groups would have sufficient income for each month and were not deposit.

4.6.2.2 Physical health adjustment

1) Poor older persons having score on positive physical health adjustment.

(1) Methods of adjustment

Poor older persons having score on positive physical health adjustment was found that they had health problem as follows: leg pain and renal disease. Hence, they were interested in self- care because

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they were afraid that they would be illness thus, they would walk and exercise everyday and take healthy food of 3 meals, did not drink alcohol beverage and smoked cigarette including cautious walking and using restroom with care. All this derived from they had a problem about the knees.

"Walking early morning…. Be carefully! My knee had ever broken thus, I am Carefully" (Mrs. Tim (Alias)).

"After wake up! I will walk under the house sometime go to buy something….be carefully, my knee had broken, slowly walk to restroom" (Mrs. Puan (Alias)).

When an illness was appeared they would buy a sacked drug at the grocery in community because their descendants did not visit them but some poor older persons had descendants visit them and took them to see a doctor. In addition, they would be sleeping in midday due to did not work.

(2) Results of adjustment

Physical health adjustment among poor older person to adjusted their self was healthy and did not dependency to descendants these affected taking care their self such as a disease was relieved but they were old and be unable to work out side, had no income. They were felt that lost self-esteem and worried about finance including being dependency to descendants, although they would take care their self but they did not react with the neighbor or participated in variety of making merit because they were unable to walk to general area, some time would be ashamed.

"Don't go any where…I am not facility…so my child will be agency about 3-4 years ago. I never go the temple….I wouldn't like to go because be ashamed" (Mrs. Tim (Alias)).

"Unable to walk… to sit and stand up because I am pain at knees" (Mrs. Puan (Alias)).

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(3) Factor affecting adjustment

A cause of poor older persons had positive adjustment to make their self were healthy and were not dependency to descendants due to these persons had health problem and some of them had disease thus they would have more self care. In addition, some of poor older persons were sadness about treatment there for they would be dependency to descendants hence, they should have self care and able to prevent their self from accidence and diseases.

(4) Satisfaction to physical health adjustment

Adjustment on physical health affected poor older persons were satisfied to their self due to they would not be dependency to descendants including their health were better than previous.

"I am not afraid, since I am ill.. did not think anything" (Mrs. Phuan (alias))

2) Poor older person had score on negative physical health adjustment

(1) Methods of Adjustment

Poor older persons having score on negative physical health adjustment were found that they were important person in family to earn some money support the family and most of poor older persons would spend in working hence, they would not be interested in self-care, did not exercise but they thought that working was exercise. They have still smoke cigarette, drank alcohol beverage and did not rest in midday. Sometime they were pained such as back pained or cramped during working but they had to work until finish because of they would like to get income.

"Like to work if I can …if I don't go that is I am so bad. I never exercise, have to work" (Mr. Wong (Alias))

"Exercise everyday such as poring water in vegetables,…do continually, .sometime when I work……. may be cramp….when I cut the corn whole day, I will be pained in the evening" (Mr.Sawang (Alias))

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If they had illness they would buy a sacked drug at the grocery in a community the symptom as appeared was healed. In addition, some poor older persons would perceive information on poor older persons' health by television and radio but some person did not perceive they would be interested in their job.

(2) Results of adjustment

Physical health adjustment among poor older persons to their health due to they would not be dependency to descendants. These results would affect poor older persons mentioned who didn't know about how to take care their self and had misbehavior. It might affect their health when they were older, especially; when they were ill they were unable to work and had to be dependency to descendants.

"Working whole day, sometime I don't eat anything…concern in my job that do not finish, This year I lost appetite" (Mr. Wong (Alias)).

"Concern in my health if I am older and be cramp ….I will be able to work… or not?" (Mr. Sawang (Alias)).

(3) Factor affecting adjustment

A cause of poor older persons had negative adjustment and were dependency to descendants due to they were still healthy thus did not concern in their health including they only took account into earning more than health self care. They were necessary to earn continually due to they were in debt to various place such as Agricultural Co-operatives and private sector in community and etc thus, they would not be interested in health care.

(4) Satisfaction to physical health

Physical health adjustment affected poor older persons' satisfaction was negative due to they had to work hard to support their family and repaid. Thus they had no time to care their self.

"Have disease…but I am unable to stop working …if don't work …don't have money" (Mr. Wong (alias))

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By summarized was found that they had positive and negative health adjustments due to they had different methods that can be explained that poor older persons having positive adjustment would have self -care and be interested in health condition because of they had health problem and had disease. Thus, they would concern in self-care and they also exercised and took meal, relaxed and visited a doctor when had health problem. Finally, they wouldn't like to be dependency to their descendants. As for poor older persons having negative adjustment would not interest in health problem because of they were strong and had not disease and they had to work hard to earn some money for family thus they would have to care their self.

4.6.2.3 Psychological adjustment

1) Poor older persons having score on positive Psychological adjustment

(1) Methods of adjustment

Poor older persons having score on positive psychological adjustment were found that they had good emotion, no stress despite, they would have problem in their living. They were able to relieve that problem by making concentration and peace, did not worry about anything. Some poor older persons would make merit and prayed everyday including they were satisfied in their current living.

"No think to the others…do not relate to them…no one is disturbed me… I am well being" (Mrs. Kampha (Alias))

"Make a normal mind…. Don't stress….have enough money was good, have no enough money to do work…for use and it is as far as I have….. should save" (Mr.Kruea (Alias))

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(2) Results of adjustment

Psychological adjustment among poor older persons to relieved sadness, stress and be satisfied in living. These affected poor older persons were not stress, worried and accepted to living and social changing.

"Have no money… I can accept it…satisfied to my living….my health was good… the neighbor was sincere. " (Mrs. Khampha (Alias))

"Satisfy in my living" (Mr. Kreau (Alias))

(3) Factor affecting adjustment

A cause of poor older persons had positive adjustment to relieved sadness, stress and make them were satisfied in daily living such as they well accepted in their life condition, did not worry about anything and were economized but some of them were trouble because of they were concerned to member in family who was unhealthy whereas, older persons who were healthy they would be unworried about it and they had well humanity and people in community would pay respect them who had most experience in community.

(4) Satisfaction to psychological adjustment

Psychological adjustment affected poor older persons had satisfaction were more and unworried about anything including they were satisfied to paying respect from villager and their descendants.

"Well being…no stress…no irritation ….although they will visit long time to time" (Mr. Kruea (alias))

"Nobody make me trouble thus…I am well-being" (Mrs. Khampha. (alias))

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2) Poor older persons having score on negative adjustment

(1) Methods of adjustment

Poor older persons having score on negative psychological adjustment were found that they would be stress, worried about their health due to they afraid that would be dependency to the descendants because they were older and physical was worsened and had no income to support family and had family problem so such as quarrelling between member in family and they concerned in misbehavior of descendants. These would affect poor older persons' stress

"Concern that there will be ill and driving ...affrays that they will get accidence….concern in descendants' health …wish to have money ...would like to work" (Mrs. Rhean (Alias)).

"Worry about my son due to he drink….but he don't believe me.. would like to be die ….bored" ((Mrs. Fhong (Alias))

Thus, these poor older persons would murmur only one and did not respond anything.

(2) Results of process

Psychological adjustment among poor older person to relieved their sorrowful, stress and anxiety and made a satisfaction to their living. The term of adjustment affected poor older persons' adjustment regarding relieving sadness, health problem and relationship in their family. But some situation in family has still occurred that it was an impact to their psychological.

"Afraid that I will be dependency to descendants if I am sick…..I have no enough money to cure. (Mrs. Rhean (Alias))

"Afraid that my physical was worsened….. lost appetite and non-sleeping" (Mrs. Fhong (Alias)).

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(3) Factor affected adjustment

A cause of poor older persons had negative adjustment due to they were worried about expense in family. In addition, some of them were unhealthy and unable to work thus they had no income and they were worried that would be dependency to descendants, all this these persons had negative relationship in family such as there had quarreling between member in family etc. they had to make sense to accept that situation.

(4) Satisfaction to psychological adjustment

Psychological adjustment affected poor older persons was negative due to they were unable to work as same previous including they had problem in their family.

"I would like to do anything but can not" (Mrs. Rhean (alias))

"Think to my son……my living is more trouble" (Mrs. Fhong (alias))

By summarized, found that poor older persons having negative and positive psychological adjustments and both adjustments were similar such as making a peace mind, and standing on, acceptance to current living. But found that poor older persons having negative psychological adjustment derived from they were in bad environment that affected their feeling such as they had confliction in their family and member in family had quarreling.

4.6.2.4 Social adjustment

1) Poor older person having score on positive social adjustment

(1) Methods of Adjustment

Poor older persons having score on positive social adjustment were found that their relationship in family were good, had unity, and did not quarrel. Although they were older but they able to do housekeeping

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such as cooking, weeping including being positive model for their descendants by teaching and advise. In addition, these poor older persons had reaction to the neighbor in same age such as they would have participating together and sharing experience.

"Senior as me was no problem, never complain. Only advise to them about behavior and learning. When they back to home should read a book" (Mr. Yhee (Alias))

"Advise them don't go out to midnight, select to respect the peers….I wish my descendants are happy and will advise them everything such as drinking alcohol" (Mrs. Chaluay (Alias))

In addition, some poor older persons were able to participate in being committees in the village such as being religious committee, village fund. Whereas, some poor older persons who had health problem will received helping by their descendants who facilitated them such as helping them went to the temple or doing variety of activities.

(2) Results of adjustment

Psychological adjustment among poor older persons made them self be one part of society, this adjustment would affected relationship in family was positive such as they were satisfied to descendants' behavior and received acceptance from neighbor. Although some poor older persons had health problem and unable to go to make relation with the neighbor but those persons would always visit at home.

"Never talk with my friend because I am inconvenience to walk" (Mrs.Chalruay (Alias))

"Surrounding person pay respects me…such as head of Tambon, sub-district administration organization in community. They will chat me at house (Mr.Yhee (Alias))

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(3) Factor affecting adjustment

A cause of positive adjustment among poor older persons to be one part and accepted of society that was found that they would understand and accepted to changing in their life and would yet social role both family and community by being positive model to their descendants such as positive verbal, participated in group of peers and making merit at the temple, gave recommendation to villagers in community. In addition, surrounding person paid respect to them that it also affected their self-esteem.

(4) Satisfaction to social adjustment

Social adjustment affected poor older persons who were satisfied to their self as yet role of being consultant of descendants regarding studying, working and many people in community would always pay respect to them.

" My children will believe me….they will work ….sometime when they have money they will give me " (Mrs. Chaluay (alias))

"I am not objected to them…no quick temper…they will not object me so" (Mr. Yhee (alias))

2) Poor older person having score on negative social adjustment

(1) Method of adjustment

Poor older persons having score on negative social adjustment were found that they had poor health and could not work including unable to participate in several activities in community and found that there was one blind poor older persons, he could not do anything hence, he only slept and not do anything in his house. Some day the neighbor would visit him at home. Whereas another poor older persons would have health problem so. She was pain at knees and old, she was unable to work anything but she was able to help

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housekeeping such as cooking but she did not participate to others at same age and never went to the temple to make merit or participate in activities in community.

"Never go… because my knees were bad...my daughter will go...I am at home… I am unable to go to the assembly because have no car if I will go… I have to be dependency to others... Don't go sure!" (Mrs. Sawing (Alias)).

"Will stand up or down was trouble, can't do anything. So bored" (Mr.Kham (Alias)).

(2) Results of adjustment

Poor older person' adjustment for being one part of the society and accepted by the society that it affected the poor older persons did not participate in several activities in community especially, poor older persons who was unable to help them self and they would be dependency to the descendants that had to take care them all time

"Can't do anything…feel that lose self-esteem…whole day I sleep" (Mr. Kham (Alias))

"Lose self-esteem so!..If I am strong I would like to help my descendants " (Mrs. Sawing (Alias)).

(3) Factor affecting adjustment

A cause of negative adjustment among poor older persons was they were unhealthy and various organs were worsened and it was obstacle to their living. They were unable to help their self and lost communication to their neighbor that these might affect social adjustment was negative.

(4) Satisfaction to social adjustment

Social adjustment affected poor older person was negative due to they had health problem and could not work in lost communication

"Only sleep…..would like to work" (Mr. Kham (alias))

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"I never go out… there was only my daughter goes out…I like to stay at home" (Mrs. Sawing (alias))

By summarized, found that poor older persons having positive and negative social adjustments would have different methods namely the poor older persons having positive social adjustment had reaction to the neighbor was good, participating in activities of community, making merit of several ceremonies in village thus, these process would be affect poor older persons had healthy and be able to work by them self whereas, some poor older persons having poor health were helped by their descendants. They were able to share their experience when they had meeting. As for poor older persons having negative social adjustment would have reaction to the neighbor was low or did not, derived from some poor older persons had poor health and unable to help their self help including they would not like to participate to the neighbor and someone liked to be alone.

It can be seen that one of poor older persons had overall of positive adjustment that was not meant that his or her adjustment by item was also positive. All this, it was under factor of each person who was difference and in-dept interviewing to adjustment among poor older persons in this study was found that factors on finance of poor older persons was terrible, they were sadness due to had no enough money to spend in family. Most of expense would pay for food, drug etc. Thus, some poor older persons having healthy was able to work and had income but some one did not work will be dependency to descendants and some of them was alone, they would save their money for spent in the near future. Hence, the author would notice that poor older persons who were a main of earning income of the family would have positive adjustment better than poor older persons who was low finance and did not work.

As for health status, the poor older persons would have health problem about physical was weak such as knees pain, kidney, hypertension or occupation disease such as back pain. Hence, they should take care their self in common time or illness.

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In this study was found that the poor older persons who was healthy would be interested in working, they believed that working was one of exercise, would not concern in health care. While the poor older persons who was unhealthy would have a knowledge about health care and able to modify their behavior to health. The author noticed that the poor older persons who was unhealthy would have adjustment better than poor older persons having healthy.

Psychological was found that most of the poor older persons had sadness about financial family because it was expense in their family such as electric charge, water supply, descendants' money fee if they had no enough money they would more sadness. In addition, they were worried about their health and afraid that they would be dependency to the descendants and expenditure for treatment including they would concern in descendants' working and improper behavior. The poor older persons who had good emotion, not stress, sad would not worry about anything. If they were able to practice followed factor mentioned they would be in this society with happiness. The author noticed that the poor older persons who accepted changing their life and society would have adjustment better than poor older persons who did not accept changing life style and society.

Social was found that these poor older persons lived with their descendants and had relationship in family was positive. The most of poor older persons would help and work in their household such as cooking and weeping garbage and they had good behavior and be a positive model for descendants throughout surrounding person. In addition, they had reaction to their peers who were the same age such as making virtues at the temple, chatting to their peers in general area and participating in variety of poor older persons' activities but the poor older persons who had health problem would not be able to participate in variety of poor older persons' activities and they were felt that lost self-esteem due to they were unable to help the family. The author noticed that poor older persons who were healthy had better adjustment than poor older persons having poor health. The detail was shown in Table 14

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Table 14 Methods and results of poor older persons' adjustment as categorized to adjustment level

Adjustment	Adjustment level	
	positive	negative
Finance	Methods of financial adjustment 1. Be working and main person of earning for family 2.Connected to their descendants who lived other place to send money back 3.Saved money 4.Loaned or borrowed the relative/ neighbor when hade no enough money Results of financial adjustment 1.There was enough money to spend/ day 2.Don't interest in their self 3.there was reaction with the neighbor was low 4.Never participated in poor older persons' assembly/club Factor / condition 1.Healthy 2. Wished to all member in family were happiness	Methods of financial adjustment 1.Old age, couldn't work 2. Not have certainly occupation 3.Unneccessarity spent the money (Bought alcohol) 4.Dependecy to their descendants 5.Never loaned or borrowed Results of financial adjustment 1.there was no enough money to spend 2.No remaining money or deposited 3.Worried and anxiety about currency 4.Did not react with the neighbor 5. Never participated in poor older persons' assembly/club Factor / condition 1. Their descendants helped and always supported such as food 2. More aged thus, unable to work 3. Had not a job for poor older persons.

