THE STUDY OF THE WAY OF LIVING AND THE LIVELIHOOD OF PEOPLE WITH LONGEVITY IN NAKHON PATHOM PROVINCE

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Thesis
Entitled

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Chintana Potistityuenyong

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THE STUDY OF THE WAY OF LIVING AND THE LIVELIHOOD OF PEOPLE WITH LONGEVITY IN NAKHON PATHOM PROVINCE

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ABSTRACT

This research was to study elderly with longevity (aged over 80). The respondents were 15 elderly people, 6 males and 9 females in Buddhamonthon district, Nakhon Pathom Province. The study used mainly qualitative research methods of in-depth interviews and participatory observation with quantitative data support using the Subjective Health Complaints Inventory, The Body Mass Index Calculation and the Digital Blood Pressure Measurement. The study aimed to investigate the livelihood of people with longevity from the past until the present. The structured questions guideline was used to focus on various factors that might be associated with longevity.

The results showed that most of the respondents were natives of Amphur Buddhamonthon. A majority of the respondents had been living with their offspring. On average, there were five people in their families. Most of the elderly relied on walking as the main transport mode for working and doing daily tasks. They had brothers and sisters with relatively long lives as well. They were rather calm, and had cool emotional traits, keeping happy and content, a manifestation of attitudes influenced by religious norms and beliefs. They had not changed their behavior or activities drastically ever since their young age, continuing the same simple life style. They appeared to prefer the consumption of natural fresh produce and simple, home-cooked low fat food. Childbearing was another interesting factor related to longevity. Most of the women had their youngest children at the age over 40. Most of them did not drink alcohol or smoke. Those who drank and smoked had stopped once they knew that these were risky behaviors. Seven of the 15 cases had experienced health problems, none being chronic. The health problems measured with the Subjective Health Complaint Inventory found the elderly suffering from insomnia, eczema and lower back pain. The second level of serious problem was neck pain and constipation. No clear difference in health problems was found between females and males. It appears that the greater the years, the more health problem signals were reported. Through the Subjective Health Complaints Inventory, it was shown that there was no difference in illness whether the ageing reported working or not working. Yet those who reported having various daily activities reported less health complaints. The Body Mass Index Calculation and the Digital Blood Pressure Measurement showed that the majority of the elderly studied still had normal health.

It is recommended that the family members, health personnel and the community workers become aware of the valuable life style patterns that are related to longevity and the factors that have an impact on the living quality of those who live long lives.

KEY WORDS: SELF CARE/ HEALTH LIFESTYLES/ LONGEVITY/ LIVING PATTERN/ EMOTIONAL WELL-BEING
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การศึกษาวิถีการดำเนินชีวิตของผู้มีอายุยืนยาวในจังหวัดนครปฐม (THE STUDY OF THE WAY OF LIVING AND THE LIVELIHOOD OF PEOPLE WITH LONGEVITY IN NAKHON PATHOM PROVINCE)

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บทคัดย่อ

การศึกษานี้ศึกษาจากการนำผู้สูงอายุที่มีอายุยืน (อายุ 80 ปีขึ้นไป) 15 ราย (ชาย 6 ราย หญิง 9 ราย) ในอำเภอพุทธมณฑลเป็นเกณฑ์ในการศึกษา โดยอาศัยการศึกษาเชิงคุณภาพใช้การสังเกตและสัมภาษณ์แนวลึก ศึกษาย้อนกลับไปถึงประวัติชีวิตและการดำเนินชีวิตในอดีตจนถึงปัจจุบันใช้แนวคำถามให้ครอบคลุมปัจจัยต่างๆ ที่สัมพันธ์กับการมีอายุยืน โดยมีข้อมูลเชิงปริมาณซึ่งอาศัยเครื่องมือเหล่านี้ในการวิจัย เช่น แบบประเมินสุขภาพ (The Subjective Health Complaints Inventory), การคำนวณดัชนีมวลกาย (The Body Mass Index calculation) และ การวัดความดันโลหิต (The Digital Blood Pressure Measurement) มาสนับสนุนผลการวิจัย

ผลการวิจัยพบว่า ผู้สูงอายุส่วนใหญ่เป็นคนพื้นเพเดิมในอำเภอพุทธมณฑล พักอาศัยกับบุตร เฉลี่ยแล้วมีสมาชิกประมาณห้าคน ผู้สูงอายุส่วนใหญ่อาศัยการเดินทั้งในการประกอบอาชีพและดำเนินชีวิตประจำวันตั้งแต่อดีตจนปัจจุบัน มีพี่น้องอายุยืนเช่นกัน มีอารมณ์ดี ไม่เครียด ความคิดความเชื่อเกี่ยวโยงกับศาสนา ดำเนินชีวิตเหมือนเคยเป็นมาตั้งแต่วัยกลางคน โดยเฉพาะเรื่องอาหารการกินเช่นอาหารเพื่อสุขภาพ การมีบุตรหลายคนและผู้สูงอายุหญิงส่วนใหญ่เมื่ออายุเกิน 40 ปีแต่ยังสามารถมีบุตรได้ ส่วนใหญ่เลิกดื่มกาแฟ เลิกสูบบุหรี่เมื่อรู้สึกว่าเป็นพฤติกรรมที่ไม่ดี ใน 15 ราย มีโรคประจำตัว 7 รายส่วนใหญ่เป็นหญิงและไม่ใช่โรคที่รุนแรง ไม่มีโรค 8 ราย พบว่าปัญหาสุขภาพหรือสิ่งที่รบกวนผู้สูงอายุ ได้แก่ นอนไม่หลับ ผิวหนังคันอักเสบ ปวดเอว รองลงมาเป็นปัญหาเรื่องปวดคอ และท้องผูก ซึ่งปัญหาเหล่านี้พบได้ทั้งในผู้สูงอายุชายและผู้สูงอายุหญิง ไม่มีความแตกต่างกัน พบว่าอาการต่างๆ มีพบมากขึ้นตามอายุที่สูงขึ้น จากการใช้แบบประเมินสุขภาพ (SHCI) สามารถรายงานได้ว่าการมีปัญหาหรือสิ่งรบกวนเหล่านี้ไม่แตกต่างกันระหว่างกลุ่มผู้สูงอายุที่ยังคงทำงานกับผู้สูงอายุที่ตอบว่าไม่ได้ทำงานแล้ว และพบว่าผู้ที่มีกิจกรรมทำอยู่ตลอดวัน ได้เคลื่อนไหวร่างกายรายงานว่ามีอาการปัญหาต่างๆ น้อยกว่าผู้ที่ตอบว่าไม่ค่อยได้ทำกิจกรรมอะไรในแต่ละวัน จากผลการคำนวณค่าดัชนีมวลกายและการวัดความดันโลหิตพบว่าส่วนใหญ่อยู่ในเกณฑ์ปกติ

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CHAPTER 1
INTRODUCTION

Background and Rationale

At present, the number and proportion of elderly people (aged 60 years up) have increased as compared to the past. In 1970, the number of elderly people in Thailand was 1.7 million or 4.9 percent and increased to 5.9 million or 9.5 percent in 1990, 6.1 million or 9.6 percent in the year of 2003, and 6.6 million or 10.5 percent in the year of 2004, respectively. In, 2005, Thai aging population presently increases to 6.8 million or 10.9 percent. (Mahidol Population Gazette, July 2005). Dr. Krua Wongboonsin estimated that the number of Thai aging will increase to 16.4 percent by the year of 2020. The phenomenon of elderly with longevity increase appears in almost every country, including Thailand. The number of Thais with age over 60 years in the past forty years did not reach 3 percent but in 2005 it became near 11 percent.

In the year of 2015, it will be the year of Demographic Dividend, which will happen in the middle of population transition phase The first demographic transition phase (before the year of 1964), there was the increase of children as the dependent population. While in the latter phase (after the year of 2009), there will be the rapid growth of the aged, also dependent population. During both transition phases, between the year of 2000 and 2009, it will be the period of working-age population when most people are in the working age and the need for dependency is low. So we call this period as the year of Demographic Dividend. Afterwards, from year 2009 to 2025, the number of the elderly will increase gradually. This is the outcome of the success of family planning campaign and the decrease in mortality rate according to the modernization and technology of the health and medical care services in Thailand.

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In 1968, the life expectancy at birth for the Thai people was 58.50. It became 66.35 in 1986 and 72 in 2000 respectively. In 2004 the average ages of male and female were 67.9 and 75. There were 5,975,000 Thai people with age between 60-79 years and 706,000 elderly people with age older than 80 years. Presently (year 2005), the life expectancy at birth of male and female are 78 and 80.9. There are 6,070,000 people with age between 60-79 years and 731,000 Thai citizens who are more than 80 years old (Mahidol Population Gazette, July 2005). The concerning organizations, both governmental and private sectors, have realized the situation of such the rapid increase. They are aware that several problems would result as the impacts of the increase of the aging population and prepare projects to be ready for problems that might occur in the future. Such rapid growth of Thai senior population would cause several impacts on economics, savings, investment and consumption, working labor, pension, tax and inheritance. The increase of population's longevity affects the demand on healthcare concern and public health services, family institute, living pattern, household matter and migration. As for political situation, the increase of population's longevity tends to draw some changes to the political selection pattern. Besides, more elderly and middle-aged people who will soon become the senior citizen, means the number of dependent population will be higher than the number of working people. It is, therefore, a challenge for the country to find solution on how these coming of age, elderly can live with adequate quality of life with happiness, in the midst of change in society structure and elderly tend to be left alone, without the strong relationships with their own family or offspring.

Nakhon Pathom is the province adjacent to the West of Bangkok. It is held as one of Bangkok suburban provinces namely i.e., Samut Sakhon, Samut Prakan, Nonthaburi, Pathum Thani, and Nakhon Pathom. It is situated in the middle of Thailand, about the zone of the Thachin River. Its size is about 2,168.327 square kilometers or about 1,355,204 rais (0.42 % area of Thailand). In Nakhon Pathom, there are seven Amphurs (Districts): Amphur Maung, Amphur Nakhon Chaisi, Amphur Sam Phran, Amphur Dontum, Amphur Bang Len, Amphur Kamphaeng Saen, and Amphur Buddhamonthon. In this study, we selected only Amphur

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Buddhamonthon, because of its manageable size and heavy infrastructure and related characteristic suitable for such a study.

Buddhamonthon was upgraded from sub-district to a district in 1996. It is about 33 kilometers northeastern from Amphur Maung, with the area about 76.329 square kilometers or about 47,705.625 rais. It is composed of 3 Tambons and 17 villages (Tambon Salaya, 6 villages; Tambon Klongyong, 7 villages; and Tambon Mahasawas, 4 villages). Buddhamonthon district is also a location of Mahidol University campus, and its location has significance affect on living and easy of life of the neighborhood. Most of its terrain is plain with many canals and irrigation canals for agriculture and communication. Main occupations found are do paddy farming, orchard and decorative plants gardening, and keeping farm animals.

Research questions

As discussed above, the research question of this research is to investigate the living patterns and other health factors of this groups of old Thai elderly with live longevity.

Research objectives

There are three main objectives for this study as follows:

1. To study about living pattern both in the past and at present of those people with longevity (over 80) in Amphur Buddhamonthon.
2. To study demographic factors and quality of life of those people with longevity (over 80) in Amphur Buddhamonthon.
3. To study health condition and self-care of those people with longevity (over 80) in Amphur Buddhamonthon.

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Plan of this study is to study demographic characteristics of the elderly including the family of origin and their lives in the early age. The study will also look at self-care or health behavior which consists of 2 parts. One is to study self-care in normal life or health behavior. Second is to study illness behavior. Furthermore this research is to investigate the elderly people's social support and their current living patterns and activities. By this research, demographic background such as age, gender, education, occupation, marital status, residence, number of offspring, family history and health behavior in normal life and illness behavior will be revealed. Other socio cultural characteristics, namely, types of job, social activities, hobbies, interesting views and special abilities as well as life concerning relationship, family and social role, religious believe, expectation in future life, consumption behavior, exercise and sleeping behavior are examined. The current health condition of the elderly and also be studied with the use of the Subjective Health complaint Inventory, the Body Mass Index Calculator, the Blood Pressure Measurement. It is believed that with the results of the study, it will be one of crucial information for the public to turn to pay attention to the issue of old age education, care and social policies. It will also be useful if there will be more people who will be become interested in developing new services that will be needed among the new group of people with longevity in the near future who will be in a lot of ways different from those of today services.

Term Definitions

Self-care is the most common response to strengthen and protect one's general status. Self-care includes taking preventive measures (like consuming vitamin supplements), self-remedial treatment of symptoms (such as staying at home when feeling not well, taking home remedies or over-the-counter drugs), and managing with chronic disease (for instance, use of insulin by a diabetic). Self-care may involve consultation with health care providers and use of their services. As a way of acting in relation to one's health, self-care consists of both health and illness behavior. It essentially consists of a layperson's preventing, detecting, and treating his or her own health problems. What makes self-care distinctive is that it is a form of care which is self-initiated and self-managed.

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Health lifestyles are collective patterns of health-related behavior based on choices from options available to people according to their life chances. A person's life chances are determined by their socioeconomic status, age, gender, race, ethnicity, and other factors that impact on lifestyle choices. The behaviors that are generated from these choices can have either positive or negative consequences on body and mind, but nonetheless from an overall pattern of health practices that constitute a lifestyle. Health lifestyles include contact with medical professionals for checkups and preventive care, but the majority of activities take place outside the health care delivery system. These activities typically consist of choice and practices, influenced by the individual's probabilities for realizing them, that range from brushing one's teeth and using automobile seat belts to relaxing at health spas. For most people, health lifestyles involve decisions about food, exercise, relaxation, and personal hygiene, risk of accidents, coping with stress, smoking, alcohol and drug use, and having physical checkups.

Quality of life is the factor includes the physical capability, communication, body movement, hearing, seeing, talking, taking shower, walking (by own or using stick), ability to control excretion, dining, self-dressing. It also covers the health problem e.g. any previous operation, child delivery, accident, chronic pain.

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CHAPTER 2
LITERATURE REVIEW

This chapter will be presented in four parts. Firstly, the theory and concept of elderly people discussed by Dr. Naipinich Kotchabhakdi. Secondly, German sociologist, Max Weber's theory will be presented with regards to health behavior or self care which consists of behavior to strengthen one's health and to prevent one from illness. Thirdly it is the explanation of Bradley Wilcox's elderly study. Finally, the concept of a humanist named Professor Edwards Schumann concerning health behavior and the seeking of health-care services.

1. Theory and Concept of Old Age

To study about elderly people, it is well recognized that health factors comprise of biological, psychological and social factors (Naipinich Kotchabhakdi, 1995). Biological factor means genetics. Elderly and longevity are subject to chromosome and immune systems such as neurotic system, hormone and immunity. Psychological factor refers to the use of religious concepts to assist mental peace, good mental health, well-being family, physical exercise. All these things benefit both physical and mental status. But the most important factor for longevity is the environment, which is considered as a social factor. There is a research reporting that environment effects men since they were young and throughout their life. It also determines the quality of life when getting old. For examples, the calorie diet, and avoidance of any risky practice assist in longevity. (Naipinich Kotchabhakdi, 1995)

When getting old, several changes will appear:

1. Physical change: Muscles are getting weak
2. Psychological change: getting sad, much worried and depressed
3. Intellectual change: getting blur, or likely to be forgetful

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The theories about elderly and human's psychological status explain that

1. A man is controlled by Genetics and DNA.
2. It is subject to environment, especially stress, dissatisfaction, anxiety.
3. Controlling systems i.e. brain, pituitaries, immunity control the body function.

2. Max Weber's Theory of Old Age (Cockerham, 1998)

German sociologist Max Weber (1864-1920) was one of the most influential sociological theorists of all time and his views on lifestyles in general help place the concept of a "health lifestyle" in perspective. Weber stated that factors effecting to lifestyle were social class and social status. Persons who were in the same economic and social status were in the same lifestyle. Therefore a person's social class position was determined exclusively by his or her degree of access to a society's means of production or one's location in a class structure results strictly from how much of society's goods and services that person was able to command. However in Weber's view concept of class was not the whole story in determining someone's social rank; rather, status (prestige) and power (political influence) were also important. Weber focused primarily on the difference between class and status in his analysis. He pointed out that, while class was an objective dimension of social life signified by how much money and property a person had, status was subjective in that it consisted of the amount of esteem a person was accorded by other people. Typically, a person's occupation and level of education were the basis of such esteem.

Self -care therefore consists of the behavior to maintain one in good health and to manage in time of illness. It included the kind of things that healthy people do to stay healthy and one's own health and activities concerned to recover from disease or injury. That meant one also knew one's health status and knew how to manage them to be in health normal position such as some would go to the drug store to buy medicine while some would go to see the doctor when they were sick.

Self-care was the practice one would handle towards his own health situation, by using own knowledge and background experience. Many researches found that there

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were no magic potions or simple regimens that automatically bestow longevity. It was the total package that counts: diet, exercise, mental attitude, family and societal support and of course, ones' genetic makeup. In this thesis, it is proposed that genetics could explain some in longevity. The research focus on life history that how the elderly practice self-care and how genetic related to rather good health in life and longevity. The self-care referred then to the practice to maintain one's good health consisting of the strengthening of one's health, preventing from illness, as well as self-care when getting ill. According to Max Weber's sociological concept, life pattern or behavior for health was subject to the following matters: Economic and social status, Health Lifestyle Motivation, and Self Control. Weber gave the importance to the social and economic condition as determining the human lifestyle. He wrote that there were 3 patterns of living which composed of stylization of life, life conduct and life chances Stylization of Life was the living pattern which depended on choices and opportunity to choose of the individual. Life conduct was the choice which a man selects, but still depended on Life chances. While life chances were the opportunity or chances that a man could take according to his satisfaction. However, it was subject to economic and social status. Rights and social support were the key factors that allow us to choose as wish. Regarding Health Lifestyle Motivation, Man got the Health Lifestyle Motivation as the effect of recognition that the numbers of people getting contagious diseases were becoming less but more people suffered from the chronic diseases. Therefore they tended to concern more about health. They were aware of the harmfulness of smoking, eating too much, not taking enough exercise. For the concept of self control, it was modernism that man became aware and interested in self control in order to get good health.

3. The Explanation of Bradley Wilcox's Aging Study

From Bradley Wilcox's work, the study on aging in Okinawa, Japan, who lived more than 100 years, showed that longevity depended on heredity. If the previous family members lived long, the followers tended to live long too. However, it was not only because of this factor alone. If people did not have self-care, they would not live as long as the others who performed self-care. Self-care or lifestyle

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effecting longevity such as: **Exercise.** Regular exercise not only helps to maintain flexibility, joint resilience and balance but it also kept the mind alert and the cardiovascular system healthy. Walking and yoga were particularly good for maintaining fitted abdominal muscles. A Canadian study published in the Journal of Medicine and Science in Sports found that participants with weak abs suffered a higher death rate. **Stress Reduction**. Asia's most elderly had suffered extreme stress in their lifetimes-multiple wars, hardship and the loss of loved ones. But many share a positive and easygoing attitude that let them roll with the punches. A study of female centenarians done at the Boston Medical Center in Massachusetts found that they tended to be less neurotic than average, as did a similar study in Japan. Gerontologists reported that psychological health was far more important than physical health for maintaining well-being in later life. **Sex.** Dimming the lights and putting on some mood music might have more benefits than simple stress reduction. A 1997 study published in the British Medical Journal tracked 918 men aged 45 to 59 for a decade and found that those who ejaculated less than once a month were twice as likely to die during the study period than men who had orgasms at least twice a week. **Marriage**. Increased sexual activity, however, did not mean that swinging singles had any advantage over their coupled counterparts. A 1996 reported by the RAND Center for the Study of Elderly confirmed that married men lived longer than confirmed singles. Gerontologists suspected that better nutrition, attentive care during illnesses and the stress reducing benefits afforded by a steady home life were possible factors. Professor Jean woo, head of Hong Kong's Sau Po Center on Elderly, said stimulating. **Childbearing**. Mature couples might hesitate to have children, citing studies that linked older mothers with an increased risk of birth defects. But a recent study in the British Journal Nature found that women who began childbearing in their 30s or 40s tend to live longer than average. An earlier Harvard study suggested centenarians were four times more likely than average to have had their first child while in their 40s. **Sleep**. Shut-eyes were essential for repairing daily cell damage, which over time could lead to cancer and breakdown of organ function. A recent survey by the American Cancer Society found that participants who slept an average of seven hours a day had the lowest mortality rates. Too much sleep, however, might be worse than not enough: nine hours per night was more risky than four. David

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Phillips, associate director of the Asia. Pacific Institute of Elderly Studies, pointed out that excess sleep could lead to depression, sloth and mental inactivity-proven impediments to long life. **Diet.** After good genes, smart eating habits might be the single most important longevity factor. The standard platitudes apple: fruits, vegetables and unprocessed carbohydrates such as rice should make up most of your diet; protein should come mostly from fish or legumes (lentils, chick peas or soy beans); and went easy on the red meat. Moderate consumption of alcohol was O.K. A long-term study by the Harvard School of Public Health and the Beth Israel Deaconess Medical Center showed that daily consumption of a glass of wine, beer or any other kind of alcohol could significantly reduce the risk of coronary disease and heart attack.

4. The Concept of Old Age of Professor Edwards Schumann

Behavioral healthcare concept by finding health services venues could be explained according to the humanities and social studies. There were several steps and actions related, including the perception of illness symptom, the definition of the illness, the expression of illness and finding resolution to relieve the illness symptom, as well as the social or cultural influence e.g. listening comments from family members or relatives. The explanation of the concept on finding health services venues followed the qualitative-based study or the humanities study. It described the individual behavior when getting illness. The behavioral healthcare here meant how the patients recognized the illness, how they treated themselves, how they chose the persons who cured as well as which treatments they chose. The concepts we explained in this research belong to a bachelor on humanities named Prof. Edwards Schumann.

Schumann stated that the behavior to find health-care service venues related to each person's background, especially the culture that linked to his belief or thoughts. There were a total 5 stages:

1. The facing of illness symptom and evaluation of the impact from illness
2. The expression as an ill person in accordance to his social and cultural context

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3. To meet or find consultation from experts, possibly both the experts who made remedy of the disease or cured the symptom.
4. The presentation as the person who got ill.
5. The presentation as the person who got relief from the illness.

Followings were explanation of these 5 stages.

1. In this stage, the person got something pain or facing symptom. He would evaluate how much pain or ill he was. The evaluation included the waiting or doing something to make feeling better in accordance with belief or understanding e.g. getting relaxation, not going to work, or eating some kinds of food or fruits in order to strengthen the body. This also included the attempt to make peace of mind by getting relaxation which might assist in releasing some pain.

2. That person realized that he was ill and admits that the symptom affected his daily life e.g. too weak to go to work. He now assumed the role of an ill person by taking day off or preventing from present responsibilities. Meanwhile, he still handled as self-care together with getting some consultation from elderly persons or relatives.

3. The person had to get remedy from expert. The person now admitted that the symptom prevented him from normal working abilities or daily life. So he needed an expert to release or give him the proper remedy.

4. The person admitted the stage of illness. He now accepted treatments and suggestions. He would give cooperation to the expert in getting cured from such illness.

5. The person got remedied and could come back to daily life. He now stopped the role of an ill person. In case of having chronic disease, he had evaluated that already getting better enough to come back to normal working and daily life.

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Aging Related Research

1. Facts and Attitudes of the Elderly and Young People in Bangkok towards the Economic and Social Role of the Elderly. (Siriwan Siriboon & Malinee Wongsidhi, 1992)

This research had the following objectives

- Financial role and the Stop of this role in elderly
- Social role and role within the household of the elderly
- To study how the elderly was afforded and problem in living together of the young and elderly persons
- To recognize facts for the preparation for living long life and study how the young prepared for their living when getting old.

The study found the following conclusions.

Source of economic stability

-The person who earned for the household was their grown children, the elderly themselves or spouse, son-in-law or daughter-in-law, nephew or other relatives, respectively.

Role expiration.

-Forty three percents of the elderly and 40 percents of the young agreed that a man should not stop working.

The living of the old.

-It was found that more than half of the elderly had never prepared for the age. Whereas 78.8% of the young had already prepared for living old. Nevertheless, both were aware that the most important thing was saving money. Next were house, land, field, garden. But only 7.5 percents of the elderly who had thought of such properties.

Social role of the aged.

-Persons who are older would get more respect than those younger.

Household role of the aged.

Ninety percent of the elderly insisted that they could assist in household matters.

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Seven six percent of the young see that the elderly were still useful on the household matters.

Problem on living together.

Eighty two point nine percent of the elderly reported no problem, whereas nine point two mentioned that the children did not listen to them. The majority of the young said no problem but 1 out of 5 mentioned problem about the nagging of the elderly.

2. Social Population and the Support of the Aged. (Malinee Wongsidhi & Siriwan Siriboon, 2001)

This research was to study community in the city and urban area. The city area was outlined by the District Administration Bureau of the Bangkok Metropolitan Authority, whereas the urban area was divided by the Ministry of Internal Affairs.

The target group was 1007 elderly people. Originally there was the old record showing that Thai elderly usually suffered from financial and health problem. The study was therefore to recognize the elderly problem and requirement of support from the social population.

The research found that the elderly evaluated their health positively. Most of the elderly in the north rated their health as good and very good, whereas 29% of the elderly in Bangkok rated themselves same. However, most of the elderly in the south considered their health as bad and very bad. Male elderly tended to rate themselves good, whereas female elderly usually considered themselves as unhealthy. The older the elderly were the worse was their health report. The elderly who had education consider themselves as healthier than those who had poor education. The elderly who did not work in agricultural land were found to have good health, better than those who had agricultural occupation, which meant that physical health relates with occupation. Moreover, the research found that the elderly had financial problem mostly on daily expenses, expenses during serious illness, and minor illness, respectively. As for the mental problem, loneliness was mostly reported. Female elderly had more problem of loneliness than male. The elderly who had education feel less lonely than those who had poor education. The problem that mostly

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impacted to the elderly people's state of mind was the fact of having nobody to take care when getting ill. Contradictory, almost 90% of the elderly reported that they did not have problem with family members and there was no quarrel in the family. Regarding to physical aspect, the elderly suffered mostly from problem of poor vision, hearing deficiency, movement flexibility (especially on traveling), sitting-on-one's-heels gesture and going outside alone, respectively. It was therefore concluded that physical aspect changed in accordance with mental situation. The research also studied on 2 more aspects; group gathering of the elderly people for specific activities in the community, and community group gathering to run activities for elderly by using the community-based approach. It was found that the elderly who did not work in the agriculture field got together for activities more than those who occupied in agriculture. Religious and cultural activities were mostly popular by the elderly. Next interesting activities were the general exercise for elderly people, finding sponsor, health and community development activities. There was also a reference mentioned to Dr.Banlu Siriphanich (1996) that there were 3487 registered clubs for the elderly. The Public Health Supporting Bureau, Department of Sanitation, Ministry of Public Health, reported that during June to July 1999, there are 18,521 clubs for the elderly registered under the Public Health Supporting Bureau's network in 59 provinces, from total 75 provinces. Male elderly preferred activities with established clubs more than female who preferred only health supporting activities. The senior elderly enjoyed religious activities, whereas the younger elderly were interested more in health supporting program and community development activities. About reason that the elderly people preferred club establishment, 55% would like to be took-care, 16% would like to get together and meeting, and 10% would like to get knowledge.

3. Response to Problem and Need of the Elderly – Case Study of the Establishing of Social Services Center for the Aging (Siriwan Siriboon, 2000)

The researcher used the structured interview with the elderly, community leaders, and teachers. The target area covered the area where the Department of Public Welfare set up social services centers for the elderly, which included 4

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provinces; Bangkok, Khon Kaen, Chiang Mai and Suphanburi. The data collection was set to 2 periods, before the establishing of the social services centers in 1995 and after that in 1997. The research studied the problem of the elderly in economic, health, and mental aspect. It also pointed out the requirement and assistance needed from the community, the group gathering for supporting the elderly, as well as the potentiality of the community in supporting the elderly. The research found that almost half of the elderly still needed assistance from the community. 30% of the elderly reported of no requirement. One of 5 did not give any comments. Four of 5 of the community leaders pointed that the elderly were requiring help. Though the reports from both sides were different, they agree on the same methods of assistance i.e. the requirement of daily allowance, health and sanitation services, remedial treatment, occupation training for generating more income, setting group or club for the elderly, caretaker, the 4-basic necessities of life, and activities requirement. The community leader tended to report on requirement about financial matter and needed of caretaker, whereas the elderly themselves focused on the health services as top need.

4. Happy Life of the Elderly in a Village of Khon Kaen Province: A Case Study of Ban Kai Na of Muang District. (Pirasak Sriruecha, 2001)

The aim of the research was to explore the happy life of the elderly in a village named Ban Kai Na, in Muang District of Khon Kaen province. The study was the qualitative research using the in-depth interview technique, participant observation and informal interview during the middle of October 2000 – February 2001. The study included community and life history study. The sample group was the 7 elderly people aged 70 or more than 70 years old, 3 males and 4 females.

