

CHAPTER II

LITERATURE REVIEW

This study aimed to assess the quality of life and to explore the relationship among socio-demographic factors, health promoting behaviors and quality of life among the elderly in Srisamrong District, Sukhothai Province. This chapter presents a review of the concepts related to these topics as follows:

2.1 Concepts of the elderly

WHO (2000) states that the age of sixty is likely to be a realistic expression of older age in developing countries among people who are not having the advantage in earlier life.

Throughout this study, elderly means the people who are 60 years old or older who are men or women. In addition, elderly people can be divided into three groups according to WHO's recommendation as young old (aged 60-69), old-old (aged 70-79), and the oldest (aged 80 and over).

2.2 Theories related to this study

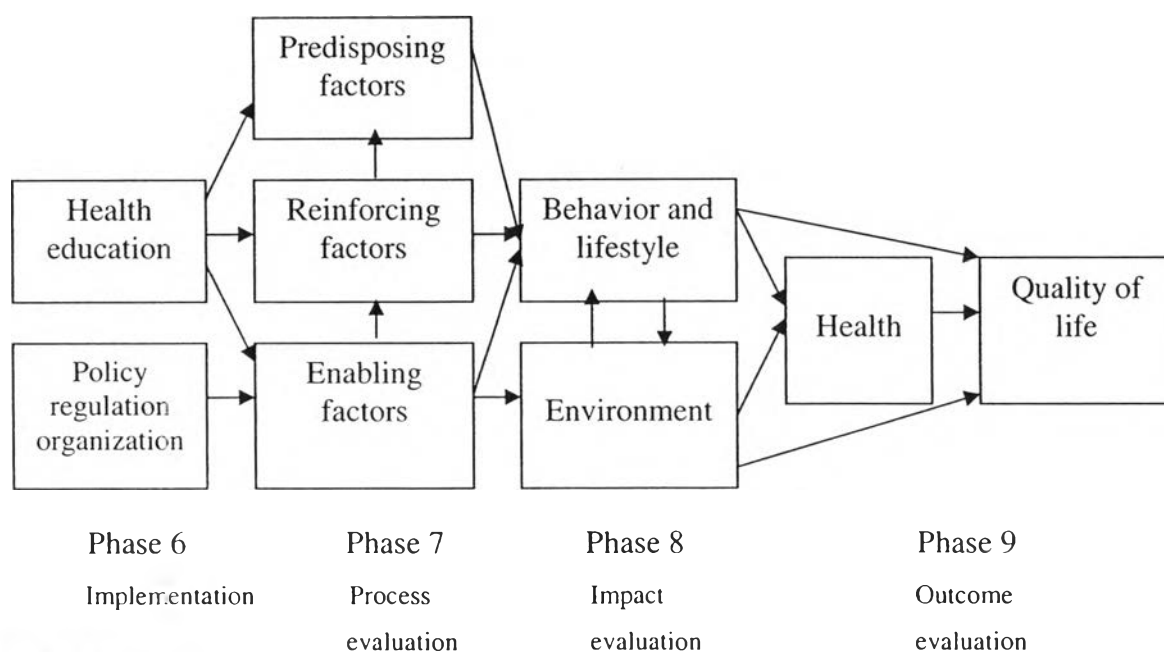
Many factors are related to behaviors and quality of life. This study drew on the PRECEDE-PROCEED behavioral model, as described by Green & Kreuter (1999). This concept emphasizes two fundamental propositions: (1) health and health risks usually have multiple determinants and (2) to be effective, efforts to effect behavioral, environmental, and social change must take these multiple determinants into account. A combination of processes and techniques are required to develop a plan and to determine strategies for health behavior changes.

The PRECEDE-PROCEED model was developed as a planning framework from which health education and health promotion programs could be designed (Green, Kreuter, Deeds, & Partridge, 1980; Green & Kreuter, 1999). PRECEDE

stands for “Predisposing, Reinforcing, and Enabling Factors Constructs in Educational Diagnosis and Evaluation.” Predisposing factors include knowledge, attitudes, beliefs, personal preferences, existing skills, and self-efficacy toward the desired behavior change. Reinforcing factors include factors that reward or reinforce the desired behavior change. Finally, enabling factors are psychological/emotional or physical factors that facilitate motivation to change behavior. This process is composed of five steps of analysis starting from current situation of health problems. The problems are then examined backward to identify the causes of the problems and the obtained data are utilized in the planning of further management for behavioral changes. On the other hand, PROCEED which stands for “Policy, Regulation, and Organizational Constructs in Educational and Environmental Development,” is the development and implementation of the plan. The PROCEED component of the model acknowledges the importance of environmental factors in determining behaviors. This part should be completed before the planning starts; it, then, leads to implementation and evaluation in steps 6 to 9. In summary, the model begins with the outcome of interest, and the model is used to design an intervention to achieve the desired outcome. The details about each step of the PRECEDE-PROCEED framework are shown in Figure 2.