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Table 14 Methods and results of poor older persons' adjustment as categorized to adjustment level (cont.)

Adjustment	Adjustment level	
	positive	negative
Finance	Satisfaction to financial adjustment Satisfied due to have enough money to spend in family and be untroubled.	Satisfaction to financial adjustment Low satisfied due to had no income and be dependency to descendants
Physical health	Methods of physical health adjustment 1.Regularly exercised 2.Taking meal under physician's order 3.Causious accidence 4.Rested in midday 5.Descendants took to a doctor	Methods of physical health adjustment 1.They still worked and be the key of earning for family 2.Had no disease 3.Did not interest in self care such as exercise, taking proper meal, cautious behavior on accidence and rest 4.Bought a sacked drug to relieved illness
	Results of physical health adjustment 1.Sign of disease was stable 2.Unemployed, have no income 3.Anxiety about income and health 4.Worried about being dependency of descendants 5.Had reaction with the neighbor was low	Results of physical health adjustment 1.No interest in health 2.Had not perform on disease prevention

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Table 14 Methods and results of poor older persons' adjustment as categorized to adjustment level (cont.)

Adjustment	Adjustment level	
	positive	negative
Physical health	Factor / condition 1.had disease 2.Worried about being dependency of their descendants Satisfaction to physical health adjustment Satisfied due to was not dependency to descendants and the health was good	Factor / condition 1.Healthy, no disease 2. Given an important to working more than the health. Satisfaction to physical health adjustment Low satisfied due to had no time to care his/her self and yet worked harder although older
Psychological	Methods of psychological adjustment 1. Made mind is well being or relieved stress 2.Did not adhere to a problem and did not interest in it 3.Respected and adhered in the religion 4.Acepted to life condition and living in the present Results of psychological adjustment They had good emotion and enjoyed, did not worry about any problem and satisfied in their life style	Methods of Psychological adjustment 1.Possibly fretful 2.Worried about health and disease 3. Be afraid of being dependency to descendants because of there was older. 4.Complained when the descendants did not practice 5.Indomitable to descendants 's conflict Results of psychological adjustment Relieved stress and anxiety

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Table 14 Methods and results of poor older persons' adjustment as categorized to adjustment level (cont.)

Adjustment	Adjustment level	
	positive	negative
Psychological	Factor / condition 1.Accepted to life condition in the present 2.Did not worry about financial family and health 3. Surrounding person paid respect Satisfaction to psychological adjustment Satisfied due to there was unworried anything	Factor / condition 1Worried about their health 2.Woeeied about their expenditure 3.Wouldn't like to be dependency to their descendants 4.Relationship in family somewhat negative Satisfaction to psychological adjustment Low satisfied due to be unable to work as previous and relationship in family was low
Social	Method of social adjustments 1. Helped working in household such as cooking, weeping garbage. 2.Be positive model to descendants 3.Teaching descendants 4.Proper deed such as did not complain and grousing and gambling 5.Weny out to chat to others or neighbor 6.participated in older persons' group/club	Method of social adjustments 1. Had health problem, this was an obstacle to help his or her self. 2.Unable to work due to they are old 3.Did not go out to chat to the others or neighbor 4.Did not participated in older persons' group/club

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Table 14 Methods and results of poor older persons' adjustment as categorized to adjustment level (cont.)

Adjustment	Adjustment level	
	positive	negative
Social	Results of social adjustment 1.The descendants were unity 2. The neighbor paid acceptance Factor / condition 1.Having healthy was able to participate in variety of activities 2.The descendants helped them to participate in variety of activities Satisfaction to social adjustment Satisfied due to yet role of being consultant of descendants and able to participate in various activities in community	Results of social adjustment 1.Lose self-esteem due to be unable to work for help the family 2.Did not participate in variety of activities in community Factor / condition Health problem was an obstacle to participate in activities or older persons' assembly/club Satisfaction to social adjustment Low satisfied due to was unable to do out door activities and lost communication with peers

Summarized that some poor older persons were able to adjust their self and some persons were still had various problems that might affect their adjustment. These were summarized on the supporting factors and obstacle that was classified on adjustment in each part as follows:

Financial adjustment was found that the poor older persons who had healthy and able to work including requirement of acceptance among member in family that these were factors affecting the poor older persons had positive adjustment. Thus, they were able to work and collect their money, and had income to expense in family. Whereas, the poor older persons who were unable to work due to had not a job for

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them. These of obstacle affect their adjustment, they would be anxiety, had no income but they were able to depend on their descendants and lived in community with happiness because of they were cared by descendants.

Physical health was found that poor older persons having disease would feel that they would be dependency to their descendants. This was usage of their adjustment due to they would take a benefit food and properly exercised and rest. These of deed among poor older persons were positive adjustment that derived from they were afraid that would be dependency to descendants and found that the poor older persons who had healthy and able to work but they had not the time take care their self. This was obstacle of adjustment due to they were not interested to take care their self and misbehaviors including did not behave to prevent the disease such as smoking, drinking alcohol beverage. These would affect their health when more aged.

Psychological adjustment was found that poor older persons accepted to current life style; they weren't worried about their finance or health and were paid respect by surrounding person in community. These of adjustment would be factors influencing positive adjustment among poor older persons; that it would affect them following they would have good emotion, didn't worry about anything but they were still anxiety about their health and expenditure including they also had negative relationship in family. These adjustments of poor older persons would be obstacles to adjustment, although sometime they would try to relieve but could not and they were still worried about their descendants also about living in family due to descendants would always quarrel and drink alcohol beverage.

Social adjustment was found that poor older persons who were healthy and had descendants cared them. These adjustment were factors supporting them had positive adjustment and they were able to work in their house, teach descendants and participate variety of activities thus these practices of poor older persons would affected unity of descendants, the neighbor paid respect to them. Whereas, the poor older persons who were unhealthy would have a problem about adjustment thus, they could not help their self and be unable to participate in various activities in

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community. These deeds would affect their life style and would be sad when they were unable to earn for help their family.

4.7 Factors affecting adjustment among poor older persons

The study of factors effecting adjustment among poor older persons that the author applied on 6 independent variables such as health status, participating in older persons' group/assembly, vision of life, self-esteem, relationship in family and social support. These variables were analyzed on influence of independent variables to dependent variable such as poor older persons' adjustment. The statistical analysis was used Stepwise Multiple Regression Analysis for test the hypothesis that related to independent influencing dependent variable. The author determined symbol and meaning of this statistic as follows: -

4.7.1 Statistical value using for analysis

R (Multiple R) = Multiple Coefficient

R^2 = Coefficient of value of determination or variance in variables

b = Unstandarized Coefficient

Beta = Standardized Coefficient

SSE (SE b) = Standard error value of multiple coefficient If it was low value that can be explained that it was reliability

F = Results of linear regression that F value was showed significance, that was result of equation was a linear

4.7.2 Assumption verification

In the Stepwise Multiple Regression Analysis, the dependent variable had to have measurement level did not lower than interval scale and predicted variable or

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independent variable or might be Bivariate or not lower than interval scale. Bivariate was variable that was adjusted form nominal scale or ranked variable that was 0 or 1 (Watthana Sunthronchai, 1999: 199). The variable using in this research consisted with measurement level as follows

Variables	Measurement level
Independent variables	
1.Health status	Nominal scale
2.Participating in older persons' group/assembly	Nominal scale
3.Vision of life	Interval scale
4.Self-esteem	Interval scale
5.Relationship in family	Interval scale
6.Social support	Interval scale
Dependent variable	
Poor older persons' adjustment	Interval scale

The author verified characteristic of variables to used in statistic of Multiple Regression Analysis that had step of procedure as follows:

1. Health status variable was found that value of variable had variation was low namely each value of variable of samples (n) was more different that affected an error of variance was homoscedasticity. This was not in accordance to assumption and it was not model of Multiple Regression Analysis. The variable mentioned was not analyzed in this study.

2. Variable of participating in older persons' group/assembly was found that there was low variation namely each value of the samples (n) was more different that affected an error of variance was homoscedasticity. When there was, however, variable adjusting variable of regularly participating in older persons' group/assembly together with sometime participated in activities became ever participated in activities. These affected each value of variable of samples (n) was more variation that affected the error of variance was homoscedasticity that it was in accordance to assumption. The variable of participating in older persons' group/club was able to use Stepwise Multiple Regression Analysis

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3. Variable of vision of life, self-esteem, relationship in family and social support were Interval scale that those variables would have no association within variable if it was association would affect multicollinearity. R^2 would have confident was low (Sirichai Pongwichai, 2000: 198) The correlation coefficient between independent variables should not have value of confidence was high (not over 0.70) (Watthana Sunthornchai, 1999: 200) from correlation analysis of variable mentioned by using Pearson Product Moment Correlation was found that there was no pairs of variables had correlation coefficient over 0.70 which was in accordance to assumption. The detail was shown in Table 15. Hence, variables of vision of life, self-esteem. Relationship in family and social support would be analyzed by Stepwise Multiple Regression Analysis.

Table 15 Correlation Coefficient of independent variables

Variables	Vision of life	Self-esteem	Relationship in family	Social support
Vision of life	1.000			
Self- esteem	.182*	1.000		
Relationship in family	.227**	.422**	1.000	
Social support	.127	.342**	.464**	1.000

* $p < 0.05$, ** $p < 0.01$

By summarized that the independent variables that were analyzed by using Stepwise had 5 variables such as participating in older persons' group/assembly, vision of life, self-esteem, relationship in family and social support.

4.7.3 Determination of variable symbol

The variable of participating in older persons' group/assembly that was nominal scale would be determined a dummy variables. The quantitative variable was determined be dummy variables about k-1, when the quantitative variable's value was k value (Kanlaya Vanichbancha, 1998: 278) hence, participating in older persons' group/assembly was determined one dummy variable such as ever participating in older persons' group/assembly that its symbol was X1

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Formulated: Ever participated in older persons' group/assembly was 1
Never participated in older persons' group/assembly was 0

As for variables of vision of life, self-esteem, relationship in family and social support these variables were determined to X2, X3, X4, and X5 respectively.

4.7.4 Factors affecting poor older persons' adjustment

From a testing by using Stepwise Multiple Regression was found that there was independent variables numbering 3 of 6 variables influencing poor older persons' adjustment such as self-esteem (b= .718, P< .01), vision of life (b= 1.174, P< .01) and relationship in family (b= .447, P< .05). Those of 3 variables affected positive adjustment of poor older persons that meant that if the poor older persons had those of variables were positive, it would affect positive adjustment and when compared to rank of priority of independent variable influencing adjustment was found that self-esteem most influenced poor older persons' adjustment (Beta = .372) followed by vision of life (Beta = .224) and relationship in family (Beta = .160). Those of 3 variables can be explained variance of score on poor older persons' adjustment at rate of 31.1% (R^2 = .311) as seen the detail in Table 16

Table 16 Result of Stepwise Multiple Regression Analysis of independent variables affecting poor older persons' adjustment.

Variables	R	R^2	R^2 change	b	Beta	t	Sig
Self-esteem (X3)	.481	.231	.231	.718	.372	5.446	.000
Vision of life (X2)	.539	.291	.060	1.174	.224	3.515	.001
Relationship in family (X4)	.558	.311	.020	.447	.160	2.316	.022
				59.406		9.909	.000
N = 185 Constant = 59.406 S.E. = 7.87							
F = 27.238 (p < .01)							

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Thus, equation predicting poor older persons' adjustment as following

$$\hat{Y} = a + b_3x_3 + b_2x_2 + b_4x_4$$

Poor older persons' adjustment = 59.406 + .718 (self-esteem)
+1.174 (vision of life) + .447
(Relationship in family)

By summarization was found that variable of self-esteem, vision of life and relationship in family affected positive adjustment of poor older persons which was consistent with the hypothesis. As for variable of health status, participating in older persons'group/club and social support these did not influence poor older adjustment which was not consistent with the hypothesis. As showed detail in Table 17

Table 17 Results of factor analysis affecting poor older adjustment and relationship of variables

Variable	Affecting as consistent with hypothesis	Affecting as consistent with the results of research
Health status	+	
Participating in older persons' group/assembly	+	
Vision of life	+	+
Self-esteem	+	+
Relationship in family	+	+
Social support	+	

"+" referred to positive influence

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CHAPTER 5

DISCUSSION

This research was to study poor older persons' adjustment in Phetchabun Province including investigated on factors affecting poor older persons' adjustment. The samples of this study were poor older persons numbering 185 cases that the author classified on discussions as follows:-

5.1 Adjustment of poor older persons

5.2 Factors affecting adjustment of poor older persons

5.3 Factors that was not affecting of poor older persons

5.1 Adjustment of poor older persons

5.1.1 Whole adjustment among poor older persons

The results of this study was found that more than half of poor older persons (56.76%) had adjustment was positive level. All this derived from they had positive self-esteem (56.22%) namely; they had self-acceptance, self-confidence, ability and positive image. In addition, derived from these older persons had vision of life was positive level (50.27%) namely, they understood and accepted to changing their self such as physical, psychological, society, finance and culture and they had relationship in family was positive level so (53.51%) namely, in family would have sharing experience, relaxing together, reacting with member in family, respect and reciprocal faith including they had unity. Those of older persons would affected their adjustment to respond balance between income and expense, having healthy and did not dependency to their descendants throughout being one part of a society and accepted by society such as decreasing sadness, anxiety, stress and satisfaction to daily living of one self that was consistent with the study of Kamonphan Sillaphakamphiset

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(1984: 42-59) and Amphirat Klinkhachorn (1990: 54-63) found that most of older persons had adjustment was positive

5.1.2 Financial adjustment among poor older persons

When considered poor older persons' adjustment on finance was found that more than half of the samples (53.51%) had positive financial adjustment level. Most of samples stated that they would allocate of some money for making merit and would consider on necessary before buy anything. They would allocate their money for expenditure in each month and did not open or stood by the television without watching and did not buy lottery, alcohol beverage and beers. From data mentioned, it can be seen that the participants had methods of adjustment on having enough money to family, all this derived from they were a key of family and had to be responsibility to earn some money for the family. The low income was problem of their family thus they would work harder every day. All samples (100%) had income were lower than 780 baht/ month and most of older persons (77.84%) had not permanent job and low income. These affected living in family, they had to economized including they had to allocate their expense for treatment although most of the older persons (74.59%) would have descendants who helped them but that was a little that consistent with the study of Suree Bunyanuphong (1991: 12) found that older persons' descendants were also poor, they had not enough money to support the older persons thus, expectation to descendants' assistance would be low because of they had to be responsibility to his or her family. In addition, due to the older persons were healthy and need to their family were happy, those were factors affecting the older persons had positive financial adjustment. Whereas, the poor older persons who were old and unable to work or unemployed thus, these were barrier to positive financial adjustment. From data mentioned it can be shown that the poor older persons who had financial problem but they were also supported by their descendants and found that they still were inadequate to living thus these older persons would have to work out site whereas, the poor older persons who were unemployed that derived from they were unhealthy but they would like to help family and they wouldn't like to

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be dependency to the descendants, from a problem mentioned it affected psychological problem.