The results revealed that the role of the elderly was still active socially culturally and economically. They were still been supported by peers, family and society such as master of religious ceremonies, the peacekeeping of the village through the village rules and regulations, supplementary economic role, socialization and key informant in tradition and religious affairs. The elderly viewed a happy life, with a slight diversity, as the holistic pleasurable condition of both physical and mental wellness,

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with the absence of suffering, bereavement of Dhukka, peaceful and self-subsistent. Most of them placed more value or emphasis on inside tranquility than outside physical comfort. The elderly with a happy life were thought of as meritful people of Khon Mee Boon. They believed about the causes of having a happy life which were related to beliefs about merit or Boon in past lives, life fate or Wasana and Kamma (the law of action) that they performed both in previous and present life. The components of a happy life included good health (i.e.chronic illness-free and having enough physical vigorousness) economic self-subsistence, ability to make merit, ability to help others, and living in a good community. The socio-cultural contexts surrounding the elderly's happy life included the close kinship system; social and family system that gave positive value to the elderly under the influence of Buddhism; agrarian society that needed co-operation among villagers; old and small, clustered community.

5. Life of Lone Old Women (Kusuma Prachoomchana, 2000)

The researcher aimed to study how the old women lived alone in different areas, health situation, the ability to do routine activities, activities in the society, work and financial status, living area and environment, mental health and emotional status, social status, any supporting assistance, as well as the satisfaction of being alone. The study was made on the qualitative research method, by using in-depth interview and participant observation, still camera and video. The study group consisted of 15 female population who were older than 60 years (60-69 years x 9, 70-79 years x 4, over 80 years x 2). 2 of them were singles and 13 divorced. The research found that regarding health problem, the group of 60-69 years old were getting tired and exhausted. They felt muscles stiffness and getting pain according to occupation concerned the group of 70-79 years old were getting more physical problem. They became weak and experienced symptom more clearly. Most of them were with diabetes, high blood pressure, bowel complaint. While the group of older than 80 years were worse. They had more than one discomfort such as cardiac disease, diabetes and bone disease. The study also revealed the self-care when they were getting ill. Generally the female elderly who lived alone would take self-care

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relevant to the seriousness of such disease. Sometimes they would let it go, buy medicines from medical booth, go to hospital, consult with public health officer, or take herbal remedies. Some who had certain disease like diabetics or eye problem would go to hospital alone. According to the occupation and financial situation, women did not have occupation anymore. They had some money enough for daily life. The money was their savings or allowance received constantly from their children. They still had to work. Though having occupation, they were very poor and earned no fixed income. They were still in need of work and living with difficulty. When household and environment were investigated, it was found that women lived in rented rooms or houses. 6 women lived in own houses or rented houses with land. 2 women lived in temporary shelters in others' premises. Though the house or rented room was small, not convenient for living together as family, the elderly still did not want to move out for getting used to the location. Besides this, most children would move out when getting older and married. Regarding the length of stay, it was found that the elderly who lived alone for 1-5 years still felt good and felt that nothing had changed from previous time when still living as family. Most women in this group were 60-69 years old and still healthy. They could do own daily task without problem.

The others who lived alone more than 5 years were getting mental problem. They were facing more financial problem too. They became exhausted, discouraged, lonely, bored, and resigned. Cause of living alone was also investigated and found that 10 women lost their husband to death. 3 divorced. 2 single. Some of their children were dead. Some got married and moved out. Some moved to other provinces for work. Some got quarrel with parents. The motif that these elderly could live alone was the regular contact of their children or relatives, activities, relationship with community and pets.

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6. Effect of Technological Changes on the Family Roles in Elderly Support: A Case Study of Unazuki Town Japan (Kaori Tanaka, 2001)

The research questioned on the effect of technological changes on the role of family in taking care of their elderly. The followings were specific questions for this research:

1. Study the difference of the effect of the technological changed towards the elderly who were older than 80 years, 70-80 years and 60-70 years.
2. Did the technological change create any impact on the culture, tradition, and social structure of the agricultural town like Unazuki?
3. How the elderly in small families with traditional agricultural pattern carried out their daily life?
4. What did the elderly expect to be the factor that determined the household's responsibility?

The research had main objective in explaining the technological changes which effected to family's role in supporting the elderly, especially in the rural agricultural town.

The study was conducted with a qualitative method of in-depth interview and participatory observation.

Data collection was a step by step as follows:

1. Checking out the data of technological changes of the town, originally being agricultural town and the lifestyle of the elderly in the town.
2. Using observation and participation in activities combined with interviewing staff of relevant institutions, daycare services section in elderly care center.
3. Interviewing 20 elderly, 10 male and 10 female. They were spitted to 3 groups, first group elderly 60-70 years old, 2nd group 70-80 years old, and 3rd group 80 years old.

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The research found that the technological changes had overall impact on the psychological aspect of the elderly. Those who were 60-70 years old found it was convenient using such technological equipments whereas those older than 80 years felt hesitated to use such equipments. However, they felt it good psychologically because the children still showed them care and assistance. Therefore, even having such technological equipments, the family role in supporting the elderly was still important. The research pointed out those family members should show the elderly of how to use the new technological equipments so that the elderly would have no problem in getting acquainted and use them efficiently.

7. Effectiveness of the Health Study Program towards the Brain Deficiency of the Elderly in Bangkae House for the Elderly (Janthima Yeunsookchai, 1993)

This was a half-experimental research. The target group was 112 elderly in the House for the Elderly. There were 56 elderly as the experimental group and 56 elderly as comparative group. The first group was engaged in the health study activities twice a month for total 3 months arranged by the researcher and once a month for 3 months by the Elderly Club of the Police Hospital. The comparative group got only the normal care by the staff of the House. The tool for this data collecting was interviewing, questionnaire to check out passiveness, and MMSE questionnaire. There were 2 times of data collecting; before and after the experiment, which was 3 months far. The general data was analyzed in term of statistics and average. The comparison between the brain deficiency symptom and stress among the target was done by Paired Sample T-Test. The comparison between groups was made by Student T-Test and to recognize the relevance of sex, age, education and the brain deficiency they used Chi-Square Test. The researcher found that, after the health program, the symptom of brain deficiency and stress reduced. The reduction from the comparative group was 0.05 in term of statistics. Moreover, we found that education and age was relevant to the symptom whereas no difference happened between sexes. It was obvious that the delivery of health program with the social support and self-assistance group activities could release stress and gave better result to the elderly's brain deficiency syndrome.

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8. Health Belief and Self-care Behavior of the Elderly, in the Elderly club of Bangkok Metropolitan Authority (Wiriya Sukwongse, 2002)

The assumption of this research was that the elderly who possessed different social life would behave differently on self-care. Those who had health belief on perception of disease risk and accident prevention would have positive reaction towards self-care. Those who admitted for obstruction of preventing such disease and accident would have negative reaction towards self-care. The objective of this research was to study the belief on health behavior, self-care and the relationship between these factors among the elderly in the Elderly Club of the BMA. The target group was 450 club members' elderly who were more than 60 years old. 77 male and 373 female. The research also studied the aspects of their self-care behavior; dining, exercise, stress removal, and prevention of accident.

The results included the followings:

- The elderly who had different age, income, marital status, and family characteristics, did not have different self-care behavior. But those who had different education level, behaved differently on self-care. The female elderly took better self-care than the male elderly.
- Those who finished bachelor degree, primary and secondary schools took self-care differently than those who had under primary school education.
- The behavior of the target member related positively to the health belief on perception of disease risk and accident prevention. But the self-care behavior was not relevant to such belief.

9. Relation between Elderly Phobia, Mental Strength, Nostalgia, Social Support, Social Factors, and the Peacefulness of the Elderly in the Elderly club of BMA (Cherry Thongphen, 1994)

This research was to study the relation between elderly phobia, mental strength in the world perception, the longing to the past, social support and factors, and the peacefulness of the elderly in the Elderly Club. It was also to compare the

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difference of their peacefulness, by dividing to sex, age, education level, marital status, financial status, last occupation, and the nostalgia of the elderly, in order to find the variation factor which forecasted the peacefulness of the elderly.

The research finding included the followings:

- Most of the member in the target group was female. The majority was group of 65-69 years of age. Next was group of 60-64, which was almost same number to group of 70-74 years of age. Most of them had education in the middle level. The majority was still living with their spouses. The financial status was in the middle range. About previous occupation, most of them used to work privately or in the government offices or state enterprises.

- For the level of peacefulness. 77.9% rating for an average level inclining to high. 12.9% rating for an average level inclining to low. And 9.2% rating for high level. No elderly who gave rating for low level.

- Elderly phobia had negative relevance to the peacefulness. The mental strength in the world perception and the social support had positive relevance to the life peacefulness. Whereas nostalgia did not relate anything to life peacefulness.

- The social factors such as education, marital status, and last occupation related to life peacefulness. Whereas sex, age, and financial status did not relate anything.

- The comparison showed that male and female elderly did not have significant statistics on their peacefulness. Those who were 60-64 years of age had same level of peacefulness as those who were 65-69 and 70-74 years old. Those who had higher education feel better than those who had middle and low education level. Those who had spouses were happier than those single. Those who had high financial status were happier than those of the middle and inferior level. Those who used to work in government offices or state enterprises felt more peaceful than those who worked privately. Those who had positive nostalgia were happier than those who had negative background.

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10. The Research to find Appropriate Method for Promoting the Nagging's Health, in cooperation with Distric public Health Office, Thongphaphoom district, Kanchanaburi, Kanchanaburi project, Institute of Population and Social Research, Mahidol University. (Watinee Boonchalakse, et al., 2004)

The main objective of this research was to see the elderly in rural area having good health and longevity with happiness. The specific objectives of the study were as followings:

1. To find appropriate method for promoting good health to the elderly in rural area, in order that these elderly people would be healthy both physically and mentally, be strong and able to help themselves.

2. To guide the elderly in rural area in gathering for health affecting activities.

3. To develop and encourage the sub-district public health office to maintain as the center for health promotion services to those elderly.

The research selected 10 small and big health public health centers which had never any activities before. The criteria was that there must be smart officers who had potentiality to cooperate in the project and work as a key person. The area must be still a rural village. The expense, convenience, and length of traveling from home of the elderly to the center to participate in activities were also considered. The big centers had more space to do the activities with 4 public health staff. Whereas there were only 2 staff in the small center. Next, the researcher checked out for possibility by talking and interviewing with the public health officers, village health volunteers, village headmen, district development officers, as well as the elderly people. Then, they identified the problem and requirement of the elderly by group talking, meeting and group interviewing. Questions asked were the definition of the elderly, how they described about good health, how they practiced self-care, how about the present health situation of the elderly in the village, any health belief, how would they manage when getting ill, whose responsibility in taking care of the ill elderly, any idea of future health problem, that the elderly belonged to any social groups or not, how

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the elderly adjusted themselves to be acquainted to the new technology. Besides the answers, the participation of the elderly and motivation to create network between the elderly people in same and various villages was highly expected.

The researcher also checked out with the village health volunteers by using same questions asked to the elderly. The conclusion was the cooperation in creating activities for promoting health in 12 months. Approx.30-40 elderly were expected to join the activities. The elderly group discussion pointed out that the overall health status of the elderly was still good enough for general occupation e.g. working in the field, gardening. But in most families such work was done by their children. Most elderly were living with children, whereas few of them living alone. The disease that most of them suffered much was the bowel problem. But some voted for high blood pressure, diabetes, joint stiffness. Female elderly complained for not being healthy enough. Some suffered from allergy. But overall they suffered from joint stiffness and muscle pain and needed to take pills regularly.

Several male elderly confessed that they had no knowledge about health and would like to know more about dietaries. For exercise, they thought that the daily work meant already getting exercise. But some commented differently. After work, they would feel exhausted and weak, whereas after exercise one would feel refreshing. Female elderly had same comments but added more questions on several diseases, traditional massage and herbal remedies. On the question of caretaker when getting ill, it was worrying that most elderly people concerned only when getting ill. Both male and female thought that it was their self-care. Later when they could not help themselves and became dependent, it should be their children's responsibility, neighbor, village headman, society and community respectively. About the treatment when getting ill, both male and female elderly reported that they would go to public health center, and go to hospital if it was more serious. Most of them were accompanied by their children and used the elderly card or 30 THB privilege. For the activities, everybody saw that all the elderly should participate in the activities at the public health center. But it should not be scheduled to same first Saturday arranged by the Elderly Club of the District Hospital every month. Female elderly agreed to

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this point and mentioned that it was even more convenient as the public health center was closer to their houses.

11. Life Contexts and Health-related Selves in Old Age Perspectives from the United States, India and Congo/Zaire (Gerber, et al., 2001)

In this research paper, Gerontological studied on the meaning of elderly had found that individuals often associate elderly with losses in health and psychophysical functioning. Since the elderly process was commonly believed to be manifest in terms of physiological changes, i.e. changing skin texture, reductions in eyesight, muscular flexibility and strength or a heightened susceptibility to illness, such a focus on losses in health in later life seems self-evident.

The concept of this research was the definition of elderly health which was different due to different culture countries. This research was therefore to study the perception of elderly regarding the definition of biological health, social service system, disease remedies, as well as the meaning of being elderly with good health, medical services system, through the target of American, Indian, and Congo elderly.

In this article they studied the meaning of health in later life in three largely different contexts: the United States, India, and Congo/Zaire. Sample size included 252 elderly people in good health who could do their own activities. Most of the sample group came from the big size family which consists of 50 elderly persons in Congo, 100 elderly in India were contacted to join this research. In the United States 102 elderly were recruited in Texas through senior centers, church organizations, older adults social groups, and friendship networks. The Congolese elderly were youngest with a mean age of 55; the Indians had a mean age of 65; and the American elderly were oldest with a mean age of 73. In this research suggested that the Congolese and Indian elderly belonged to the “old” in their culture, whereas the American elderly belonged to the “young old” in their culture.

Instrument in this research was the self-descriptive statements which were elicited with the SELE-instrument (Self and Life), a self-referencing sentence

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completion test with 28 stems. The instrument was designed to elicit responses covering a wide variety of topics from respondents across the life span. Twelve sentence stems referred to “possible selves”: eight of these asked for plans, wishes, hopes, and goals; two sentence stems referred to fears and two referred to future expectations. Sixteen sentence stems referred to “real selves”; four of these were intended to activate cognitions about positive aspects of the self-concept; four sentence stems assessed negative emotions and difficulties in coping with life; eight sentence stems assessed evaluations of respondents. The SELE-instrument was originally formulated in German and was translated into English and French. The results of this research found that the American health-related selves were characterized by an emphasis on being healthy, cognitively competent, and autonomous. Being healthy was described as a central value in life. Although some answers referred to present problems in psychophysical functioning, most health-related sentence completions referred to “possible selves”: illness and dependency were feared; remaining healthy, cognitively competent, and autonomous were hoped for. The American elderly were also willing to do something to maintain their health, expressed in their intentions to engage in health behavior while the Congolese made health-related responses most often to the “fear” and “expectation stems, followed by the “evaluation” stems, and least often to motivational and positive stems. Congolese sentence completions referring to Psychophysical Functioning were found mainly as future expectations: concrete aspects like mobility and strength. From some answers it became evident that the Congolese see being cared for as a reward for caring for their children. Congolese answers about Death were found on sentence stems referring to fears, difficulties, future perspectives as well as wishes and goals. The Congolese elderly did not refer to autonomy, but mentioned expectations to receive support in old age. Regarding the Indian elderly, the Indian elderly generally falled between the Congolese and American extremes not only quantitatively with respect to the number of answers referring to health-related selves but also qualitatively with respect to the specific meaning attributed to health. They were like the Americans in that they often expressed fears concerning psychophysical functioning and illness. They mentioned fears of loss of autonomy; they also viewed health as a central value and express hopes for staying healthy and autonomous as well as intentions for health behavior.

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Indian elderly were like the Congolese in expressing fears about death as well as hopes for a good death, although again they mentioned these aspects somewhat less often. They saw a peaceful death as a goal in life and used meditation as a means of health behavior.

The research showed that although the biological decline was a universal aspect of elderly, the social system should be another factor concerned since it varied between different societies such as life expectancy. The average life expectancy was higher in the United Stated than in India and higher in India than in Congo. The infant mortality and the probability of dying between ages 15 and 59 were lower in the United States than in India and particularly lower than in Congo. As a consequence of a low fertility and high life expectancy, the percentage of elderly was higher in the United States than in India and much higher than in Congo.

Different types of illnesses and diseases in different societies. :-

In the United State, the mortality rate was mainly caused by noncommunicable diseases, such as cancer, heart diseases, and neurological diseases. A number of age-related caused by noncommunicable diseases, such as osteoporosis or diabetes as well as cognitive decline.

In Congo communicable diseases, such as HIV/AIDS, diarrhea diseases, malaria, and respiratory infections were not only the leading cause of death, but also cause the overall health condition to be rather poor.

In India, infectious diseases prevailed, but noncommunicable diseases were also found in higher social class.

Besides these differences in biological decline, the social structures which had developed in relation to curing the ill and caring for the ill differed between the three countries. The health care system in the United States was largely professionalized and western medical care was widely available. Western medical care was said to be especially concerned with prolonging life and suspending death. Western-style professional care was less widerspread in India. In addition, India had a long tradition of professionalized care in Ayurreda, a style of holistic medicine where the body, mind and soul received equal attention in health care and prevention of illness. Western-style medicine was only rarely available in Congo; moreover,

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Congo had a multifaceted indigenous system of healing which was not strongly professionalized. Besides the social structures for curing the ill, the structures of caring for the ill differed between the three countries. In the United States economic provisions in the form of old-age pensions and special housing facilities made if possible to remain autonomous in old age, although American elderly were traditionally, taken care by their family. In Congo, family members played an important role in caring for and curing the ill. As in many other African countries, children were expected to take care of their parents, although material resources might prevent them from doing so. This results in a pattern of life-long reciprocity, where parents care for children with the expectation that they in turn would be cared for by their children in old age. In India, the elderly were traditionally taken care of by their family when they were unable to do so themselves.

Self-perception of elderly differed between different societies.

United States

First level category	Health	46.4 %
Second level category	Psychophysical function	26.4 %
Third level category	Care	20.6 %
Fourth level category	death	6.6 %

India

First level category	Health	53.1 %
Second level category	Psychophysical function	20.3 %
Third level category	Death	14.6 %
Fourth level category	Care	11.5 %

Congo

First level category	Death	53.9 %
Second level category	Health	20.6 %
Third level category	Psychophysical function	16.4 %
Fourth level category	Care	9.1 %

12. The Impact of Religious Beliefs and Practices on Elderly: A Cross-Cultural Comparison (Kalyani, 2002)

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The research used in-depth interviews and focus group data generated from elderly men and women in Singapore. This article focuses on the impact of religious beliefs and practices on their elderly experience. The cross-cultural comparison dealed with the Malay community comprising Muslims, and the Indian community comprising Hindus, Sikhs, Christians and a Jain. The research demonstrated the positive influence of religion at the personal and social levels on the adjustment process in late life. Religion served as an important thread of integration in old age had to be taught since years of childhood and had been sustained through the adult years of the individual. The transmission of religious education was emphasized in both communities, and some sensitivity regarding modification of religious teachings to suit the needs of younger generations was recognized in the Indian community.

A qualitative research design was constructed in this research. They studied 2 groups of elderly people, one was Malasian who were Muslims and another group was Indian who were consisted of Hindus, Sikhs, Christians and a Jain. Fifteen respondents from each group, among these, there were eight males and seven females. A minimum of two interviews were held with each respondents (each lasting approximately 1.5 hours). The interviews were conducted between June 1991-May 1992. Interview data was taped, transcribed and the analyzed. An open-ended questionnaire was used in order to get more detailed of the information. The major topics areas specified in the guideline were bio-data, life story, health, activities, attitudes and beliefs, family, community, social and medical services.

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Table 1 Perceptions of Old Age

	Malays (n = 15)	Indians (n = 15)
Cognitive		
Natural, so accept	2	5
Freedom from Responsibility	5	1
Time of Aches and Pains	3	3
Time to think of God	9	14
Will of God	14	0
No response	0	0
Affective		
Don't feel old	0	0
Happy/contented	6	5
Bored	1	2
Lonely	6	4
Useless	3	0
No response	0	4

Note: These categories were not mutually exclusive.

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CHAPTER 3
STUDY METHODOLOGY AND MATERIALS

This study was conducted with main research method of qualitative with quantitative method to support research. The quantitative research was completed by survey method meanwhile the qualitative research was done through in-depth interview method and the Subjective Health Complaints Inventory (SHCI.), the Body Mass Index Calculation and the Digital Blood Pressure Measurement as well as the form for measuring the Quality of Life.

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Population and Respondents

In this study, the residents were drawn from populations of 153, both male and female elderly above 80 years of age who lived in 3 different tambons (sub districts); Klong Yong, Mahasawad and Salaya of Amphur Buddhamonthon, Nakhon Pathom province. The community survey (walk through) was done for recruiting the elderly who were more than 80 years old with communication ability and maintain relating good health. By specifically interviewing done by the researcher and by asking for information from the health center personnel and the family members, 30 elderly , both male and female, from 3 tambons were chosen for the study under the following conditions:

1. Thai elderly with the age over 80 years who live in Amphur Buddhamonthon, Nakhon Pathom province
2. 20 Thai elderly with healthy condition
3. Thai elderly who live with family or within the nearby areas

In case of any urgent problem that might occur, 30 samples were chosen by the researcher. However, only 15 samples were included in the study.

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Inclusion Criteria for choosing the sample group in this study are as follows:

1. Female and Male elderly living with their family in Amphur Buddhamonthon, Nakhon Pathom province
2. Age over 80 years
3. Elderly with no severe health problem
4. Being able to communicate skills:

Research Instruments

The research instruments used in this study include:

1. The questionnaire for collecting the data on demographic characteristics and physical condition.

The questionnaire was created by the researcher for collecting information including gender, age, education, former career, number of siblings, marital status, number of children, family background, status of parents, family income, place of residence and place of original religion.

2. Interview Guideline: On self-care and the behavioral pattern related to health

The interview guideline covered the belief and the practice or behavior of the elderly in term of self-care. It included protection, health care, treatment for illness as well as daily living pattern. Factors affecting self-care and quality of life that were studied are as follows:

- Family background: parents and migration
- Data on health status and quality of life: physical abilities; communication skills; movements; hearing, seeing and speaking abilities; walking with or without walking stick; controlling ability in body waste release, eating of ability; dressing ability; and previous health problem such as operation, birth delivery, accident or any uncured illness

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- Job characteristics
- Social activities, activities during leisure times or daily routines
- Interests and special abilities
- Life, relationship and role within the family
- Emotional status and level of stress
- Eating behavior, sleeping habit and exercise activity
- Economic and social stability and religious belief
- Life expectation

3. Health Evaluation Instruments

A Subjective Health Complaints Inventory (SHCI) was the tool for studying the correlation between the health care in daily life and the health care when illness occurs and also the longevity of elderly people in Amphur Buddhamonthon, Nakhon Pathom province. The Subjective Health Complaints Inventory (SHCI) or what was also known as the Ursin Health Inventory (UHI) was developed by Dr. Holger Ursin and his colleagues. It was later translated into Thai by Dr. Naipinij Kotchabhakdi , Ph.D., Director, Neuro-Behavioural Biology Center, Institute of Science and Technology for Research and Development, Mahidol University, Salaya, Thailand.

SHCI had been widely used in Norway for persons with the symptom evaluate themselves without having to know the illness and the cause of their health complaints. These symptoms often occurred with the group of elderly. In order to ask them to identify their symptoms, the following command was used:

Please read the symptoms shown in each of the following item. Identify your symptom(s) occurred during the previous month and specify the frequency and duration of the occurrence.

For Example:

In case you felt as if you had flu but was not that severely sick, however, the symptom continued for a week, please circle number 2.

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	Never	Rarely	Sometimes	Regularly	No.of Days Symptoms Continued
Flu, colds	(0)	(1)	(2)	(3)	7 Days

The Subjective Health Complaints Inventory (SHCI) was a tool to evaluate the health condition of a person during the past 30 days. The Inventory was divided into 3 parts. The left hand side was the kinds of symptom that caused health problem, the middle part were the level of symptom presented severity levels. While, the right hand side were the specification of the length of the occurrence. The questionnaire consisted of 29 items which were divided into 5 complaint groups as below:-

1) Musculoskeletal complaints included headache, neck pain, shoulder pain, pain in arms, pain in upper back ,low back pain, leg pain and migraine
2) Pseudoneurological complaints included extra heartbeats, hot flushes, sleep problems (can not sleep), tiredness, dizziness, anxiety, sadness/depression).
3) Gastrointestinal complaints included heartburn, stomach discomfort, diarrhea, constipation, ulcer/non-ulcer dyspepsia, stomach pain and gas discomfort.
4) Allergy includes Asthma, breathing difficulties, eczema, allergy and chest pain.
5) Flu including cough

SHCI (Subjective Health Complaints Inventory)

Health Problem during the Previous Month

Health problems and annoyances	Never (0)	Rarely (1)	Sometimes (2)	Regularly (3)	No. of Days Symptoms Continued
1. Flu, colds	……	……..	……..	……..	……
2. Coughing	……	……..	……..	……..	……
3. Asthma	……	……..	……..	……..	……
4. Headache	……	……..	……..	……..	……
5. Neck pain	……	……..	……..	……..	……
6. Upper Back pain	……	……..	……..	……..	……
7. Lower Back pain	……	……..	……..	……..	……

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Health problems and annoyances	**Never (0)**	**Rarely (1)**	**Sometimes (2)**	**Regularly (3)**	**No. of Days Symptoms Continued**
8. Arm pain	……	……..	……..	……..	……
9. Shoulder pain	……	……..	……..	……..	……
10. Migraine	……	……..	……..	……..	……
11. Palpitation	……	……..	……..	……..	……
12. Chest pain	……	……..	……..	……..	……
13. Breathing difficulties					
14. Leg pain	……	……..	……..	……..	……
15. Heartburn	……	……..	……..	……..	……
16. Stomach discomfort	……	……..	……..	……..	……
17. Ulcer and non-ulcer dyspepsia	……	……..	……..	……..	……
18. Stomach pain	……	……..	……..	……..	……
19. Gas discomfort	……	……..	……..	……..	……
20. Diarrhoea	……	……..	……..	……..	……
21. Constipation	……	……..	……..	……..	……
22. Eczema	……	……..	……..	……..	……
23. Allergies	……	……..	……..	……..	……
24. Hot flushes	……	……..	……..	……..	……
25. Sleep difficulties	……	……..	……..	……..	……
26. Tiredness	……	……..	……..	……..	……
27. Dizziness	……	……..	……..	……..	……
28. Anxiety	……	……..	……..	……..	……
29. Depression	……	……..	……..	……..	……

4. Quality of Life Measurement

The Instrument to measure quality of life was developed by the researcher, keeping in line with the WHO for Quality of Life Measurement.

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This instrument was used in the interview with the Elderly for information concerning physical abilities; communication skills; movements; hearing, seeing and speaking abilities; walking with or without walking stick; controlling ability in body waste release, eating ability; dressing ability; and previous health problem such as operation, birth delivery, accident or any uncured illness.

5. The Body Mass Index (BMI) Calculation

The Body Mass Index or BMI is calculated from the weight and height measurement. It is the index evaluating the over/under weight status in both male and female adults from the age of 20 and over. The calculation is done by the following formula:

$$BMI = \frac{\text{Weight (Kilograms)}}{(\text{Height: Meters})^2}$$

According to the above calculation, the criteria indicating the overweight status are as follows:

Normal Weight	Between 18.5 - 24.9 Kilograms/Meter^2
Underweight	Lower than 18.5 Kilograms/Meter^2
Overweight	Between 25 - 29.9 Kilograms/Meter^2
Obesity	30 Kilograms/Meter^2 and over

Sources: Health Promoting Center, Sanitary Institution, Ministry of Public Health, 2002

The weight and height measurement were done twice per person. The timing for measuring was the same for example, if the first measurement was done in the morning; the second one was also done in the morning. By doing so, one can control the body condition at certain time of day and if normal both reading must be similar.

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But if the readings were different, the average of the two reading will be calculated by adding the results of the measurements and divide by two.

The instrument for weight measurement was the one that was generally used. The elderly stepped up their two feet on the instrument and the measurement was shown in kilograms. The standard tool for height measurement was used for measuring the height of the elderly. The elderly stood in front of the tool with their backs and heels toughing the wall and the face looking straight. By placing a piece of paper on the head of the elderly, the researcher was able to read the height level shown in the tool in centimeters.

6. Blood Pressure Measurement

The blood pressure measurement was done with the digital Blood Pressure Reading Instrument. After stopping any activity for 15 minutes, the elderly laid down and their left arm was wrapped with the measuring band. The measurements were done altogether 4 times on the same visit. The first measurement was not discarded. Only the last three measurements were used in calculating for the average by adding them and divided by three.

Data Collecting

The researcher completed the data collecting by following these procedures:

1. Obtaining the census information from the District Administration Office and the permissions from the village headman, local public health officers and municipal office of Buddhamonthon District
2. Community Survey and Census study
3. Contacting the village headman of each of 7 subdistricts for arranging visitation with the elderly in District for screening according to the study criteria.
4. On the day that the data was collected, the researcher introduced herself and informed each of respondents the objectives of this research, the data collecting

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process and their rights that they had rights to give or not to give out the information. The interview lasted approximately 2-3 hours per respondent visit. Each respondent received 3 visits from the researcher.

Data Checking and Data Analysis

Firstly, the data was checked to ensure that the data was sufficient. The data obtained suited research questions and the data was accurate.

The data was checked by comparing the content of the collected data: family, education, occupation and economical status. And later check with the respondents if they confirmed the meaning of the content in the same way.

After checking the data, the researcher analyzed the data by the quantitative and qualitative methods. It was to clarify the wordings, sentences or contents in the document into the countable documents. The qualitative method for this study relied on the content analysis (Suphang Janthavanich, 1999). The description of this type of research focuses on the contents appear in the documents or data collected for the research. The content consideration was processed without the bias or opinion of the researcher that might lead to the imbalance of the data.