PRECEDE

Phase 5	Phase 4	Phase 3	Phase 2	Phase 1
Administrative and policy assessment	Educational and ecological	Behavioral and environmental	Epidemiological assessment	Social



PROCEED

Figure 2: The PRECEDE – PROCEED Model (Green & Kreuter, 1999)

Step 1 Social assessment is a process of considering and analyzing quality of life. It involves the assessment of problems in various population groups, judging which problems have impacts on an individual, group of people, and their health. The assessed problems indicate levels of quality of life of the population, for example, unemployment, crime, or overpopulation.

Step 2 Epidemiological assessment is an analysis of health problems which affect the population being studied. The epidemiological diagnosis helps in specifying health problems and understanding the distribution of the problems and the risk factors related to the problems. The data are then utilized in determining the priority of the problems so that the more important ones can be selected for further management.

Step 3 Behavioral and environmental assessment is the process of examining the environmental and behavioral components that are related to health conditions and health problems.

Step 4 Educational and ecological assessment is an examination of factors that cause or affect health behavior. The factors are categorized into predisposing, enabling, and reinforcing factors.

Step 5 Administrative and policy assessment is associated with the assessment of capacity and resources of an organization, as well as its policy, which leads to the management plan, and the actions, which should be consistent with the factors influencing health behavior found from step 4.

Step 6 Implementation is the utilization of the plan.

Steps 7-8-9 Evaluation involves three aspects as follows:

Process evaluation is the evaluation of problems arising during the implementation as well as the evaluation of the progression of the program in order to assess and ensure that the program is progressed as planned.

Impact evaluation is the evaluation of unexpected impacts, both in positive and negative ways.

Outcome evaluation is the evaluation of the outcomes directly resulted from the program. This evaluation includes three issues: effectiveness, adequacy, and efficiency.

This study focused mainly on steps 1, 3, and 4 of the PRECEDE-PROCEED framework.

2.3 Concepts of quality of life

WHO (1996) defines Quality of Life as individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. It is a broad ranging concept affected in a complex way by the persons' physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment. WHO has therefore developed instruments for assessing quality of life that can be used in a variety of cultures setting while allowing the result from different populations and countries to be compared.

In Thailand, Sirisawang, W., Tawichasri, S., & Patumanond, S. (2000) used WHOQOL-BREF to explore the quality of life of the elderly in Chiang Mai Province. The result showed that most of the elderly resided in their houses, had good relationship with and were taken care of by the families. Their living depended on their sibling (86.4%). Their incomes were considered adequate (77.8%) and most were spent on charities (87.0%). In addition, they were able to perform daily activities without any problem (92.6%), spent their time mostly on resting (90.7%), participated in religious activities (90.1%), and were able to go places alone (67.9%). The average quality of life was high, especially on the psychosocial domain. Finally, elderly male had better quality of life than female.

According to WHO, QOL is defined as individuals' perception of their position in life. Therefore, in different situations, how the elderly feel or satisfy may also change over time. In addition, QOL does not have the same meaning in every culture (Sriruksa, P., 2001). Then, careful comparative studies of the various countries would be necessary to determine a common definition of contributing factors of QOL.

Therefore, to improve the QOL of the elderly people, QOL assessment and base line data need to be explored under the culture, environment, and policy of each area. The QOL assessment will be useful for the elderly health promotion planning and health policy research, to help us know the real situation from a holistic point of view.

2.4 The relevant findings in health promoting behavior and quality of life

Nangnuan Poolkasorn (2002) studied the factors affecting health promoting behaviors among the elderly in Kamphaengphet Province. The result showed that the majority of the elderly, 341 people of 420 people (81%), had fair health promoting behavior. Sex, age, and marital status as well as health status perception and satisfaction with health services were related to health promoting behaviors. In addition, social support from family members, neighbors, and health promoting personnel, and access to health promoting information were also related to health promoting behaviors. The results indicated those predicting factors accounted for health promoting behaviors with a variance of 25.8%. The significant predictors in

order of significance were health status perception, access to health promoting information, age, and satisfaction with health services.

Tae Wha Lee et al., (2005) studied health promoting behaviors and quality of life among community-dwelling elderly in Korea. The results showed that there were statistically significant differences in quality of life (QOL) of the elderly related to exercise participation, alcohol abstinence, and blood pressure (BP) check-up ($p < .05$). Multiple regression analysis revealed that perceived health status, number of chronic illnesses, activities of daily living, BP checkup, exercise, and gender were statistically significant predictors of QOL. R^2 for this whole regression model was .412%, indicating that approximately 41.2% of the variance in QOL was accounted for by the linear combination of these variables. Based on the findings, the researchers suggested that nurses should enhance the QOL in elderly persons by facilitating health promoting behaviors through formal nursing interventions, which could maintain and increase a healthy and active life.