5.1.3 Physical health adjustment among poor older persons

From this study was found that more than half of the samples (56.22%) had negative physical health adjustment that they revealed that they would eat some meat, walked around household by their self, approached information on disease and illness as related to older persons, slowly walked up and down stair and having exercise that derived from they were more worsened that we can be seen, majority of the samples assessed their self found that they were sometime ill or weakness (88.65%) thus, they would be in their house and did not participate in older persons'group/assemly and older persons who participated in those of activities would receive knowledge about the health, proper exercise but an activity mentioned may be proper to older persons who were strong because they were able to participate in various activities. In addition, some older persons who had disease may have good health care such as taking meal, regular exercise and having accidence prevention. As for some older persons who did not participate in activities derived from they probably had health problem or had not enough time to participate in activities or their spouses were agency and some older persons were able to work but did not care their self because they were not exercise and not interested in information on health condition that consistent with the study of Banloo Siriphanich, et al., (1989: 71) found that majority of older persons (39.5%), was not exercise and not interested in their self and they never treat (80.1%). When they were illness would by drug at drug store in community to relieve their symptom before they went to a doctor that consistent with the study of Suree Bunyanupong (1991: 12) found that although older persons were ill but they did not see a doctor because had not any money but they waited for it relieved or bought drug. As for general care, they would not exercise because of they must work housekeeping or walked around their house whole day. The cautious behavior that the older persons were to careful such as toppling because they were afraid that would be depend on descendants. In addition, it was yet found that the older persons had disease and feared that would be dependency to the descendants,

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these factors mentioned would affect positive poor older person's adjustment on physical health. Whereas, the poor older persons who concentrated in working more than taking care physical health, those behaviors mentioned were barrier to physical health because of they would take account into working more than taking care. It was can be seen that most of poor older persons have yet experienced to health problem and did not concern in their health and uninterested to performance. These of health problem would affect poor older persons namely, when their physicals were worsened, they would meet many diseases while they were inadequate income to spend and unable to have self-care including they must be dependency to their descendants that it would affect physical problem and psychological (Premrudee Sriram, 1996: 50) in addition, it affected national health service system regarding health service place and health budget in the country. From problem mentioned the government would be responsibility to those older persons who rose up everyday.

5.1.4 Psychological adjustment among poor older persons

From this study was found that a half of the samples (51.35%) had negative adjustment which the most of them revealed that they were stress when unable to help one self and trouble when their surrounding person made anything were bad and be sad when their descendants had not enough time to them including they yet were worried about their finance and health. All this, it was derived from they were unhealthy and unable to work. So they would feel that may be dependency to the descendants although some older persons would be healthy but they were unemployed or someone had many descendants but those descendants did not care them including never visit them. These poor older persons would be worried about their health and had no caretaker. In addition, the poor older persons accepted to their current living, did not worry about currency and health. Whereas, faithful they were accepted by surrounding persons, these were factors supporting the older persons had positive psychological adjustment and found that the older persons having stress of health, expense and being dependency to the descendants including had negative relationship. These were barrier to psychological adjustment was poor that consistent with the study of Dusit Suntaranu, et al., (1992: 82) that found that most of the older persons

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were worried about financial problem and health that affected older persons' s stress especially, when they were older and psychological problem would be occurred derived from they lost various thing such as lost a lover, social status and finance including they had illness (Chumphon Somprasong, 1997 cited by Division of Plan, mental, Ministry of Public Health, 1999: 24) however the older persons living with the relatives who respected them would have adjustment to solving problem and be satisfied in one self thus these would affected positive psychological health and be able to live in society with happiness. (Banloo Siriphanich, 1994: 66-67)

5.1.5 Social adjustment among poor older persons

From this study was found that most of the samples (54.59%) had positive social adjustment and most of them revealed that they would teach their descendants avoided drug abusing and give an advise to descendants about working, used politely verbal to the descendants and helped housekeeping in household such as cooking, participated in ordained ceremony, wedding ceremony or dead ceremony and various ceremony such as Thodkatin, Thodpapa ceremony. And they would be interested in peer's activity, did not separate. All this, because of the older persons in Thai society were person who accepted by their descendants. The descendants yet respected to their parents and cared, visited and took them see a doctor. Whereas, assistance on finance was low because the descendants were poor and they had to spend it in each day and they must be responsibility to family. Thus, poor older persons would yet be instructor for their descendants about living, working and helping family. It was can be seen that poor older persons was decreased on social role such as their income, earning, being head of family but they yet were benefit to family because that they were able to work and help many things in household such as housekeeping, washing, cooking and buying some meal (Siriwan Siriboon & Malinee Wongsit, 1998: 8) that consistent with the study of Suree Bunyanuphong (1991: 10-11) found that when the older persons were unable to earn some money thus, they should work housekeeping that it was retribution to the descendants. Whereas their social role among comprising; making merit, participating various ceremonies, coming across the peers, these activities would make poor older persons received various information. From

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the results of this study were found that 54.59% of the samples never participated in older persons' group/ assembly and 37.84% sometime participated in activity that consistent with the study of Banloo Siriphanich (1989: 72) found that the poor older persons regularly participated in verity of ceremonies were 34.9% and regularly connected to peers were 34.5%. As for the poor older persons who had not the role or participating social activities derived from they had health problem and had not free time, had to make money for the family. Some poor older persons who were not member in group because it was a creating responsibility to their self (Suree Bunyanuphong, 1991: 14) in addition, found that poor older persons had healthy would be convenience to participate in activities or their descendants would be accommodator to participating activities. These would affect poor older persons adjustment were positive and had health problem including they were unable to help their self thus be unable to adjust their self. I t can be said that the poor older persons who had low finance were unable to do that and especially the poor older persons who accepted to the facts and separated their self from society including decreased reaction (Kunlaya Tantiphalachewa, 1980 cited by Siriphorn Limpaphatthananon, 1997: 100) However, family was still the first institution to care them regarding currency, emotion and mental. The study of Mallika Mattiko, et al., (1999:91) found that most of the descendants (85.7%) took care and kept their older persons, cooking for them and supported them money when they were ill including paying respect older persons when there was ceremony such as throwing water day the descendants would have shower ceremony to the older persons. Thus, the core social role that was socialization, teaching their descendants intended to study, good practice whereas, second role comprising helping housekeeping, cooking, cleaning and being consultant to member in family. (Sasiphat Yodphet, 2001 cited by Sutthichai Chittaphankun, et al., 2001: 3-7)

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5.2 Factors affecting adjustment of poor older persons

5.2.1 Vision of life

From the study was found that vision of life influenced poor older persons' adjustment with statistical significance at p-value< .001 that was found that a half of the samples (50.27%) had positive vision of life and most of older persons stated that the older persons should have some money to spend when they were necessary and should take recreation including they had enough knowledge to teach their descendants and be consultant in the village about various ceremonies and they should be invited to participate in variety of merit ceremonies. All this, we can be said that if poor older persons had regularly talk to other person such as their peer, descendants or others and exchanged their idea with others, perceived on variety of information by TV, radio or broadcasting in the village, these affected poor older person's understanding and accepted transformation in their life, they were able to accept to various situations that they would meet it. But they would adjust to that with their self. As all above data mentioned the older persons would adapt their self to transformation such as physical, psychology, society and culture. In addition, perceived on information via various media such as TV, radio, newspaper and broadcasting hall including sharing experience with group of the peers in community would affected vision of life was transformed into the positive. These were one factor that affected transformation in community such as the older persons would understand that their descendants must work out side because they had to earn the money for all members in family and the older persons would also concentrate in their self-care for illness prevention. (Sasiphat Yodpet, et al., 1997: 25; 1998a: 17; 1998b: 18) Thus, the older persons should have a good and wide vision, did not interested surrounded persons and had self care and made their self for being person who was faithfulness including they would adjusted their self for globalization. (Ratchaneeporn Phukorn, 1995: 11)

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5.2.2 Self - esteem

From the research was found that self-esteem influenced poor older persons' adjustment with statistical significance at p-value= .001 that was found that the majority of older persons had positive self-esteem (56.22%) that most of them revealed that they would have teaching their descendants was a good person. They felt that they were important person and made happiness in family including many villagers in community would pay respect to them and they had more confidence when reacted to other persons. All this, from older persons adjustment mentioned, we can be said that the older persons had high self-esteem that also affected their adjustment thus, this self-esteem was necessary to adjustment for them (Kozier, et al., 1989 cite by Kamonphan Homnan, 1996: 38) and poor older persons having positive self-esteem would be able to coping various problem with confidence and they would feel that they were value and benefit to society. But in contrast, if older persons who experienced to situation that made them lost every thing in their life that these would affect their life and others. If they lost self-esteem, they would not able to adjust their self that consistent with the study of Older Person Medical Institution, Division of Medical, Ministry of Public Health (1998: 53) found that most of the older persons were proud in their self such as proud to descendants' success, being refuge to the descendants, had longevity. Whereas, some older persons was unable to help their help or lost ability and be dependency to the others, these persons were lost self-esteem and in contrast the older persons who had self-confidence and believed that they had ability to do all things including having positive self-image these would affect positive adjustment too that consistent with concept of self-esteem theory (Coopersmith, 1967; Kitts, 1972; Rosenberg, 1965 cited by Gurney, 1988: 31) and they stated that poor older persons having positive self-esteem would also have positive adjustment.

5.2.3 Relationship in family

From the results of this study were found that relationship in family influenced poor older persons' adjustment with statistical significance at p-value= .05

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that was found that more than half of the samples (53.51%) had positive relationship in family and most of the samples stated that they were concerned with living of all members in family, they would always complain when member in family made a mistake. They were able to talk with their member in family and offered idea when member in family had problem. It can be said that, in Thai society the family is the most important institution that have to be responsibility to older persons and make them were happy and made their sense that they would be security in their life when lived with member in family. Although some older persons would be decreased a role of being a leader on finance, family but member in family still respected them. In Thai social the older persons is able to teach their descendants and be advisor or consultant to community including they can help housekeeping. The older persons feel that they are not alone, had mental security and well adjustment that consistent with the study of Amphairat Klinkachorn (1990: 64) found that most of older persons were happy and felt security when lived with their descendants, and had relationship with member in family. Thus they would accept to physical change and able to adjust their self. Thai society would praise the older persons that they were society value and able to create a lot of benefit to the country (Rachankorn Phukorn, 1995: 7) it can be seen that positive relationship between older persons and member in family that affected positive adjustment. It consistent with the Sulivan's interpersonal theory (Arawan Uthaisen, Editor, 1997: 27) stated that the older persons still had the need, satisfaction and security of role changing from the past such as retirement, being widow thus, they should create new relationship with the others for decreased anxiety because they still need accepting by member in family and the others such as revering the older persons that it was able to encourage power mind to them and positive adjustment.

5.3 Factors that was not affecting adjustment of poor older persons

5.3.1 Participating in older persons' group/assembly

From the results were found that participating in older persons' group/assembly were not accordance to formulated hypotheses. All this, it derived

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from the samples of this research did not participate in the group of older persons. By the data was found that 54.59% of the samples did not participate in the group of older persons and 37.84% of the samples sometime participated in the older persons' group/assembly that was in accordance to the study of Banloo Siriphanich, et al., (1989:14) found that the majority of the samples did not participate in social activities was 55.7% and Siriwan Siriboon (2000: 12) found that most of the samples did not participate in the group activities was 72.1%. As for the older persons' reason of non-participation in older persons' group was found that they had improper physical or healthy, did not know that there had activities and had not enough time to participate that consistent with the study of Siriwan Siriboon and Malinee Wongsit (1999: 8) found that the older persons who did not participate in community activities was 80%, had health problem was 7%, had not free time due to they had to do housekeeping, these were shown that the older persons had trend of reduced social role that was accordance to disengagement theory (Coming & Henry, 1961cited by Busayamas Sinthuprapha, 1996: 22) namely the older persons would attempt to avoid or relieve stress by separating their self from society that due to they felt that their ability was decreased and would like give opportunity to new generation.

5.3.2 Social support

From the results of this study were found that social support did not influence poor older persons' adjustment that did not consistent with formulated hypotheses and found that approximately a half of samples (50.27%) had negative social support. Most of the samples revealed that they were supported on a love and taken care was moderate to much level. But they received tangible and information was low. All this, derived from the poor older persons' family having low finance thus they would be unable to support anything to family such as supporting currency, clothes, and had not free time to care them that also affected to decreasing reaction of member in family. In addition, older persons who didn't participate in older persons' group/assembly would not receive information from any person. According to Berkman & Syme (1979 cited by Thasanee Kregkunthorn, 1993: 53) stated that poor older persons who separated their self from society would not receive information and

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recommendation. These were an impact of adjuctment of older persons that they had low level and it would affected adjustment on negative health status go on. They would have sadness and had self-efficacy on coping appraisal problem was low and it was led to suicide problem including it affected homicide and be a cause of physical change. In addition, Lindsey (1988 cited by Thasanee Kregkunthorn, 1993: 81) stated that surrounding persons in community were great important to older persons who were poor adjustments because of they were able to support everything to older persons and sometime the poor older persons who were supported on a love and taking care from their family but they were still unable to adjust their self, it can be seen that if the poor older persons adequately received social support on emotion, tangibles and information these were able to help them coping appraisal stress and positive adjustment.

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CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

As conclusions and recommendations in this study, the author classified on 4 parts as follows

6.1 Research objectives

6.2 Research methodology

6.3 Research conclusions

6.4 Recommendations

6.1 Research objectives

6.1.1 To studied adjustment regarding finance, physical health, mental and social among poor older persons in Phetchabun province

6.1.2 To studied factors affecting adjustment among poor older persons in Phetchabun province

6.2 Research methodology

6.2.1 Studied population in this research was 185 samples who lived in Phetchabun Province and they were male and female who were over 60 years old and had income not over 780 baht/person/month including self-assess that insufficient income to expense, not living alone and lived in Phetchabun province. As for the samples for in-dept interview were older persons who were selected by considering score on each part of adjustment that the highest score of first two level was 8 older persons and lowest score of first two level was 8 older persons, totaled 16 older persons.

6.2.2 The tool data collection was an interview form and an in-dept interview form. An interview form was comprised of socio-demographic, data on

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vision of life, self-esteem, relationship in family, social support and poor older persons' adjustment and an in-dept interview form comprising many questions that studied on methods and results of poor older persons' adjustment including would like to know about how to adjustment of them about finance, physical health, psychological and society and investigated on supporting factors or obstacles affecting poor older persons' adjustment.

6.2.3 Data collection; the author submitted a letter to sub-district administration organization and connected to the public health officer and health volunteers in community to be assistant researcher and trained them before collected data. As for in-dept interview would be conducted by the author.

6.2.4 Data analysis; Data analysis was completed using frequency, percentage, mean, standard deviation and an inferential statistic was analyzed relationship between independent and dependent variables by using Stepwise Multiple Regression Analysis and qualitative analyzed by analyzing content.

6.3 Research conclusions

6.3.1 Data on socio-demographic; most samples was female (62.16%) and more than male (37.84%), aged range between 60-69 years (56.22%). The highest age was 69 years ($\bar{X}$ = 69.32, S.D. = 6.80) and most status were widow (49.19%) followed by couple (44.87%), graduated education was primary school (58.38%) followed by non-educated (41.08%). Whereas, the number of member in family were 2-4 persons (61.62%), followed by 5-7 numbers in family (33.51%) that the number of members in family averaged 4 persons ($\bar{X}$ = 4.17, S.D. = 1.92), most of poor older persons lived with descendants (72.43%), followed by lived with spouse (44.32%). Whereas, income was found that most incomes were range of 400-780 baht/month (74.59%), and averaged income was 526 baht/month ($\bar{X}$ = 526.24, S.D. = 211.30). The resource of income was descendants/relative (74.59%). Whereas, health status was found that most samples which according to self-assessment were found that they were often ill (58.38%). In addition, most samples never participated in older persons' group/assembly (54.59%), those samples who never participated in older persons' group/club revealed that did not know that there was an activity about 31.68%

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followed by they were unhealthy (19.80%) and from observation of the sample's dwelling found that all houses had an address (100%), majority of the samples' dwelling were security (77.30%), located in community (77.30%) and communication in village was convenient (85.41%)

6.3.2 Data on vision of life was found that half of the samples (50.27%) had positive vision of life.

6.3.3 Data on self-esteem was found that more than half of the samples (56.22%) had positive self-esteem.

6.3.4 Data on relationship in family was found that more than half of the samples (53.51%) had positive relationship in family.

6.3.5 Data on social support was found that more than half of the samples (50.27%) had negative social support.

6.3.6 Data on poor older persons' adjustment were found that more than half of the samples (56.76%) had positive adjustment and when considered on each part was found that more than half of the samples (53.51%) had positive financial adjustment level, more than half of the samples (56.22%) had negative physical health adjustment level, approximately more than half of the samples (51.35%) had psychologicaladjustment was negative level and more than half of the samples (54.59%) had positive social adjustment level.

As for the results of qualitative study were found that poor older persons who had positive financial adjustment will work for support family, all this derived from they were still healthy, able to work and they were head of the family. Whereas, poor older persons who was negative adjustment will be in household because of they were old and unable to work.