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CHAPTER 4
RESULTS

1. Selection Criteria for Respondents

As a provision of the census data from the office of Administration, Buddhamonthon district, the number of elderly with the age over 80 years who were living in the area of Buddhamonthon district in 2004 was 179 persons. And the number was added up later to 190 after the researcher surveyed the areas and discussed with the community leaders, the heads of the villages and the local health center officers in 3 subdistricts was found that there were 11 elderly who were misreported. After visiting all the elderly, there were 37 of them who had migrated, passed away and could not be found in the area. The final number of the elderly was counted at 153 persons: 57 male and 96 female. (See Table 1)

As discussed in chapter 3, the elderly who were selected in the in-dept interview met the followings criteria;

1. Age over 80 years, living in Amphur Buddhamonthon
2. Being healthy and able to communicate adequately.
3. Able to rely on one's self for the daily activities.
4. Living with (or nearby) the family

By asking the public health officers about the health conditions of the elderly living in the area of the study, it was found that only 87 elderly (57%) were qualified. For the rest 43% or 66 elderly had a problem in moving, memory lost and in communication

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(16 of them were unable to walk, 3 of them with memory lost problem and 47 of them were able to walk but had a communication problem). All of them lived in the three subdistricts of Buddhamonthon District as shown in the table 2:

From 87 elderly aged over 80 years old, the researcher selected 15 of those who were in the selection criteria for the in-depth interview. In the report, all the names of respondents are changed to protect privacy of the study group.

Table 2 The Study Group by gender and areas

Tambon (Subdistricts)	**80 + Elderly**			**Healthy Elderly**		
	Male	**Female**	**Total**	**Male**	**Female**	**Total (%)**
Salaya	15	33	48	11	15	26 (54)
Mahasawad	11	27	38	9	15	24 (63)
Klong Yong	31	36	67	20	17	37 (55)
Total	57	96	153	40	47	87 (57)

In this study the researcher selected 15 respondents from three tambons (subdistricts) which consisted of 6 male and 9 female elderly, 4 female and 2 male from Salaya , 3 female and 2 male from Mahasawad and 2 female and 2 male from Klong Yong subdistricts. Age groups of the respondents are between 80-85 (5 persons), 86-90 (7 persons) and over 90 (3 persons).

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2. Demographic characteristics

From the general information of elderly with longevity (as shown in table 3), 5 of 15 are elderly with the age of 80 – 85 years, 7 of them are 86 - 90 years old and 3 of them are over than 90 years old. The mean age of elderly with longevity in this study is 88 years old. Most of them are received no formal education, only 6 of them are educated in early elementary level (4 years). All of them are Buddhists. These elderly had been married: 1 of them divorced, 8 are widow and 6 lived with their spouse. The least number of children of these elderly is one while the highest number is fourteen. The average number of children is seven. It is noticed that some the women interviewed were able to have the baby at the age over 40 indicates the healthiness with the long period of reproductive years. Most of the elderly do not involve anymore in any career activities. One of them still is a farmer with the age of eighty three. One elderly, 89 years old, is still making brooms and selling them on his boats up and down local canals. Another one with the age of 85 still works in an orchid farm. Three of them with the age of 100, 85 and 87 years old, respectively still do in the agricultural works which include raising chicken, herb growing and betel and pandan growing. Most of the elderly had engaged in the rice growing and farming as a previous work. Some of them used to work in many different jobs after the rice seasons each year. Those jobs included farming, furniture making, sewing and building. Only one of them uses to work for the government as an office janitor who later was promoted to be a massenger. Most of them live with a child who owns of the house. One of them lives in the house that his wife is the owner and another one lives in the house owned by his relative. Some of them still hold the title of the owner of their homes.

According to the information as shown in the table 3, other occupation means that the elderly have many careers include farmer, carpenter, janitor, messenger, contractor, hired labor and merchant.

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Table 3 Study Group SES Information

Sex	Male (6)	Female (9)
Age		
-80-85	2	3
-86-90	3	4
-Over 90	1	2
Education		
-No formal education	2	7
-Elementary	4	2
Marital Status		
-Married	4	2
-Divorced	1	-
-Widow	1	7
Previous occupation		
-Farmer	3	5
-Farmer & other	3	2
-Merchant	-	2
Current occupation		
-None	2	6
-Farmer	1	-
-Gardener& merchant	-	3
-Merchant	1	-
-Raising chicken	1	-
-Hired labor	1	-

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Family

According to data (shown in the table 4), it is found that 1 male elderly are divorced, 4 male live with their spouse while 1 male is widower, 7 female are widow and 2 female live with their spouse. Out of 15 elderly, 12 of them live with their children. Most of them live with one of their children. Three of them live with their 2 children and only one elderly lives with her 3 children. For those who do not actually live with their children, they live within the short distance from the children who will pass by before and after work. Even those elderly who answered that they lived alone or only with their wife, their children live not so far away. In some cases, the children always bring them foods. Due to their advance age (over 80 years), none of the elderly is an active member of the elderly club. Once they were asked about the family income, most of them answered that they did not know or did not even answer the question. Only one of them said that the family income was over 10,000 Baht a month.

Table 4 Information on the Present Family

Gender	Marital Status	Number of Children	Number of Live in Children
Male	Divorced	2	-
Male	Widow	1	1
Male	Married (Living with Spouse)	8	2
Male	Married (Living with Spouse)	5	1
Male	Married (Living with Spouse)	9	1
Male	Married (Living with Spouse)	14	-
Female	Married (Living with Spouse)	3	1
Female	Married (Living with Spouse)	9	1
Female	Widow	5	2
Female	Widow	11	3

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Table 4 Family Information (Continued)

Gender	Marital Status	Number of Children	Number of Live in Children
Female	Widow	5	2
Female	Widow	6	1
Female	Widow	6	1
Female	Widow	12	-
Female	Widow	6	1

3. Way of Living

3.1 Mrs. Jua: Age 82, widow, 6 children, 1 live in child

Life and work: Mrs. Jua told that she was a naughty girl who enjoyed accompanying her mother to sell goods. She spent her working life with the jobs that required energy, for example, growing vegetable and paddling boat to sell goods up and down local rivers. Presently, even she now becomes older, she has her own vegetables plot that provides her incomes.

Health conditions: She enjoys good health that she could well perform her daily activities. She continues her farming and selling her produce. She has a few health problems but she still can cope with by going to see the doctor and taking the needed medicine. For her mental health, she is calm. She tries to continue her usual activities.

Nutritional status: Mrs. Jua said that her main dish has always been fish. Since she lives nearby Mahasawad canal, she catches fish. She eats mild foods. Her dinner is light. She eats various fruits. She does not drink coffee or any liquor. She does not smoke.

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Social activities: She feels that the main factor that maintains her life is to continue doing previous activities. For her, these activities are growing vegetables and selling them in the neighborhood and having conversations with others. She also gains the economic and mental support from her family. Her thoughts, beliefs and practices concerned with religious subject.

3.2 Mrs. Kim: Age 84, married, 3 children, 1 live in child

Life and work: Mrs. Kim has spent her whole life as a farmer. She still continues living in the environment in which she grew up. Even she moved to a new house, she learnt how to keep all her previous activities. The news updates freshens up her life. She likes watching the boxing on television.

Health conditions: She takes good care of herself. When the illness occurs, she treats herself by taking the medicines she keeps at home. In case of the serious illness, she goes to see the doctor. Once she suffered from the constipation, she learnt to take the medicine. Mrs. Kim has no mental health problem. She normally has no stress and has a good relationship with her neighbors and together they learn to live and share.

Nutritional status: She takes control of what she eats. She chose her own food and her meal time. She cooks her own food which is mostly fish. She has early dinner at 4-5pm.

Social activities: She is supported by her husband and children as well as relatives. Making merits makes her happy. She believes and follows the religious teachings. And she participates in religious activities.

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3.3 Mrs. Jiam: Age 85, widow, 6 children, 1 live in child

Life and work: During her working life, she had been working in rice farming. Her daily activities at the present are what she previously did except for rice farming. She ploughs, waters plants and works in garden. She presently has incomes from her lemon grass growing. Both in the past and present, walking and boat paddling are the means of transportation she has been using.

Health conditions: She used to have a work incident that caused major fear of losing her leg. Yet, she treated herself by going to see traditional doctor and was able to clear the problem. She learns to adapt her daily routines to be in accordance with her age, for example, as it is cool in the morning, she takes a bath in the afternoon instead. She is a calm person. She avoided facing any situation that might get her angry.

Nutritional status: She has been eating rice with fruits. She prefers not to eat meats since it is not good for her digesting system. She eats local fish that she catches. She does not eat spicy foods and stops all the unnecessary habits like smoking. She, occasionally, drinks liquors in case of social meetings.

Social activities: Her family physically and mentally supports her. The people in the community admire her as she has always been in charge of cooking for any ordination ceremonies in her community. Her beliefs and thoughts are closely related to the religion. She plays role in the religious activities. She is proud of being the one that influences her children in religious matter.

3.4 Mrs. Piam: Age 87, widow, 12 children, lives alone

Life and work: Although she had moved to three different places to live, her daily life and surrounding environment remained rather similar. She still lives in agrarian culture. Presently, she only does farming that bring her incomes.

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Health conditions: The research result gained from the case of Mrs. Piam obviously indicates that the physical problem does necessarily not relate to the longevity. More important factor should be mental health. Mrs. Piam has a health problem but she evaluates her own health conditions as satisfactory as she added that it became less of a threat due to her strong mental state. Her children said that she had been calm. She has never hurt her children by saying nasty words. She is rational and knows how to prevent herself from getting angry. She knows how to treat her oral health by washing it often even though she has no tooth left. She learns to adapt her daily activities like taking a bath in the afternoon instead of doing it in the morning when the weather is a little bit cold.

Nutritional status: Mrs. Piam learns to choose what suits her. She likes eating fish and foods that are soft and digestible. She does not eat spicy foods. She likes orange and watermelon. She manages her meals so well that she does not feel too hungry between the meals.

Social activities: She is socially supported by her children who always drop by to visit. Besides, she has often been among her neighbors; on both social and religious activities. Her thoughts and beliefs are linked to the religion. She believed in the Buddhist Laws of Karma.

3.5 Mrs. Kean: Age 88, widow, 5 children, 2 live in children.

Life and work: For all her working life, she had been working as a farmer. She still continued what she had been doing, for example, plough, watering plants, growing vegetables and betel nuts trees. She still lives in her same old environment in which she grew up. She makes use of the information she gains from news updates in terms of health caring.

Health condition: Even her health problem started to show, the problem are not yet a looming obstacle for her long life as she periodically has the health caring service by the local health officer. She always has the physical check up, such as blood

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pressure check. She also takes the medicines prescribed by the doctor. Moreover, she has a good mental health and learns to live without stress.

Nutritional status: Mrs. Kean takes care of herself and about what she eats. From the past, she ate what she cooked. She loves eating fish and vegetables. She does not smoke nor drink any liquor.

Social activities: Her children support her in both physical and emotional aspects. Her religious beliefs is strong. She always goes to the temple for carrying out religious activities and for having conversation with the abbot in order to make her feel good.

3.6 Mrs. Phan: Age 88, married, 9 children, 1 live in child

Life and work: Since she was a young woman, she has spent her long hours working in the rice field. She now lives in the house that is adapted into the modern lifestyle but she still kept on doing her same old routine of her life.

Health conditions: She has a health problem but she regularly goes to see the doctor as scheduled. She does not let the physical problem control her mind. She learns to let go. That is the reason why she remains calm, lively and free from stress.

Nutritional status: Mrs. Phan has been eating what is good for her health. She gains the protein mainly from fish. She does not like eating pork nor beef. She does not eat very spicy foods. She loves all kinds of fruits. She does not drink coffee and liquors. Plus, she does not smoke.

Social activities: Her children take a good care of her. Mrs. Phan is surrounded by her children, eventhough they all have their own family. Her thoughts link to her religious belief. She loves joining in the religious activities. Since she was a teenager, she has always joined the community in various religious ceremonies. She believes that to be a part of religious activities makes her healthy.

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3.7 Mrs. Nim: Age 90, widow, 11 children, 3 live in children

Life and work: Her working life was full with energy-required works like farming and selling by paddling.

Health conditions: Mrs. Nim knows about health care. She stopped drinking coffee when it affected her sleep. She evaluates the situations and avoids any activities that do not suit her Health. She knows what to do for muscle pain. She avoided traveling far for long sitting that usually causes her a headache.

Nutritional status: Mostly, she eats fish. And she has taken 2-3 glasses of soy milk everyday for more than 10 years.

Social activities: Her family supports and takes good care of her. Religion influenced her belief. She has been carrying out the religious activities since she was young. She has just cut down some since she found that her physical condition started to become more of problem.

3.8 Mrs. Klon: Age 92, widow, 5 children, 2 live in children

Life and work: Mrs. Klon has spent her working days in rice farming. Her environment makes way for daily physical exercising activities. She lives in a house with vast areas. Her bedroom and the kitchen were on the upper floor that she has to walk up the stairs for more than 4 times a day. Moreover, her daily activities included walking and paddling her boat on the river.

Health conditions: She is strong enough without major health problem. She knows how to take care of her health. She takes medicines when the discomfort arises. But once it gets worse, she goes to see the doctor. Her mental health is fine with clear mind. She likes to talk with people. She is happy and satisfied with her life.

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Nutritional status: Mrs. Klon eats home cooked foods. Her favorite dishes are fish and soup. She eats various fruits. She never had tea, coffee or any liquor. She never smokes.

Social activities: Her family supports her. Her behaviors related to the Dhamma in Buddhist teaching. She has been involving in the religious activities since she was young.

3.9 Mrs. Jai: Age 94, widow, 6 children, 1 live in child

Life and work: In addition to her farming, Mrs. Jai also engaged in a small business, paddling her boat to sell coffee up and down the stream. Nowadays, she no longer involves in these jobs. But her daily activities still require some physical energy. These activities are tidying up her home and its' surrounding areas, keeping its clean and daily gardening.

Health conditions: This is another case that proves that the physical health alone does not necessarily influence the longevity, but rather that with mental health. She knows how to take care of her health. She uses the walking stick to aid her walking in case that she walks for a distance. As compared to other elderly of the same age, she is satisfied with her life and her health. She keeps at the light side of life and on being fast in adapting to life changes.

Nutritional status: Until the present, she still cooks food for herself. She eats only fish and mild tasting foods. She eats various fresh fruits. She does not drink any liquors nor does she smoke.

Social activities: She is supported by her children, especially her daughter who supports her in every aspect. Plus, her neighbors also provide supports. She links her thoughts and beliefs to the Buddhism religion and joins in any religious activities.

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3.10 Mr. Jong: Age 83, divorced, 2 children, no live in children, lives with siblings.

Life and work: Mr. Jong does not feel any severe physical problem or any sign of being old since he is able to do all the activities that he previously performed. He can still work in the rice field. Other activities in his life continued without problem. His nephew still gives him a ride to the local health center and other places, just as usual.

Health conditions: He is still strong enough to walk 3 kilometers to the temple. He is calm and humorous. His face is always filled with smile. He makes joke with others all the times.

Nutritional status: From the past, Mr. Jong prefers to eat home cooked food. He sticks to mild tasting foods and fish. He does not drink tea, coffee nor any liquor. He does not smoke.

Social activities: He gains the physical and mental support from his children and grandchildren. They give him love and care. He has a very close relationship with the officer working in the local health center and also with his neighbors. He insists that making merits results in longevity. He keeps his active role in local religious activities.

3.11 Mr. Koom: Age 85, married, 5 children, 1 live in child

Life and work: For all his life, he has been doing the jobs requiring physical efforts: farmer and hired labor. He is now working for an orchid farm as security guard. From the past, he travels from place to place by walking.

Health conditions: Mr. Koom said he was blessed as he had no sleeping difficulty. So far his health problem does not interfere with his daily life activities. He is healthy physically and mentally. He is a calm and happy person. He knows how to control his emotions and how to avoid situations that cause stress.

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Nutritional status: It is found that he eats only small fish. He likes vegetables and Nam Prik (chilli paste). He eats various fruits. He does not drink any tea nor coffee. He avoids risk habits of drinking and smoking.

Social activities: His children and wife, support him. Religion influenced his belief. He was always a part of any religious activities. Moreover, religion becomes a factor he believes that it relates to the health and longevity.

3.12 Mr. Kaew: Age 86, widower, 1 children, 1 live in adopted child

Life and work: Although Mr. Kaew had been changing his jobs for so many times, it is found that all his jobs require energy, for example, rice farming, carpenter with riding tricycle and picking vegetables. Presently, even he does not involve in any job, he spends his free time doing the activities which also require energy. Those activities include fixing chairs and tables, working in his garden. He usually updates the news by reading newspaper and watching television. He takes local bus from place to place. He does not feel that being an elder prevents him from carrying on his daily activities.

Health conditions: He does not have record of any health problem. He has never been in hospital. He has been exercising since he was a teenager by running and playing football. Compared to other elderly of the same age, he can still perform the activity without feeling exhausted. For his mental health, his achievement in the past refreshes his days. He is calm and always in a good mood. He also learns that economic concern has an effect on the emotion and longevity as he said that he felt comfortable having adequate money to spend.

Nutritional status: He prefers to eat home cook food. His meals consist of fish, and fresh or boiled vegetables. He likes mild tasting foods and fruits. He takes care of his health. He quits all the bad habits like drinking and smoking.

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Social activities: His neighbors obviously support him both physically and mentally. He believes in religious way of living. He believed that merits result in longevity

3.13 Mr. Chat: Age 87, married, 8 children, 2 live in children

Life and work: During his working age, he performed the jobs that needed physical effort. His career gave him chances to travel to many places. He recalls those memories with the happy feeling as well as impression of achievement.

Health conditions: He is proud of his health condition when he compares it with other people of the same age. His has good mental health. He is calm and content. He is satisfied with the way his wife treats him. He lived without stress.

Nutritional status: Mr. Chat takes care of his eating routine, eating only freshly cooked foods, avoiding meats of any kind and stopping the risky habits; drinking and smoking. He usually eats fruits rich in vitamins, for example, bananas and oranges.

Social activities: With the support from his family, he felt secure. He also feels safe in his current environment. He has meetings with his old friends to remind their happy pasts. His belief is linked to Buddhist religion and he still actively participates in religious activities.

3.14 Mr. Ied: Age 89, married, 9 children, 1 live in child

Life and work: In both daily activities and work, Mr. Ied used to be able to walk every where. He continues doing the same activities he did while he was young such as making brooms from coconut leaves and selling them on his boat down the river. These activities are considered to be the factor that makes him content with his life and helps him feeling young. For example, he still takes a bath in the canal as he has

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enjoyed swimming in the canal since his young age. He earns some money by doing those same old activities: making brooms and paddling the boat to sell them. Since he was young, he liked traveling and exploring his region. He can still travel alone by bus near and far.

Health conditions: It was found that the health problem, sometimes, does not become a factor causing short life. Mr. Ied has a few health problems which required times spent in the hospital. But he can still live his life normally and he is considered to be a strong person compared to other elderly of the same age. For him, the good mental health is the supportive factor for longevity, not the physical factor. Mr. Ied is an elderly with a good mental health conditions. He is calm, happy and generous. He talked nicely to others. He happily recalls his memories of youth.

Nutritional status: His main dish, both in the past and present, is fish as it is easy to find. His favorite which his daughter always cooks for him is not too spicy foods: tofu soup, stirred fried tofu with vegetables and grilled fish. He loved fruits but he often eats banana and mango which he grows himself. His self care rituals include avoiding risk behavior. Such as drinking coffee once he found it made him suffer from constipation. He stopped drinking liquors and smoking as he found they were harmful to his health.

Social activities: He gains the social support from his daughter. Outstandingly, he can still take part in cultural activities. His beliefs and thoughts are related to the religion. He becomes a vegetarian when the annual vegetarian season comes. He offers foods to monks everyday.

3.15 Mr. Pan: Age 100, married, 14 children from 3 wives, no live in children

Life and work: Mr. Pan spent his working life in agricultural field: rice farming and raising chicken. Presently, he still raises chicken which earns him some income. He lives in the house with some space. Although, he is living in the house with his third wife, it is found that his children live just nearby. Walking and boat paddling

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are used as a means of transportation. He updates the news by listening to the radio and watching television.

Health condition: He takes care of his health. For example, he does not let himself suffer from constipation for days. In this case, it is shown that physical problem does not become the restraining factor for the longevity. He accepts that physical deterioration is normal situation for old age. But the mental health is truly the factor for the longevity. As he said he could live to 100 years of age, in spite of his physical problems. His children said that he is an old person who is happy, kind and generous. He adapts himself and is satisfied with his life. He is proud of his past as he is happy when he recalls it.

Nutritional status: Mr. Pan's wife cooks him foods that normally are those can be locally found, for example, fish and lotus stems. He takes care of himself by changing his eating habit like eating mild tasting and soft foods.

Social activities: Besides his children, Mr. Pan is also supported by his neighbors and the public health officers. His thoughts are based on Buddhism. Even now he cannot physically take part in the religious activities at a temple; he still says his prayers every night before bed.

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Results from other measurements

The results from evaluating the Health conditions by Subjective Health Complaints Inventory, The Body Mass Index Calculation and the blood pressure test are concluded as follows:

1) Subjective Health Complaints Inventory

The results gathered from the study group of 15 elderly, showed that there were 5 leading symptoms of illness that were considered to be the looming health problems or the physical annoyances of the elderly during the past month. The first leading problem was the sleep difficulties while eczema was considered as the second and third leading problem which found in both male and female elderly without any difference were lower back pain. Next problem were the constipation, neck pain as well as leg pain that were also found in both genders. Besides the mentioned problems, there were arm pain, upper back pain, shoulder pain, palpitation, gas discomfort, cough and, flu (colds), headache, dizziness, chest pain, and tiredness. It was found that the symptoms increased with age. The study results showed no difference between the elderly who were working and those who were not. Instead, it was reported that elderly who normally performed a lot of daily activities had less perceived health problem as compared to those with few daily activities.

In summary five leading health problems and annoyances during the past month reported by the study group of 15 elderly are as follows:

First	Sleep problem	6	Persons
Second	Eczema	5	Persons
Third	Lower back pain	4	Persons
Forth	Constipation	3	Persons
	Leg pain	3	Persons
	Neck pain	3	Persons

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Fifth	Arm pain	2	Persons
	Upper back pain	2	Persons
	Shoulder pain	2	Persons
Sixth	Palpitation	1	Person
	Gas discomfort	1	Person
	Cough	1	Person
	Dizziness	1	Person
	Headache	1	Person
	Flu, cold	1	Person
	Tiredness	1	Person
	Chest pain	1	Person

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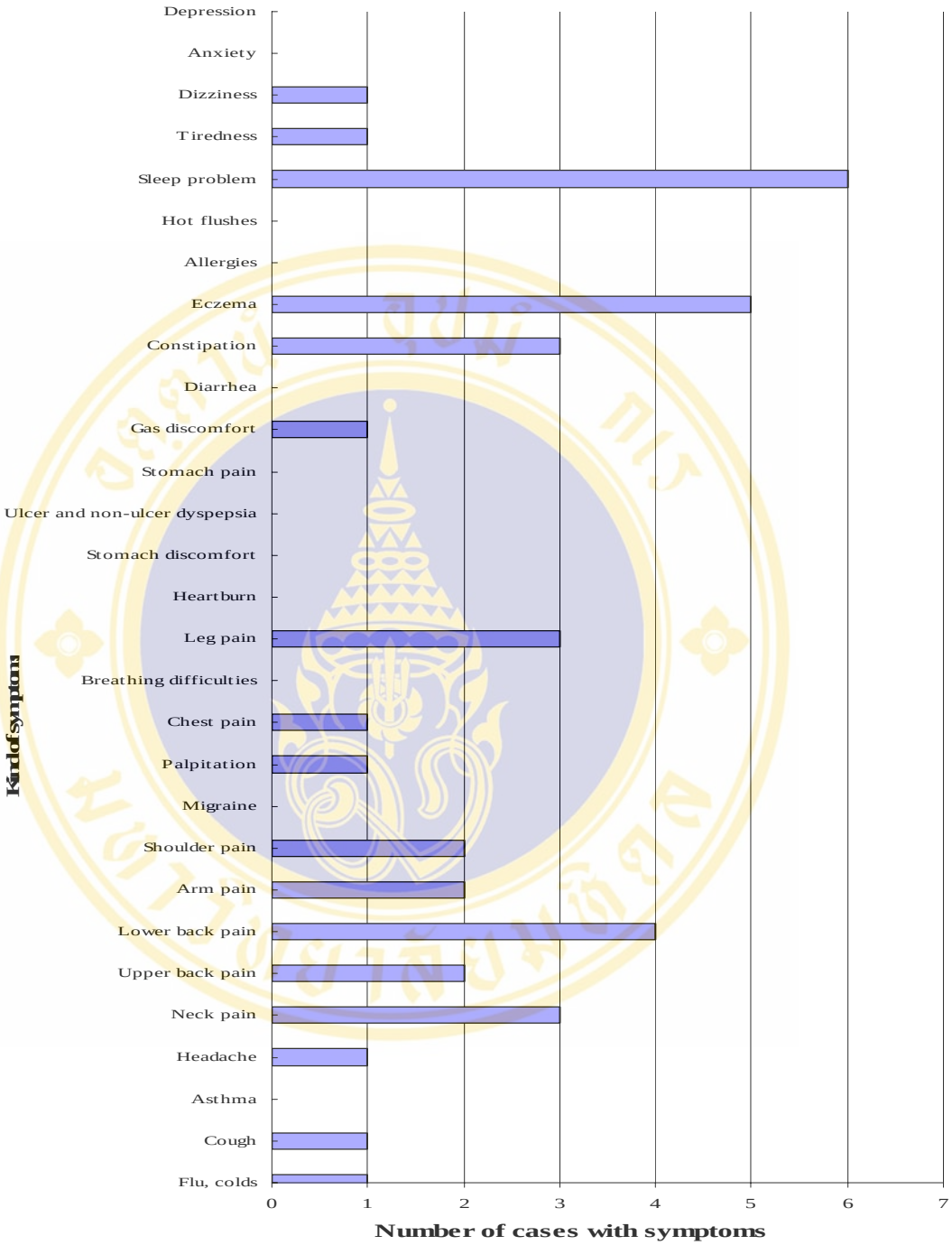

Figure 1 Reported Severe Symptoms

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2) The Body Mass Index Calculation

The Body Mass Index or BMI is calculated from the weight and height measurement. It is the index evaluating the overweight status in both male and female adults from the age of 20 and over. The calculation is done with the following formula:

$$BMI = \frac{\text{Weight (Kilograms)}}{(\text{Height: Meters})^2}$$

According to the above calculation, the criteria indicating the overweight status are as follows:

Normal Weight	Between 18.5 - 24.9 Kilograms/Meter^2
Underweight	Lower than 18.5 Kilograms/Meter^2
Overweight	Between 25 - 29.9 Kilograms/Meter^2
Obesity	30 Kilograms/Meter^2 and over

Sources: Health Promoting Office, Department of Health, Ministry of Public Health

The results from the calculation of the weight and height measurement indicated the Body Mass Index of the studied sample of 15 elderly as follows:

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Name	Age	Weight (kg.)	Height (cm.)	BMI
1) Mrs. Jua	82	36	139	18.63
2) Mrs. Kim	84	40	147	18.51
3) Mrs. Jiam	85	49	145	23.30
4) Mrs. Piam	87	54	154	22.77
5) Mr. Kean	88	39	137.5	20.63
6) Mrs. Phan	88	65	146	30.49
7) Mrs. Nim	90	60	144	28.94
8) Mrs. Klon	92	44	151	19.30
9) Mrs. Jai	94	45	147	20.82
10) Mr. Jong	83	54	155	23.31
11) Mr. Koom	85	44	147	20.36
12) Mr. Kaew	86	39	152	16.88
13) Mr. Chat	87	50	158	20.03
14) Mr. Ied	89	50	168	17.72
15) Mr. Pan	100	47	140	23.98

In summary, the study of weight and height measurement of 15 elderly for calculating the Body Mass Index showed that there were 2 male elderly with underweight while 11 of them were considered normal (4 male and 7 female), one female elderly was found overweight and another female belonged to obesity category. (Table 5).

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Table 5 Body Mass Index Calculation

Gender	Body Mass Index				Total
	Underweight	Normal	Overweight	Obesity	
Male	2	4	0	0	6
Female	0	7	1	1	9
Total	2	11	1	1	15

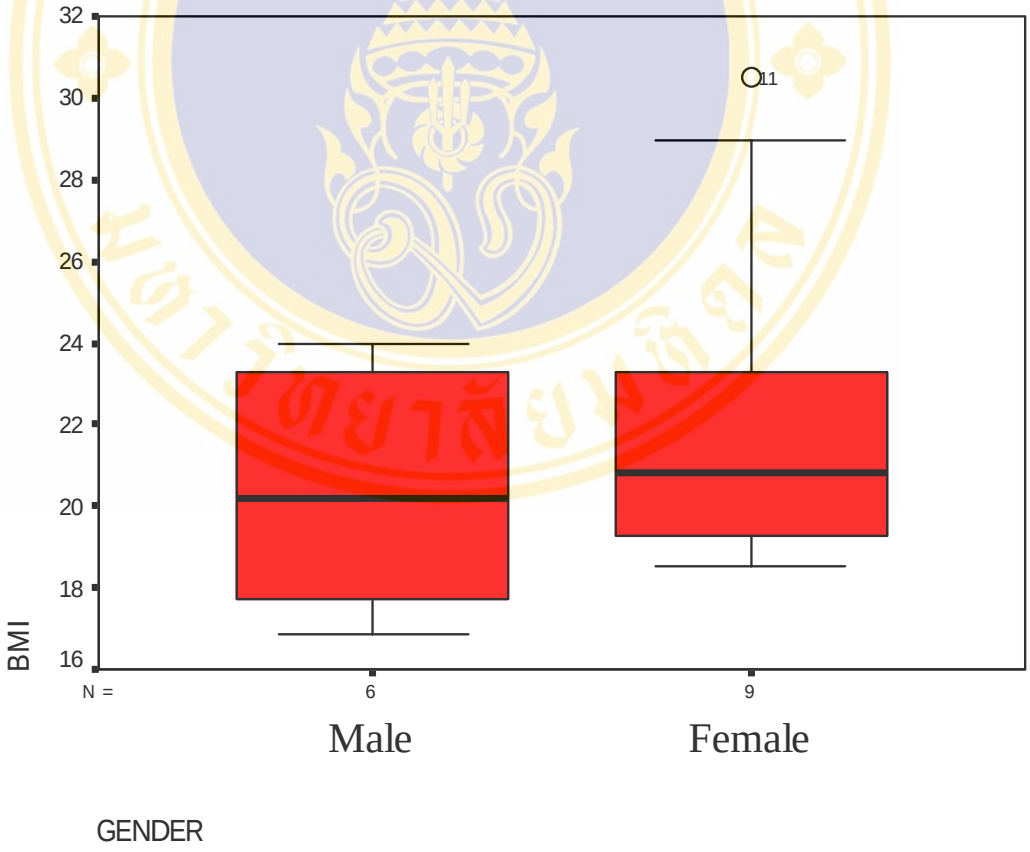

Figure 2 Body Mass Index of Aging by Gender

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According to the figure 2, the mean of Body Mass Index (BMI) of the male group is less than that of the female one. It shows that one female has the highest Body Mass Index which can mean the onset of a health problem.

3) Blood Pressure Testing

For a person with normal health, blood pressure should fall between 120/80 millimeters of mercury (mmHg) but it could be a litter higher among elderly. If the blood pressure is above 140/90 mmHg; or systolic hypertension, which means that the systolic pressure (the top number) is above 140, while the bottom number may be normal (below 90) accordingly to Jeanne Wei, M.D.,Phd., Aging Well, 2000, it should be diagnosed as health problem of hypertension.

		Systolic Blood Pressure	**Diastolic Blood Pressure**
1) Mrs. Jua:	Age 82	183	84
2) Mrs. Kim:	Age 84	129	62
3) Mrs. Jiam:	Age 85	143	72
4) Mrs. Piam:	Age 87	128	80
5) Mrs. Kean:	Age 88	207	104
6) Mrs. Phan	Age 88	135	80
7) Mrs. Nim:	Age 90	158	64
8) Mrs. Klon:	Age 92	129	63
9) Mrs. Jai:	Age 94	144	60
10) Mr. Jong:	Age 83	169	96
11) Mr. Koom:	Age 85	149	84
12) Mr. Kaew:	Age 86	115	62
13) Mr. Chat:	Age 87	138	63
14) Mr. Ied:	Age 89	164	81
15) Mr. Pan:	Age 100	162	92

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Accordingly to the study blood pressure test, it is found that a majority of respondents still had normal health but there were 2 female respondents who could be closely watched cases such as the female respondents, Mrs. Jua and Mrs. Kean whose blood pressure are at 183/84 and 207/104 respectively. Especially, the case of female respondent, Mrs. Kean, due to having systolic blood pressure of 207, showing sign of very severe hypertension, the researcher suggested her to consult the doctor immediately.

The study led to one important discovery of a case of unnoticed health problem for it was found that Mrs. Kean had the high blood pressure. During the interview, she said that she had always felt dizzy but she did not mention that she had the blood pressure problem. She said that, in case of her frequent dizziness, she took the medicine she got from the local health center. Once the researcher asked the officer working at the local health center, he answered that Mrs. Kean had the high blood pressure problem but it went ignored and therefore untreated. Moreover, there were 3 other male elderly who had the same problem. They also took the medicines they got from the local health center but no follow up was being put as treatment measure for any of them.

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CHAPTER 5
DISCUSSION AND CONCLUSION

Older age group of over 60 years old has been the focus of concern among the older population group as it is the group with steady increase. In Thailand life expectancy after 60 has been near 20 years for both male and female making living to be 80 years old more likely for more and more people. Yet, the quality of life of old age has been a serious issue to plan for both at individual level and social policy level. More knowledge therefore, is needed to prepare effective plan for those concerned.

According to the literature reviews both in and outside Thailand, we found that the following factors such as heredity, health, nutrition, exercise, relaxation, communication, sexuality, social support and religion belief and activities are related to longevity. This research investigated into the lives of 15 elderly who have lived past their 80th birthday. The qualitative methods used were in-depth interview and participatory observation with quantitative data support using Subjective Health Complaints Inventory, The Body Mass Index Calculation and the Digital Blood Pressure Measurement. The study aimed to investigate into the livelihood of people with longevity (above 80 years of age) from their young age until now. The structured questions guideline was used with the focus on various factors that might be associated with the longevity.

Selection of Study Sample

The study began with the data from the Office of Administration, Ministry of Interiors of Buddhamonthon District. The Official data of elderly aged over 80 living in the district was 179, the researcher made area search and home visits to find 37 elderly not present in the area due to death, moving away and not belonging to the age group while 11 were misreported. The final number came to 153 of which, the

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researcher found that 87 met with the study selection criterias being able to communicate, being healthy and still carried out daily activities. The study finally selected 15 cases.

The data collection was carried out by the researcher through home visitations and scientific health measurements that included the health evaluation form (The Subjective Health Complaints Inventory) , The Body Mass Index Calculation by calculating the weight and height measurement (BMI) and the blood pressure test.

After finishing the data collection, we can then analyze the qualitative research into 4 categories as following:-

1. Background and Family of Origin

1.1 Residence

Most of respondents are natives of Amphur Puthamonthon. Three of them were born in other province such as Ubonratchatani, Ayudaya, and Kanchanaburi. Among them, there was only one elderly came here from Bangkok: sub urban area of Nonthaburi. Type of housing of the respondents is single houses with large common area under the house. Some houses are situated along with the canal. Most of the elderly people have been living in the same house since they were young. Most of them have relied on walking as main mode for carrying daily activities; working and doing routine tasks like walking to the Health Center, hospital, their grown children's houses, relatives' and neighbors. There are only two floors town-houses in which the respondents just moved to live for 5-10 years. These houses are not far from the fresh market. The elderly still can take the public bus to the fresh market on their own.

All respondents have a permanent home and living space. A majority of the respondents have been living with their offspring. On average, there are five people in their families. There is one case who stays with their brothers and sisters with their children's house situated nearby. One respondent lives with their grown adopted child and family. Three respondents live with their daughters; and another three respondents live with their sons. Some of them stay with both their daughters and

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their sons. Among 15 respondents, 7 cases were the owners of the houses; with one case has his wife as the owner of the house, 6 cases, and their son were the owners of the house while there was one case who live with his cousin and family.

1.2 Health condition

Seven of fifteen cases have experienced health problems, non being chronic, among them there were 3 males and 4 females. Their health problems were hypertension, allergy, heart disease, thrombocytopathy and eczema. A result summarized from scores of Subjective Health Complaints Inventory (SHCI) showed that the most frequent health problems reported were insomnia (sleep problems 6 cases), eczema (5 cases) and lower back pain (4 cases). The lesser frequent were neck pain (3 cases) and constipation (3 cases). No clear difference in health problems were found between females and males. The other reported health problems include: leg pain, coughing, gas discomfort, upper back pain, flu, cold, headache, dizziness, chest pain, arm pain, shoulder pain, tiredness, and palpitation. It appears that the greater the years, the more health problems signals were reported. According to the SHCI, it has shown that there was not different illness among the ageing who reported working and not working. Yet those who reported having various daily activities reported less health complaints. The results from the calculation of the weight and height measurement indicated that the Body Mass Index of the study sample of 15 elderly, 2 males are lower weight, one female overweight, one female obesity and the rest are normal; among these are 4 males and 7 females. A result from Blood Pressure tested by The Digital Blood Pressure measurement has showed that one female elderly has severe hypertension. It was observed that even when she had severe hypertension, she did not realize the presence of the health problems other than occasional headache. Three male respondents reported that they had hypertension. All four mentioned cases has consulted health workers and got medicine regularly. Some cases did not report that they had hypertension meanwhile according to the Digital Blood Pressure Measurement, it showed that the level of the BP test was rather high. This point is a rather good discovery for future health education for old age and related services personnel.

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1.3 Economic status

After investigating income and source of the income of the study sample, it is found that a majority of respondents had no fixed income; the source of their income came from their children. Some elderly have their own income from small retailing job. Regarding their expenses, the elderly could not clearly calculate the amount of expense as most of the expense was picked up by their grown children.

1.4 Present family

Six of 15 cased studied, and 1 male divorced, 7 females and 1 male are widows. Six live with spouses; 4 males and 2 females. Regarding the health condition of the spouses, there are 2 persons in good health, 2 persons are cerebral vascular attack and hemiplegia. Another one is in good health but has hearing lost while another one is in good health but has both hearing lost and mute.

1.5. Number of children

The average number of children in the families of the elderly was 7. Only one case has only 1 child. One case had 14 children. Most children, especially those unmarried lived with their elderly parents. The married children usually moved out to live separately in a nearby area, but still came to visit their parents frequently.

1.6. Number of siblings

The average number of brothers and sisters of the elderly was 6. One case had 10 brothers and one had three. All elderly had siblings who lived over 60 years. Some even lived upto 70 or 80 years. One of the studied cases had an elder sister who was 100 years old and still alive. One elderly had an elder brother who was still alive with the age of 102 years. From this study it was shown that elderly with longevity have the brothers and sisters who also live long life. All the elderly could recall how many siblings they had, but could not recall how old each one was exactly. They could tell only for some of them. They knew some family members had already passed away but could not remember at what age they were dead. Nevertheless they still remembered how old were for those living brothers or sisters.

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1.7. Previous occupation

Most elderly had worked as farmers. Only 2 were merchants and had worked as unskilled labor. Most elderly got used to agriculture work e.g. raising duck and chicken, growing rice, ploughing, growing cash crops such as coconut, bananas and vegetables. Some had changed between a few simple type of jobs, e.g. they had been farmer before becoming a carpenter, hire tricyclist, collecting vegetable and fruits, and even janitor. Some held several jobs at the same time.

2. Caring for One Self

2.1 Nutrition

All the elderly reported that they always cooked their own food. They found their own food, by fishing and vegetable grainy own crops. They ate rice which had been harvested from their own land. Everyone in the study sample reported eating natural food and preferred fish to meat. They enjoyed eating simply fish with both fresh and boiled vegetables with chilly pastes. Most of them liked fruits that they grew, e.g. mango, coconut, and banana. The fruits they often ate were ripe mango and banana. Some ate fresh and grill coconut, because they could have it from their own land. Besides, orange and water melon was also popular for it was easy to find from local vendors.

Regarding the taste of food, most elderly did not eat very hot and spicy food. Some preferred very spicy food in previous time but stopped for knowing that it was not good to their health. Most of them could still eat well with appetite. They still had 3 meals a day but in lesser proportion. Only 2 of them reported still having rather big appetite. All of them liked to cook for themselves and some still did it until now. Sometime when their children would buy food for them, they did not find it good tasting. Almost everybody liked vegetables with chilly pastes and found it is appetizing. Some ate fresh vegetables but most of the elderly preferred soft-boiled vegetables because it was soft and easy to chew.

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2.2 Alcohol, cigarette and coffee/tea

Most elderly did neither smoke nor drink coffee or tea heavily. In the past male elderly reported drinking and smoking but later stopped. One female elderly reported making own cigarette, believing it was a way cure for her sinus symptom. Some of the elderly still drank some coffee and tea. One of the female elderly had just quit drinking alcoholic and cigarette few months ago. Some took alcoholic drinks only at special gathering.

2.3 Body Movement

Most elderly were relatively healthy and could still walk without walking sticks. However, 3 out of 15 needed the walking sticks because of the eyesight. Only 3 elderly would need a stick when taking a long walk. They did not have any problem for short distance.

Most of the elderly preferred walking than riding in a car. They could still walk 3-4 kms to work in the rice field or to the health center, even though they could find a ride with relatives and neighbors

2.4 Sleeping and sexual life

Most elderly reported the same problem in sleeping. However, it was found that they usually slept in the day time. So the total average sleeping hours was 7-8 a day. The problem in sleeping included frequent waking and need for toilet. For the question about sexual life, all the 6 elderly living with spouses reported none for quite a long time even though they still slept in the same room with their spouses. Those who were widows reported having no sexual activity and having no interest in such activity.

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2.5 Illnesses

Most of the studied cases got miner personal health problems e.g. pulmonary edema, cataract, sinusitis, tong operation, insomnia, eczema. hypertension, heart disease. Yet they reported being rather strong in health.

Other small problems included headache, dizziness, allergy, influenza, repugnance, body-ache, pain and occasional coughing. None had any severe problem that restrained them totally from daily life activities. Some who suffered from obvious symptoms e.g. hypertension, heart disease, skin problem, reported still able to perform routine activities. Regarding treatment, most of them would take medicine bought by their children, from drugstores, from the health center, or resting at home. For going to hospital, most of the respondents had rarely been admitted. Only 2 cases had been in the hospital for diarrhea and 1 case for an eye operation from an accident (a rice grain got into the eye). Another elderly was admitted to hospital several times for a gastritis problem, bruised liver due to a fall, and heart disease. The 4 elderly who had been in hospital reported a short stay for receiving saline solution.

As for regular check up the elderly did not find it an important health practice and would go to see doctors only when feeling ill.

2.6. Exercise

When asked about exercise, the elderly reported that they rarely took any form of exercise seriously. It was noticed that the elderly understood that they did not exercise consistently nor seriously in the same way as young people nowadays did. For these they got enough exercise through doing routine work e.g. working in the rice field, gardening, paddling boat to sell fruits and crops up and down the water.

At the present time, most still work in the garden, walked around the neighborhood for a few kilometers a day, collected greens for their neighbour’s rabbits, made a wooden chair and table, walk to sit by the river near home.

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Only few elderly admit that they had taken some form of real exercise in the previous days like swimming in the canal and jogging every evening.

When asked if they took any exercise nowadays, the elderly replied that they only took simple, light movement e.g. bending the body, stretching, swinging the arms, walking upstairs and downstairs, raising hands and walking. But there were still some elderly said that they did nothing for exercise nowadays.

It was found that some kinds of today exercise like the aerobics were not suitable to the elderly. Some of them dared not to take aerobics for fear of falling down and getting hurt.

We asked about any kinds of sports they practiced in the past. The answer showed that these elderly had done some exercises in the old days too. They had had rope skipping, football and jogging. However, some said that they had never taken any kinds of sports in their life.

To the question of any preferred activities in the past, it is found that they were fond of all physical activities. Such as gardening, raising chicken and birds, caring for plants, working in the rice field, sawing, hammering, planting vegetables, selling produce, cooking, dressmaking, rowing boat and walking to village temple.

2.7. Mental health and emotion

All the elderly had very good mental health. They were stable emotionally and remained, cheerful, talkative, easy-to-smile and laugh easily. They were kind and generous and having calm disposition. They also always talked humorously and made joke among the family members. They enjoyed staying at home and doing daily activities as they had done before, without trying to exert themselves to get something too far away. Some found that they could even adjust their psychological and emotional status according to the situation. The studied elderly seemed content with their lives and family.

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3. Religious Belief, Activities and Social Support

3.1 Religious Belief and Activities

The elderly people in the target group were Buddhists and reported strong believe for that good thing will return to those who did good.

Regarding to religious activities, most of them replied that they rarely got the chance to do so due to traveling inconvenience. They did not feel right to make requests on their children to assist whenever they wanted to go out. However, for some important religious events, festivals or cremation ceremonies, they would always join when their children would take them out.

Some of the elderly still offered food to the monks regularly. Whole some did that at less frequently. Their children would mostly assume this routine task.

They also found that the physical condition became obstructive to some religious activities e.g. they could not sit on the floor to listen to the Buddhist summons for a long time.

When we asked about which kinds of activities and on what occasions they had usually done for their religion belief, they replied immediately that they had always gone to the temple. Unfortunately, they rarely did it now, only for some important events a few times a year. One elderly went to her younger sister's cremation ceremony a week before. Another elderly visited an acquainted monk in the temple in neighborhood area. But they did not go nowadays because their children worried for their safety due to falls or accidents. Some used to offer food to the Buddhist monks daily, to make merit on Thammasawana day (Buddhist day), or to observe 5 religious precepts consistently. Some liked going to temple as it made them happy and relaxed. Some got used to make merit by offering food to the monks every morning. So now, their children would handle such activities on their behalf.

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3.2 Social support

The elderly got most of assistance and caring from their children, grand children, relatives and neighbors respectively. Only a few of them reported getting support from the government like the health centers. They would sometimes go there to pick up medicines or to chat with some other people.

The elderly usually preferred to remain in home. They got used to the same old environment and usually choose to stay with their children who married or single, son or daughter as long as they could remain in the old home. But the elderly who had only one child would need to stay with their son or daughter. If he or she would move out they would have to follow them.

4. Living Pattern

Most of the elderly still lived in the same or similar way as they had done in the past.

4.1 Life in the previous time

In the past, the elderly's daily lives concentrated around physical activities. e.g. going places in foot, paddling boat in river working in the rice field, gardening, working as a carpenter or contractor for house building, and working in rice mill.

4.2 Current Living Pattern

Most of the elderly still lived the same living pattern: except a few activities such as working in the rice field or doing some heavy activities requiring muscle power that they could no longer handle.

Some still carried on light tasks in their garden. Some still fixed and carried out repair work a tables or chairs. Some still did several things by themselves, same as when they had been younger.

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A woman elderly who came to live here from Ayudhya, had always caught fish and eaten vegetables from her own plot of land. Now that she has moved to live in a townhouse village in Salaya sub-district, she still planted vegetables in a small waste land next to her neighbor's area. She planted several kinds of vegetables and preserved them for later consumption. She even demonstrated how to preserve the vegetable with the rice rinse water. She said she still enjoyed doing things knowing that everything she and her family ate was safe from any insecticide.

These elderly reported retaining the same routine activities e.g. waking up at 4-5 am. They complained that they could not sleep long so they woke up early. But they would not get up from bed immediately. They would remain in bed for a while before getting up and washing the face. Some would not brush the teeth for having none left. Some who used false teeth would wipe it with a piece of soft damp cloth. They reported that they normally would take a bath only once in the late afternoon. Occasionally they would take more bathing when they needed to go out. The majority had constipation problems but it did not affect much on daily life. All of them could still control themselves for body excretion.

The elderly got news mostly from TV, radio and newspaper respectively. Some updated themselves with chatting with grown children and grand children and neighbors. Some knew more things from vendors or customers. Only those who could not read would get news mostly from radio and TV, whereas some would update themselves from children and neighbors.

4.3 Preferred activities among elderly

While it was found that the elderly still preferred activities they had got used to in the past, some of them were not capable to do so due to the weaker physical condition. These elderly could only handle some activities by themselves and needed to skip something out. They could practice some activities but less frequently. As to cope they had to include some light activities instead e.g. reading newspaper, watching boxing match, chatting with friends, feeding birds, selling sundries goods,

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doing some household works, cooking, gardening, walking, and doing small odd and ends jobs. Some enjoyed the small activities as they can generate some income.

This evidence shows that the people in the old days had inherited the intelligence and life style that always require them to engage in sufficient physical and muscular exercises. Such living pattern conditions them to do several things by own which keep them still physically and mentally intact.

Conclusion and Recommendations

This research found that living pattern which affects the elderly's health refers to the collective behaviors consisting of thoughts, beliefs, attitudes and low risk behaviors. We can clarify the living pattern in 2 parts:

1. General living pattern which includes self-care behavior, preventive behavior, and daily life style
2. Health behavior or Self-care when illness arises: including treatment and recuperation

1. General living pattern which includes self-care behavior, preventive behavior, and daily life style

The sample for this research is the elderly who possessed good physical and psychological health. Research interest is how they cared for themselves, what they did or had been doing to prevent for life problems, taking safety measures for their mind and body lastly what chose to fill their daily life

It is found that the character of these elderly's daily activities and occupations always allowed them to use the physical strength. It made them feel like having exercised throughout the time. And whenever they felt tired they would relax by taking a nap during daytime. They even did so whenever they could not sleep well

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at night. They also learnt how to take self-care in accordance to physical condition e.g. not taking bath promptly after getting up early or before going to bed at night because of the cold temperature. That was the reason that they usually took a bath only at daytime (late morning or afternoon).

Regarding nutrition, the study found that the elderly would eat food that was easy to find in the area, convenient to eat and suitable to their physical condition. Most of them ate fish, which was easier to digest than most meats. They had often caught fish by themselves from nearby natural water way For other kind of protein like pork or beef, they needed to use cash to buy from market and it had a cost so they mostly stayed away from consuming them.

Although these elderly ate fish without necessarily knowing that it was good choice of food for their health, their habit in eating this kind of food has already benefited them throughout their life. There were also some elderly who knew nutrition science and would choose to eat only good food e.g. fruits because they knew it helped the body system.

For the oral hygiene, although several elderly in the target group did not have any teeth, they still took care by rinsing out the mouth daily. Some who still had some teeth would clean them with a piece of soft cloth or with their finger.

For excretion, most of the elderly did not have any serious problem as they could still control themselves. They suffered from constipation sometimes but knowing that they should eat several and more fruits like watermelon, orange, banana. When asked about solution to constipation problem, they reported that whenever they could not “go” by themselves they would need to take the medicines. Some said they would promptly find solution whenever they got constipated up to 2 days. These elderly would do any initial treatment they could. Whenever they got aches or muscular fatigue, they would apply balm or massage themselves, or ask their grandchildren to give them massage.

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As for sleeping problem, they usually did not sleep well so they would help themselves by listening to Buddhist summons or li-kae folklore on the radio. Some elderly liked to listen to radio health program and followed the instructions. They knew not to take sleeping pills frequently. They knew that if they could not sleep for few days they could get the sleeping pills once in a while. However, most of them still misunderstood that people should go to doctor only when getting ill. They did not realize the importance of an annual medical check-up. When we asked if they had ever taken any medical check-up, they would reply that they would not go to hospital if they did not have any illness symptom. A check up did not seem to them to be a useful and wise health measures to take.

For mental health, most of the elderly could control themselves. They felt satisfaction in their life. They understood their children and the changing social condition. They did not get angry in anything though a bit sorrowful sometimes. However, they would finally accept and understood their children as well as compromised to that concept accordingly. Being kind toward people has been the core belief among them.

The elderly had strong belief and faith in the Buddhism. They believed that a man should take the" middle path" that all things that arise were due to causes and conditions and more were not always in human control. One should retain faith in merit of good deeds, the universal law of birth, decay, death, lamentation, pain, and to have wisdom to keep for themselves the significance of doing religious activities in order to release one's own worldly desires. In this study it was also found that one of the places where these elderly could find rest and peace for both physical and psychological tiredness is the health center where the local people could come for getting any medicines as well as getting some other people to chat and exchanging views with each other.

According to the research result, it can be concluded that a majority of the study sample live their life rather happily. They live with concept of purpose and warm perception of life. They are willing to take charge in caring of their children.

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During the interview, they discussed enthusiastically with the researcher and the family members. They enjoyed talking about their past stories. They were able to catch up and understand the questions asked by the researcher. The study sample were humorous; their faces were always filled with smiles. They made fun with others at all times. The research result obviously shows the health conditions of the study sample: elderly people with the age over 80 years are under the good health conditions. They prefer to continue their daily activities as well as their previous career. Their rural lifestyles remain without much nor unnecessary changes. Most of the elders live with their children and close relatives. Although some reported that they lived alone, it is found that their children live not far away and received visits and cares. Moreover, their children always provide for their older parents and facilitate them with physical, economic and mental supports. The research results indicate that the family plays an important role in socially and mentally supporting to the elderly. Those supports result in the longevity of the elderly. The mental supports make the elderly happy, not lonely and add up their values in life. Plus, they encourage them to be able to face any problem in life. It can be stated that all the samples in this research have the good quality of life since they can perform their daily activities without any assistance such as eating, taking a bath and getting dress. They are able to walk for a long distance just as, or sometimes even better than, the middle-aged people do. Even though some of them may need a walking stick in their walking, it is not that their health is poor. The walking stick aids them in case of the long distance walking and sometimes prevents them from falling down as some of them have problem in seeing.

Most of them can control their bowel system, except one female sample with the age of 94 who reported that her bowel movement started to be out of control. All of them have no cognitive function problem. They, from time to time, forget. But this problem is also found in the young or middle aged adult. They can understand all the questions and are able to answer directly to the point of questions.

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2) Health Behavior or Self-Care when Illness Arises: Including Treatment and Recuperation

According to the research, it is found that nothing was systematically done by the study sample when simple illnesses arose. In case that the illness continued or if they did not feel any better, they then went to the local health center for asking for the medicines. They sometimes got there on their own or they asked their children to go and get them the medicines. In some cases, they, or their children, went to the drug store for the medicines. When the serious health problem occurred, their children would discuss among each other and made the decision in choosing the place for treatment which is more appropriate than the local health center such as hospital. Furthermore, if they realized that it might take a long period of time for treatment, the government hospital visit would then become the most popular choice. The same behavior was mentioned in the research of Santhat Sermsri et al, 2003. In that research, it was found that the rural population understood that a kind of illness determined the place for curing. If the illness was simple and took only a couple of days, they would go to the drug store or the local health center nearby and accessible. If the illness prolonged or any acute health problem occurred, they would go to see the doctor at the government hospital. The reason for choosing the government hospital was more capable doctors, who were able to cure difficult cases of patients and were able to cure every symptom, were available. And the government hospital had enough and efficient medical instruments. But some study sample still believed in traditional medicine. There was a case that one of the study sample decided to go for the traditional treatment after the modern treatment in the hospital was to have her leg cut off to save her life.

Furthermore the research indicated that the heredity had been documented as an important factor impacting the longevity. The result showed that most of the parents, siblings of the study sample also lived long life. Although the elderly reported that they did not involve in any exercise, it is found that the next factor affecting the longevity is the physical activities they had been doing since they were young and these activities continued as their daily activities. Besides, the healthy and

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smart eating habit, such as eating fish for protein intake was also another important factor for longevity. The consumption of naturally fresh products and low fat and simple home-cooked foods were also taken into account. Comparing to other factors for longevity, the attitudes influenced by religious norms and beliefs as well as religious activities are also important and effective. All of them reported that they believed in the teaching of the Buddhism that those who perform good would have a good luck in return. Contrastingly, it would result in bad lucks for those who did bad deed. Furthermore, every elderly involved in Buddhist religious activities. They believed that their attitudes towards the religion have an impact on their longevity. Many behaviors were influenced by the religious norms and beliefs: performing good things, helping other people through donation to help them from their sufferings, and being calm and happy.

After conducting the research, one could not summarize that sleeping habit affected the longevity since the elderly who live long still faced a sleeping problem: they could not sleep long and, sometimes, had to take the sleeping pill occasionally.

Sex was no longer found to be a major factor for the longevity among Thais. Regarding the sex issue, it was hard for the researcher to gain the information on sex since the Thai elders, who seriously took part in the religious activities already, set thoughts into other matters which are more calm and peaceful deeds to care to find words to deal with sexual interest questions. The sex questions were then dropped. Regarding the bowel system, the majority of the elderly in this study suffered from the constipation. In social support, a majority of the elderly people in the research had received the major support from their children. The research also showed that the health center personnel, besides for them, being the physical health supporter, they also became their mental supporters for the elderly in the community, taking into account, the medical services and other social network support.

In summary, there are factors explaining the longevity of the elderly with more than 80 years of age namely having siblings with longevity, having a lot of offsprings, eating naturally fresh products, consuming low in fat, simple home-cooked

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food, and having their daily activities ritual remained more or less with minimal change. The health behavior, especially in the area of, emotion is another factor for longevity. In the study, it is found that all of the samples are calm and happy with no apparent stress. Besides, the religious beliefs are also considered as another dominant factor which is found among every respondents in this study.

Regarding the research results, it is recommended that the similar research should be conducted in other aspects with other approaches. The in-dept interview should also have been done for several times since the researcher experienced that sometimes the study sample hesitated to answer some questions when they were among their children or their companions. Some questions were answered after the third or forth visit. The samples then started reveal their life stories. It is found that the elderly were reluctant to answers question concerning sex issue while they become more willing to answer the questions concerning the health issue as they felt that they could voice the sufferings they got from their illness. Some elderly asked the researcher to assist them regarding the government old age support that they should get of 300 Baht a month.

To summarize, the study with 15 elderly with more than 80 years longevity found several common traits as follows:

1) Living patterns that remain somewhat unchanged
2) Jobs that mainly require physical movement and effort for an extended period for years on end.
3) Low in fat, simple natural and home cooked foods are the main food intake (local fish, vegetables and fruits)
4) Preference of low in salt and low in spice food
5) The absence of risk habits such as drinking and smoking
6) Genetically healthy with long living siblings and long reproductive ability
7) Calm, peaceful and happy personality traits with easy laughter and smiles
8) Good social skills in and outside of their family are the beloved ones of their children

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9) Absence of life threatening incidents to family and self

10) Devotion to religious beliefs and keeping religiously active.