Poor older persons having positive physical health adjustment would continually practice on health-care and gave an importance to their illness. All this derived from they were unhealthy because of they had disease. Thus, they concerned themselves to being independence of descendants. In contrast, poor older persons who were healthy and were not interested in their health because of they had not free time there for it would affect negative physical health adjustment of poor older persons.

Poor older persons having positive and negative psychological adjustment would have methods of adjustment were similar such as making well-being, no stress

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or worry and accepted to current life condition but poor older persons having negative psychological adjustment and lived in poor environmental area. It affected their emotion thus, they would be stress, worried and anxiety such as quarrelling in family, descendants liked to drink and had health problem etc.

Poor older persons having positive social adjustment would have positive reaction to neighbor such as had meeting, participating in community activities, and making merit at the temple of various festivals. This can be explained that some older persons were healthy and able to work or someone who was unhealthy but they had descendants take care them. Thus, these persons would be able to participate in various activities in community. Whereas, poor older persons having negative social adjustment would have reaction to peers was low, All this derived from some older persons had health problem and unable to help one self thus, they would not occasion to communicate to their peers and some older persons liked to be alone.

6.3.7 Variables influencing poor older persons' adjustment were found 3 independent variables that comprising self-esteem, vision of life and relationship in family influenced poor older persons' adjustment were positive that in accordance with the hypotheses. All variables mentioned can be explained to poor older persons' adjustment at 31.1% (R^2 = .311) as for another 2 independent variables such as participating in older persons' group/assembly and social support did not influence their adjustment that was not in accordance with the hypotheses.

6.4 Recommendations

In this study was found that most of poor older persons were low income, unhealthy, never participated in older persons' group/assembly and found that they had self-esteem, vision of life and relationship in family were positive and also had positive adjustment. Hence, the author would recommend on various issues as follows: -

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6.4.1 Recommendation to government

6.4.2 Recommendation to community

6.4.3 Recommendation to older persons' family

6.4.4 Recommendation to poor older persons

6.4.5 Recommendation for further study

6.4.1 Recommendation to government sector

6.4.1.1 Form this study was found that (11.89%) the samples received old-age pension and (39.46%) had income by working. This can be explained that many poor older persons were trouble on finance. Hence, Ministry of Social development and Human Security should support old-age pension to them and cared them through supported them have enough money for living. They would have self-esteem and felt that they were one part of society and did not dependency to their descendants. These of supporting would lead to positive adjustment of poor older persons.

6.4.1.2 From this study was found that most of older persons' children were hiring, had low income and insecurity. Hence, Ministry of Finance should have measurement to reduced tax to person who was responsibility to parents who had not income. They would have free time to care poor older persons. These offspring would not feel that they were pressured. Thus, the poor older persons would be happy when they lived with descendants and able to adjust their self were positive.

6.4.1.3 From this study was found that some poor older persons yet had health problem and did not interest in their health. They would be anxiety about health problem. Hence, Ministry of Public Health should promote older persons have good knowledge and understandd in process of physical change by via various media such as television, radio, newspaper, broadcasting hall etc. These would affect poor older persons had positive physical adjustment.

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6.4.2 Recommendation to community

6.4.2.1 From this study was found that some of older persons were healthy and able to work but unemployed thus, Sub-district Administration Organization should promote them were able to work for their family. Such working with local wisdom comprising handicraft in project of One Tambon One products (OTOP). They would have income for support their family and it was creating self-esteem to older persons that led to positive adjustment.

6.4.2.2 From this study found that there had only 11.89% of the samples received old-age pension, and 39.46% had income from working, but there had some older persons were trouble and had to borrow money from Agricultural Cooperative or a capitalist in community that its interest was high level. Hence, Sub-district Administration Organization should established welfare fund to relieved distress among poor older persons and supported them have good quality of life. The poor older persons in community should have saving book and they were able to borrow money from this fund and paid low interest. It can be seen that poor older persons would have alternative way to be happy and decreased pressure of their life style. They would have free time to work and descendants should often visit them. These would affect them were happy and had more self-esteem and followed by relationship in family was positive. It would lead to positive adjustment.

6.4.2.3 From this study was found that poor older persons had problem of going to hospital or health center due to they had not caretaker, money to pay for vehicle etc. Hence, health service place such as hospital and health center should have a mobile clinic of health service conducted to poor older persons every year about 2 times/ year. This activity would upgrade health status of poor older persons. They would feel that they had self-esteem and being important person in family and community that it would lead to positive adjustment.

6.4.2.4 From this study was found that a cause of poor older persons did not participated in older persons' group/assembly. Because of they had not free time to participate in activity but assign their partner or children be agent etc. Thus, each activity should have variation and suit for them that derived from they were unable to go and had a health problem. There should have advance activity such as

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health- care service at home and making group discussion by sharing experience, knowledge and information between poor older persons. These were able to create self-confidence to them and decreased their pressure. They felt that they were one part of that society and villagers in community paid respect to them and led to positive adjustment.

6.4.2.5 From this study was found that poor older persons having positive self-esteem would have positive adjustment. Thus, Sub-district Administration Organization should establish activity of honorable day to poor older persons in community such as New Year's Day, water throwing day, or variety of festival in community. These activities would affect expression of descendants to poor older persons. They would feel that they have value to community and able to adjust their self.

6.4.3 Recommendation to poor older persons' family

6.4.3.1 From this study was found that poor older persons' household was insecurity that risked to accidence. Thus, poor older persons' family should develop physical environment in house area and around to reduce susceptibility to diseases such as railing of the stair, house wall, or rest room and should regularly clean the bed, older person should sleep at first floor etc. These would make older persons feel that their descendants concerned them and they felt that had self-esteem and had importance to family. Hence, they would also have positive adjustment.

6.4.3.2 From this study was found that poor older persons having positive relationship in family would also have positive adjustment. Thus, member in family should appreciate, respect, esteem them including taking care in living of them. These would affect a sense of warmness and security of poor older persons that they were able to have positive adjustment when they lived with descendants.

6.4.3.3 From this study was found that poor older persons who had descendants lived other places, never visited them or sent money back and they were loneliness. Thus, the descendants should give an importance to poor older persons such as visited them during variety of festivals, sent money back or tangibles to them.

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All this, derived from the poor older persons having positive relationship in family would also have positive adjustment.

6.4.4 Recommendation to poor older persons

6.4.4.1 From this study was found that poor older persons having positive self-esteem would also have positive adjustment. Thus, poor older persons should create self-confidence and being valuable person to family including made benefit to community. When poor older persons felt this thus, they would also have positive adjustment.

6.4.4.2 From this study was found that poor older persons having positive vision of life would also have positive adjustment. Thus, poor older persons should have conversation with the peers or received information by television, newspaper or broadcasting hall in community to perceived various information and widely opened vision of older persons and if they understood and accepted to transformation on physical, mental and society. Thus, poor older persons would also have positive adjustment.

6.4.4.3 From this study was found that poor older persons had positive relationship with descendants would have positive adjustment. Thus, poor older persons should properly practice by being positive model to their descendants, teaching and giving advice to descendants including helping housekeeping and older persons' member in family should give love, respect and take care them, thus poor older persons who were positive relationship to family would also have positive adjustment.

6.4.5 Recommendations for further study

6.4.5.1 This research was to study on only some part of poor older persons' adjustment thus, the results of this study were used for reference to some part of poor older persons but unable to refer to general poor older persons throughout country and in the future was expected that situation of increasing older persons population would continually create. Hence, the studying among poor older persons

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throughout country should investigate on planning and determining policy to support the number of increasing poor older persons.

6.4.5.2 From the study was found that some part of poor older persons had adjustment on finance, physical health, psychological and society was negative level. Thus, there should study and develop proper model to respond requirement of finance, physical health, mental and society among poor older persons and to supported them have adjustment with efficiency.

6.4.5.3 This main design of research was quantitative study and was supplemented by qualitative study, thus there should study on poor older persons' adjustment by applying qualitative study to know about social context and relationship in community that would lead to developing model of quality of life among older persons go on.

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อำไพรัตน์ กลิ่นขจร.(2533).**ความสัมพันธ์ระหว่างสัมพันธภาพในครอบครัวกับพฤติกรรมการปรับตัวของผู้ป่วยสูงอายุที่กระดูกขาหักขณะรับไว้รักษาในโรงพยาบาล**.วิทยานิพนธ์ปริญญาวิทยาศาสตรมหาบัณฑิต สาขาวิชาพยาบาลศาสตร์, บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.

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APPENDIX A

Interview form on poor older person' adjustment in Phetchabun province

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Interview form number ☐☐☐

Interview form on poor older person' adjustment in Phetchabun province

Direction for interview

Mr. Chesada Panpeng, a student of master degree majoring Population Education, Faculty of Social Science and Humanity, Mahidol University. I was to study on poor older persons' adjustment in Phetchabun Province regarding adjustment on finance, physical health, mental and social including investigated factors influencing mentioned adjustment. The received data was a secret and analyzed by presenting of group, not presenting of individual. These results would be applied to developing the standard and be guideline of implementation among poor older persons. If you had any question of this study can be questioned all time. This research would be success with your kindness and cooperation. I would like to express gratitude to all participants with regarded.

A questionnaire comprised of 6 sections as follows: -

Section 1	Socio-demographics among poor older persons	numbering 11 items
Section 2	Data on vision of life	numbering 17 items
Section 3	Data on self-esteem	numbering 18 items
Section 4	Data on relationship in family	numbering 11 items
Section 5	Data on social support	numbering 13 items
Section 6	Data on poor older persons' Adjustment	numbering 50 items

Mr. Chesada Panpeng

The researcher

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Interview form on poor older persons' adjustment in Phetchabun province

First name.....Last name.....

Date/month/ year of interview Date.....….....Month.....……. 2003

Start interview .....am. /pm. Final interview..... am. /pm.

Name of the interviewer ..... Last name.....…...

Direction for interviewer

1. Introduce yourself to poor older persons.

2. Inform an objectives of procedure to poor older persons to understand before interview.

3. Interview follows the list of items respectively.

4. During procedure, please politely speak and express with regarded and call them that Khun Ta/ Khun Yai or Khun Pha/ Khun Lung

5. There should use proper language for the clients but should direct a same meaning, there should use local language to consistency and more understanding.

6. There should not rushingly interview or pointed out question to received wanted questions.

7. Verify all items of the questionnaire and if there was any question please repeat question to poor older persons before ending.

8. Express a thank to them after finish interview.

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Section 1 Socio-demographic

Please interviews follows list item and mark ✓ or fill a statement in the blank of statement with real and correct.

1 Age…….year (Number of full year, count to today)

2 Gender (…….) 1.Male
(…….) 2.Female

3 Marital status (…….) 1.Single
(…….) 2. Couple/married
(…….) 3.Widow
(…….) 4.Devioce
(…….) 5.Separate

4 Education level (…….) 1. Non-education
(…….) 2.Primary school
(…….) 3.Secondary school
(…….) 4. Othres please specify.....

5 All members in family living in the same household at present.
There is ..... person (include your self)

6 Currently, Whom did you live (answer more than one item)
(…….) 1. only one
(…….) 2.Parents ..... person
(…….) 3.Husband/wife ..... person
(…….) 4. Son .....person
(…….) 5.Daugther ..... person
(…….) 6.Son in law ..... person
(…….) 7.Daughter in law ..... person
(…….) 8.Nepphew ..... person
(…….) 9. Others please specify..... ..... person

7 Around 6 months ago you have income about ..... baht

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8 Source of income/ month (answer more than one)

(…….) 1.No

(…….) 2.Descendants/ relative .....baht

(…….) 3.Old-age pension ....….....baht

(…….) 4.By working ....….....baht

(…….) 5. Others please specify..... .....Baht

9 How do you think about your health at the present?

(…….) 1.Healthy

(…….) 2.Sometime ill

(…….) 3.Weakness

10 Around 6 months ago, did you participate in older persons' group/club in sub-district, district, province level or unit section promote older persons activities such as of seminar, conferences, entertainment, exercise or study tour?

(…….) 1.Regulary

(…….) 2.Sometime

(…….) 3.Never participate

The cause of non-participation, please specify.....

11 Characteristic of dwelling

- Is there address? .....
- How about dwelling? .....…
- How far is distant from community? .....
- How about route of transportation is? .....
- Others.....…….

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Section 2 Data on vision of life

How do you think about this statement?

Item	Statement	Conceptual level	
		Agree	Disagree
1	Older persons was unnecessary to take care their self		
2	When an illness was appeared they should waited for more symptom then went to a doctor		
3	They should decrease doing daily activity		
4	This age was duration of the rest among older persons		
5	Older persons were ready to experience to losing person being your lover		
6	Abandoning alone in their house that makes them were sad.		
7	Older persons should satisfied to present living.		
8	Older persons were terrible because unable to help their self as prior.		
9	Older persons having descendants work in the different area affected older persons happiness		
10	Older persons should visit their friend		
11	Older persons should participate activities in the villages		
12	Older persons who had not income, their descendants did not interest		
13	Older persons should have some money to spend when they were necessary.		
14	Older persons should worked to support their family		
15	Older persons were who have experience in their life and able to teach descendants		

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Section 2 Data on vision of life (cont.)

How do you think about this statement?

Item	Statement	Conceptual level	
		Agree	Disagree
16	Older persons were able to advise doing ritual ceremony in the village		
17	Older persons should be invited to participate in general ritual ceremony in the village		

Section 3 Data on self-esteem

How do think about self-esteem follows this statement?

Item	Statement	Conceptual level of self-esteem		
		Much	Moderate	low
1	You are honesty			
2	You are healthy			
3	You properly behaved and under moral			
4	You made your descendants were happy and well living			
5	You never make others were terrible			
6	You were important person in your family			
7	You thought your descendants be a good person			
8	You felt that you made your family be happy			
9	You felt hopeless in your life and wished to die			
10	You could give the highest education to your descendants			
11	You could do anything as same as this age done			
12	You could solve general problem in your family			

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Section 3 Data on self-esteem (cont.)

How do think about self-esteem follows this statement?

Item	Statement	Conceptual level of self-esteem		
		Much	Moderate	low
13	You could help family working			
14	You had confidence when you found the others			
15	You could approach to the others			
16	You were consultant for your family			
17	You could help community by power, money or others			
18	You were respected by surrounded persons			

Section 4 Data on relationship in family

How do think about relationship in family follows this statement?

Item	Statement	Conceptual level of relationship in family		
		Much	Moderate	low
1	You were able to talk to everyone in family			
2	You were able to advise when there was problem in the family			
3	Member in family was not interested to your recommendation			
4	You and your member in family watched TV, Radio together			
5	Member in family abandoned you are alone			
6	You quarreled to your descendants			
7	Member in family was disturbed when you had a request			

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Section 4 Data on relationship in family (cont.)

How do think about relationship in family follows this statement?

Item	Statement	Conceptual level of relationship in family		
		Much	Moderate	low
8	You would be angry or stress when your family argued you			
9	When you have any problem, no one in family was your consultant			
10	You were interested in life condition of all your member in family			
11	You were able to complain when member in family made a mistake			

Section 5 Data on social support

How do think about social support follows this statement?

Item	Statement	Concept level of social support		
		Much	Moderate	low
1	Member in family give a love to you			
2	Member in family concern you			
3	Member in family take care you			
4	Member in family expressed empathy to you when you were ill.			
5	Member in family talk about self-care of poor older persons to you			
6	Member in family are willing to explain a question to you			
7	Member in family talk about their working to you			

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Section 5 Data on social support (cont.)

How do think about social support follows this statement?

Item	Statement	Concept level of social support		
		Much	Moderate	low
8	Member in family talk about social information to you			
9	Member in family always take care your journey when you go out			
10	Member in family take care you about appetite			
11	Member in family give you money to use			
12	Member in family take care you regarding preparing your clothes			
13	Member in family buy drug or take you go to a doctor when you are ill			

Section 6 Data on poor older persons' adjustment.

How do think about poor older person' adjustment follows this statement?