Recommendations from the Results of the Study

1) Family members should take the most important role in taking care of the elderly and should become aware of the valuable lifestyle pattern that relates to the longevity and the factors impacting the living quality of those who live long.

2) Community workers should realize the value of the elderly people, especially, the longevity. They should arrange activities for elderly people in order for them to join in. By doing so, it prevents them from feeling lonely and even creates happy feeling. Meanwhile, the community workers should provide them knowledge regarding health, communication, social issue as well as those about new technology. Such information should be handed over in simple language and should be easy for understanding and also suitable to the age of the recipients. The elderly should have a chance to live with happiness in the society appropriating to their age. Meanwhile, the community workers should also learn from the elderly regarding to their valuable experiences of lifestyle that relate to the longevity, traditional cultures, customs as well as their behaviors inheriting the young generations.

3) The personal concerning health services should provide the elderly the knowledge so that they will be able to understand the importance of the physical check-up that it should be done every six month or yearly. They should realize that it is one way to prevent them from any major or serious health problem. Nowadays, the elderly misunderstand that one should go to see the doctor only when he or she is sick. They also should realize the facts that the cost of health protection is cheaper than the cost of treatment. It can help in decreasing the government health care budget.

4) The government officers should support and pay more attention to the elderly. They should realize the importance of the longevity and assist them by

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granting cooperation to educational persons and researchers in giving information and supporting in conducting the researches on the elderly issue in order to have the knowledge shared among those concerned persons.

Recommendations for the Further Study

1) It is recommended that, in the future, the new researcher should find the way or another method to study about the social capital issue related to the old age population.

2) No matter what the outcome of this research, the continuous study concerning the elderly issue should be done since it directly benefits the elderly population and the society as a whole.

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APPENDIX

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APPENDIX

APPENDIX A

แบบวัดภาวะสุขภาพ (The Subjective Health Complaints Inventory or SHCI) ที่รู้จักกันก่อนหน้านี้ในชื่อของ The Ursin Health Inventory (UHI) เป็นแบบวัดที่พัฒนาขึ้นโดย **Holger Ursin** และคณะ ได้รับการแปลเป็นภาษาไทยโดย รองศาสตราจารย์ ดร.นัยพินิจ คชภักดี

ปัญหาสุขภาพในหนึ่งเดือนที่ผ่านมา

คำถามในแต่ละข้อ จะเป็นอาการของความเจ็บป่วย ขอให้ท่านอ่านแต่ละข้อ และช่วยลงว่าอาการข้อใดที่รบกวนท่านในหนึ่งเดือนที่ผ่านมา และอาการที่เจ็บป่วยเป็นอยู่นานกี่วัน

ตัวอย่าง

ถ้าท่านรู้สึกว่าไม่สบายจากอาการหวัด แต่เป็นไม่หนัก อาการหวัดเป็นอยู่ประมาณ 1 อาทิตย์ ก็ให้วงกลมที่เลข 2

ดังนี้	ไม่มีเลย	นานๆ ครั้งมีเล็กน้อย	มีแต่ไม่มาก	มีมาก	จำนวนวันที่มีอาการ
เป็นไข้หวัด	0	1	2	3	7 วัน

เป็นสิ่งสำคัญที่ท่านจะบอกกับเราว่าคุณมีอาการเจ็บป่วยมากน้อยแค่ไหน และจำนวนวันที่มีอาการเจ็บป่วย

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มีปัญหาสุขภาพในเดือนที่ผ่านมา

ปัญหาสุขภาพและสิ่งที่รบกวน	ไม่มีเลย (0)	นานๆ ครั้งหรือมีเล็กน้อย (1)	มีแต่ไม่มาก (2)	มีมาก (3)	จำนวนวันที่มีอาการ
1. เป็นหวัด, ไข้หวัด					
2. ไอ เป็นหลอดลมอักเสบ					
3. หอบหืด					
4. ปวดหัว					
5. ปวดที่คอ					
6. ปวดหลัง (ตอนบนของหลัง)					
7. ปวดเอว (ตอนล่างของหลัง)					
8. ปวดแขน					
9. ปวดไหล่					
10. ปวดศีรษะข้างเดียว (ไมเกรน)					
11. หัวใจเต้นผิดปกติ					
12. เจ็บหน้าอก					
13. หายใจขัด					
14. ปวดเท้าขณะเดินออกกำลังกาย					
15. มีกรดในกระเพาะ(แสบๆ ท้อง)					
16. ไม่สบายท้อง มวนท้อง					
17. กระเพาะอาหารอักเสบ					
18. ปวดท้อง					
19. มีลมแน่นท้อง					
20. ท้องร่วง					
21. ท้องผูก					
22. ผิวหนังคัน อักเสบ					

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ปัญหาสุขภาพและสิ่งที่รบกวน	ไม่มีเลย (0)	นานๆ ครั้งหรือมีเล็กน้อย (1)	มีแต่ไม่มาก (2)	มีมาก (3)	จำนวนวันที่มีอาการ
23. เป็นลมพิษ					
24. รู้สึกร้อนๆหนาวๆ					
25. มีปัญหาในการนอน นอนไม่หลับ					
26. เหนื่อย อ่อนเพลีย					
27. หน้ามืด ตาลาย เวียนศีรษะ					
28. กังวล					
29. หดหู่ ซึมเศร้า					

ผลสรุปจากการใช้แบบสอบถามการประเมินสุขภาพทางร่างกาย ผู้สูงอายุ 15 ราย โดยใช้แบบวัดภาวะสุขภาพ (The Subjective Health Complaints Inventory or SHCI) พบว่า ในหนึ่งเดือนที่ผ่านมามีผู้สูงอายุมีปัญหาสุขภาพและสิ่งที่รบกวนดังนี้

1) จำนวนผู้ที่ตอบว่ามีอาการ

-เป็นหวัด ไข้หวัด	4	คน
-ไอ เป็นหลอดลมอักเสบ	4	คน
-หอบหืด	-	
-ปวดหัว	2	คน
-ปวดที่คอ	3	คน
-ปวดหลัง (ตอนบนของหลัง)	4	คน
-ปวดเอว (ตอนล่างของหลัง)	8	คน
-ปวดแขน	2	คน
-ปวดไหล่	4	คน
-ปวดศีรษะข้างเดียว (ไมเกรน)	-	
-หัวใจเต้นผิดปกติ	2	คน
-เจ็บหน้าอก	1	คน
-หายใจขัด	1	คน

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-ปวดเท้าขณะเดิน	3	คน
-มีกรดในกระเพาะ (แสบๆ ท้อง)	2	คน
-ไม่สบายท้อง มวนท้อง	1	คน
-กระเพาะอาหารอักเสบ	1	คน
-ปวดท้อง	1	คน
-มีลมแน่นท้อง	2	คน
-ท้องร่วง	1	คน
-ท้องผูก	6	คน
-ผิวหนังคัน อักเสบ	5	คน
-เป็นลมพิษ	-	
-รู้สึกร้อนๆหนาวๆ	1	คน
-มีปัญหาในการนอน นอนไม่หลับ	8	คน
-เหนื่อย อ่อนเพลีย	5	คน
-หน้ามืด ตาลาย เวียนศีรษะ	3	คน
-กังวล	2	คน
-หดหู่ ซึมเศร้า	1	คน

2) จำนวนผู้ที่ตอบว่ามีอาการมาก

ลำดับที่1 ได้แก่	มีปัญหาในการนอน	6	คน
ลำดับที่ 2 ได้แก่	ผิวหนังคันอักเสบ	5	คน
ลำดับที่ 3 ได้แก่	ปวดเอว	4	คน
ลำดับที่ 4 ได้แก่	ท้องผูก	3	คน
	ปวดเท้า	3	คน
	ปวดที่คอ	3	คน
ลำดับที่ 5 ได้แก่	ปวดแขน	2	คน
	ปวดหลัง	2	คน
	ปวดไหล่	2	คน
ลำดับที่ 6 ได้แก่	หัวใจเต้นผิดปกติ	1	คน
	มีลมแน่นท้อง	1	คน
	ไอ หลอดลมอักเสบ	1	คน

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หน้ามืดตาลาย เวียนศีรษะ	1	คน
ปวดหัว	1	คน
ไข้หวัด	1	คน
เหนื่อย อ่อนเพลีย	1	คน
เจ็บหน้าอก	1	คน

แบบวัด Subject Health Complaints นี้เป็นการประเมินภาวะสุขภาพของบุคคล ในรอบ 30 วันที่ผ่านมา โดยลักษณะของแบบประเมินนี้ จะแบ่งเป็น 3 ส่วน คือ

-ส่วนซ้ายมือจะเป็นคำถามเกี่ยวกับปัญหาสุขภาพและสิ่งที่รบกวน

-ส่วนกลางจะเป็นระดับของการเกิดปัญหาสุขภาพและสิ่งที่รบกวนนั้น โดยเริ่มตั้งแต่ ไม่มีเลย นานๆ ครั้งมีเล็กน้อย มีแต่ไม่มาก และมีมาก

-ส่วนขวามือจะเป็นจำนวนวันที่มีอาการของปัญหาสุขภาพและสิ่งที่รบกวนนั้น

โดยข้อคำถามมีทั้งหมด 29 ข้อ ซึ่งสามารถแบ่งได้เป็น 5 หมวด ได้แก่

1) Musculoskeletal complaints ซึ่งได้แก่ ปวดหัว (Headache), ปวดที่คอ (Neck pain), ปวดไหล่ (Shoulder pain), ปวดแขน (Pain in arms), ปวดหลัง ตอนบนของหลัง (Pain in upper back), ปวดเอว ตอนล่างของหลัง (Low back pain) , ปวดขา (Leg pain) และปวดศีรษะข้างเดียว (Migraine)
2) Pseudoneurological complaints ซึ่งได้แก่ หัวใจเต้นผิดปกติ (Extra heartbeats), รู้สึกร้อนๆหนาวๆ (Hot flushes), มีปัญหาในการนอน นอนไม่หลับ (Sleep problems), เหนื่อย อ่อนเพลีย (Tiredness), หน้ามืด ตาลาย เวียนศีรษะ (Dizziness), วิตกกังวล (Anxiety), หดหู่ ซึมเศร้า (Sadness/Depression)
3) Gastrointestinal complaints ซึ่งได้แก่ มีกรดในกระเพาะ [แสบๆท้อง] (Heartburn), ไม่สบายท้อง มวนท้อง (Stomach discomfort), ท้องร่วง (Diarrhoea) , ท้องผูก (Constipation), กระเพาะอาหารอักเสบ (Ulcer / Non-Ulcer dyspepsia), ปวดท้อง (Stomach pain), และมีลมแน่นท้อง (Gas discomfort)
4) Allergy ซึ่งได้แก่ หอบหืด (Asthma), หายใจขัด (Breathing difficulties), ผิวหนังคันอักเสบ (Eczema), เป็นลมพิษ (Allergy) และเจ็บหน้าอก(Chest pain)
5) Flu ซึ่งได้แก่ ไอ หลอดลมอักเสบ (Cough) และเป็นหวัด ไข้หวัด (Flu)

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ระดับของการเกิดปัญหาสุขภาพและสิ่งที่รบกวนในแต่ละข้อ จะใช้มาตราส่วนประมาณค่า (Rating scale) 4 ระดับ ซึ่งมีความหมายดังนี้คือ

-ไม่มีเลย หมายถึง ไม่มีปัญหาสุขภาพและสิ่งที่รบกวนดังกล่าวเลย

-นานๆครั้งมีเล็กน้อยหมายถึง มีปัญหาสุขภาพและสิ่งที่รบกวนดังกล่าวนานๆครั้ง

-มีแต่ไม่มาก หมายถึง มีปัญหาสุขภาพและสิ่งที่รบกวนดังกล่าวแต่ไม่มาก

-มีมาก หมายถึง มีปัญหาสุขภาพและสิ่งที่รบกวนดังกล่าวมาก

เกณฑ์การให้คะแนน

ไม่มีเลย	กำหนดคะแนนเท่ากับ	0
นานๆครั้งมีเล็กน้อย	กำหนดคะแนนเท่ากับ	1
มีแต่ไม่มาก	กำหนดคะแนนเท่ากับ	2
มีมาก	กำหนดคะแนนเท่ากับ	3

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APPENDIX B

แบบสัมภาษณ์ผู้สูงอายุ

เรื่อง

“การศึกษาประวัติและการดำเนินชีวิตของผู้มีอายุยืนยาวในจังหวัดนครปฐม”

(THE STUDY OF LIFE HISTORY AND THE LIVELIHOOD OF PEOPLE WITH LONGEVITY IN NAKORN PATHOM PROVINCE)

แบบสัมภาษณ์เลขที่ .....

วันที่สัมภาษณ์.....เวลา .....

ชื่อผู้ให้สัมภาษณ์ .....

บ้านเลขที่ .....ตำบล ..... อำเภอ .....

จังหวัด .....

ก) ส่วนที่ 1 ข้อมูลทั่วไป

1. อายุ ..... ปี
2. เพศ ☐ ชาย ☐ หญิง
3. สถานที่เกิด จังหวัด..... ..... อำเภอ ..... ตำบล .....
4. ศาสนา ☐ พุทธ ☐ คริสต์ ☐ อิสลาม
5. สถานภาพสมรสปัจจุบัน ☐ โสด ☐ แต่งงาน ☐ แยกกันอยู่ ☐อยู่ด้วยกัน ☐ ม่าย ☐ หย่า
6. ในครอบครัวนี้มีคนอยู่กับท่าน ☐ อยู่คนเดียว ☐ อยู่กับคู่สมรส ☐ อยู่กับลูกหรือหลาน ☐ อยู่กับญาติๆ
7. เจ้าของที่อยู่อาศัย ☐ บ้านตัวเอง ☐ บ้านสามี/ภรรยา ☐ บ้านลูก ☐บ้านลูกเขย/สะใภ้ ☐ บ้านญาติ ☐ อื่นๆ ระบุ.....
8. มีลูกที่อาศัยอยู่ด้วยกัน ☐ มี ☐ ถ้ามี มีกี่คน..... ☐ ไม่มี

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9. ระดับการศึกษา ☐ ไม่ได้เรียน ☐ ประถม 1-6
☐ มัธยมศึกษา ☐ อาชีวศึกษา
☐ อุดมศึกษา

10. อาชีพ ในอดีตและปัจจุบัน และรายได้ เพียงพอกับรายจ่ายหรือไม่

แนวคำถาม

ก) คำถามเกี่ยวกับครอบครัว

- คำถามเกี่ยวกับประวัติครอบครัว
-ประวัติพ่อแม่ พี่น้อง อายุ เมื่อเสียชีวิต
-การย้ายถิ่นของครอบครัว ย้ายไปที่ไหนบ้าง
-ย้ายมาอยู่บ้านหลังนี้เมื่อไร
-จำนวน คู่สมรสและจำนวนบุตร.
-อายุเมื่อแต่งงาน เมื่อมีบุตรคนแรกและคนสุดท้อง
-เวลาจะไปธุระ ไหว้วานให้ใครในครอบครัวไป
-เวลาต้องการความช่วยเหลือ ใครในครอบครัวที่อาสาช่วย

ข) ประวัติสุขภาพ การเจ็บป่วย

- เคยเจ็บป่วยเป็นอะไรหรือไม่ในเดือนที่ผ่านมา
-ไปโรงพยาบาลตรวจสุขภาพบ้างหรือไม่ ปีละกี่ครั้ง .. เคยป่วยต้องนอนโรงพยาบาลหรือไม่
-มีปัญหาการเดินหรือการเคลื่อนไหวบ้างหรือไม่ การเดิน ต้องใช้ไม้เท้าหรือไม่
- กิจกรรมที่ดำเนินตามปกติในชีวิตประจำวัน มีปัญหาอะไรบ้าง
-สุขภาพทาง จิตใจ อารมณ์
-ท่านมีความรู้สึกไม่ดี เช่น รู้สึกเหงา เศร้า หดหู่ สิ้นหวัง วิตกกังวลบ่อยแค่ไหน เรื่องอะไร

ค) คำถามเกี่ยวกับการดำเนินชีวิต

-งานอดิเรก ทำอะไร
-ได้รูเรื่องราวข่าวสารที่จำเป็นในชีวิตแต่ละวันมากน้อยเพียงใด .
- อ่านหนังสือพิมพ์บ้างหรือไม่ ดูโทรทัศน์หรือไม่

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ง) คำถามเกี่ยวกับการสนับสนุนจากครอบครัว

- สัมพันธภาพกับครอบครัวดีหรือไม่ รู้สึกใกล้ชิดกับสมาชิกคนหนึ่งคนใด
- มีปัญหาการปรับตัวบ้างหรือไม่

จ) พฤติกรรมการ ดูแลตนเอง ด้านการรับประทานอาหาร

.-การสูบบุหรี่

-การดื่มเหล้า ชา กาแฟ

-การรับประทานอาหาร

-อาหารที่รับประทานนั้นทำเองที่บ้าน (ปลูก, จับ, เพาะ) ทำเองดีกว่า/อร่อยกว่ารับประทานที่ร้าน หรือซื้อมาหรือไม่ ใครเป็นผู้ปรุง

- ประเภทอาหารที่ชอบมากที่สุดคืออะไร

-ประเภทอาหาร เนื้อ ปลา ไข่ ที่ชอบคืออะไร ชอบรับประทานผักหรือไม่ ชนิดใด

- รับประทานอาหารรสจัดหรือไม่

ฉ) คำถามที่เกี่ยวกับการมีกิจกรรมทางร่างกาย

- กิจกรรมอาชีพที่ทำในอดีตและที่ชอบทำเป็นประจำ

-กิจกรรมที่ชอบทำเป็นประจำในปัจจุบัน

-มีโอกาสได้พักผ่อนคลายเครียดมากน้อยเพียงใด โดยวิธีใด

ช) กิจกรรมทางศาสนาและความเชื่อ

- กิจกรรมทางศาสนา ทำอะไร ในโอกาสอะไร ไปบ่อยไหม ประกอบด้วยการทำอะไรบ้าง

- การไปวัดในอดีต การทำบุญ คิดว่าศาสนาช่วยแก้ไข ทำให้ดำรงชีวิตดีขึ้นหรือไม่

ซ) การช่วยเหลือจากครอบครัว ญาติ

- ลูกหรือญาติให้เงินใช้บ้างหรือไม่

-เวลาเจ็บป่วย มีใครออกค่ารักษาพยาบาลให้

-ลูกหรือญาติพาไปเที่ยวบ้างหรือไม่

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ฌ) การช่วยเหลือจากเพื่อน หรือหน่วยงานบริการช่วยเหลือสังคม เช่น สังคมสงเคราะห์

- นอกจากลูกหรือญาติ ได้รับเงินช่วยเหลือจากใคร แหล่งใดบ้างหรือไม่
- เพื่อนบ้านเคยช่วยเหลืออะไรบ้าง
- ความคาดหวังในอนาคต อยากทำอะไรอีก ในฐานะผู้สูงอายุไทยคนหนึ่ง

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APPENDIX C

Biography and living patterns of 15 elderly cases of the study

3.1 Mrs. Jua: Age 82, widow, 6 children, 1 live in child

Life and work

Mrs. Jua and her family came from Bang Lane District, Nakhon Pathom Province. Her parents were merchants. She helped them in selling goods since she was young. Her father and mother passed away at the ages of 80 and 75, respectively.

She has 7 siblings: 4 of them had already passed away. Only 3 of them left alive. They still get in touch with others.

Mrs. Jua lived in Bang Lane until she was 10 years old. During that time, she sold goods by carrying the rattan carrying rack and the shoulder pole. After that she moved to Bang Nam Khem District, Samuthprakarn Province for 8 - 9 years. There, she helped her mother in selling goods by paddling. Then she moved to Yokkrabat District where they bought land for farming. When she was 25 years old, she got married and moved to Huay Plu subdistrict for helping her mother-in-law in farming. Two years later, she and her husband moved back to Yokkrabat District where she lived for 8 years. Finally, she moved to the place she is now living in.

Her present house is shady. There is a large area in front of the house where they grow parsley and guava. Some spaces are reserved for morning glory. These three plants are considered to be the economical plants. At the back of the house, it is connected to the Mahasawas canal where there are fish that the family had been catching them for foods for over 50 years. Sometimes they catch the small fish; they keep them in the container and wait until they grow big enough for cooking.

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She is now a widow as her husband passed away for almost 10 years. She has 6 children and 1 step-child. One of her children died since he was a baby. She gave births to 5 of her children at home. Only one of them was born at the hospital. It was the time when she traveled by boat to Bangkok for selling watermelons, she was about to deliver then her friends took her to Hua Chew hospital. It was the first time she gave birth at the hospital that she thought it was clean and safe. She is now living in the house with her son, daughter-in-law, 2 nieces and one nephew. Her son is the owner of the residence.

She mentioned about her past life that she was very naughty when she was young. But she did not have much time as she had to assist her mother in selling. She traveled to places for selling goods and met many different people.

The house she is living in is connected to the canal, then, there are still people paddling boat to sell goods. In case she wants to buy goods from the shop opposite to her house, she paddles the boat or sometimes she orders them by shouting. "They sell delicious Thai-style desserts. They are well-known that they also sell them at Salaya market.", she added.

For her daily activities, she goes to bed to 8pm. and gets up at 5am. She normally performs some daily activities. But for goods selling, she only has them set up for someone to come pick them. For any activities that require much effort, she is assisted by her children. She told that she sometimes did not satisfied with what they did for her, then, she did it by herself. She still gets rid of grass on her own but does not anymore catch fish. She has good memory. She likes talking to other people. She can remember all her grandchildren's names. One thing that changed is her legs. Although she does not feel any pain, but it sometimes becomes numb that she cannot make any movement for a while. Her left eye works well. Her right eye is now under a good condition after the operation as she has a Cataract. Her ears work well. She has no tooth left: she is now using the denture. She has two set of dentures which she cleans them everyday.

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Health conditions

Her overall Health conditions are considered to be good. She can normally perform her daily routines. She has high blood pressure problem as well as ulcer dyspepsia. It makes her feel discomfort in her stomach and dizzy. She treats herself by taking medicines buying by her son or sometimes she goes to see the doctor at the clinic. For the high blood pressure problem, she is treated by the doctor at Buddhamonthon hospital. She does not have to pay for any charge as she possesses the card that is special for elderly. With the card, she is not charged for the treatment fee. Her problem of Cataract was treated six months ago on the Queen's Birthday. It was done for free at Wat Rai King hospital.

Her eating habit relates to her daily lifestyle. Since she lives nearby the canal, the main dish of the family is fish. The dishes are varied depend on the various kinds of fish they can find. Mrs. Jua told that she cooked by herself. She dried the fish with salt added in. As she does not eat spicy food, she sometimes cooks the spicy fish soup but she does not put in the chili. She said that when she was young, she liked spicy food. But now she has a problem eating spicy food as she eats betel nuts until her mouth becomes weak. She has 3 meals a day. Her breakfast is at 6am. and her lunch is what is left from her breakfast. Her dinner is at 6pm. She normally has a dish per meal. She eats a lot for her breakfast and lunch. She can eat various fruits. She does not drink coffee but milk that she, however, does not like it that much. She does not drink any liquor and does not smoke. She told that she used to drink liquors after giving births.

She has a sleeping problem. She said she cannot sleep that she had to take the medicine everyday. She added that if she woke up during the night, she could not put herself back to sleep until the morning came. Her son added that the doctor at the local health center did not give her any pills so he had to buy it at the pharmacy. The sleeping pill she takes has no serious effects.

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Mrs. Jua has a serious bowel problem. She has to take the medicine for her constipation.

For her sexual life, she said her husband had passed away for ages.

Her exercising activities are parts of her daily activities. Although she said she had never involved in any exercises, her daily activities from the past onwards are those require the energy support: selling goods, paddling, getting rid of grass and gathering vegetables.

As a result of having no formal education, she cannot read and is not able to gain any information from the press. She updates the news by listening to the radio and watching television. By the way, she said that she spent little time watching TV and listening to the radio. Most of her news updates come from the conversations she has with the people coming to the shop. "My grandchildren watch television. I spend sometimes with them but it cannot keep me that long.", she said.

The physical check up for Mrs. Jua is to go see the doctor when she gets ill. For her, likes other elderly, the physical check up includes the blood pressure test and other processes that are a part of the normal examination. It is found that the elderly do not realize the fact that the physical check up should be done periodically: six months or yearly.

Her mental health is noticeably under a good condition. She is calm and humorous. When the researcher asked if she was satisfied with life, she answered that she had nothing to be worried about except for her step-daughter who moved to Bangkok for work. She said her step-daughter normally gave her a visit twice a year but she had been lost for over 3 months. She mentioned about what she would like to do that she wanted to keep on doing her same old activities. She added that some activities that she wanted to do were prohibited by her own children as they were worried that she might be too tired.

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Social and religious activities

The major factor supporting her Social activities is the fact that one can keep on doing the previous activities. In this case, her Social activities are to have conversations with people coming to buy goods at the shop. She is also supported by her children in monetary and mental aspects. Her children take her to see the doctor and cook her foods. Her relatives who do not live in the area always give her a visit and they also spend overnight at each others' places.

Her religious activities include offering foods to monks and going to the temple for any religious ceremonies. "I am getting old. It is good for me to make merits. I save 10 baht a day for merit making." she said. She believes in the law of Karma.

By testing with the Subjective Health Complaints Inventory, the result showed that, during last month, there were the health problems and other annoyances for Mrs. Jua. The symptoms considered to be the health problems or annoyances that rarely occurred and were given 1 score were cough (Infection in the windpipe), neck pain, shoulder pain, palpitation, leg pain, and gas discomfort. They lasted for 1 day.

The health problems or annoyances that sometimes occurred and were given 2 scores were lower back pain which lasted for 4 - 5 days, heartburn which lasted for 3 days, Ulcer dyspepsia which lasted for 2 days, and stomach discomfort and stomachache which lasted for 2 - 3 days.

The symptoms that regularly occurred and were given 3 scores were upper back pain which lasted for 4 - 5 days, constipation which lasted for 2 days and sleep problem which happened every night that she had to take the medicine.

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3.2 Mrs. Kim: Age 84, married, 3 children, 1 live in child

Life and work

Mrs. Kim originally came from Ayudhya Province. Her father, who was a farmer, passed away since she was too young to remember.

Being the youngest sister, Mrs. Kim has altogether 10 siblings who all were farmers in Ayudhya. They lived for more than 60 years of age. Two of them were up to 78 and 85 years old, they passed away though. They previously kept in touch among their siblings. "My grandchildren always give me a visit. During the New Year, they came and gave me some money." Mrs. Kim mentioned about her grandchildren. She told that her father passed away since she was 9 months. She assumed that her father was a farmer once her brother who fed her up was also a farmer. Her mother who passed away at the age of 87 was a seller.

Her first time marriage was held when she was 24 years old. She has 3 sons: the eldest son was born while she was 32. After her marriage, she divorced with her husband who was a soldier following Royal members and did not spend much times at home. While Mrs. Kim was staying with her mother, her two sons were still very young; they were robbed. Then she realized that she was in need of someone to take care of her. She once again got married at the age of 41. She said her new husband did not have any son or daughter, even with his former wife who had been living together for 11 years. Although Mrs. Kim and her husband got married at the age of 41 and she still had her period, they did not have a baby. She is Buddhist and completed her Prathom 4 level. She used to be a farmer and involved in sewing. She grows vegetables and fruits for her household consumption.

Mrs. Kim moved to the house, that she is presently living in, in Salaya 4 years ago. Here, she lives with her husband, her sons and her new daughter-in-law. Her son got married and then divorced once. Her grandchild then moved out with his mother. The house is the two-storey townhouse. Most of the times, Mrs. Kim spends

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her day in front of the house. She said that she sometimes stayed in the house just for watching television. And sometimes, she went out to the shack nearby the canal which was 100 meters away from the house. She also said that instead of going out to work, she stayed at home growing vegetables such as turnips, rosettes, basil leaves, chili, and fruits like star apples for her own consumption as well as for sharing to the neighbors. All the budgets are supported by her son.

Health conditions

Generally, Mrs. Kim has a good health condition. She is strong and is able to walk or move fast and smoothly. Her communication skills are at good level both in hearing and speaking. She used to be under the operation because she had the cataract. The sinus or what she calls the allergy is still a problem that she treats herself by taking the medicines bought by her son. Asking about her health, it is found that she does not involve in any serious illness but only those allergies and cough which she mentioned about the treatment that she used to go see the doctor. "I used to go to see the doctor, Minor General Narong, on Wednesday with my husband. I did not go with my son as he left home since 5am. I took the bus number 124 with the help from my husband while getting off the bus. But I have not been there for several months. Instead, I take the medicines bought by my son." she said. Mrs. Kim also added about her hospitalization, "I used to stay overnight in the hospital when I delivered my babies. When I was under the eye operation, I spent one night in hospital. Although I now have the cataract on my another eye, I do not want to do the operation. Just let it be. It does not matter that I can see with my only one eye since I am old." For her mental health, Mrs. Kim is an elderly who is calm, kind and generous. She learns to adapt herself in living with her son and her daughter-in-law. She feels comfortable staying at home.

When the researcher asked if she had been in any physical check up, she said she had never been in the physical check up before.