Item	Statement	Practice level		
		often	less	never
	Economic adjustment			
1	Currently, you still worked or hired for income			
2	Currently, you had reinforcing occupation such as grew vegetable, sewing to added your income			
3	Before you bough any thing you will consider necessary before buying			
4	In each month you would allocate your expenditure is cost of electric, water supply and medical care			

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Section 6 Data on poor older persons' adjustment. (cont.)

How do think about poor older person' adjustment follows this statement?

Item	Statement	Practice level		
		often	less	never
5	You switch on fan and television without using			
6	You bought drinking beverage			
7	You bought a lottery			
8	If you had enough money you will make ritual			
9	You deposited to saving group or the bank			
10	When don't had money you will beg your descendants			
11	When you didn't have money you will borrow from your neighbor			
	Adjustment on physical health			
12	You will ate some meat such as pork, chicken and fish			
13	You exercised such as walk around your house, brisk walking, massage or drive a bicycle			
14	You slept in midday			
15	You walked to the neighbor by your self			
16	You were smoking			
17	You bought drug at grocery when you were ill			
18	You waited for your symptom was appeared you will go to see the doctor			
19	You closed an information about older persons diseases by variety of media such as TV, radio or a neighbor			
20	Your descendants helped you when would like to walk			

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Section 6 Data on poor older persons' adjustment. (cont.)

How do think about poor older person' adjustment follows this statement?

Item	Statement	Practice level		
		often	less	never
21	You could walk up and down stair with carefully			
22	You changed slowly sitting position to be standing position			
23	You had soft food because of it is easy to digest			
24	You were your glasses when read the book Mental adjustment			
25	You were able to relax your mind, don't stress anything			
26	You concentrated in unsolved problem			
27	You were stress until you can't work			
28	You were disturbed when a surrounding person do something was improper			
29	You were moody with a bit of matter			
30	You couldn't sleep because of you are anxiety			
31	You concentrated on what you were doing			
32	You lost power mind or were sad			
33	You prayed to your peace			
34	You were sad as your descendants have not enough time to you			
35	You couldn't stand when surrounding person are impolite			
36	You read Buddhist book, listen Dhamma to relief your sadness			
37	You were bored when you can't self-help			

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Section 6 Data on poor older persons' adjustment. (cont.**)**

How do think about poor older person' adjustment follows this statement?

Item	Statement	Practice level		
		often	less	never
38	You relaxed by doing hobby such as planted, keeping the pets Social adjustment			
39	You taught descendants don't dependent on narcotic			
40	You gave recommendation to your descendants to working			
41	You kept your self and isolate			
42	You talked politely to descendants			
43	You helped housekeeping such as cooking, cleaning, taking care your descendants and pouring water into plants etc.			
44	You went out side to chat the neighbor			
45	You went to temple for make a ritual			
46	You were consultant in community regarding wedding, novice ceremony			
47	You were not interested that your friend would have any activities do together			
48	You donated money to any activities in the village			
49	You participated in ordain ceremony , marriage or death ceremonies in the village			
50	You participated in variety of ceremonies such as Thodkathin and Thodpapa			

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APPENDIX B

Guideline of the question of in-depth interview

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Guideline of the question of in-depth interview

In addition, the author collected qualitative data to support quantitative study for the more clear of this research. The author investigated on methods and results of poor older persons' adjustment regarding on economic, physical health, mental and social including studied factors supporting or be obstacle among poor older persons' adjustment by in-dept interviewing among poor older persons having positive and negative adjustment. The sample selection was conducted as follows: - selected poor older person having the highest score on each part of adjustment at first two levels numbering 8 persons and lowest score at first two level numbering 8 persons so. These poor older persons would be questioned as follows:-

(1) How methods that make you have enough money for spend in each day?

(2) How about of your achievement was?

(3) What did supporting factor as affected you had to do that?

(4) What obstacle affected you had not enough money to spend in daily?

(5) How method did you are healthy and did not dependency to your descendants?

(6) How about of your achievement was?

(7) What did supporting factor as affected you had to do that?

(8) What obstacle affected you are healthy and did not dependency to your descendants?

(9) How method affected you are able to relief sadness , anxiety and stress?

(10) How about of your achievement was?

(11) What did supporting factor as affected you had to do that?

(12) What obstacle affected you are unable to relief your sadness and stress?

(13) How method affected being one part of social and respected by social?

(14) How about of your achievement was?

(15) What factor affected you do that?

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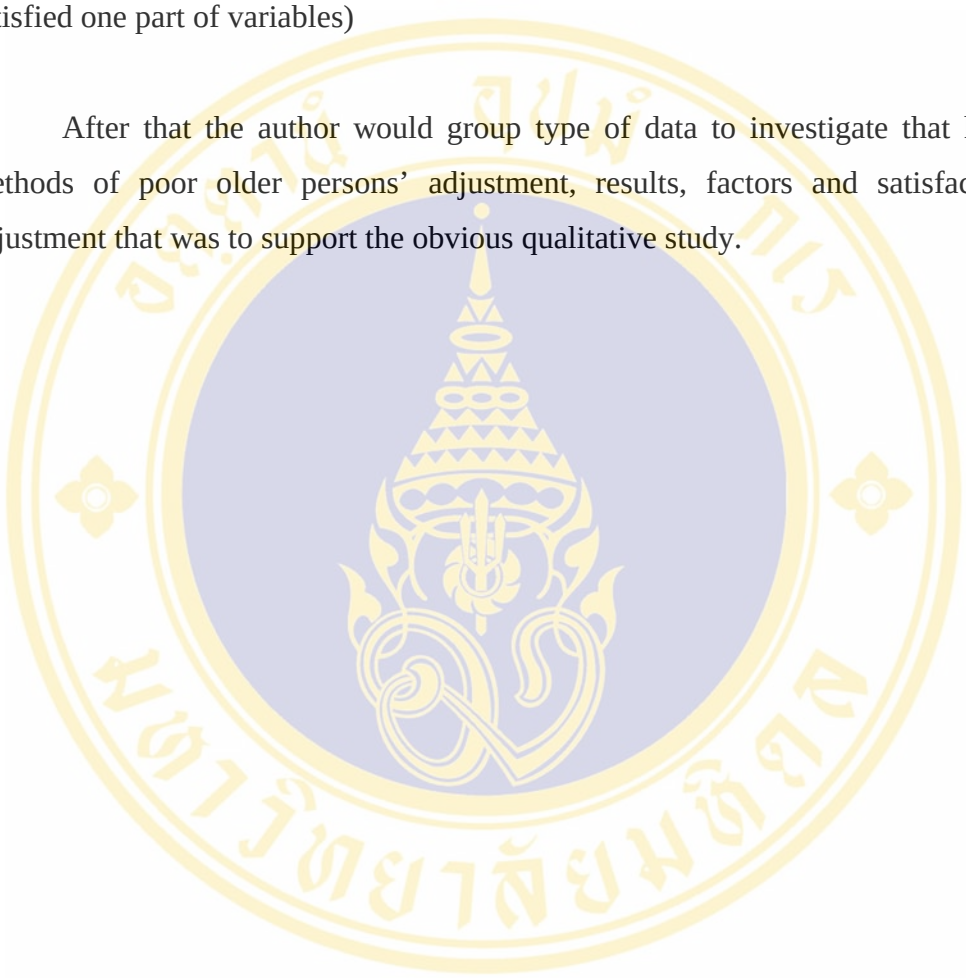
(16) What obstacle affected you are unable to be one part of social and respected by social?

(17) How did you satisfy on adjustment of economy, physical health, mental and social? (Interviewing satisfaction on poor older persons' adjustment who satisfied one part of variables)

After that the author would group type of data to investigate that how did methods of poor older persons' adjustment, results, factors and satisfaction on adjustment that was to support the obvious qualitative study.



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APPENDIX C

Results of in-dept interview one by one

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Results of in-dept interview one by one

This research was to study the results of qualitative study to quantitative study to covered and obvious of the detail. The study was investigated on main point of methods and results of adjustment among poor older persons regarding economy, physical health, mental and social including factors supporting or being obstacle to adjustment among poor older persons. The samples were selected by consideration on their adjustment of first two as highest levels and first two as lowest level in each part. If there was any name list was repeated the next poor older persons were selected and in-dept interviewed go on. The results were presented as follows:

2.1 Adjustment of poor older persons one by one

2.2 Summarization of whole poor older persons' adjustment

2.1 Adjustment of poor older persons one by one

2.1.1 Poor older persons having score on positive financial adjustment

First case: Mr.sorn (alias) male, 65 years old lived with his wife and 3 nephews totaled 5 persons. His 3 sons were not together they worked in the other province. His house located in community (municipality area), small, one floor, insecurity but the route of transportation was convenient. Now he was a hiring motorcycle and he was only one to earn in family, his income was 100 baht/day whereas, his wife was unemployed and his descendants were studying.

Adjustment on finance

Because of he was only one who earn in family was 100 baht/day. He was trouble due to have not enough money to spend in family. He had lot of expenditure per day such as pay for nephews, electric bill and water supply. Sometime he had to borrow money from his daughter in law. After that he would call his son to beg some money return her. He had complained to his son that insufficient money. He never loan anywhere if which month he was not enough money would borrow from a neighbor or he must more work hard. He told that he never loan if he had not enough

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money would call son for some money. In addition, he had to save his money for his wife and nephews spent. He said that he was more save, he drove a bicycle more than 30 years never buy anything only save" although he was trouble but was satisfied to his working.

Adjustment on physical health

Mr. Sorn explained that he was not disease, was not hospitalization, never annually checked up his physical health. He said that he never treats, go to see a doctor and had illness. Now he was healthy and did not worry, he would earn about 5-10 years. He never slept in midday due to he had to work 05.30 a.m. and backed to home at 18.00 p.m. As for self-care, he did not care walking and never interested in information about older persons or participated in various activities. He said that he did not have a disease would not interest, only thought that whether that day he would have income, or not? If any day he had lower than 100 baht was not enough, he was so sad. In addition, he yet addressed that he never went to participate in activities because of concern in my family.

Adjustment on mental

Mr. Sorn liked to be worried about his currency to spent in his family, he would like to help his family was comfortable of living. He said that thought only his family had everything, he wish to his wife, nephews was well being. Especially, his expense comprising value of electric, water supply that was expensive including expense of his students. He was worried that when did his son will send some money to him. He complained that if he has only his wife though that he was adequate and he did not concern in anything except his family. He would not concentrate in a problem. He said that he was not bored, everyday he had to earn about 100 baht/day. Only worked for my wife and nephews he was pleasant. Sometime his son would sent money back to him if he had not, would borrow from the neighbor. He said that not only he was rich or poor if all member were at there, he was happy. Although he would be trouble but never thought that he was lost honor. He thought that they were under line of the god but many persons were poorer than him.

Adjustment on social

He reacted to his peer was low except member in family and colleague. His relationship family was good. He said that he was well being and love all equal. He

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was a leader of family, would taught everyone regarding go midnight, working housekeeping. In addition, if he had the time he would help his wife do housekeeping such as refilled water into a jar, cooking, cleaning etc. As for reaction to neighbor such as making merit at a temple, conversing to his peers was low. He was concerned in family's expense. He said that he worried about his family if he had only 100 baht of working, it was adequate but if it was 70 baht he had to worry.

Second case: Mrs. Thongyu (alias) was female, 64 years, lived with 5 descendants. In family had total 6 persons. Her son lived in other area and his dwelling located in community (municipality area) the house was moderate size, located on the others land, insecurity dwelling and route of transportation was convenience. She was hiring if which day she did not work, she would make confection sell around the village. She was only one earn in family that income in each month was not stable. Whereas, her descendants were studying and living at home.

Adjustment on finance

Due to Mrs. Thongyu was a head of family and responsibility to her 5 nephews. These children were unemployed and dependency to her. She had to work hard everyday such as harvested, transplants, and after that she must make confection or sweet sell around the village. But some time if she had not money, she had to borrow from her neighbor that must pay 20% of interest/ year. She was trouble and sad about insufficient money. Now she yet must pay a dept by daily. Thus, she had to save including told her nephews that should save. However, her son sent money back for expense in family but it was inadequate for everyone because of she received about 500 baht. She said that she was only one to work, did not know that where she was earn from, thus, she would loan and pay interest everyday including she had not ability to earn more money.

Adjustment on physical health

Mrs. Thongyu had not a disease, no health problem, never treats at hospital and never checked up. She said that she never went to hospital, wouldn't like to go, feared injection. When she was ill, would buy sacked drug by grocery about 1-2 times per week. She never exercised such as physical exercise muscle massage. She told

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that she will exercise by working such as digging soil, mowing grass and planted vegetable. She did not care her health and received information about older persons because that she thought that she was strong and had to work for family. She said that she was well being so she did not interest in older persons information and she was satisfied in her health because she was able to work by herself.

Adjustment on mental

Mrs. Thongyu was sad about her expense in family due to she did continually work and had permanently income. She had to work everyday to pay to the dept. She was stress and worried about expenditure and the method of relieving stress by working and planting vegetable. She said that if she had a work, she did not stress. If she had not job she would be stress. Sometime she would consult with neighbor, though they could not help her. She said that they listened to her but could not help her due to no money.

Adjustment on social

Mrs. Thongyu had reaction to the others was low except member in family and neared neighbor because of she had to work, she had not free time to react. Although it was a Buddhist's day she went to the temple in someday. She revealed that had not money and as on behalf a head of family she had work for her family such as cooking, cleaning, keeping her nephews and taught her nephews did not go to the midnight. As for the neighbor she did not participate to them due to she was not confidence that they were sincere. She stated that they talked with a beautiful wording but in their mind she didn't know. She didn't complain the others but someone might be complained her. When there was ceremonies in community if she was invited she would go but sometime she was felt that lose self-esteem. She revealed that she felt that she didn't like to visit to the riches relatives because she was low.

2.1.2 Poor older persons having score on negative economic adjustment

Third Case: Mr. Mhuk (alias) 62 years of age, male, lived with his wife who was neurosis symptom and was a drunker. He had 6 children that lived in other province and he was supported by relatives who were near his house. His house located in community and was moderate size, one floor, insecurity, located in

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daughter's land but the route of transportation was convenience. He was currently, hiring about weaving. His income was low about 40 – 50 baht/day.

Adjustment on finance

Although he had 6 offspring but they never sent money back to help their father thus, had to work for income in each day. He made a chicken coop about 2-3 coops/day and got money about 40-50 baht. When reached to harvest season he would hired harvest and he was unemployed after finished season. He told that he was trouble due to he had not enough money and must lived in others' land although he would not enough money but he never borrow anyone. Someday he had not any money to pay had to dependent his descendants. He said he never loaned and nobody supported him. He had to dependent his descendants. Which day he didn't work would be at home and had not income.

Adjustment on physical health

Mr. Mhuk had not disease and appraised on his health status that it was healthy but he had back pain when he sits long time. Although he had not money but his descendants care him a cover 3 meal. He did not exercise and though that working was exercise. He said that his exercise by climbing mountain to cut tree. Now he yet drank alcohol beverage sometime and smoked cigarette about 10 rolled /day. If he was ill, his descendants would buy sacked drug at grocery. Although, he had health insurance card but he did not see a doctor at hospital or health center. He said that he was not anything serious; he took some drug and no long time to get well. As for perceiving information on older persons, sometime he listened by radio or broadcasting hall.

Adjustment on mental

Mr. Mhuk was stress when his son never visited him. He had much expenditure in family and being dependency to descendants. If he was anxiety would not do anything, he would sleep whole day. He said that he was anxiety, bored, like to only sleep. He was worried about his living, if one day his son wouldn't care him, how did he do? Sometime he was angered as his son did not visit him. But he accepted real situation. He said that he worried about his daughters did not visit him; they had job but never sent money to him. The way of relieving stress was drinking

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alcohol about ½ cup that affected good sleeping. He adapted his self approach to real situation.

Adjustment on social

Mr. Mhuk had positive ralationship with his wife, no quarrel. As for his peers he had relationship to them. He would someday connect together. As for making merit he told that did not go a temple because of he drank alcohol before on bed and unable to woke up. In addition, various ceremonies in community he would participate and made merit. Whereas, activities in community he never participate in those activities because did not know.