Mrs. Kim said that, from the past, she used to eat what was cooked in the

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house. At her house in Ayudhya, she planted her own vegetables, caught the fish and produced the rice. She has been growing the vegetables since she was young. Even now, she still grows vegetables for the consumption in her household, although she is living in the townhouse. She likes eating fish with vegetables and Nam Prik (chilli paste). She eats both fresh and boiled vegetables. She said she did not like meats but fish: she liked mackerels. She normally eats them with rice that she cooks it on her own. She said her husband usually put too much water when he cooked rice and she did not like it. She always has to do it just before her husband does. She likes not too spicy food. She loves almost all kinds of Nam Prik (chilli paste). Normally, she has a dish per meal: 3 meals a day. She said she had her breakfast at about 9am, or sometimes 9.30am in case that she was busy and forgot her breakfast. Her lunch was about after 12 or almost 1pm. But her dinner was around 4-5pm. At the present, although she sometimes eats what is brought back home by her son, she still loves to have what she cooks. Comparing to what she used to have during a meal in the past, she keeps eating the same but less in quantity. When the researcher asked if her meals were fixed and if she joined her meals with other members, she answered that the meals were not fixed and she ate alone. She added that they ate when they got hungry, no need to wait for other members. Mrs. Kim never drinks any liquors but she smokes tobacco. She said she started smoking since she was young. It made her allergy, so-called “Sinus”, better. “The sinus leaves me a strong smell. I smoke for chasing the stinking smell away. Now I take the medicine but not everyday.” she said.

Mrs. Kim talked about her exercising habit that she had never involved in any exercise and sports both in the past and present times. Even though she said she did not do any exercise, the researcher noticed that, for the elderly people, to exercise is to really perform the exercises like what the new generation does. But when the researcher asked about the daily lifestyle, it was found that there were activities that can be compared to the exercises. Those activities include ploughing, watering the plants, strolling around the house, gardening, and walking from place to place. "What kind of exercise? If you mean the Aerobics, I do not join them. But they do it everyday, just nearby. I am too old for that. I am afraid that I might fall down.” she said. She still lives her normal life, except for producing rice in the field, she ploughs,

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waters the plants, gardens the vegetables and does her own vegetables preservations. Even if she moves to live in the townhouse, she spends the space, which she has to ask for permission from the neighbors for passing their area, to do the plantation. The vegetables in her garden include turnips, chili, rosettes, and sweet basil leaves. Moreover, Mrs. Kim showed the researcher how to do the vegetable preservation with the boiling milk-like water. She told that she had been growing and preserving vegetables since she was young. It is good for health since the vegetables she grows are without any chemical effects. She said, "I moved from Ayudhya to Nakhon Pathom 4 years ago. I grow vegetables for preserving with the boiling milk-like water. After washing the vegetables, knead with salts and soak in salty water for a night by putting it under the mortar. In the next day, leave out the water and put it in the boil milk-like water with salt. Put in a cube of coconut sugar. Leave it under the sunlight for another day. Then place it in the refrigerator. It can be kept for quite a long time. I also share it to my neighbors."

For local news update, Mrs. Kim gets the information from television, newspaper and radio. She said she liked watching boxing, football and other kinds of sports. During the Asian Games, she followed up all the games. Besides, she reads newspaper and listens to the radio. Her daily lifestyle is pretty much like other elderly that are to wake up in the early morning; around 4-5am. But still she keeps herself in bed until it is getting a bit late then she gets up and takes a bath.

When the researcher asked her about her sleeping habit, she answered that she hardly put herself to sleep. She had to wake up many times at night to go to the toilet. But she would sleep better if she took the medicine for her allergy. Also the researcher found out that she sometimes takes a nap during the daytime. "I normally sleep 4 hours a night. I go to bed at 8-9pm. but do not really fall asleep. I listen to the radio. I sleep at 11pm. During the night, I wake up several times to go to toilet. I get up at 4am but I am not off the bed yet. I can hear my daughter-in-law and others getting ready to leave for work. I really get off the bed at 6am.", she said. She added that she really fell asleep for an hour as it took her almost 10 minutes to put herself back to sleep each time she woke up.

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Her bowel system is under control. But she sometimes suffers from constipation. She said, "I am always constipated so I take medicines, the Indian Senna Leaf Extracts."

Her daily activities are what she used to do in the past except for the rice producing. She can do some same old activities but spends less energy. Plus she adds up some activities which require a little effort and energy likes watching pictures from newspaper, watching the boxing games in the television, listening to the radio, talking to her friends, enjoying her plantation and strolling to the shack nearby the canal.

For her sexual life, she said it had been left off for a long time. "It has been so long that I did not involve in sexual life, neither my husband. We even sleep separately." she said.

Social and religion activities

Mrs. Kim is supported by her son and daughter-in-law in almost every aspect: money, food supply, necessary things for daily usages and also mental support. "I just tell them what I want. My daughter-in-law has just come back from Korat bringing back a large bag of rice but I think it is pretty much like sticky rice. I will mix some rice in. My son and my daughter-in-law know that I like gardening. She also brought me chili seeds from Korat. I dried and then grew them. They are now giving red chili." she told. Asking Mrs. Kim about the support from her neighbor, she answered that they just had normal conversation but no support was done. She expressed her opinion about the public health service that it was a good idea but she did not think it was necessary for her once her son would buy her medicines when she told them about her illness. About the supporting money for elderly, she thought it was a beneficial support but she had never got one. So she asked the researcher to follow it up for her. "Many elderly had already got that money but my husband and I are still left out. I heard that they give 300 baht per person. Can you ask for me?" she requested.

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She mentioned about her daily life at home that they lived separately, "My son and his wife live their own life, so do I and my husband. They support us for what we ask. I tell them just what I want. I do not intervene between them. They are all grown up that they can make their own decision." She also added, "Sometimes I am mad at my husband. It seems to me that he never does the right things. Occasionally, I am upset with my son. He keeps complaining when I eat what should be thrown away. I cannot go anywhere so far since I am worried about my husband. He is not my son's father. In case I cannot anymore live with my son, I will not go to my grandchild; I plan to live in the temple." Mrs. Kim told that during the weekends, when they are all at home, she spends her day at the shack nearby the canal which is 100 meters away from home. Once the researcher asked in details on how she lived her life, it was found that they really lived separately. She said, "I sometimes feel upset but they are good to me. My daughter-in-law is a kind of quiet person. But I can talk to my son for what I want."

When the researcher asked her about religion activities, she answered that she normally makes merits. "To go to the temple and make a merit make me feel good." she said. Mrs. Kim believes in the law of Karma. She believes that doing the good deeds will result in a good fortune.

By testing with the Subjective Health Complaints Inventory, the result showed that, during last month, there were the health problems and other annoyances for Mrs. Kim. The stomach discomfort was reported as the symptom that rarely occurred which lasted for 1 - 2 days. It was given 1 score.

The symptoms that Mrs. Kim mentioned that they sometimes occurred and were given 2 scores were flu or colds which lasted for 7 - 8 days, upper back pain which lasted for 2 - 3 days, constipation which lasted for 3 - 4 days and sleep problem which lasted for 1 - 2 days.

Cough or Infection in the windpipe was reported as the symptom that regularly happened and was given 3 scores. It lasted for 6 - 7 days.

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3.3 Mrs. Jiam: Age 85, widow, 6 children, 1 live in child

Life and work

Mrs. Jiam originally came from Salaya. Her parents worked in the rice field. They passed away at the age of over 80.

She has 8 siblings: only one of them passed away. She is the forth one among them. The eldest one is now 100 years old while the youngest one is over 70 years old. They all live with longevity. They live not so far away from each others: they are all in Nakhon Pathom Province. They keep in touch among them. The two eldest ones are not able to walk; Mrs. Jiam then has to give them a visit.

Mrs. Jiam helped her parents in working in the rice field since she was 10 years old. She got married at the age of 22. With her husband, she still worked in the rice field which she had just quitted 3 yeas ago. She is now a widow as her husband passed away. She has 6 children: 5 sons and 1 daughter. She gave birth to her first child after one year of marriage. All of them got married and moved out to their home. By the way, most of them live in the same area which are not more than 200 meters away, except for one child who moved out to Suphanburi Province. Her eldest son is 60 years old while the youngest daughter is 40 years old. She has 15 grandchildren and 2 grand-grandchildren. The house she is living in, owned by her daughter, is a house with large area. She lives with her daughter and her son-in-law. Besides banana and mango trees, they grow lemon grass for farming as well as the large fish pond which her daughter does for living. On the day of interview, there were her sister-in-law, children and grandchildren in the house which created friendly environment. Next to their house, there are 2 houses belong to her sons, just 200 meters away. Mrs. Jiam is Buddhist. She has no formal education.

Her daily activities involve rice farming, feeding buffalos, growing the water mimosa, farming and getting rid of grass. "I am not educated. My father would not let me out to school. He said it was not necessary for girls. I then only worked in the rice

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field and raise the buffalos.” she said. She told that in the past there was no car and no road like what we now had. Besides walking, she paddled her boat from places to places. Presently, she still paddles it and, if it is not so far away, she walks. She goes to bed at 8pm. She wakes up at 4am. but she keeps herself in bed listening to the radio until it is 5am. She does not have herself cleaned. When it is getting late, she gets rid of grass or walks to her son's place. "I used to clean myself in the morning. But now I do not even brush my teeth. I eat betel nuts. I take a bath at noon and in the evening before I go to bed.” she said. She sometimes drinks milk and coffee. Late in the morning is her breakfast time. Her daughter cooks for her. She eats less than before but still has 3 meals a day. "I eat 3 meals a day at the place where I am at. I am now at my child's place as they are out for seeing the doctor. I then eat here.” she added.

Health conditions

Mrs. Jiam has a good health condition. She moves fast and smoothly. Three years ago, she used to stayed overnight in a hospital. She said she was stepping into the water for gathering the water mimosa when she felt that something hit her leg. After that her leg hurt and turned black. Her children took her to the hospital as they think she might be bite by a snake. The doctors at Buddhamonthon and Nakhon Pathom hospitals agreed that she should have her leg cut. But she refused. Her children had to take her back home. She was suggested to see the monk who treated her by having her leg soaked in the holy water 3 hours and a half in a day for a period of one month. She finally recovered. She has no health problem but knee pain. She treated herself by the massaging with balm oil. Her mental health is noticeably calm and under a good mood. When she was questioned if she used to get mad at anyone, she answered that she just walked away or went to the temple or talked to neighbors. She has no memory lost problem. She can memorize all her grandchildren's names.

For her eating habit, she likes eating rice with watermelon or pineapple or mango with little amount of fish sauce. She does not prefer meats. But if there is nothing to eat, she can eat pork, fish or eggs. She used to eat beef but once she quitted eating it, she found it was smelly. "I used to catch fish for foods. But I would let them

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go if it was in the mud pond.” she said. She does not eat spicy foods. Her teeth remain the same. She sometimes has cloudy eyesight. She cannot read as she has no formal education. Her ears work well. She relies on herself for her daily activities. Although she can do her own traveling, her children do not let her. They are afraid of accident. She said she did not regularly drink tea or coffee. She only drinks when she wants to. She did not smoke. She only drinks liquors for socialization.

She does not have problem in sleeping that might cause her to take medicine. She sleeps 8 hours a day. She gets up at night for toilet and she can get back to sleep. Sometimes, she wakes up at 2am. and cannot put herself back to sleep. In that case, she would listen to the chanting on the radio. She does not normally take a nap during the daytime.

She sometimes suffers from constipation but it is not considered to be a serious problem.

For her exercise, she said she had never been in any exercise. But it was found that her daily activities were already those exercising activities: rice producing, farming, feeding buffalos, walking, and paddling. "I used to live around Wat Suwan where I had to walk to Salaya for working in the rice field.” she said.

She said she did not have her sexual life for a long period of time.

When she was asked about the physical check up, she said she had never been under the check up. "When I was in the hospital for my leg problem, they never had me checked.” she added.

She listens to the radio and watches television for news updates.

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Social and religious activities

She is supported by her children and grandchildren for her social activities. There are up to 3 families living around. The second persons who support her are relatives who always giving her a visit. Next are her neighbors who always join her in any social activities, especially the ordination ceremony. "This Sunday I am going to the temple for my grandchildren's ordination. All my sons ordained. Almost all my grandchildren also ordained. I used to enjoy working for them in the ceremony. I was a chef. But I cannot anymore do that kind of work. This week I will go with my friends. Many of them will go to the ceremony." she said. Mrs. Jiam presently has her own income from the lemon grass farm and her children also support her with money. She does not tell how much she earns exactly. She only said it was not fixed but she usually had some money left each month for donation. "They always give me money. I do not have to ask them. During Songkran, they dropped by and gave me a thousand or more." she said. She told that she had never used the service provided by the Local health center. Every time she gets ill, her children take her to Buddhamonthon hospital where she does not have to pay for the charge. She mentioned about her religious activities that she used to offer foods to monks everyday. The activity stopped when her daughter did not cook for her. However, she makes merits and performs good deeds during the religious days and at the beginning of the Buddhist Lent. She believes in the law of Karma. She is proud of her children and grandchildren who ordained. She believes that those ordinations result in her longevity.

By testing with the Subjective Health Complaints Inventory, the result showed that, during last month, there were the health problems and other annoyances for Mrs. Jiam. The symptoms that rarely occurred and were given 1 score were neck pain, lower back pain, anxiety and heartburn which lasted for half day. Moreover, there were constipation and sleeping problem which lasted for a day.

The health problems or annoyances that sometimes occurred and were scored 2 were shoulder pain which lasted for 2 days and tiredness which lasted for half day.

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Her health condition is considered to be under a good condition as she said there was no health problem or annoyance that regularly occurred with 3 scores given.

3.4 Mrs. Piam : Age 87, widow, 12 children, lives alone

Life and work

Mrs. Piam originally came from Mahasawas subdistrict. Her father died when he was 90 years old. Her mother passed away when she was 70 years old. She has 8 siblings: she is the forth one among them. Some of them passed away, mostly, at the age of 80. For those who are still alive, they still keep contact. Mrs. Piam had been moving many times, but she is still in Mahasawas. The three moves were done as her family rented the field for rice producing. Once the land owners wanted to have the land, they family had to move out and find the new land for producing the rice. She said it did not matter where she moved to, the environments were the same. She said her parents were farmers. She assisted them in the rice field. It had been 30 years that she quitted. Nowadays, she grows pandans, parsleys, gotu kolas and betels for farming.

She is Buddhist. She has no formal education. She delivered her first child after the first year of marriage. She has altogether 12 children. Her eldest one is 61 years old while her youngest one is 34 years old. She has 33 grandchildren with 2 grand-grandchildren. She is now a widow as her husband passed away for more than 10 years. She is the owner of the house. Her son and her daughter-in-law live in the same area. The house is Thai-style house with the upper floor lifted up. She has a stool on the ground floor for her to spend her days and nights. On the stool, there are foods, betel tray, water boiler, radio, and medicine container. There is also the mosquito net to be used at night. Next to the stool, there is a table with the television on it. She said at night she is under the mosquito net watching the television as there are so many mosquitoes. Around the house, there is a garden where she grows pandan, parsley, gotu kolas and betels.

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Health conditions

Mrs. Piam is a healthy person but she must be assisted with the walking stick while walking. She said she felt no pain but tried. She used to stay overnight in the hospital twice. The first time was when she fell from the tree two years ago. She spent 10 days in the hospital. The second time, she had Diarrhoea. She evaluates her health as being under a good condition. "Sound mind, sound body." she said. For her mental, it is found that she is a calm person. Her children said she had never got angry. She taught them with reasons. When she was asked what she did when she got angry, she answered that she would walk away. She said she can memorize all her children's names. She sometimes forgets but does not have a memory lost.

She mentioned about her eating habit that she was easy-going in eating. She can eat whatever she has. Her favorite dishes are Nam Prik (chilli paste), boiled vegetables and fish. She said she did not eat spicy foods. She has 3 meals a day but less in quantity. She said she gets up at 5am.. After that she boils the water, cleans the house by sweeping the ground and collecting the falling leaves, washes her cloths and has her breakfast which is cooked by her daughter-in-law at 9am. On the day that she plans to go for a distance in the farm, she will have her breakfast earlier as she would like to have things done within 10.30am. "I spend hours getting rid of the grass. I gather 60 - 70 packs of vegetables. I cut the pandan and have it packed. I move it to the front of my house where my children come and get it for the delivery. I earn 1 baht for each pack." she said. She drinks a small glass of liquor everyday. Sometimes she mixes the liquor with sugar or honey for taking it as the medicine. She has no tooth left but it does not cause her a problem in eating. She washes her mouth everyday. She takes a bath one time a day in the evening. Her ears work well while her eyes sometimes create cloudy eyesight.

For her sleeping habit, she goes to bed at 9 - 10pm. and gets up at 5am. She does not have much sleeping problem. She sometimes cannot sleep that she will turn the radio on or taking medicine. She said she slept well if she stayed overnight at the temple.

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Her bowel is under control. She has no constipation problem. If there is such a case, she would eat watermelon to help her bowel.

She told that she had never done any exercise. But her daily activities require much efforts and energy: rice producing, farming, feeding buffalos, walking and paddling her boat.

She mentioned about her sexual life that she quitted for a long time.

She never did the physical check up.

She updates the news by listening to the radio and watching television.

Social and religious activities

Her children support her for her social activities. Her children live not so far away from her house and always give her a visit and bring her foods. She lives far away from her neighbors but they join mostly in the religious ceremonies: the ceremonies held at the beginning and the end of the Buddhist Lent or the fairs held at the temple. She believes in the law of Karma.

By testing with the Subjective Health Complaints Inventory, the result showed that, during last month, there were the health problems and other annoyances for Mrs. Piam. The symptoms that was given 1 score for rarely occurred were neck pain and dizziness which lasted for 5 - 6 days, palpitation and gas discomfort which lasted for half day and sleeping problem which lasted for 1 day.

The health problems or annoyances that sometimes occurred and were given 2 scores were should pain and cough (infection in the windpipe) which lasted for half day and depression which lasted for 1 - 2 days.

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The eczema was reported as the health problem or annoyance that regularly occurred with 3 scores given. They symptom lasted for 30 days.

3.5 Mrs. Kean : Age 88, widow, 5 children, 2 live in children.

Life and work

Mrs. Kean and her family, firstly, worked in agricultural field which included rice producing and fruit farming. When she was 44 years old, her husband passed away with the age of 65. She then became a widow.

The house she is living in is the one she has been living since she got married at the age of 18. Left behind by her husband, the Thai-style wooden house lifted up so high that there was a space under the house. There, the bench for Mrs. Kean is located with her betel contained-tray, bananas and coconuts. It is where she spends her daytime. Next to them, it is a low wooden bed with mosquito net. At the head of the bed, there were radio, kettle, and a tray of medicines. On one side of the bed, there was a walking stick that is used to assist Mrs. Kean when she walked. Nowadays, the house was full with her son, daughter, daughter-in-law and grand-children living together.

Presently, Mrs. Kean doesn't involve in any field of occupation but still keep planting some bananas for feeding birds and just for spending her free time. She said, "Rice farming and such things are just too hard for me to do". She is Buddhist. She has no formal education.

She lives her life normally except for some activities that she cannot anymore take part, for instance, rice farming and those activities which require lot of energies and exercises. But there are still some activities considered to be her routine activities: ploughing, watering plants, growing vegetables, and growing the betel nut trees. She now uses walking stick to keep her from falling as she has cloudy eyesight. However, she can rely on herself for most of her daily activities like taking a bath and

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getting dress. She has no hearing problem and is able to communicate well with other people for both listening and expressing skills. She now has only one tooth left. Without the denture, she can chew foods that are soft. She is normally off to bed at 8pm but with the radio turning on, she really falls asleep at 10pm or 11pm. Sometimes she wakes up at night but soon she goes back to sleep. She usually gets up at 4am to 5am but she keeps herself in bed until sun rises. She said she cannot sleep well but she kept herself in bed listening to the radio, waiting until it was getting late and then she was off for taking bath. She said she cannot stand spending her day without taking bath. For brushing teeth, it is pretty much like washing her gum.

Her daily activities are what she had previously been doing or those she did for living. Nevertheless, Mrs. Kean is not as strong as before, she can only perform some activities like watering plants, growing bananas, feeding birds and listening to the radio.

Mrs. Kean has 7 siblings. They were all farmers who lived for more than 60 years, only 4 of them left though. She said some of them even lived up to 80 years.

She got married at the age of 18. Among her 5 children, the eldest one was born in the year of the great snake. They are all farmers except for her youngest son who was a police officer but he had already passed away.

Mrs. Kean updates the local news by listening to the radio which she said she did everyday. Her favorite programs are news, Dharma program and health program by the doctor. She said, “I do not stay tune. I listen to the announcement about death of people or sometimes the chanting of monks, if I can find the station. I also listen to the doctor on the radio. It comes at 8pm. I cannot remember the exact station because I keep changing it.”

Health conditions

In the past, Mrs. Kean used to have the pulmonary edema which she went to

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Siriraj Hospital for her treatment. Presently, she only has a headache and sometimes feels dizzy. Though it is not severe, it always happens. She treats herself by going to see the doctor at the local health center for the medicines. “The dizzy feeling keeps me falling down”, she said.

Her mental health is under good condition. She realizes and understands the normal conditions of the elderly people that the decomposition naturally happens. She releases herself from the worry by having the conversation with the abbot.

Mrs. Kean has been cooking by herself at home. Rice is from her own production. She likes fish and vegetables, especially the morning glory. She also loves spicy food. She normally eats a dish per meal with some fruits. Previously, she used to have 3 meals a day, but now the number of meal reduces. She sometimes has only 2 meals a day. She said the meals were not fixed. She might or might not have lunch or dinner. Presently, she often boils the morning glory for eating with rice. She said she liked eating boiled morning glory which she can have it at any time. She also mentioned that the doctor said it was good for her health. And by listening to the radio, she learns that some meats, for example chicken and duck, can cause the gout. She still grows bananas for feeding birds. In some days, she boils eggs for her birds. She said she cannot go somewhere so far as she was worried that dogs would kill her birds. She does not drink any liquors, tea nor coffee. Plus, she does not smoke. She said, “I do not drink tea, coffee, Ovaltine nor Milo. They make me vomit.”

When we questioned her about her sleeping habit, she said she had a sleeping problem. She faces a problem trying to put herself to sleep. But she does not take any sleeping pill because the doctor does not let her to do so. By the way, after asking her some questions, it is found that she sleeps during daytime.

She can control her bowel. But, from time to time, she suffers from constipation. “Let it be. It might take few days but I’m afraid that taking the medicine may cause Diarrhoea. I'd rather let it be. It might take few days especially when I went to my children's place where is under the unfamiliar environment”, she said.

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After questioning her about her exercising activities, she answered that she had never involved in any sports. “I am too old to do the exercise”, she said. But she involved in the rice producing in the field and also in the farming since she was young. Now she still keeps strolling around the house and, everyday, enjoys some farming activities like growing coconuts, bananas, and betel; watering plants; getting rid of grasses; feeding birds, dogs, and ducks. She said she fed the ducks and let them out of the shed telling them to come back by 3pm which they would come back by that time. Sometimes she walks to the local health center which is 300 meters away from home. She said, “I walk there for medicines, for blood test and had conversation with the doctor.”

When the researcher asked whether she would like to go out somewhere else like for a trip or maybe the temple, she answered that she sometimes felt lonely and would like to give her sons and daughters a visit. But they do not want her to go out because they are afraid that she might be hit by car since her eyesight is not anymore in a good condition. From time to time, she gets a call from her niece asking whether she would like to go out somewhere. Her niece sometimes comes to pick her up to go her house of her sister who had just passed away. She said, “Sometimes when I feel lonely, I just sit still or walk out listening to the surroundings.” Once she was asked if she had ever received the physical check up, she was not sure but reported that she visited local health center and had her weight and height measured and mistook it for physical check up. She told us that she went to the local health center for her physical check up. She has the blood pressure test and weight measurement. “I often have the blood test in order to check, whether or not, I have diabetes. Many years before I had blood test at Siriraj hospital twice. My children took me to Huay Plu once for blood test and I went to the local health center for my latest blood test just few months ago. At Siriraj hospital, they required the big bottle of blood test while it was just a small one at the local health center. And I do not have diabetes.” she said. For her mental health, she is generous and an animal lover.

For her sexual life, she said she had not involved in any sexual activities since she ran out of her period which she added that it was when she was 40 years old.

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Social and religion activities

Mrs. Kean's sons and daughters assist her for her social activities. She said she earned some money when she went to her sons and daughters' houses. They buy her foods and her daughters-in-law buy her necessary things for her daily life. Next persons are her grandchildren. She mentioned about her eldest nephew, 23 years old, who his father was a police officer. He often comes pick her up as well as the one who lives at the intersection. She has altogether 10 grandchildren but not yet the grand-grandchild. Next persons influencing her social activities are neighbors. She said there was no need to go find them since they would come give her a visit. There are many of them, even those who live quite far away. The last person is the doctor at the local health center whom she said she often visited when she had a free time. But the doctor now has a baby to take care of so she does not have that much time for the conversation. She also added that her grandchildren always called her on the phone asking if she would like to go out and offering a drive. She can answer the phone because she had no hearing problem.

She believes in the law of Karma. She believes that those who perform the good deeds, they will receive the good will and have the good fortune. In return, those who do bad things, it will result in misfortune. She also believes that making merit will lead to better life.

For the religion activities, Mrs. Kean answered that in the past she often went to the temple for making merit and for having conversations with the abbot. But now, the activities become less frequent since she has a problem traveling to the temple. She said, “It is not easy traveling from place to place like when I was young. I have to rely on other people and I do not want to disturb them.” However, she still has a chance to join in the religious ceremonies and the funeral ceremonies by the assistance of her children and grandchildren. “I usually went to temple but now I only go for the cremation. Last week, it was my own sister’s cremation.” she added. For the Dharma conversation with the abbot that she normally did, it is brought to an end as the abbot is getting too old. And Mrs. Kean has a cloudy vision so she cannot travel

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on her own. Plus, her children are afraid that she might be hit by a car.

By testing with the Subjective Health Complaints Inventory, the result showed that, during last month, there were the health problems and other annoyances for Mrs. Kean. For the symptoms that rarely occurred (each item was given 1 score) were coughing: infection in the windpipe which occurred for 1-2 days, lower back pain, palpitation, stomach discomfort, gas discomfort and hot flushes. These symptoms lasted for half day.

The symptoms reported as sometimes occurred (2 scores given) were headache, tiredness and dizziness. They lasted for 1 - 2 days.

The symptoms that were given 3 scores as it happened regularly were constipation that lasted for 2-3 days and sleep problem which lasted for 2 nights.

3.6 Mrs. Phan : Age 88, married, 9 children, 1 live in child

Life and work

Mrs. Phan and her family formerly were farmers. At the age of 75, she quitted being a farmer which she had been since she was just a kid. She originally came from Klong Yong subdistrict, Buddhamonthon District. She presently does not perform any job. She lives with her daughter who still works in the rice field. Her son-in-law is a sailor who spends his free times assisting his wife in rice producing.

Mrs. Phan told that when she was young, she worked in a rice field. She liked bailing out the pond for fish. Fish were cooked, dried and fermented. At the end of the rice-producing period, she joined the trips with her neighbors for religious activities and ceremonies.

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For her daily life, the bamboo walking stick assists Mrs. Phan in walking. She can walk to the grocery belongs to her daughter which is 250 meters away from her home.

Mrs. Phan has 5 siblings: she is the eldest one. Besides Mrs. Phan, only her youngest brother, 78 years old, is left. Most of them passed away at the age of over than 70.

She got married when she was 27 - 28 years old. She has 9 children: 5 daughters and 4 sons (there are twins among them). She said that except for the twins, she gave births at home. The twins were born at the hospital as Mrs. Phan felt so tired that she cannot even work. At the present, her eldest son is 62 years old while the youngest one is 43 years old. She has altogether 14 grandchildren that she cannot remember all their names. She got married only once and her husband is still alive but is paralysis. She is Buddhist. She has no formal education..

Presently, she lives in a two-storey house with the owner of the house who is her youngest daughter, her son-in-law and two nephews. Mrs. Phan can rely on herself for most of daily activities: walking upstairs, taking a bath, getting dress, washing her cloths, eating and washing the dishes. Five of her sons and daughters live in the nearby areas. One of her daughter owns the grocery which is 250 meters away from her house. She said she walked there when she wanted to have some soft drinks or to have some conversations with those who came to the grocery or sometimes with the neighbors. Among her children, two of them live far away: Kanchanaburi province and Bang Len District, Nakhon Pathom.

For updating news, Mrs. Phan said that she did not watch the news on television but the Dramas. By the way, she does not keep following up all that Dramas. And since she cannot read, she does not read newspapers.

Her son-in-law mentioned about her daily activities that it was what she normally used to do, for examples, washing her own cloths, feeding the dogs and

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collecting the firewood. She keeps doing these activities, her children tell her not to do though. Her daughter said," She always feeds the dogs that have already been fed up. She goes out for firewood, even if, it is not anymore in use. She also wears the wrong side of clothing." Mrs. Phan kept laughing while she was asked for the reason of performing all that behaviors.

Health conditions

Her overall health condition is considered as good. But she needs the walking stick to aid her walking. Her communication skills, both listening and speaking skills, do not reach its highest capability. When the researcher asked her a question, it took her sometimes thinking. She evaluated her own health condition that it was not good because she found herself uncomfortable to walk. She previously had a blood-clog problem that made her leg swollen. She had to go see the doctor at Mahachai Hospital every month for medicines. It used to result in her disability for over 3 months. Even the problem ended, she still has to take the medicines that are under her daughter control.