Forth case: Mrs. Buntham (alias) 76 years of age, female, lived with her descendants about 3 children and 2 children worked in other province. She did not work and his son bought used products and general hiring. Her house was far from community and one floor, insecurity and communicable disease was inconvenience.

Adjustment on finance

Now she was unemployed because she was older. She said that she did not do anything because she was old. Thus her expense in family had to be supported by her daughter. Whereas, the other son never send money her back but she was worried because her daughter was responsibility to expenditure in family. Which day that they went out the house to work and did not cook for her. She would cook with vegetable around the house such as ipomoea; Gourd leaves boiled and ate a savory along with sauce of chili. He said she had to save money by selling packed food if she did not buy would cook with vegetable. Currently, her house was under mortgage and her daughter had to repay for a dept. She would like to work. She said she would like to work but couldn't work because of she was weak; she was able to plant some vegetable. In addition, her daughter farmed cock. She had not any money because of her daughter care her only covered 3 meals. She never begs any money from them. She said didn't beg…If any one had, they may be given"

Adjustment on physical health

Mrs. Buntham had a disease was Hypertension that was confirmed by the physician but she had never treated. She said that she did not concern about self-care such as taking meal, exercise or medical appointment. In addition, she thought that

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housekeeping was exercise and in midday she never rest but she would do little activities such as cleaning plates and scrubbing pot. When she was immediately ill her son would take her to hospital. She was able to walk without a walking stick and she had to eat soft meal due to it was easy to digest She said should sodden; sometime she had to repeated boil because of low teeth were withdrawn. In evening she would drank a mixed alcohol to more eat but she did not smoke.

Adjustment on mental

Mrs. Buntham was not worried anything because that she was happy no trouble. She said that she had enough to eat, no trouble, no problem and did not worry anything. She was not alone sometime she had reminded her son about drinking alcohol but her son was not interested she was angry. She said that she would sat so longtime for relieved boring and did not think of any problem. In addition, she accepted to older persons living. She said that she was not afraid to die, all human have to die and she never though that lose self-esteem, she said that never thought, everyday she was happy with her son that they cared her. She satisfied in her life by Bhuddist principle, she said that she was not trouble, all people had to die.

Adjustment on social

Mrs. Buntham never participated to her neighbor but they would visit her at home. She spoke very beautifully to all persons. She though that if she had proper behavior her son would take care her long time. She said that had to beautifully speak…Although they hate her but she had to stand on. In addition, she had to work in the household such as cleaning dishes, weeping. Whereas, making merit she did not practice in Buddhist day because of she was older. She said she was unable to go but in the festival such as Songkran day (water thrown day), Buddhist lent day her son would take her to the temple. As for merit ceremonies in the villages, she did not go but her son would be agent.

2.1.3 Poor older persons having score on positive physical health adjustment

Fifth case: Mrs. Tim (alias) 67 years of age, female, lived with her husband, had 8 offspring that they separated to work the other area near her house. Her house located in community (rural area). The house was large and security and route of

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transportation was convenience. Currently, both her husband and her had not income but they were supported by her children lived near house.

Adjustment on finance

Mrs. Tim and her husband did not work and had not income but their children would support them. Sometime the second son gave her money about 500 baht and others were poor but they yet supported about the food and sometime they gave her money about 100-200 baht. She was worried about her expense because of it was inadequate. She spent about treating legs pain. She said that appetite was sufficiency, lack of money when she had not money to buy drug. she never bought lottery or borrowed money.

Adjustment on physical health

Mrs. Tim had a disease was legs pain and they would bought sacked drug at grocery everyday. Sometime she was available service at health center if she was pain would go to the health center. She never smoked and drank, she was exercise by brisk walking in early morning and in midday she did not sleep because her house was near the road. There was very noise of passed cars. She must be carefully when she went to anywhere. She had to depend a walking stick while she walk because former, she had fallen and her knees was broken. She said that be carefully, afraid that it slide.

Adjustment on mental

Mrs. Tim felt alone although her son lived nearby her house. She said that she was worried everything, if her son visited her, she was so glad. She was sad if had not money sometime she was stress and unable to sleep. She had method to make mind more peaceful by relaxation, did not worry everything. She said that making peace mind in her heart, it would be drop. Sometime she was anger will relax her mind. She always thought that she was unvalued when her descendants did not visit her. She complained that her son did not visited her and she unable to go by herself like the others that she felt that she loses self-esteem.

Adjustment on social

Mrs. Tim had not gone to the temple about 3-4 years ago because she was legs pain. She said that on Buddhist lent day, she didn’t go because I couldn’t sit on a motorcycle she was pain at her legs and she never participated in older persons group/club. Her descendants had not free time to visit her because they were busy, she

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would always talk to her husband that if her descendants visited her. It was so grateful. She would teach her descendants about doing under the law and avoided improper behavior. She never participated in several ceremonies because she was uncomfortable. Because she had problem about her legs. She said that she didn't go to temple; children would be represented to her 3-4 years because she had legs pain and ashame.

Sixth case: Mrs. Puan (alias) 76 years of age, female, lived with one nephew. Whereas, her descendants separated and lived near her house. Her house located in community (rural area) the house was moderate size and had lift up one floor, security and route of transportation was convenience. Now she was unemployed but her descendants supported appetite to her.

Adjustment on finance

Mrs. Phuan was unemployed because of she was older thus, she lost income. Her descendants supported an expense in her family but it was a little because that they were hiring. Nephew's grandfather supported some part of expenditure of her nephew. She received about 100 baht/week. She said that she got from her son or nephew's grandfather but her offspring would support about food. She was trouble about her expenditure in family if she was able to work she would work to help family. Thus, she had to save everything. She said that must save money; someday she had and someday had not. However she never borrowed because that she was unable to pay return.

Adjustment on physical health

Mrs. Puan told that had a disease was renal syndrome. About 3 months ago, she was admitted in hospital about 20 days, now she rested at home, not worked. When she was illness her son as neared her house would take her to the hospital. She would take care her self by brisk walking exercise; housekeeping, taking meal in time such as no over salt and sweet and no drank and smoked. In addition, she had to be careful to falling when she used restroom because her knee was problem. She said that it was be careful, now her knee was bad…have a problem when waked up and down or went to restroom. She would relaxed in midday when had free time.

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Adjustment on mental

Mrs. Puan would have sadness because of she had were insufficiency money to spend especially, when she was ill and worried about her health cost. She was afraid that it was dependency to her descendants. She yet concerned in her nephews living together with her. She said that she concerned in her baby, both of father and mother were pas the way, when she was ill, no one cared him. She afraid that she would be dependency to the descendants. When she was anxiety or worried, she was unable to sleep. Sometime she was bored to think it. In addition, she yet felt good that her son concerned her. When she thought her nephew, she intended to live go on. She said that she wouldn't like to be die, like to care her baby. She hoped that one day as her son returned cares her. She had not felt that was low and didn't worry about death. She said that no fear if she was ill, no fear if I would be die no pain, no cry, she had well known"

Adjustment on social

Mrs. Puan spent the time of her at home. She would long time, walk to peer's house to chat. She would be in peaceful. She said that her children was grew up she did not worried about them. She would think them about working because everything she gave them. She taught descendants were good person and intended learning. As for housekeeping she had to work such as weeping, cleaning, and cooking. She was unable to make merit at temple although several ceremonies in community. All this due to she couldn't walk. She said that she couldn't walk, sit, and stand up. Sometime she would give them with the money.

2.1.4 Poor older persons having score on negative physical health adjustment

Seventh case; Mr. Wong (alias) male, 61 years of age lived with his wife. His son separated to have their families near area. His house was far from community (rural area), moderate size and security but route of transportation was inconvenience. Currently, he still was hire such as harvested, cut sugar bamboo that income was uncertain whereas, his wife was unemployed.

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Adjustment on finance

Mr. Wong was a key man to earn the money in family. He hired following season or general hiring. His income was uncertain, someday he did not work, had not income. He was responsibility to family such as expenditure of food. His offspring never sent money back. He said they couldn't help their self. This cause affected his living; he was necessarily loan by private sector in community about 200-300 baht/each time. He said that they gave a little, when he was ill, they would give more may be 200-300 baht". He had to save someday he did not eat anything. He thought that he was able to work but had not a job.

Adjustment on physical health

Mr.Wong had a disease was back pain symptom, could not lift hard thing up and walk so far. Although he had symptom mentioned he had to work because he had not income. He said that if he could, he would go…when he didn't go, that he was so bad. Sometime he didn't have lunch because had not free time. He thought that working was exercise, when he was illness he would not immediately see a physician because he waited for symptoms appeared then he would bought sacked drug at grocery in community to relief. As for information on older persons health, did not interest and he yet drank alcohol including he thought that health was lower important than currency because he was able to care his self.

Adjustment on mental

Mr. Wong was worried about family's currency because his ability was reduced and his income also reduced. He said that he would be worried about currency so much; he would be constructed but could not. He had now a dept and yet remaining. He said that thinking about living that how they would help together. He had not anything such as paddy, farm. He thought that if he had money he would not be trouble. When he was stress he would sat alone until I would be well being"

Adjustment on social

Mr. Wong would teach his descendants about their working but sometime they believed and sometime did not. He said that he thought good thing but they didn't like to work, they would have money if they worked, they are angry, he hoped well. He was sad when his descendants responded. In addition, he yet talked to his friends when he worked or at his house. He did not make merit at the temple but he

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would assign his wife was representative. He would keep his self in the house but when there was rotes and ritual in community he would participate in that activities such as ceremony of ordain marriage or death. He would always participate. He was able to help housekeeping such as weeping, cooking and as for activities of older persons' group/assembly, he would regular participated except he was so busy.

Eighth case: Mr. Sawang (alias) a 64 year-old and lived with his wife and one child that totaled 3 persons. He and his member in family were farmer and general hiring. As for his house was distant from community (rural area) and small size, one floor and route of transportation was convenience.

Adjustment on finance

Mr. Sawang and member in family worked in corn, bean plantation but received income was unbalance to expenditure. He had much expenditure such as paid for food; rice and drug for treated his son. In addition, he yet planted vegetable to sell. He felt that he was still trouble about currency and unable to borrow anyone because now he was dept to Agricultural Cooperative bank. He said that he would like to keep 4 cows but lacked of the cost. He would consider necessary everything when he bought.

Adjustment on physical health

Mr. Sawang thought that now he was healthy, and able to work. He thought that working was a way of exercise. He said that he poured water into vegetable everyday. He smoked more than 10 rolls of cigarette/day, drank alcohol sometime and when he was ill would see a physician at hospital. He was not interested in information on older persons' health because most of his job was working in the field. Some time he was cramp symptom and he said that he would have cramp symptom when he was working in the field.

Adjustment on mental

Mr. Sawang would be concerned in family health problem because his wife was legs pain whereas, his son was epilepsy disease. But he was able to sleep, no worry but sometime stress. He would drank sometime, was not lonely because of he listened to a song in radio. He was not worried about currency because of he thought

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that many people were poorer than he was. He said that he didn't worry; there were others poorer than him.

Adjustment on social

Mr. Sawang had positive relationship in family did not quarrel and he helped housekeeping such as added water into a jar, cooking etc. He said that he was able to do all things. He would not like to be lonely, liked to entertainment. He would made merit on Buddhist day and participated in various ceremonies in community. People in community paid him respect. He said that he was respected from surrounding person.

2.1.5 Poor older person having score on positive mental adjustment

Ninth case: Mrs. Kampha (alias) female, 87 years of age, she was currently alone whereas, her offspring worked other areas. As for her house located near community that on relatives' land. Her house was small size one floor, insecurity but route of transportation was convenience. She was unemployed and had old-age pension about 300 baht/month.

Adjustment on finance

Mrs. Kampha was unemployed but had had only old-age pension about 300 baht/month. A mount of money was allocated to expenditure such as for rice, food and treatment cost. As for descendants who were distance did not send money back and she never requested from them. She was trouble about currency, she said that she felt trouble; if she slept she would like to think to it. However, her food was supported by her descendants when she would like to buy anything would consider on necessarily used. She said that she would buy only important thing. In addition, she planted vegetables for eat such as Luffa, tomato, chili etc. she never thought to borrow money because she was unable to repay. She said that she never, afraid that they did not give because she did not work and had no money to repay.

Adjustment on physical health

She was healthy, had not disease and able to walk around her house. When she was ill she would buy sacked drug at grocery in the village or go to a clinic in market. She had self health care by brisk walking along the road and did not drink,

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smoke. She did not sleep in midday because her friend would visit her everyday. She did not mix seasoning powder, fish sauce, food mixed color, meats except fresh water fishes. She had no television, radio thus; she would not perceived information on older person's diseases. She was careful when she walked or entered restroom. She said that she was worried about it"

Adjustment on mental

She was only worried about currency because she was unable to buy anything and she told that she didn't think about others. She had method of coping stress by made a peace mind such as prayed everyday and she yet accepted that one day in the future she would be die she accepted it. She said that I did not worry, it was natural, and everyone must die. She did not feel lonely that her children did not visit her. She was happy in current life although she had not money she accepted because was healthy and her neighbor was good. All villagers in community paid respect her.

Adjustment on social

She had well humanity to all villagers in community and rejoiced. All villagers would pay respect and honored to her. She said that when someone cook rice stick, they would gave her. If she had free time she would meet her friends to chat and would give some food to the monk in morning and she made merit in Buddhist day and practiced under a law of commandment. When there was ceremonies in community such as death ceremony, ordained ceremony she would go every ceremonies.

Tenth case: Mr. Khrau (alias) a 61 year-old, male and lived with his wife, son and nephews, totaled 4 persons in family. Whereas. His 4 sons worked at other area. His house was distant from community (rural area) and small size, two floors, security dwelling but route of transportation was inconvenience. Currently, he was agriculturist such as planted bean, corn. When it was out of rainy season he would hired. His wife was unemployed, his son was epilepsy syndrome but able to help him to work whereas, children were studying.

Adjustment on finance

He revealed that his income was unbalance to expenses in family and his wife would manage all thing especially, several expenses. She would save and planed

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to buy that was necessary and remaining money for son' treatment and children in family. In addition, he yet was dept of community fund. He borrowed for growing plant crops when it had products, he would repay.

Adjustment on physical health

He was healthy and had not disease thus, he was unnecessary to visit a doctor but he was not exercise, no drank but he smoked cigarette more than 10 rolls per day. If he was ill or weakness, he would go to health center and did not buy sacked drug.

Adjustment on mental

He was rejoiced man, unworried due to he was satisfied to his life. He said that he worked everyday and continued….he never thought of betraying one. The matter as he concerned was currency status and health status of members in family. He said that he worried about descendants' working and a last child was weakness because he was epilepsy. When he was stress he would make peace mind, no stress and anxiety and satisfied on thing he had. He said that Making mind was peaceable, didn't worry, If he had money, would eat….If hadn't money, to work and didn't spend over real income. Although his descendants were distant but he was not alone because he was able to accept to social change. He said that he was not alone because I had to work…. When children came to visit me they would bought anything for him.. He told that one day of life he must be die, death is natural.

Adjustment on social

He had relationship to member in family was positive, did not quarrel. He would give advice to his descendants about working and he yet worked housekeeping to help his son such as cooking, cleaning dish etc. He would make merit in Buddhist day and able to join with his peers. He did not like to be alone if he was not work, he would go to chat with his friends. Villagers in community would pay respect him that he said that they respected him… they call him a teacher. Being positive model of villagers in community affected his behavior to adjust his self. He said that he would politely spoke. He gave cooperation to unit section of government and participated in those activities.

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2.1.6 Poor older persons having score on negative mental adjustment

Eleventh case: Mrs. Rhien (alias) a 68 year-old, female, lived with her husband and had 3 daughters who separated their self and lived in same areas. Her house was small size, one floor, no security and route of transportation was convenience, located in community (rural area) and near daughters' house. She was unemployed but some time she would make sweetmeats for sell at her house or helped her husband harvested ear of paddy but she performed little.

Adjustment on finance

She was unemployed and had not income. Her husband was who earned the money by hiring harvest an ear of paddy in the filed. Sometime she would work with her husband but she did little because she had a disease was left hand paralyze thus, she would have one hand to work. She said that while she harvested bean must sit….she used one hand and another hand does not. Sometime her daughter prohibited me do anything because feared that she would be ill. In addition, if she had not money she would make sweetmeats to sell at her house that it had little benefit. Whereas, other descendants did not send money back due to they were also poor, only her nephew send it back. She told that she had much expense such as had to buy milled rice, savory, drug. Thus, he had to work out side but sometime he would borrow from his descendants and repaid after he receive a wage. As for food, Mrs. Rhien thougt that she was supported appetite by her descendants and if she was healthy she would work also. She said that healthy persons had ability to work, she was not healthy but she would like to work.

Adjustment o physical health

Mrs. Rhien had a disease was paralyze on her left hand. It was weak and could not reflex. She had to regular take drug and would go to hospital about 2 months/time. These affected her self health care. She thought that she was unhealthy, unable to work and she was afraid that she would be dependency to her descendants. Her method of self care was walking with care, taking meal in time, exercise followed physician' order. She said that she carefully walked when went to anywhere, ate in time, and like to exercise by lift my legs and feared that it had a stroke. In addition, she did not smoke and drank if she was ill she waited for observe a symptom that

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derived from she had not caretaker. She said she would observe her sign….. She was considerated them because they had to took her to the hospital.

Adjustment on mental

She was worried about her health and feared that if she was immediately ill she would be dependency to descendants and affected expenses of treatment. She said that if there was hiring in somewhere, my husband did not go I would go. She concerned in descendants' behavior such as driving because they drive without care, my nephew like to motorcycle. She was stress if she had not money when what she would like to get but could not. She said that easy bored …she didn't like what happened to her, no money, no work. When she was stress she would relief her emotion by stop everything and made peace mind. She would like to be healthy that she was able to work and had money. She told that she was sad about her health. She wished to be strong, would like to work and made money.

Adjustment on social

Mrs. Rhien had positive relationship with her descendants and never quarrels in family. Her descendants would buy belongings for her when they visited such as clothes, she told that they came from Bangkok….long time they would came and bought clothes for her but she never beg their money. Sometime her son would complain when she was hired of harvested bean or ear of paddy because she did not like to be without working. As for relationship with neighbor, she was a good friend to them, she would react to them but she did not make merit in Buddhist day due to she had about legs problem. The ceremonies in community she would go whereas, information on older persons health she would listen and perceived by village health volunteer in community and surrounding persons yet paid respect to her. She told that when she was sick, they would visited me"

Twelfth case: Mrs. Fhong (alias) a 68 year-old, female and lived with her son and 3 nephews that totaled 5 persons in family. But 7 of the other sons were another area. Her house was located in community, small size, two floors, security dwelling and route of transportation was convenience. Currently, she was unemployed and got income from her daughter send it back about 300-400 baht/ month. Whereas, her son was general hiring and his income was impermanent and her nephews were studying.

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Adjustment on finance

She did not work because she was back pain. Her daughter sent money backs her to spend but it was a little due to her daughter was hiring. The received money she would allocate for expenses in family such as milked rice, food, expenditure for her nephews. She thought that it was not insufficient due to there was many members in family. Sometime her son who lived near her house would bring food to her. She waited for daughter's money when she had low money. Mrs.Fhong liked to buy lottery. She said she bought lottery 100 baht/piece and hope that one day she would good opportunity but did not. She never borrowed because her daughters yet supported her as regard to cost of food, water supply and electricity charge and drug etc. But this amount of money was insufficient to expenses in family.

Adjustment on physical health

She had disease was legs pain when she was pain would buy sacked drug at grocery in village such as drug for relief muscle pain if it did not cure she would go to clinic. She never went to hospital and health center. Some day she would drink with descendants. Her sons would remind when she walked or entered restroom. She said that when she would enter restroom they would remind me with care"

Adjustment on mental

She was sad when her son regularly drink and sometime she rebuked them but she would concern. She said that she worried about her son drank alcohol….she reprimand them but she yet concern. She also concerned in expenses in family. She was discouraged when had problem. She would not be interested in that problem by taking a bath and sleep. Sometime when she was angry she would control her self by stopping speaking and sometime she would like to be die. She said that if she reminded but they didn't believe her she would like to be die when they drank would rebuke. She was still concern in her self because they were old and she afraid that would be dependency to descendants.

Adjustment on social

She was able to help her self and work in household such as washing, weeping, cleaning etc. She had quarreled with her descendants when they drunk and liked to make a noise she would warn them, as for her nephews she would warn them intended to studying. However she felt that the youth would pay less respect to her.

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She said that the children would pay respect her but her descendants would pay respect lower than children. She liked to be alone and went to neighbor someday. She said that she never talked to them because they were different attitude, she liked to be alone. She never made merit at the temple but if it was marriage and ordain ceremony she would participate in very activities. She liked to enjoy that she said that she would go every ceremony because it was enjoy.

2.1.7 Poor older persons having score on positive social adjustment

Thirteen case: Mr. Yhee (alias) a 65 year-old, male and lived with his wife and 3 nephews, totaled 5 persons. His house was far from community (rural area) and one floor, security dwelling but route of transportation was inconvenience. Currently, he was agriculturist and planted beans, corns. Whereas, his wife was at house, unemployed and cared her nephews.

Adjustment on finance

He was only one to earn the money to support his family by planting corns and when the rainy season was end he would be hiring. All income was offered to his wife to spend everything in family such as bought foods, belongings, drug etc. He felt that his income was imbalance. Someday he would catch the fishes in canal to cook because he had not money. He never deposited to a bank but he was still a dept of Agricultural Co-operatives Bank. Thus, he would have to earn the money to support his family and repay to the bank.

Adjustment on physical health

Mr. Yhee had not disease, never illness and visit a physician. If he was small illness would buy paracetamol. He felt that he was healthy and better than as same age. He was able to work by skill and regularly exercise. He said that catching fish, mowing, this is exercise so. He did not smoke and drink. He revealed that when he was older it was necessary to have health self care. He afraid that it was dependency to his descendants thus he should work. He said that he should maintained healthcare, didn’t overload working, seeking for someone help him. Who did not have offspring would have trouble.

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Adjustment on mental

He was not stress, abandoned on various problems. He said that he was no stress, making mind was well being and should abandon everything. He would well sleep. If he had free time would mowed. He was not worried about the death and said that he did not fear if he would die. He did not feel alone because he lived with his nephew.

Adjustment on social

He had positive relationship with member in family and neighbor. As for his descendants, he would thought about working housekeeping such as washing, weeping. Sometime he helped his wife work housekeeping. He said that he had no problem, never debunk or complain but thought the descendants be a good person and intent to studying. He never quarreled with member in family. In the morning he would talk with his friends when they bought food at mobile food. In evening there was many children playing around his house. Sometime he would consult something to his friend; he didn't like to be alone. When there were activities of older persons he would participated in that activity. In addition, he was religious committee and village fund committee and he would have meeting at least 2 time/month. In addition, he would made merit every Buddhist day that he was able to react with his friends.

Fourteenth case: Mrs. Chaluay (alias) a 72 year-old, female and lived with nephew. Whereas, 6 offspring separated but they yet lived near her house. Her house was located in community (rural area) characteristic of the house was small size, one floor, insecurity dwelling but the route of transportation was convenience. She was now unemployed whereas, her descendants were general hiring.

Adjustment on finance

She was unemployed and had not income because she was older thus be unable to work. Her descendants were not rich but they were able to support continue. They would care about her living but she yet felt that she was trouble due to be insufficiency on money. She said that she I always thought to her life due to she was older….but she had not money…might be dependency to her descendants. Because she would spend money for cure of hypertension thus she must save her money.

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Adjustment on physical health

She had disease was hypertension that she was exhausted and made appointment to the hospital. She had methods of health self care, having meal and reduced fat and salted taste. Whereas, exercise she practiced a little because of her legs pain. She did not drink and smoke and when she entered restroom would be careful. She said that she would be careful, feared that she would fall and be paralyze. When she was ill told her son took her to a physician.

Adjustment on mental

She was worried about her health and feared that would be dependency to descendants. She was so anxiety and would like to live with them continue. She concerned them that had no money. She told that if she was die her descendants would not be unity. She was not alone because her house of descendants was around thus she would have free time to participate with them. Sometime her descendants had misbehavior she would be angry. She had to depend on drug. Now she was so bored due to she was unable to do anything. She was satisfied in her life although it was terrible but her descendants always support. She told that her descendants paid respect to her and believed when she taught. They would take care her everything if she need.

Adjustment on social

She had positive relationship in her family and never quarreled. She was happy when her descendants were close her. She would teach them about malbehavior and avoiding drugs. She told that she taught them avoid going to the midnight. All descendants concentrated in her advice. She would help housekeeping such as weeping, cooking etc. She would not associate with her friends because she was unable to walk but her friend would visit her. She would make merit at the temple including she would participated in various ceremonies in community that her descendants took her there; sometime she gave money to the host.

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2.1.8 Poor older persons having score on negative social adjustment

Fifteenth case: Mr. Kham (alias) a 75 year-old and lived with his wife and daughter and nephew totaled 4 persons in family. As for his house was near community, two floors, security dwelling and route of transportation was convenience. Now he was unemployed because of his eyes were blind. Other sons would work at near area and only her daughter was hired at home and had income about 100-200 baht/day that it was insufficient whereas his nephew was studying.

Adjustment on finance

He was unemployed because he was blinds and unable to work. Family income was supported by his daughter about 100-200 baht/ day. He told that he was insufficiency to spent especially, when he was small illness his wife would take him to see physician. Sometime he was inadequate the money he had to borrow money from his descendants about 100-200 baht. When he had enough money will repay. Whereas, his descendants worked other areas would send money back about 300 baht of 4 months/time. But he felt that it was in sufficiency for expense.

Adjustment on physical health

He had health problem was his eyes were blind, paralyze, his wife had to help him everything. Currently, he was weakness, vomiting all time and could not eat. When he was ill, his wife would take him to hospital. He never drank, smoked. If there was nobody at home, he was more trouble. Currently, he had to have boiled rice because he would vomit.

Adjustment on mental

He was anxiety about his health. He said that when he sat up, he would down and unable to do anything that so bored. As for member in family paid taking care as well but he was worried about expense of treatment. He said that sometime he was so anxiety that could not self-help and he was still thinking until sleep. He was so bored to his health. He was concerned to descendants' behavior such as driving motorcycle and he yet accepted to his current life condition because he told that it was unable to solve.

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Adjustment on social

He had positive relationship with member in family that never quarreled or conflicted. He said that they have positive reaction and never quarreled. He was felt that his descendants paid respect to them and interested in their health. His problem was participating in activities that he was unable to do due to he was paralyze, had to on bed, unable to meet anyone. He never made merit at the temple or met his peers. Long time would have his friend visit him.

Sixteenth case: Mrs. Sawing (alias) a 78 year-old, female and lived with her daughter and 2 nephews, one great-grandson totaled 5 persons. As for her house was near community (rural area) it was small size, one floor, insecurity but route of transportation was convenience. Currently, she did not work and her daughter was general hiring and descendants were studying

Adjustment on finance

She was unemployed and had not income because she was more age and unable to work. She would dependent on her daughter regarding expense in family. She felt that each month family income was insufficiency. Thus, she would save money and considered on purchase such as grain rice, food and subscription charge. She would like to have the money to be pocket money for sundry expenses.

Adjustment on physical health

Mrs. Sawing had not disease except muscle pain, leg pain when she was ill would buy sacked drug at grocery because that it rapidly healed. She would take sacked drug about 4-5 day/ time and she said that she was not ill would not see a doctor at hospital or health center. She was not exercise because she thought that working was exercise. She would be carefully when she would step up and down the stairs or entered in restroom because house’s floor was slide due to it had not a railing. As for her food, she would take liquid food and easy to digesting.

Adjustment on mental

She was worried about living of her descendants but she kept her sense because she feared that her daughter would complain her. She said that she would think everything but kept in her mind that feared that her daughter would be anger. As for currency she was unworried about it, and her food was cared by her daughter.

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She was satisfied to current her life. She said that she was satisfied and didn't think of it.

Adjustment on social

She spent most of time was alone because her daughter had to work and nephews go to school. Sometime she was not a beautiful speech to member in family but they would respond her by commendation back. She had to peace, and told that her daughter would castigate her, she would stop. Whereas, reaction to her friends she would go visit her friends around village but not often. She told that she was disturbed by descendants so she would complain. When she rebuked sometime they walk out. She told that she complained her descendants due to love them. She was ale to help many things in household such as cooking, fetched water etc. She did not make merit at the temple due to she had knees problem. She yet felt that she was accepted by descendants. When there was ceremonies in community such as ordained ceremony, she did not go because of she was pain at the knees. Thus, her daughter would be agent do to various ceremonies.

2.2 Summarization of whole poor older persons' adjustment

2.2.1 Poor older persons having score on positive financial adjustment

Methods and results of adjustment

Poor older persons having score on positive economic adjustment was found that they were a key of person who earned the money in family. Thus, they would earn in of various methods to support their family. The expenses of family comprising expenditure on grain rice, foods and student fee etc. The poor older persons yet drive hiring tri-motorcycle that their incomes were not certain. In addition, if they had not enough money would borrow by his/her friends but they had to pay a lot of interest. Some of poor older persons begged his/her descendants sent back and they had to economize to have enough money. They had not money to deposit the bank that affected them were still poor and trouble. Some of poor older persons would have to work harder and did not buy food due to they had not money to buy. In addition, they work everyday because thought that they were healthy thus they would not interest in

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self health care and had not time to rest. They would not also participate in poor older persons' activities.

Factor affecting adjustment

A cause of poor older persons had positive adjustment and need to had much money were only one of poor older persons earned money for member in family about 5-6 persons and their descendants did not continually send money back. Thus, they would work harder and saver including if they were healthy would be able to work. In addition, they yet concerned in their member in family that feared that their descendants would be trouble and these older persons would work harder and sometime they had to borrow money for spend in family. In this study was found that these older persons were satisfied to physical health because they were healthy and able to work but they had reaction to neighbor was low due to they must work everyday thus, they had not free time to participate to their friends.

2.2.2 Poor older persons having score on negative financial adjustment

Methods and results of adjustment

Poor older persons having scored negative economic adjustment was found that some older persons had reinforcing jobs and had little income due to they were older, unable to work hard. Thus, they would not have enough money to spend, would depend on their descendants that those descendants were also poor. Some of poor older persons would work for reduce being dependency but some of them who were health but did not work and stayed at home whole day and supported by their descendants, and they would drink alcohol beverage if they had not money would not borrow due to they were unemployed. Some of them would save money by cooking from vegetable abounding their house. Those of adjustment on economy mentioned affected poor older persons would be supported by their descendants and they knew about saving. In addition, they would concern problem in family but some of them did not.

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Factor affecting adjustment

A cause of poor older persons had negative adjustment regarding making money for spent might derived from some of them were unemployed and were older, unable to work hard. Insufficient of money among these persons who lived without descendants, however, they would be more trouble than who lived with descendants. In addition, it was found that these persons were satisfied to physical health adjustment due to they were strong and healthy. As for some of them were satisfied to mental adjustment might derived from they were not worried about anything and found that they were less satisfied relationship with their descendants was low derived from they never visited her parents and didn't send money to them. Some of them were less satisfied to physical health due to they need to work out side but could not because of they were old.

2.2.3 Poor older persons having score on positive physical health

Methods and results of adjustment

Poor older persons having score on positive physical health was found that they had problems such as legs pain and renal failure. They would well care their self because they feared that that symptom was more severity, they would exercise around their house everyday and taking meal covered 3 times, did not drink and smoke. Including they would walk with care because of they had legs problem when were ill they would buy sacked drug at grocery in village. Some of older persons having descendants closely cared will take them visit a physician when they were ill. They would sleep in midday because they were unemployed. These of adjustment of poor older persons who would like to be healthy and did not dependency to descendants affected poor older persons had positive physical health, their symptom were better but due to they were unhealthy and more age thus, they were unable to work , no income. They were worried about currency and feared that they would be dependency to descendants. Although they would have self health care but they did not react with neighboring village or participated in making merit because they were trouble and ashamed to their peers.