For her eating habit, from the past, she has been eating the rice produced in her own field, vegetables grown in her garden and she has been cooking by herself. She likes eating fish which becomes her main dish. It can be either fresh fish or dried fish. She does not like soft-boiled rice. She never had beef and she does not like pork. She eats only chicken raised by household unit. She does not like spicy food. She said she liked fruits like oranges and bananas. She sometimes had some desserts and even the Chicken Soup Extracts, Brand. She does not drink coffee nor milk for the reason that they have strong smell. "I drink Ovaltine with sugar added. I also drink Brand. I never drink liquors and never smoke. I only eat the betel nuts.” she said. She gave up eating betel nuts for 2 – 3 years as she said she was asked by the doctor who told her it was not good for her.

Mrs. Phan normally goes to bed at 8-9pm. but she does not really fall asleep. She takes a nap during daytime. And she gets up at 6am. However, her daughter said

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that Mrs. Phan had no sleeping problem as she can sleep well. Mrs. Phan told that she used to travel by boat. She would paddle her boat and then took the train. Her ears work well but her eyes cannot focus clearly. "I cannot see things from a distance." she added. Although none of her teeth is left, she does not use the denture.

Mrs. Phan has no bowel problem. "Even when I gave my child a visit in Kanchanaburi for 4-5 days, I did not suffer from constipation." she said.

Her physical check up is done periodically. She has to go see the doctor monthly for her blood-clog problem.

About her sexual life, she said it was terminated for more than ten years ago.

Social and religion activities

From time to time, her children take her out. "I do not like going out. They took me to their home but I asked them to take me back home." she said. For her socialization, she does not go out somewhere far away for 2 years. She has conversations with neighbors who come to her. "I like talking to other people, but not all of them." she added. She does not feel uncomfortable living with her children. She can talk to and tell them what she wants. They take care and support her.

Mrs. Phan likes making merits. She previously stay overnight at the temple for the religious activities during the Buddhist Lent. She donated her money for building the monk's cells at Wat Mongkol. She said making merits made her healthy as she believed in the law of Karma. Her daughter said that Mrs. Phan was a kind and nice person who can take control over her own mind. "No matter how much money she has in hand, she will spend it out for donation." her daughter added at the end.

By testing with the Subjective Health Complaints Inventory, the result showed that, during last month, there were the health problems and other annoyances for Mrs. Phan. The symptoms reported as rarely occurred and were given 1 score were

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flu or colds which lasted for 4 - 5 days, palpitation which lasted for 1 day, stomach discomfort which lasted for 10 days, stomachache which lasted for 4 days, gas discomfort and constipation which lasted for 3 days, eczema which remained for 10 days, and hot flush and dizziness which remained for 2 days.

For health problems and annoyances reported that sometimes occurred (2 scores given) were cough (Infection in the windpipe) which lasted for 2 - 3 days and breathing difficulties which lasted for 10 days.

The symptom that regularly happened and was given 3 scores was the lower back pain which lasted for 10 days.

3.7 Mrs. Nim : Age 90, widow, 11 children, 3 live in children

Life and work

Mrs. Nim and family involved in agricultural field of occupation. Her hometown was in Kanchanaburi province. Her father and mother passed away at the age of 35 and 40 respectively. She is now living with her son, daughter, son-in-law and grandchildren at the one-storey house with a vast area where is close to the shop of her daughter and son-in-law.

Mrs. Nim has 2 sisters: she is the youngest one. Her two sisters passed away at the age of around 82.

She got married when she was 18 years old. She moved to Nakorn Chaisri District with her husband. She worked in the plot where they grew coconut, banana, and jackfruit. She paddled a boat to sell them. Now she is a widow: her husband had already passed away. She is a Buddhist. She has no formal education.

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Mrs. Nim has 11 children but only 5 of them stay alive: 3 sons and 2 daughters. She gave birth to her first child when she was only 19 years old. She has 2 children within 3 years.

For her daily life pattern, she normally goes to sleep late since her children own a food shop. It closes late at night. She gets up at 4-5am. She said she can eat various kind of foods: rice or noodle without problem even though she has no teeth left, it causes her no problem. She eats only soft foods. She sometimes drinks coffee but she does not prefer as it makes her hard to sleep. She mentioned that she had no constipation problem. She had been smoking and drinking liquors since she was 18 years old. She has just quitted few months ago. "I used to smoke and drink: both liquors and beer. I has just quitted few months ago. My children asked me to quit as I am getting too old." she said. She cannot read for the reason that she has no formal education. She has some memory lost problems: she cannot remember some of her children's name.

Health conditions

Mrs. Nim is a healthy elderly without any serious health problem. She said that she had never been in any serious illness. The only problem is the knee pain which she is treated by going to see the doctor who said that she had a bone density problem. She used to spend 2 nights in a hospital for giving her knee an injection. But once she reached home, the pain seemed to continue.

She mentioned about her eating habit that she ate various kind of foods, especially fish, with rice. Presently, she eats whatever they have in the food shop owned by her daughter and her son-in-law. "There are many kinds of food I like. This morning I just had rice with curry. I can chew pork; I do not have teeth left, though. No toothpaste is needed." she said. She said she ate 3 meals a day. Sometimes it is up to 4 meals a day since her daughter owns the food shop that makes it easier for her to find what to eat. She added, "I eat when I want to. But I do not eat much each meal. I normally have 3 - 4 meals a day. My breakfast starts at 8am. It is not fixed as I eat

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when I get hungry.” She eats various fruits. When the researcher asked if she drank any milk, she answered that she had been drinking 2 - 3 glasses of soy milk after her meals everyday for more than 10 years.

Mrs. Nim goes to bed late at night, at midnight. She gets up at 5am. She used to sleep well but she now faces with the ankle pain that prevent her from spending long hours sleeping. She said, "The ankle pain makes it harder for me to sleep. Plus I do not take a nap during daytime.”

She has no bowel problem. She does not suffer from constipation.

When the researcher asked about her neighbors if they keep in touch, she said she did not go out to her neighbors. Her children do not let her out because they are afraid that she might fall down. So she keeps strolling around the house.

It is found that Mrs. Nim, likes any other Elderly, understands that the physical check up is to go to see the doctor when one is ill.

She said that she quitted her sexual life for so many years.

Social and religious activities

For the social activities, it is found that Mrs. Nim is supported by her daughter, son-in-law and grandchildren; it includes monetary, food and mental supports. However, her health condition is the major obstacle for her social activities. She mentioned that her children tried to take her out for a trip but she refused. "I sometimes want to go out but I feel dizzy every time I am on board. Sightseeing makes me sick so what is the point of going out.” she said.

The researcher asked Mrs. Nim about the visit of the local health officer, she understood and realized that the service was helpful but she did not take the service. "The doctor in blue uniform comes and talks. Nothing else.” she added.

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Her health condition also becomes the obstacle for her religious activities. She said she used to offer foods to monks every morning. But after she was out from the hospital, she did not anymore offer foods to monks. It is found that there is an obstacle for elderly in going to the temple: they cannot sit on the floor. Moreover, the elderly think that being healthy relates to the religious matter. When she was asked how she lived so long, she answered that it was because she made merits. She mentioned that she almost died twice in her lifetime. She keeps on making merits. She donates to anyone who asks for funds.

By testing with the Subjective Health Complaints Inventory, the result showed that, during last month, there were the health problems and other annoyances for Mrs. Nim. The health problems or annoyances that she reported it rarely occurred and was given 1 score were flu or colds which lasted for 3 - 4 days, cough (Infection in the windpipe) which lasted for 2 - 3 days, headache which lasted for 3 - 7 days, upper back pain which lasted for 2 - 3 days, lower back pain which lasted for 2 - 3 days, shoulder pain which lasted for 1 - 2 days, stomach discomfort which lasted for 2 days, stomachache which lasted for 2 - 3 days, gas discomfort which lasted for 2 days, Diarrhoea which lasted for 1 - 2 days and hot flushes which lasted for 2 - 3 days.

The symptoms that sometimes occurred and were given 2 scores were constipation which lasted for 2 - 3 days and tiredness which lasted for 2 - 3 days.

The health problem or annoyance that regularly occurred was the leg pain which happened every time she walked. The symptom was given 3 scores.

3.8 Mrs. Klon : Age 92, widow, 5 children, 2 live in children

Life and work

Mrs. Klon and her family were occupied in the agricultural field: rice farming and rice producing. She is a Buddhist. She is completed Prathom 4 level. Her father passed away at the age of 70. Her mother passed away before she was matured.

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She originally came from Ngew Rai subdistrict where she lived until she was 25 years old. After she got married, she moved to Thammon subdistrict for a year. Then she moved again to the house she is presently living in in Salaya. It is two-storey wooden house with a vast clean area. At the ground floor, it is surrounded by many jars for keeping the water. There is a stool with betel tray and radio which she uses during the days. The ten level of stairway is used for more than 4 times a day by Mrs. Klon since the kitchen and her bedroom are upstairs. At the back of the house, it is a canal with the shack which she uses for taking a bath everyday.

She has one brother and one sister. They passed away at the age of 87 and 90 respectively. She also has 4 siblings from her step-father. They all passed away when they were 84, 85, 83 and 90 years old, respectively.

Mrs. Klon used to work in the rice field. She quitted the job when she was 62 years old. She is now a widow as her husband died. She has 1 son and 4 daughters. They are now 65, 60, 56, 50 and 46 years old. She is presently the owner of the house where her forth and fifth daughters live in. Besides working in the farm, both of her daughters cook for the family.

She told that she previously paddled her boat up and down the canal and walked for traveling. "I used to paddle. I can even travel alone by paddling. I quitted for 5 - 6 years. When I was young, I paddled to the market where they said I was good at paddling. But I cannot swim.” she said. She also mentioned about the rice farming in the former time when she was not assisted by any equipment. She said she did them all by herself.

Presently, she can normally perform her daily activities except for rice farming. She likes talking to people. She can speak clearly. Her ears as well as her eyes work well: But she has no tooth left. She has no memory lost problem; in contrast, her memory is under a good condition. She has no communicating problem with others. She does not feel lonely. She takes a baht everyday. She gets up at 5am. and heads off to bed at 8pm. Her daily routines include watering plants, plough and

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getting rid of grass. She spends most of the time at home. However, many times that she leaves home for traveling and going shopping with her daughter and her son-in-law.

For the news update, Mrs. Klon receives information from the media: television and radio. She does not read newspaper as her house is far away from the community where the newspapers are available.

Health conditions

Mrs. Klon is very healthy. She can walk smoothly. Her communication skills work efficiently. Her ears and eyes work well. Although she has no tooth left, she has no chewing problem. "My son took me to the dentist for the denture but I do not like it.", she said. She has no health problem. At the age of 85, she used to stay overnight in a hospital caused by Diarrhoea. Her only problem is the ankle and leg pains. She treats herself with balm oil and she has her children stood on her legs when the pain rises. By the way, the pain does not become any obstacle in life.

She has a good mental health. She is calm, happy, humorous and generous. She likes talking with other people. When she was asked if she was happy, she answered, "I am happy living with what I have. To be honest, I am poor and that is the way I live."

For her eating habit, she said since she was young, she had never eaten any ready-to-eat foods. She eats 3 meals a day: 4 - 5 spoons a meal. Her favorite dishes that she has been eating since the previous time are mainly fish and soup. She said she liked eating fried fish, both fresh and dried fish. She used to eat those spicy curries but it had been more than 10 years that she stopped eating them. At the present, she does not drink coffee nor tea. After her breakfast, she used to drink Ovaltine with milk. But now she drinks Ovaltine with sugar added. "I had been drinking Ovaltine with milk for long time. During the last few years, I add sugar instead. I also drink milk. One bottle a day." she said. Her daughter is the one who cooks. She eats all kinds of fruits

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as well as desserts. She does not drink any liquor and does not smoke.

She said she went to bed at 8pm. It does not take long till she falls asleep. She has no sleeping problem as she can sleep tight for a long period. During the daytime, she listens to the radio for the teaching program by monks.

When the researcher questioned her about her bowel system, she said she sometimes suffered from constipation but it did not happen so often. From time to time, she takes the medicine.

For her exercise, she said she had never been in any exercising activity. It was found that, like other elderly, her career and daily routines indirectly involved the exercise as it required energy support: for example, rice farming, farming, paddling, and walking up and down the stairs.

Her favorite daily activities in the present time are watering the plants, plough, getting rid of the grass and listening to the radio.

When she was asked about her sexual life, she answered that her husband had passed away for 23 years.

Social and religious activities

For her social activities, she is supported by her children and grandchildren in both monetary and mental aspects. Especially, her daughter who has already been married with a wealthy man, she is in the position that can offer much supports. "My daughter took me to Don Whai District, Wat Rai King Temple. I bought 2 kilos of betel nuts. My son-in-law drove a big pick-up car. My daughter is kind. I can ask for what I want. My nephew gives me a thousand baht each time he gives me a visit. My grandchildren always buy me cakes. My daughter who grows long an and she also brings them for me.”, she said.

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Mrs. Klon does not realize the necessary of the service given by the Local health center. "The doctor had never been here and I had never been to the Local health center." she added.

Mentioning about the religious activities, she often offered foods to monks since she was young. At the beginning and ending of Buddhist Lent, she brings foods to the temple for making merits. She said she now cannot walk or paddle to the temple. Her daughters take turn in taking her to the temple for any merit making ceremonies.

By testing with the Subjective Health Complaints Inventory, the result showed that, during last month, there were the health problems and other annoyances for Mrs. Klon. The symptoms that rarely occurred and were given 1 score were neck pain which lasted for half day and constipation which lasted for 2 days.

The heath problem or annoyance that was reported as sometimes occurred (2 scores given) was lower back pain which lasted for 2 days.

The symptom that Mrs. Klon reported that it was regularly occurred and was given 3 scores was leg pain which occurred every time she walked.

3.9 Mrs. Jai : Age 94, widow, 6 children, 1 live in child

Life and work

Mrs. Jai originally came from Salaya. Her parents worked in a rice field as farmers. Her father passed away at the age of over 70 and her mother died at the age of 96. She helped her parents working in the rice field until she got married at the age of 20. After the marriage, she moved to her husband’s house within Salaya. Their occupation was merchant; they were paddling their boat to sell coffee. They normally sold at daytime but on some special occasions they sold at night.

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She has 8 siblings. Her brother and sister who are 102 and 90 years old, respectively, are still alive. They live in Salaya. All of them worked as farmers.

She has no formal education. She is Buddhist. Her husband passed away 40 years ago, then, she becomes a widow. She has 6 children: 5 sons and 1 daughter. Her eldest son is more than 70 years old while her youngest child is 50 years old.

Mrs. Jai lives in a house in Salaya. It is in the municipal area and it belongs to the Royal Irrigation Department. It is a small square room. The bed is found right after the door is opened. In the day time, the mosquito net is kept. She does all her daily activities in the room: cooking foods, laying, eating betel nuts, and watching television. She lives alone in the house. Her second son who is 70 years old lives at the shack in front of her house. Mrs. Jai said that he was alcoholism and was addicted to the gambling. His wife left him and he had a mental problem. Next to her house, there are two houses belong to her sons. Although they do not support her money, she can ask them for any urgent help. In front of her house, there is a space she uses for plantation. She said she had to get rid of grass and sweep the floor everyday.

Health conditions

Her health is considered good according to her age. She said she felt pains in her body but she could walk to places. The walking stick is used for long distance walking. “I use the walking stick only while walking to the temple.” she said. Her communication skill is good. She understands and is able to answer the question correctly. She has no problem in telling story. Her eyes and ears work well. When she was asked to evaluate her health, she said it was at normal level. She proudly talked about her health. “My neighbor has a leg and knee pain since she is 70 years old. As compared to hers, my health is much better.” she told. She used to stay overnight in Nakhon Pathom hospital for her problem with intestine last year. “I used to spend nights in hospital. I felt discomfort. They firstly said I had to be under the operation. But let say it was a result of making merit; I finally did not have to do the operation. I stayed 7 – 8 days in the hospital. My daughter paid for me.”, she said. She said she

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presently had many symptoms she considered to be her health problem: neck pain, lower back pain, arm pain, shoulder pain, and she cannot control her bowel. “It is not good getting older. The bowel problem just started this year. I am afraid that I will not be able to go to the temple for following the Buddhist precepts. I almost cannot walk to the toilet in time.” she said. When the pains occur, she will not have them treated in the first place. She is concerned that her daughter will have to pay for the treatment fees and waste her time in taking her to the hospital.” she added. She said her daughter would be very eager taking her to the hospital once she told her.

When the researcher asked if she had been under the physical check up, she answered that she had never done that before.

For her eating habit, she said, from the past, she ate only what was cooked in the house. “I did not catch fish but my sister did. I was only the food carrier. It is strange that I cannot catch any fish while my sister is really good at it. I now think it is good that I am not good at it as it might be something evil in my life. “, she said. She usually eats fish. She does not like eating other kinds of proteins like chicken, duck, mouse nor frog. She eats mild foods, mostly sweet. She does not like salty and sour tastes. She still cooks for herself as well as for her son who has a mental problem. She eats various fruits. She has 3 meals a day but she eats very little each meal. Her grandchild and a teacher sometimes brings her foods since Mrs. Jai’ house is near a school. However, she prefers the foods she cooks. From time to time, she drinks coffee. She does not like milk and she does not drink liquor. She had never smoked.

She mentioned about her exercising habit that she had never done the exercise. By asking about her daily activities, it was found that she involved in many activities, like rice farming, which were considered to be the exercise.

Mrs. Jai lives her life normally. She can take a bath, cooks foods and washes her cloths.

She updates the news by watching television. She said she liked watching

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news and dramas with moral teachings.

The obstacle for her daily activities is the sleeping problem, likes other elderly. “I can hardly sleep. I wake up at 3am. I do not know what to do that I turn on the light. I try to put myself back to sleep. I, sometimes, get up and eat the betel nuts.” she told with laughter.

Her daily activities are those she had previously been doing: getting rid of grass and planting.

She mentioned about her sexual life that it stopped for a long times since her husband passed away for more than 40 years.

Social and religious activities

Mrs. Jai is supported by her daughter in every aspect: foods, clothing and money. She said that her daughter who got married with the rich Chinese guy tried to take her to her house. But every time she moved to that house, she was always ill. Mrs. Jai and her daughter tried asking the ancestors of her daughter’s husband for Mrs. Jai to live in the house. But it did not work. Mrs. Jai had to escape every time she moved back there. Her daughter then let her live in her house and she always give her a visit. Her another son who lives near by, even though he does not physically support her, he gives her mental support. In case of any urgent, he helps her out.

She also gains the mental support from her neighbors. “When the sun sets, I sit there where the neighbors pass by and talk to me. They made joke and said “I had a bad luck. I cannot stay with my daughter.” she said.

For the service by the local health center, Mrs. Jai said that she had never used that service. It is her daughter who is responsible for it. “Those in the blue uniforms come. But I do not use their service. My daughter takes care of all the medicines I take. I do not have to be worried.” she said.

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The religious activities are what she has been involving in since she was young. She used to go with her sister for making merits. They went to other provinces for the religious ceremonies held at the end of the Buddhist Lent. And she also kept herself follow the Buddhist precepts at the nearby temple every year.

She believes in doing good deeds and in the law of Karma. “I sometimes want to eat the green mussels. But I think they have family that I do not want them to be apart.” she said. When she was asked why she lived so long, she answered that it might because she never did bad things; instead, she performed good deeds. She added that she helped them all for any religious ceremonies.

By testing with the Subjective Health Complaints Inventory, the result showed that, during last month, there were the health problems and other annoyances for Mrs. Jai. The symptoms that were given 1 score as they rarely occurred were cough (infection in the windpipe) which lasted for 5 – 6 days, upper back pain which lasted for 3 – 4 days, heartburn which lasted for 2 hours, hot flushes which lasted for half day, breathing difficulties, dizziness, anxiety, depression and stomach discomfort which lasted for a little while.

The health problems or annoyances that sometimes occurred and were scored 2 were flu or colds which lasted for 5 – 6 days, gas discomfort and tiredness which lasted for half day.

The symptoms reported to be the health problems or annoyances that regularly occurred (3 scores given) were lower back pain, shoulder pain, leg pain, eczema and sleeping problem which lasted for 30 days. The palpitation occurred for a while but it continued for 10 days.

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3.10 Mr. Jong : Age 83, divorced, 2 children, no live in children, lives with siblings.

Life and work

Mr. Jong and his family were farmers. He is now still a farmer which he said he can still do it. He originally came from Salaya.

Mr. Jong has 8 siblings: 4 brothers and 4 sisters. One of his sisters had already passed away. He got married at the age of 40. He had 2 sons and 4 grandchildren. They live in the nearby areas that they normally drop by before they leave for works or schools. Mr. Jong divorced with his wife for about 30 years. He had one son with him while his wife also had one. However, both of his sons presently live nearby his place. "My youngest son moved here even I never took care of him when he was young." he said.

He is a Buddhist. He completed Prathom 4 level. He can live his life normally. He gets up at 6am. but his bedtime is not fixed: it can be around 8-9pm. Once he gets up, he has to feed his dogs. He still works in a rice field, waters plants and raise the chickens.

Mr. Jong updates all the news by listening and talking to his neighbors. He does not listen to the radio but seldom watches the television. "I do not listen to the radio, I watch television instead. Although I cannot see things clearly, I like watching boxing games." he said.

Health conditions

His overall health condition is very good. He has never been overnight in the hospital. Nowadays, he can go working in the rice field, take a bath, brush his teeth and perform his daily routine by himself. He has an unclear eye vision which causes a problem for him in reading newspaper and watching television. He also has a hearing

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problem. They must speak loudly to him. His teeth are working quite well but not for chewing anything that is hard.

It was found that Mr. Jong, his relatives as well as his sons have very good mental health. They are generous, good minded, and humorous. During the interview, they created a friendly environment among them and the researcher.

Mr. Jong mentioned about his own eating habit that while he was young, he ate various foods. He normally ate mild foods and, sometimes, a little spicy foods. His brother, who lived with him, always caught fish. As a result, he usually had fish during his meals. Nowadays, he likes stirred vegetables and also fish. He cannot chew any hard foods. His two single sisters who live with him are the ones that prepare him meals. "I eat 3 meals a day. Breakfast is around 8am. Lunch can delay up to 2pm. And 7pm. is a time for dinner. My sisters do all the cooking." he said. From the past until now, he has been eating what is cooked in the house with the ingredients they can find. He never eats ready-to-eat foods. "I never buy those foods. How can I afford that!" he said. He does not drink tea nor coffee. "I do not like coffee nor milk. I like eating the Thai-style dessert made by my sisters. The meal is not limited. The more delicious the meal is, the more I eat. I might eat more than a dish in a meal. I can still chew those chicken and pork. My brother caught fish when he was young. But he hardly gets one now. The vegetables are too expensive to buy that I'd better do my own growing." he added.

When he wants to go to the local health center, his grandchildren can give him a ride. But he can also walk there. He used to have Gastritis problem. He normally has his physical check up at the local health center. He does not drink any liquor and does not smoke.

Asking him about his sleeping habit, he answered that it depended on one's own emotion. When a person feels comfortable, he sleeps well. On the other hand, if a person is worried or has any illness, he will find that it is hard to fall asleep. "There are two cases. If I am in a good mood, I will sleep well. But if I am moody, it is

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because I get gas in my stomach.” he said. Mr. Jong has a very good attitude and lively. When he was asked why he lived so long, he answered that he was physically strong and there was nothing to be worried about. He also added, "When I feel there is something wrong inside my stomach, I go to see the doctor at the local health center.”

Mr. Jong has a problem about his bowel movement. He suffers from the constipation which he treats by taking the medicines from the local health center.

His exercising behavior started from his activities he has been doing from the past: working in the rice field, gardening, watering plants, and cooking and feeding dogs. Although he said he had never been doing the exercise, the above activities are considered to be the exercise.

Once the researcher questioned him about making trips, he said that when he was young, he always went to the religious fairs held at the temple. But he never had a chance to travel to other provinces as he was a farmer.

Social and religious activities

Mr. Jong is, physically and mentally, supported by his sons and grandchildren. "Each morning, both of my sons and my grandchildren must pass by before leaving for works and schools. After school, they spend their time here for dinner before going back home. My grandchild is the one who feeds the fish over there. I help him at first. But he is now feeding them himself.” he said. His sons also give him the monetary support as he said they gave him money from time to time. Mr. Jong has a good relationship with the local health center. Besides going there for the medicines, he always has something for them as if they are one of his relatives. "The doctor occasionally gives me a visit. We have a close relationship. I have my sisters bring him desserts if we make one.” he said. He mentioned about his neighbors that they can give him mental support by talking to them.

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He personally believes that making merits leads to a longer life. He is a rather religious person. "I have been offering foods to monks every morning since I was young. I also joined the religious ceremonies held at the temple. I now go to the temple in case of any cremation." he added.

By testing with the Subjective Health Complaints Inventory, the results showed that, during last month, there were health problems and other annoyances for Mr. Jong. The symptoms that rarely occurred (1 score given) were flu or colds which lasted for 15 days, headache which lasted for 5 days, palpitation which lasted for 4 - 5 days, stomach discomfort which lasted for 3 days, stomachache which lasted for 1 day, constipation which lasted for 2 - 3 days, eczema which lasted for 1 - 2 days, hot flushed which lasted for 3 - 4 days and dizziness which lasted for 1 day.

The symptoms reported as the health problems and annoyances that sometimes occurred (2 scores given) were lower back pain which lasted for half day and heartburn which lasted for 2 - 3 days.

The health problems and annoyances that regularly happened and was given 3 scores was the gas discomfort which lasted for 3 - 4 days.

3.11 Mr. Koom : Age 85, married, 5 children, 1 live in child

Life and work

Mr. Koom originally came from Mahasawas subdistrict. His parents were farmers. His father and his mother passed away at the age of 70 and 80, respectively.

He has 6 siblings: he is the forth one. At the present, only two of them left, Mr. Koom and his younger sister (age 79). Two of them still keep contact but it takes them quite a while till they meet. He said his siblings passed away at the age of almost 70 or even more than that. He is a Buddhist. He has no formal education.

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Mr. Koom got married when he was 30 years old. His wife is 10 years younger than him. They are now living together. He has 5 children: 4 sons and 1 daughter. They all got married and moved out, except for his forth son who is now under the monkhood. However, they still live within the area of Nakhon Pathom Province. His eldest son is 50 years old while the youngest one is 30 years old. He has 12 grandchildren. He is now living in his own house where he has been living since he was born. They are altogether 6 people living in the house: Mr. Koom, his wife, his youngest son, his daughter-in-law and two grandchildren. It is a two-storey house with large area. Nearby, it is a grocery belongs to his eldest son. On the day that the researcher went to the house for the interview, there was his wife, his eldest son, and his youngest son staying at home. They were all friendly.

In the past, the daily activity was rice farming. After the farming, he did whatever one would hire. He goes to bed at 8pm. and gets up at 4am. But he keeps himself in bed listening to the radio until 6am. that he gets up and has his face cleaned. His son and daughter-in-law prepare him soy milk and Ovaltine which he takes them both. He has his breakfast late in the morning, 9am. His lunch is at 12.30 while his dinner is at 5pm. He has his dinner a bit early so that he gets ready for work with his wife. He is now working for an orchid farm as a security guard by spending overnight at the farm. There is a house where two people can live in at the farm. Mr. Koom and his wife spend their night there. Two of them can earn 3,000 baht a month for that. "I have been working here for a long time. The owner said it was almost 9 years." he said. At 6pm., he and his wife walk to the farm which is 1 kilometer away from his house. And they walk back home at 5am. After his breakfast, he walks 1.3 kilometers away to the rice filed where his youngest son is taking care of. Now they are reconstructing the house located in the rice field. Mr. Koom and his wife then have to walk there everyday to help them in the reconstruction. Sometimes he has lunch at his son's place and walks back home in the afternoon. But sometimes he walks back home for lunch. Mr. Koom and his wife get used to with walking. They do not take the bus or even refuse when his son offers them a ride.

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Health conditions

Mr. Koom is a healthy person. He walks smoothly with his back stretches. He told that he used to stay overnight in the hospital twice for coughing and vomiting. He was treated by giving the saline and medicines. His present health problem is the high blood pressure. He sometimes has a neck pain and palpitation. For his mental health, he is humorous. When he was asked if he used to get angry at anyone, he answered that he would just walk away. He has no memory lost problem and is able to communicate well. He can memorize all his grandchildren's names. "All my children and grandchildren are all good. I have nothing to be worried." he added.

His eating habit, from the past to the present, is that he has been eating only some kinds of meats: fish and sometimes pork. He loves eating vegetables and Nam Prik (chilli paste). "I do not eat chicken, beef, mouse, frog and some fish. I eat only small fish and vegetables. I eat pork, but very little." he said. He has 3 meals a day but he eats as the same amount as what he previously had been eating. His favorite dish is the sweet and sour stirred vegetables. He eats various fruits. By the way, he mostly eats mango as he grows them in his area. He has no tooth left but he does not put on the denture. His eyes and ears work well. He can normally perform his basic activities without help. He takes a bath one time a day: at the evening. He does not drink tea nor coffee. He used to drink liquors as well as smoke. He quitted both of them as he considered it wastes.

He said that he was lucky about his sleeping habit. He can sleep at any place. Even he spends a long night sleeping; he can still put himself to sleep during the day. When he has a free time, he always takes a nap.

He has no bowel movement.