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Factor affecting adjustment

A cause of poor older persons who had positive adjustment and would like to their self was healthy and did not dependency to descendants was some of older persons had health problem, had disease or someone was ill. In addition, some of them had sadness because they were worried about currency, treatment including being dependency to their descendants. Poor older persons thus had self health care and prevented their self from accidence. In addition, found that these persons were satisfied to living with their descendants because that descendants would closely care and found that they were satisfied to psychological adjustment was low because of they were worried about currency, working and descendants' living.

2.2.4 Poor older persons having score on negative physical health adjustment

Method and results of adjustment

Poor older persons having score on negative physical health adjustment was found that they were a key of family to earn the money and healthy including had not disease. Thus, they would not be interested in self health care, most time of them was working and hiring that never exercises. They would understand that a working was exercise. They would be smoking and drinking alcohol beverage and did not sleep in midday. Sometime these persons were ill such as back pain or cramp while working but they had to work gone on because they need to income. When they were ill will buy sacked drug at grocery in community. It can be relief their symptom. In addition, some of older persons were interested in information on older person's health by radio and television but some persons did not because they would like to work more than listening information. As for physical health among poor older persons to be healthy and did not dependency to descendants affected those of adjustment of poor older persons was improper, had not correctly knowledge of health care and did not practice.

Factor affecting adjustment

A cause of poor older persons' adjustment was negative derived from they were healthy thus, they would not concentrate in their health. They would concern in working more than self health care. They would make money to repay the bank such

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as Agricultural Co-operatives or private section in community. In addition, it was found that they were satisfied to society because that they yet went out to chat with their peers, participated in various parties and surrounding persons would pay respect them and found that they were satisfied to psychological was low because that they were worried about their health problem and living of member in family.

2.2.5 Poor older persons having score on positive mental adjustment

Methods and results of adjustment

Poor older persons having scored on positive psychological adjustment was found that they had well emotion although they would have many problems in their life but they had method of coping emotion such as they were not interested in that problem, no worry. Despite, their descendants did not live with them but they were not alone. Some persons made concentration practice such as prayed everyday, to make merit by putting food into the bowl of a mendicant Buddhist priest in the morning including they were satisfied in their living and accepted to current life condition, These positive adjustment of poor older persons would affected persons who had well emotion and accepted to changing their life and society was positive.

Factor affecting adjustment

A cause of poor older persons' adjustment was negative derived from they accepted to life condition and unworried anything or did not interest in their status including satisfied in living and some persons were little sad because they were worried about member in family who was unhealthy. These persons were nearly healthy, they thus would be unworried anything including they had well humanity and there were many villager paid respect to them. In addition, these persons were more satisfied to society because they yet went out to react with their peers and participated in ceremonies in community but they were less satisfied to relationship with their descendants because of they were distant and never sent money back.

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2.2.6 Poor older persons having score on negative mental adjustment

Methods and results of adjustment

Poor older persons having score on negative psychological adjustment was found that they were stress, worried about their health and afraid that they would be dependency to descendants because their age was higher and worsened health. When they were unhealthy would not work and lost income. In addition, they met family problem such as quarreling between member in family or descendants' behavior. These affected a sense of older persons. Thus, these persons would coping this problem by murmur and control. These of adjustment among poor older person affected the poor older persons were able to relief to anxiety from various problems and problem of health, economic and relationship in family

Factor affecting adjustment

A cause of poor older persons had adjustment was negative that they were worried about expense in family. In addition, some older persons were unhealthy and unable to work and had low income. They would be afraid that will be dependency to descendants including poor older persons who had family problem such as quarreling among members in family; drinking alcohol etc. these affected a sense of poor older persons that they often had to control their emotion. In addition, these persons were more satisfied to society because their descendants yet cared them and reacted to neighbors and found that they satisfied to relationship with descendants were low because they did not obey and quarreled to them. And they satisfied to physical health was low because they had disease that unable to work.

2.2.7 Poor older persons having score on positive social adjustment

Methods and results of adjustment

Poor older person having score on positive social adjustment was found that they were positive relationship in family. Although they were more age but they yet helped housekeeping such as cooking, weeping and cleaning including being positive model to members in family, gave advice to descendants regarding working and studying. They would react with neighbors such as meeting to their peers, making

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merit and sharing experience. In addition, some poor older persons participated in being committee in community such as religious committee, village fund etc. Whereas, some of older persons had health problem but they yet had descendants take care them when they would like to make merit at temple. These adjustments would affect their self to be one part of society. They were able to adjust their self to family was positive and had relationship with members in family was positive also. People in community would pay respect to them.

Factors affecting adjustment

A cause of poor older persons had adjustment was positive and would like to be one part of society and accepted by neighboring community was being positive model to descendants such as tuneful speech, working in household. In addition, they were positive model to members in family and meeting with their peers such as making merit at the temple, participated in various activities among older persons. Some older persons were consultant for villager in community that they would be paid respect by villagers. In addition, found that these persons were satisfied to relationship with their descendants because that they had to live with descendants and closely lived with member in family and they were satisfied to physical health was low because they thought that if they were unhealthy would be dependency to descendants.

2.2.8 Poor older persons having score on negative social adjustment

Method and results of adjustment

Poor older persons having score on negative social adjustment was found that they would have health problem that affected working in household especially, one poor older person who was blind, he was unable to work and self-help. Thus, he must stay at his house and unable to act on activities out site. Some occasion there was neighbor would visit them. And another poor older person had also health problem was knee pain because they were more old age. They spent most of time stay at home and doing home working. But these persons did not react with their peers, made merit and participated in various activities in community. These of adjustment would affect poor older persons were unable to participate in various activities

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especially, older persons who were unable to work would be dependency to descendants all time.

Factor affecting adjustment

A cause of poor older persons who had negative adjustment was poor older persons' health problem that was worsened when they were more age. Various organic was downed and affected their working and might be obstacle to their living including participating in various activities in community. In addition, it was found that these older persons were mostly satisfied on relationship with their descendants because their descendants closely cared them and they were satisfied on physical health were low because they were more old age, had disease and less self-help.

By summarized, found that one of poor older persons had whole adjustment were positive that did not mean that in each part of adjustment would also be positive. All this, it was dependent on various factors of persons that was probably reinforcing factors or obstacles to adjustment. From in-dept interview among poor older persons were found that as economy; these older persons were worries about their expense in family. Most of expenditure was expense on food, drug for treatment etc. Thus, some poor older persons having healthy would be able to work and had income but some of them were unemployed. They would live with descendants or some of them had not income and their descendants not give any money. These persons would save their money and the author had a notice that poor older persons who were a main of earning money in family would have positive adjustment better than those persons were unemployed.

As physical health was found that these older persons would have health problem as worsened such as knees pain, kidney, hypertension or occupant health problem etc. Thus, older persons should have holistic self health care when they were ill. It cane be seen that the older persons would be healthy that affected their working more than who did not self health care. They believed that working was one exercise model hence; they would not concentrate in their health. But older persons who were unhealthy will have self health care was proper than older persons who were healthy

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but did not concentrate in their health practice. The author had notice that poor older persons who were unhealthy will have physical adjustment better than poor older persons who were healthy.

As psychological was found that most of older persons was worried about currency because it was important thing to their family such electricity charge, food and fee etc. If they had not money they would be sad and afraid that would be dependency to their descendants through their expenditure on treatment. They would be concerned in their descendants' behavior. Whereas, older persons who was good emotion quotient would have positive mental adjustment. The author had a notice that poor older persons who accepted to life and social changing will have adjustment better than poor older persons who did not accept to adjustment.

As social was found that these poor older persons lived with their descendants and had positive relationship in family. Most of the older persons would work in household such as cooking, weeping etc. they would properly behave and be positive model for their descendants and be accepted by them. In addition, they yet had social reaction to their peers such as making merit at the temple, talking and participated in older persons activities etc whereas, poor older persons who were unhealthy would not participate in those activities. The author had a notice that the poor older persons who were healthy would have social adjustment better than poor older persons who were unhealthy.

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APPENDIX D

Name list of the experts approved instrument

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Name list of the experts approved instrument

1	Associate. Prof. Dr. Mallika Mattiko	Department of Medical and Health Social Sciences Faculty of Social Sciences and humanities Mahidol University
2	Assistant. Prof. Dr. Veena Sirisook	Department of Medical and Health Social Sciences Faculty of Social Sciences and humanities Mahidol University
3	Associate. Prof. Sasiphat Yodphet	Faculty of Social Welfare Sciences Thammasart University

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APPENDIX E

Discrimination power

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Discrimination power

1. Vision of life

Item	Statement	t	Sig (2-tailed)
1	Older persons was unnecessary to take care their self	2.828	.030*
2	When an illness was appeared they should waited for more symptom then went to a doctor	2.516	.023*
3	They should decrease doing daily activity	2.390	.038*
4	This age was duration of the rest among older persons	-	-
5	Older persons were ready to experience to losing person being your lover	2.516	.023*
6	Abandoning alone in their house that makes them were sad.	1.054	.307
7	Older persons should satisfied to present living.	2.169	.060
8	Older persons were terrible because unable to help their self as prior.	.789	.442
9	Older persons having descendants work in the different area affected older persons happiness	1.936	.082
10	Older persons should visit their friend	2.828	.030*
11	Older persons should participated activities in the villages	1.000	.356
12	Older persons who had not income, their descendants did not interest	1.894	.077
13	Older persons should have some money to spend when they were necessary.	-	-
14	Older persons should worked to support their family	2.356	.032*
15	Older persons were who have experience in their life and able to teach descendants	1.000	.356
16	Older persons were able to advise doing ritual ceremony in the village	1.549	.172
17	Older persons should be invited to participate in general ritual ceremony in the village	1.549	.172

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2. Self-esteem

Item	statement	t	Sig (2-tailed)
1	You are honesty	3.295	.005*
2	You are healthy	3.880	.001*
3	You properly behaved and under moral	.803	.434
4	You made your descendants were happy and well living	6.085	.000*
5	You never make others were terrible	2.401	.034*
6	You were important person in your family	2.818	.013*
7	You thought your descendants be a good person	1.774	.103
8	You felt that you made your family be happy	2.401	.034*
9	You felt hopeless in your life and wished to die	3.204	.006*
10	You could give the highest education to your descendants	2.917	.011*
11	You could do anything as same as this age done	4.649	.000*
12	You could solve general problem in your family	4.218	.001*
13	You could help family working	5.401	.000*
14	You had confidence when you found the others	4.615	.000*
15	You could approached to the others	3.000	.020*
16	You were consultant for your family	4.165	.001*
17	You could help community by power, money or others	4.649	.000*
18	You were respected by surrounded persons	2.497	.028*

3.Relationship in family

Item	statement	t	Sig (2-tailed)
1	You were able to talk to everyone in family	3.286	.017*
2	You were able to advise when there was problem in the family	6.281	.000*
3	Member in family was not interested to your recommendation	.598	.558

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3.Relationship in family (cont.)

Item	statement	t	Sig (2-tailed)
4	You and your member in family watched TV, Radio together	5.839	.000*
5	Member in family abandoned you are alone	6.281	.000*
6	You quarreled to your descendants	.491	.630
7	Member in family was disturbed when you had a request	.489	.631
8	You would be angry or stress when your family argued you	1.701	.108
9	When you have any problem, no one in family was your consultant	.100	.922
10	You were interested in life condition of all your member in family	4.411	.000*
11	You were able to complain when member in family made a mistake	2.771	.014*

4.Social support

Item	statement	t	Sig (2-tailed)
1	Member in family gave a love to you	6.000	.000*
2	Member in family concerned you	5.000	.004*
3	Member in family take care you	2.429	.044*
4	Member in family expressed empathy to you when you were ill.	3.829	.002*
5	Member in family talk about self-care of poor older persons to you	5.002	.000*
6	Member in family are willing to explain a question to you	2.739	.041*
7	Member in family talk about their working to you	2.092	.055
8	Member in family talk about social information to you	4.318	.001*
9	Member in family take care your journey when you go out	2.054	.059

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4.Social support (cont.)

Item	statement	t	Sig (2-tailed)
10	Member in family take care you about appetite	1.203	.266
11	Member in family give you money to use	3.666	.003*
12	Member in family take care you regarding preparing your clothes	5.657	.000*
13	Member in family buy drug or take you go to a doctor when you are ill	3.157	.017*

5.Adjustment of poor older persons

Item	statement	t	Sig (2-tailed)
	Financial adjustment		
1	Currently, you still worked or hired for income	1.279	.223
2	Currently, you had reinforcing occupation such as grew vegetable, sewing to added your income	2.393	.048*
3	Before you bought any thing you will consider necessary	1.890	.094
4	In each month you would allocate your expenditure is cost of electric, water supply and medical care	.494	.630
5	You switch on fan and television without using	.145	.887
6	You bought drinking beverage	-1.179	.264
7	You bought a lottery	.981	.345
8	If you had enough money you will make ritual	3.595	.003*
9	You deposited to saving group or the bank	3.055	.018*
10	When don't had money you will beg your descendants	1.249	.234
11	When you didn't have money you would borrow from your neighbor	-.258	.800
	Adjustment on physical health		
12	You will ate some meat such as pork, chicken and fish	2.640	.020*

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5. Adjustment of poor older persons (cont.)

Item	Statement	t	Sig (2-tailed)
13	You exercised such as walk around your house, brisk walking, massage or drive a bicycle	1.175	.272
14	You slept in midday	.623	.544
15	You walked to the neighbor by your self	2.021	.080
16	You were smoking	-.342	.738
17	You bought drug at grocery when you were ill	.230	.822
18	You waited for your symptom was appeared you will go to see the doctor	2.349	.035*
19	You closed an information about older persons diseases by variety of media such as TV, radio or a neighbor	3.286	.017*
20	Your descendants helped you when would like to walk	.486	.635
21	You could walk up and down stair with carefully	-.775	.452
22	You changed slowly sitting position to be standing position	.834	.420
23	You had soft food because of it is easy to digest	1.000	.340
24	You were your glasses when read the book	-.738	.474
	Mental adjustment		
25	You were able to relax your mind, don't stress anything	1.678	.117
26	You concentrated in unsolved problem	.981	.345
27	You were stress until you can't work	1.249	.234
28	You were disturbed when a surrounding person do something was improper	.931	.369
29	You were moody with a bit of matter	1.129	.279
30	You couldn't sleep because of you are anxiety	.893	.396
31	You concentrated on what you were doing	2.152	.051*
32	You lost power mind or were sad	3.671	.003*
33	You prayed to your peace	1.548	.163
34	You were sad as your descendants have not enough time to you	2.228	.044*

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5. Adjustment of poor older persons (cont.)

Item	Statement	t	Sig (2-tailed)
35	You couldn't stand when surrounding person are impolite	-.648	.528
36	You read Buddhist book, listen Dhamma to relief your sadness	2.008	.066
37	You were bored when you can't self-help	1.075	.302
38	You relaxed by doing hobby such as planted, keeping the pets	2.076	.058
	Social adjustment		
39	You taught descendants don't dependent on narcotic	1.922	.103
40	You gave recommendation to your descendants to working	4.926	.000*
41	You kept your self and isolate	2.755	.016*
42	You talked politely to descendants	1.384	.203
43	You helped housekeeping such as cooking, cleaning, taking care your descendants and pouring water into plants etc.	1.549	.172
44	You went out side to chat the neighbor	.579	.573
45	You went to temple for make a ritual	.296	.772
46	You were consultant in community regarding wedding, novice ceremony	4.399	.001*
47	You were not interested that your friend would have any activities do together	.258	.800
48	You donated money to any activities in the village	.743	.471
49	You participated in ordain ceremony, marriage or death ceremonies in the village	1.175	.272
50	You participated in variety of ceremonies such as Thodkathin and Thodpapa	.528	.610

(*)High and low group score was significant difference (P< .05)

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BIOGRAPHY

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1989-1991	The Degree of Certificate of Public Health Officer, Central Region Public Health College, Chonburi province
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1991-1995	Wangyai Health Center, Vichianburi District, Phetchabun province
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