He told that he had never involved in any exercising activities. But by interviewing, it was found that his daily activities were more than what people did for exercising; working in the rice field, farming, walking back and forth from home to

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the rice field, walking to the orchid farm and walking to the local health center.

For his sexual life, he still sleeps in the same room with his wife.

He had never been taken the physical check up. He understands that to go see the doctor for his high blood pressure problem is the physical check up.

For his news update, he listens to the radio every night. He sometimes watches television during the day time when he stays at home or at his son's place.

Social and religious activities

Mr. Koom is mostly supported by his wife and children for his social activities. "I go to the rice field. I talk to my children, let say, everyday. My grandchildren are all grown up. They go out to work." he said. His children and grandchildren, who do not live in the same area, live not far away. They always drop by. Sometimes they take him to their house, take him out to the temple and for a trip during the festival like New Year. Besides his own income, he is also supported by his children. He said he can ask his children for money. They also give him more after the rice producing season. The local health officer and his neighbor play roles in supporting him. "Doctor Supoj always gives me a visit. From time to time, I walk to the local health center to ask for medicines." he said. In his case, the number of neighbor is very little once he is satisfied staying at home with his children.

For his religious activities, he has been making merits since he was young. He believes that it will result in any good fortune for those who do the good deeds. He believes in the law of Karma. And also he believes in living with what one has. He said he prayed every night for a good health that he would live long.

By testing with the Subjective Health Complaints Inventory, the result showed that, during last month, there were the health problems and other annoyances for Mr. Koom. The symptoms that were given 1 score as it rarely occurred were

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cough (Infection in the windpipe) which lasted for 1 - 2 days, heartburn which lasted for 2 days, and headache, palpitation and constipation which lasted for 2 - 3 days.

Mr. Koom reported that there was no health problem or annoyance that sometimes occurred and was given 2 scores. And for the symptom that regularly occurred and was given 3 scores was neck pain which lasted for 5 - 6 days.

3.12 Mr. Kaew : Age 86, divorced, 1 children, 1 live in adopted child

Life and work

Mr. Kaew and his family previously involved in agricultural field: the rice producing. He is a Buddhist. He is completed Prathom 4 level. At the age of 12-13, his father had a new wife after the dead of his mother. He then ordained for many years.

He had been changing jobs in his whole life: farmer, carpenter, tricycle rider, vegetable gatherer, janitor, and massenger at Thammasart University. However, he presently does not involve in any occupation.

Mr. Kaew has one sister and one brother while he is the youngest one in the family. They were all farmers and originally came from Ubonratchatani Province. After he moved to Bangkok alone, he had never heard from his family.

He said that when he newly moved into Bangkok, one of his friends came from his hometown updating him that his brother moved to Mukdaharn Province while his sister got married and moved out to where he did not know.

Mr. Kaew lives his life normally without any problem. He can take a bath, brush his teeth and get dress by himself. His ears and eyes still work well. He can clearly hear and read. His teeth are in a good condition. There is no problem in chewing and no denture is needed. By the way, he complains that his teeth are

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receding apart. He starts to have a memory-loss problem but it is not serious. He can still remember all his children and grandchildren's names. He does not feel lonely, depressed or discouraged. His normal way of life includes getting up, taking a bath, brushing teeth, drinking milk, sitting in front of the house, watering plants, ploughing, gardening, fixing tables and chairs, strolling to the shack nearby the house and sometimes getting some grass and morning glory for the neighbor to feed the rabbits.

He updates the local news by watching television and reading newspaper. "I read the newspaper every morning, Thairath and DailyNews. My children buy them for me. I also like watching television. I watch sports, news and drama." he said.

Mr. Kaew got married for the first time at the age of 20 when he was in Ubonratchatani province. They had one child. He divorced with his wife after he moved into Bangkok and never made any contact with them. He became a tricycle rider for a year and then moved back to Ubonratchatani where he turned himself into a farmer. He was almost 30 years old when he once again moved into Bangkok and got a job as a janitor at Thammasart University. After that he was promoted to be a massenger within the campus as he was completed Prathom 4 level and was able to read. His salary raised up to more than a thousand baht with the accommodation. He said he was proud of working at Thammasart University as he was able to read then he was promoted along with higher salary, meanwhile those who cannot read did not get the job. "I firstly was a janitor taking care of the cleanliness. When they asked for a person who can read, I told them I was completed Prathom 4 level. They promoted me to be a massenger. I rode the motorcycle, so-called 'Ma joo' sending and fetching the documents and letters both within and outside the campus." After the working hours, he played football with his colleagues.

After that he got married with the widow who was a food seller in the cafeteria at Thammasart University. She bore him 3 children. She now already passed away. Mr. Kaew worked at Thammasart University until he retired. After the retirement, he lived with his step-son at Wong Wien Yai. Everyday the step-son and his wife went out to work. Mr. Kaew had to stay at home. He entertained himself by

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fixing the chairs and tables. Sixteen years after that, he moved to Salaya with his step-son, daughter-in-law and a grandchild.

He lives in a two-storey townhouse with his bed room on the ground floor. The rest of the family lives on the upper floor. Mr. Kaew can walk upstairs without fatigue. Most of the times, he stays in front of the house with the parking area. But once there is no car, he uses the spaces for his plants and for working the wood. Another favorite activity for Mr. Kaew is to walk to the shack nearby the pond which is 150 meters away from home to relax.

He said he sometimes stayed in the house watching television. But if there are many people in the house, he would walk to the shack nearby the pond, sit in front of the house, or even go out collecting fresh grass or morning glory for his neighbor's rabbits. The researcher noticed that he is always isolated with not much time talking to his step-son and daughter-in-law. "Nothing's wrong. I can talk to them if I have something to tell or let them know. But I do not normally have a topic to share."

Health conditions

Mr. Kaew has a good Health conditions. During the first session of the interview, he talked about his health that he did not have any health problem. He never involved in any serious illness. He can walk upstairs without fatigue, walk and move quickly and go to the market alone by taking bus or motorcycle. He said he did not go to the market for food because his daughter-in-law was in charge. "I buy what I want. Sometimes, I buy t-shirt or pants." he said. When he is ill, he treats himself by taking the medicines bought by his step-son.

For his mental health, Mr. Kaew is a clam person who has a good mood. During the interview, he laughed from time to time. He learns to adapt himself in living with others. He is satisfied staying at home with adequate amount of money. He later told that he lately had a problem with his skin. It causes the itchy feeling that he cannot sleep.

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He told that, from the past, he ate the foods that he prepared. Rice was from his own rice field. Vegetables and fish were what he found. He likes eating fish with vegetables and Nam Prik (chilli paste). He eats both fresh and boiled vegetables with rice. He prefers mild food. He normally has a dish per meal: 3 meals a day. His meals are at 9am, noon and 6pm., respectively. During the weekdays, he has his meals with his step-son and daughter-in-law. But for the weekends, his niece joins the meals. He loves fruits. He can eat what he previously had but less in quantity. He likes cooking that he sometimes cooks for himself. But occasionally, his step-son, daughter-in-law or his niece cook for him. They seldom buy ready-to-eat foods which he does not prefer for the reason that it does not taste good. Mr. Kaew used to drink liquors as well as smoke. However, he quitted both of them before he reached his age of 60. He now does not drink tea nor coffee. He drinks the instant milk advertised to be good for elderly people by preventing the depreciation of bones and adding more calcium.

When the researcher asked him to evaluate his health, he said, "It is quite alright. There is nothing to worry." He never spent his night in the hospital. He mentioned about his sleeping habit that he had a sleeping problem; he never took the sleeping pill though. He used to sleep 8 hours a night. He went to bed at 10pm. and got up at 6am. He used to sleep well. But for the past 5-6 months, he faces a sleeping problem as he feels itchy at the wound on his leg. "I just went to see the doctor at Buddhamonthon hospital with my daughter-in-law. I took a taxi. She paid 500 baht for both the taxi and the medicines." he told. He can take care of himself with the medicines because he can read the labels. Once the researcher asked how he dealt with his sleeping problem, he answered, "I do not know what to do. I just lay there until I once again fall asleep. But it takes not more than an hour till I wake up again. It is not like the previous times that I can really put myself to sleep."

Mr. Kaew can control his bowel. But he sometimes faces the constipation problem.

He used to do the exercise by playing football and running every morning and evening. Presently, he walks to the shack nearby the pond every morning. And he also involves in many activities that are considered to be the exercise: ploughing,

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watering plants, strolling around, going out for grass and morning glory for rabbits, doing wooden works and doing the plate for plantation.

For his physical check up, he said that it has been more than a year that he did the physical check up at the hospital.

"My wife passed away for 5-6 years, also my sexual life died away." he laughed as he mentioned about his sexual life.

Social and religious activities

Mr. Kaew gains the support both from his step-son and his grandchildren. "There is not much that I need. I have my children to cook for me. I have my grandchildren who support me money. Both the one at Hua Hin and the one at Bang Kae have their own family to take care of." he said. He added that he wanted to travel around but he did not want to disturb them. He would go in case that they took him along with them. He had been to Hua Hin once his niece got married with her husband who worked for the hotel in Hua Hin. He said he liked it there and would like to go there if he had a chance. "I used to work at Thammasart University but it had been ages that I was retired. I do not want to go there as there is no one I know." he said. He mentioned about his neighbors that they assisted him with some helps. He knows many of them that they always have conversations at the shack nearby the pond. They also share the foods and help in taking care of each others' houses while they are out. He had never been to the public health center. "I need help with the supporting money for elderly that they give 300 baht. I never got one." he requested.

For his religious activities, he told that he used to offer foods to monks every morning. But nowadays it is his step-son who does it. He rarely joins. "I sometimes go to the temple, Wat Thepnimit, for making merits." he added.

Mr. Kaew believes in the law of Karma and in making merit which he said, "They say it is good to do. Then I believe so." When the researcher asked why he

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lived so long and was healthy, he answered, "I do not know. It might be a result of making merits. I used to be under the monkhood for a period of Buddhist Lent."

By testing with the Subjective Health Complaints Inventory, the result showed that, during last month, there were the health problems and other annoyances for Mr. Kaew. The symptoms that rarely occurred (1 score given) were neck pain which lasted for 30 days, arm pain which lasted for 4 days, heartburn which lasted for 1 day, constipation which lasted for 2 days, tiredness which lasted for 1 day and depression which lasted for 2 days.

The health problems and annoyances that considered to be sometimes occurred and were given 2 scores were flu or colds which lasted for 2 - 3 days, lower back pain which lasted for 10 days and hot flushed which lasted for 1 - 2 days.

The symptom that was given 3 scores as it occurred regularly was the eczema which lasted at all times and it also caused the sleep difficulty.

3.13 Chat : Age 87, married, 8 children, 2 live in children

Life and work

Mr. Chat was originally from Nonthaburi province. His parents were farmers. When he was young, he assisted his parents in the rice field. Both of them passed away at the age of almost 80. Mr. Chat then lived in the temple. He was completed Prathom 4 level. "I did not pay attention to the class. I was the leader in skipping the class for playing." he told. After years in the temple, he lived his life liked other teenagers. He was a farmer until he was 17-18 years old that he turned to be a carpenter. Later, he was a contractor for home building. As a part of his work, he had a chance to travel around.

Mr. Chat is the eldest one among his 4 siblings. Two of them have just passed away at the age of almost 80. He got married with his first wife when he was

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21-22 years old. They had 4 children. After the dead of his first wife, he got married again when he was a little more than 30 years old. He moved to Salaya 6-7 years ago. With his wife, he has another 4 children. The eldest one is 38 years old while the youngest one is 27-28 years old. He has 2 grandchildren. He quitted being the carpenter and not anymore involves in any field of occupation. He lives with his wife, his sons, his daughters, his son-in-law and his nieces.

His daily activities include sitting at the corridor where the wind blows with the panoramic scenery. After he gets up, he washes his face and brushes his teeth. Then he keeps strolling around the house, gets rid of grass, and enjoys the plantation and, when it is getting late, he takes a bath.

For the media, he likes watching television for news but he does not read newspaper once he has cloudy eyesight in which he only sees the pictures. He prefers staying at home. He does not have any stress and does not feel lonely.

Health conditions

He is a strong and healthy person. He has no health problem. He used to stay overnight in a hospital for only once in his lifetime at Buddhamonthon Hospital for 2 nights. His wife said that he was so depressed for having his house mortgaged that he cannot eat. In the past, he used to have the high blood pressure problem and the emphysema but the symptoms were gone for a long time. Mr. Chat evaluated his health as being very healthy. He mentioned about his eating habit that when he was a kid, he lived at the temple and ate whatever people offered to monks. They were, normally, various kinds of curry with rice and also stirred fried vegetables. Nowadays, he eats what is cooked by his wife: they are mainly boiled vegetables, Nam Prik (chilli paste) and mackerel. Other foods are changed for each meal. He does not like eating pork. He also does not like going out for a meal. In case that his children ask him out, he tells them to leave him home. But once his children want to stay at home, he will ask them to cook. He normally has 3 meals a day. He eats quite a lot per meal: up to 2 - 3 dishes. The meals are not fixed. When he gets hungry, he tells

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his wife so that she cooks for him. He can chew with his teeth. No denture is needed. He also likes fruits which he can eat various fruits. Presently, he eats fruits that are easy to eat like long kong, oranges, and bananas which he grows at his place. He said that he sometimes did not have lunch as he did not feel hungry. From time to time, he drinks coffee. He used to smoke and drink liquors but he had just quitted 8 years ago. He said, "To quite smoking and drinking is not risky to health. It is the matter of mind. I quit them as I want to."

For his sleeping habit, he goes to bed at 10:30pm. and gets up at 4 - 6am. He does not take a nap during the day. He mentioned that he found it was hard to put himself to sleep but he did not take medicine. Once he falls asleep, he spends the long time sleeping.

He said he had no bowel problem.

Mr. Chat mentioned about his exercising habit in the past, although he did not really involve in the exercising activity, his job normally did. Presently, he does not do the exercise but he keeps strolling around the house where there is a vast area.

When the researcher asked Mr. Chat about his physical check up, it was found that he did not pay attention to the physical check up as he misunderstood that it was necessary only when he got sick. He said he did not have his physical check up for 8 - 9 years. "Why do I have to do the physical check up? I am not sick." he added.

He answered that he still shared the bedroom with his wife. When the researcher asked him if he could have any baby, he just laughed.

Social and religious activities

For his social activities, his daughter and his son-in-law support him money, foods and any necessary items for daily usage. "My daughter and my son-in-law take care of any household expense. They take me to any places where I want to go. Twice

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a year I visit Tak Province where my wife's relatives are.” he said. He is also mentally supported by his children and grandchildren; but not physically support. "My children with my ex-wife always give me a visit. Sometimes, twice a month. They do not give me money as I never gave them.” he added.

Mr. Chat sometimes has conversations with his neighbors. He used to walk to his neighbors but now his neighbors are the ones giving him a visit. "My wife's sister is next door. I used to walk there but now they are the ones coming to see me.", he said. He explained, "I am happy to be at home. But I can leave home without worry once there is no robbery in this area.” His youngest son sometimes takes him to the barber to have his hair cut. And from time to time, he takes Mr. Chat to the place he used to live where he can have the conversations with his old friends. It is also found that Mr. Chat is supported by his neighbors. "I can leave my home to my neighbors in case that I am not home. But there is no need to do so as it is safe here.” he said. He also added that his neighbors were generous. When the researcher asked about the visit of the local health officer, it was found that most of the elderly perceived the appearance of the officer but they found it was unnecessary. "There is a doctor in blue uniform coming to my place quite often. She comes here for talking and jotting down something.” he added.

When the researcher asked if he performed any religious activities, his wife answered that he made merits when he had chance. He offers foods to monks only at the beginning and the ending of the Buddhist Lent. She added, "Normally we do not choose the temple to go. But we often go to Wat Salawan. For my husband, he goes to any temple and tells me to buy things for merit making.”

By testing with the Subjective Health Complaints Inventory, the result showed that, during last month, there were the health problems and other annoyances for Mr. Chat. There were symptoms that rarely occurred and were given 3 scores; headache (lasted for 1 day), lower back pain (lasted for 2 - 3 days), breathing difficulties (lasted for 1 - 2 days), stomachache (lasted for 1 day), constipation (lasted for 2 days) and hot flushes (lasted for 1 day).

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The health problems and annoyances that were given 2 scores as Mr. Chat reported that they sometimes occurred were cough (infection in the windpipe) which lasted for 5 - 6 days and sleep problem which lasted for 1 day.

Mr. Chat is very healthy person once he reported that there was no heath problem or annoyance that occurred regularly and each of them would be given 3 scores.

3.14 Mr. Ied : Age 89, married, 9 children, 1 live in child

Life and work

Mr. Ied has his origin at Mahasawas subdistrict. His parents were farmers. His father passed away at the age of 70, while his mother passed away when she was over 80 years old.

He has 6 siblings: 4 brothers and 2 sisters. All of them had already passed away. He cannot tell the precise age of his siblings when they died. But he said they all passed away at the age of more than 70.

Mr. Ied studied at the temple for 3 months then continued his studying in public school. But he only took class on Sunday. As a result, he cannot answer the level of graduation that he is finally graduated. He said that it might be equal to Prathom 4 level. He can read. He was a farmer. He used to help his parents in rice farming. After he got married, he moved out and did the rice farming in his own rice field. However, he is still living in Mahasawas subdistrict.

He said he had been living with his wife 5 yeas before they got married at the age of 25. They are still living together. He has 9 children: 2 of them died since they were young. Among them, there are 4 sons and 3 daughters. Only one of his daughters is left single. The rests got married and moved out. His eldest son is 63 years old

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while the youngest is 40 years old. He now owns the house where he lives with his wife who cannot walk for over 6 months and his forth daughter who is single (age 58). Even his children had already moved out, they live not far away and often drop by. His youngest son and his wife come to his house everyday for feeding fish. They turned the vegetable field into a fish pond. After they finish their work in the early night, they go back home.

The house Mr. Ied is living in is the traditional Thai-style house with the upper floor lifted up. In front of the house, there is fish pond and rice field. The house is surrounded by banana and mango trees. At the back of the house, there is another fish pond. Mahasawas canal is 50 meters away from the house. It is where Mr. Ied takes a bath everyday. On the way to the canal, there is a space used for gardening; it includes vegetables, herbs, bananas and mangoes.

From the previous time, he assisted his family in rice producing which he had been doing until the last ten years. He said, in the past, he had no car. Then he had to walk for days. "I did not travel by car. I used to leave home since 2am. by walking to Saphan Budh for buying the cradle for my second baby. I reached there by 7am. and returned home at 4pm.", he told. He mentioned about his past that he walked to the rice field with a pack of rice. Along the way, if he had a chance, he would catch fish. All his life he saw only rice field and flatsedge (herb). Besides walking, he only took boat for the transportation. After the rice producing season, he paddled the boat for delivery. His daughter told that Mr. Ied moved very fast. He can go from place to place with little time spending. He presently earns some money from making the brooms made of coconut leaves. He paddles his boat to sell them on his own. It is found that Mr. Ied has a good personality: he is tall and walks with his back stretches. He moves fast. He can communicate well with humor. He speaks nicely and respectable.

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Health conditions

Mr. Ied is under the good health condition. He can walk smoothly and fast. He has a heart disease since he was 83 years old. He has a medicine for his symptom. He used to be treated at Siriraj hospital twice and at Buddhamonthon hospital twice. The first time he was in the hospital was for his ulcer dyspepsia since he was addicted to the pop soda when he was 51 yeas old. The second time in the hospital was when he fell down at the rice field and it caused him a pain in his bruised liver at the age of 59. Eight to nine years later, he was again in the hospital for the inguinal hernia. And when he was 83 years old, he was under the operation for his prostate. However, his present health condition is considered to be good. He sometimes feels dizzy and has chest pain. He relies on himself for his daily activities. He can even assist his daughter in moving his wife onto a wheel chair. He keeps walking for traveling. He walks 2 kilometers away from home to the local health center. He can travel alone by bus. He communicates well with the quick response. He precisely tells the story about his own past.

For his eating habit, in the past, he ate the fish he can catch on his way to the rice field. He presently does the same. The reason he does not eat chicken and pork is that it is expensive. He has just started eating vegetables as, in the past; he can only find the flatsadge. He said that in the past when he was walking to the rice field, he can catch the fish which can be eaten for 7 days. His daughter said he liked eating mild foods like tofu soup, stirred fried vegetables, and grilled fish. He likes all kinds of fruits but he often has bananas and mangoes that he grows them himself. He said he used to drink coffee which he quitted for 20 years as it caused him constipation. By the way, he sometimes drinks coffee for socialization. From time to time, he drinks milk. He said it was tasteless that he does not want to drink. He prefers Ovaltine which is sweeter. He used to smoke. "I smoked when I was 21 - 22 years old. I quitted when I was 24 years old." he said. It was the same with liquors. He used to drink it while he was working. "I drank only when I worked in the rice field. I did not drink it often as I had no money. I quitted for over 30 years." he added. He has no tooth left that he uses the denture. He cleans his denture by washing it everyday. His

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ears work well. He faces a problem with his eyes. Its effectiveness decreases when it is used a little too much. But he can normally read newspaper and watch television.

He said he had a sleeping problem as he found it was hard to sleep. But once he fell asleep, he would spend a long hours sleeping. He can take a nap during the daytime. "It is 11pm., midnight, and sometimes 1am. till I can put myself to sleep. After that I can sleep very well." he said.

His bowel problem is that he suffers from constipation. He takes the medicines he got from the local health center. He sometimes goes to see the doctor at Buddhamonthon hospital by taking a bus. "I won't keep it continue for many days. I take the medicine which I ask for from the local health center or sometimes from Buddhamonthon hospital." he told.

For his exercise, he said he did not do any exercise. It was found that he liked walking for a long distance which it was considered as the exercising activity.

His sexual life was stopped for a long time since he was too old for that.

He had never been doing the physical check up. He, likes other elderly, understands that the physical check up should be done only when one gets ill.

His news update is done by listening to the radio, reading newspaper, watching television as well as talking to the local health officer and neighbors. He listens to the radio everyday for both news and chanting.

Social and religious activities

For his social activities, he is supported by his children, the officers working for the local health center and hospital and neighbors. None of his friend with the same age is left. Only his wife's sister lives next door. He continues taking parts in all the cultural activities: marriage, ceremony held for moving into the new house and

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visiting people. It was found that Mr. Ied loved to travel and explore his regions. He presently loves it and he travels alone by bus to Nakhon Pathom Province. For his religious activities, he involves in many religious activities; offering foods to monks everyday, going to the ordination ceremony, and joining in ceremonies held at the beginning and the end of the Buddhist Lent. It is found that the social change affects the religious activities of the elderly. "I did not offer foods to monks for 2 years as no monk passed by." he said. On the interview day, Mr. Ied also had an appointment with his grandchildren-in-law who would take him to the religious ceremony at Wat Song Kanong temple, Buddhamonthon 7th., where he pays much respect to the Buddha Image at this temple and always goes there for the fair held yearly.

He believes in the law of Karma. He believes that a person who performs a good deed will, in return, has a good fortune. "I used to find fish in the mud pond during the Vegetarian season. My friends told me to keep them until it was out of the season. But I did not want to keep them. If I were the fish, I would not like being kept in the basket. Then I let them go." he said. He also told that he used to catch the frog by hanging them with the hook at its stomach. Later on, he found himself having a wound in his stomach. He believes that it was a result of killing the frog.

By testing with the Subjective Health Complaints Inventory, the result showed that, during last month, there were the health problems and other annoyances for Mr. Ied. The symptoms he mentioned that they rarely occurred were neck pain, arm pain, palpitation, chest pain, heartburn, stomach discomfort, gas discomfort, hot flushes, and dizziness which lasted for half day. These problems were scored 1.

The health problem or annoyance that was given 2 scores and was reported to be sometimes occurred was upper back pain which lasted for half day.

The symptoms that regularly occurred and were given 3 scores were constipation which lasted for 2 - 3 days, eczema which lasted for 9 days, and lower back pain and sleeping problem which lasted for 30 days.

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3.15 Mr. Pan : Age 100, married, 14 children from 3 wives, no live in children

Life and work

Mr. Pan originally lived in Klon Yong subdistrict. His parents were farmers: they passed away the age of over 70. He helped them working in the rice field until 30 years ago.

He has 5 siblings: he is the eldest. They were all farmers. His siblings passed away at the ages of almost 70.

Mr. Pan got married 3 times. After one year of his ordination, he got married at the age of 21. With his first wife, he has 4 children. Only one child he has with his second children. He present wife, who is dumb, is 74 years old. They have 9 children: the youngest is 25 years old. "I can memorize all my children's name. But it takes me sometimes thinking." he said.

He is a Buddhist. He has no formal education. He used to work in the rice field and also used to work for the government.

Mr. Pan is living in the house where he had been living since he was born. It is the house which left behind for him and his siblings by his parents. It was once mortgaged to his grandchild who is presently the owner of the house and let Mr. Pan live here without any rental fee. He lives in the house with his wife. His two daughters who got married moved out to their houses within the area. The house has no ground floor but the large area surrounded by trees. He also raises chicken. During the day time, he spends his day on the stool nearby the house. At night he sleeps in the house. He said he sometimes stays in the house watching television. But most of the times he stays outside at the stool where he can have a look at his neighbors, children and the raising chickens. He said he earns his income from raising the chicken. His wife enjoys farming for little income: mangoes and coconuts. His said he was always questioned by his neighbors how he could have money to spend. He proudly answered

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that there were always people giving him foods and money.

Health conditions

Even though he is 100 years old, he is strong. He can walk and move. His back does not anymore stretch. If he has to walk for a distance, he needs a walking stick. He can walk to 100 meters to the grocery. His ears work but not so well. People have to speak loudly to him. Only one of his eyes left. He loses one eye 30 years ago when the rice accidentally got into his eye. He used to stay overnight in the hospital twice. First, he stayed at Siriraj hospital for his eye operation 30 years ago. Later, he spent a night in Huay Plu hospital for having diarrhoea ten years ago. He added that he sometimes had asthma problem. He presently asks for the medicines from the local health center. His mental health is found to be calm, kind and generous. He is satisfied with his life. His brain works very well. He has no memory lost problem. "People always ask if I have any memory lost. I would say no.", he said. He understands everything that people talk with him. He is proud of his own past. "My uncle used to be a thief. After he was titled as a header of the village and I was an inspector, no thieves left. We can take control over them." he told.

When the researcher asked if he used to do the physical check up, he said no.

He said, from the past, he ate what was cooked in the household. He caught fish which he said it was easy to find. He likes eating fish and vegetables with Nam Prik (chilli paste). He sometimes eats pork. When he was young, he ate spicy salad. But he now eats only mild foods. He eats rice soup with chopped pork. He eats 1 dish a meal: 3 meals a day. He said he ate very little each meal. Nowadays he eats what his wife cooks for him. Sometimes, his daughters bought him foods. He prefers those are cooked by the family members. He regularly drinks liquors: once a day. He rarely smokes.

Mr. Pan said that he had never involved in any exercising activity. It was found that his daily activities already included those exercises: walking and paddling.

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He relies on himself on his daily activities: taking a bath, eating and raising chicken.

For his news updates, he listens to the radio and watching television. He said he liked listening to the chanting in the radio. "I stay tune from dust till dawn for news." he added.

His daily activities are those normally done by the elderly. He cannot sleep but he does not take any medicine. His daughter said the liquor helps him in sleeping.

He mentioned about his sleeping habit that he sometimes cannot sleep that he had to take the medicine. His grandchildren asked the local health center for the medicine.

His bowel is under control. However, he sometimes faces the constipation problem which he does not keep it continue. "I won't let it continue for more than 2 days. I would have my grandchildren asked for medicine for me.", he said.

The activities that he likes to do are those he used to do in the past: raising chicken, drinking liquors and talking to his neighbors.

For his sexual life, he said he quitted for years. "I never slept with my wife for years. I feel tired even when I walk." he added.

Social and religious activities

Mr. Pan is supported directly by his wife who is taking care of the foods he eats. His grandchildren support him his living place. His children sometimes support him foods. He can rely on himself. He is also supported by his neighbors whom he said to be paddling to his house everyday for drinking liquors. He finds the service of the local health center is necessary. He often asks them for medicines. Plus, he also earns 300 Baht each month from the government.

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He said he made merits since he was young. He used to offer foods to monks. The activity stopped when due to determent of aging. He used to go to the temple during the religious ceremonies but he now prays at home every night. He believes that doing the good deeds will result in good fortune. When he was asked why he lived so long, he said it might be that he performed good deeds in his past life. His friends had already passed away. "I take them all as friends. I never did anything bad to anyone. I do not jealous. I donate for them. I always have something to eat as people always bring me foods. I might even get 200 - 300 baht if I stay", he said.

By testing with the Subjective Health Complaints Inventory, the result showed that, during last month, there were the health problems and other annoyances for Mr. Pan. the symptoms that rarely occurred and were given 1 score were Migraine which lasted for 1 - 2 days, leg pain which occurred while he was walking, breathing difficulties, heartburn and gas discomfort which lasted for a while.

The health problems or annoyances that sometimes occurred and were scored 2 were palpitation which lasted for a short while and constipation which lasted for 1 day.

The symptoms which were reported as regularly occurred and were given 3 scores were flu or colds which lasted for half day, headache and dizziness which lasted for a short period of time, neck pain, upper back pain, lower back pain, chest pain and eczema which lasted for 2 - 3 days, arm and shoulder pains which lasted for 5 days, sleeping problem which lasted for 1 - 2 days and tiredness which lasted for 30 days.

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BIOGRAPHY

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