

Activities enhancing quality of life model development for the aging in Loei Province

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บทคัดย่อ

การวิจัยครั้งนี้มีวัตถุประสงค์ (1) เพื่อศึกษาสภาพและปัญหาการส่งเสริมคุณภาพชีวิตของผู้สูงอายุในจังหวัดเลย (2) เพื่อพัฒนารูปแบบกิจกรรมส่งเสริมคุณภาพชีวิตของผู้สูงอายุในจังหวัดเลย โดยกระบวนการมีส่วนร่วมของทุกภาคส่วนในชุมชน และ (3) เพื่อนำรูปแบบกิจกรรมส่งเสริมคุณภาพชีวิตของผู้สูงอายุไปสู่การปฏิบัติ ใช้วิธีการแบบผสมผสานวิธีการวิจัย โดยใช้การวิจัยเชิงคุณภาพนั้นใช้การสนทนากลุ่ม (Focus Group Discussion) และใช้เทคนิคการประชุมเพื่อระดมความคิดการสัมภาษณ์เชิงลึกและการสังเกตแบบมีส่วนร่วม สำรวจนิเวศบวม ใช้แบบสอบถาม กลุ่มเป้าหมายประกอบด้วย ผู้สูงอายุในชุมชนที่รู้สึกตัวดีสามารถเข้าร่วมกิจกรรมต่างๆได้ ผู้นำชุมชน อาสาสมัคร สาธารณสุข

ผลการวิจัยมีดังนี้

- ผลการศึกษาสภาพปัจจุบันและปัญหาในการส่งเสริมคุณภาพชีวิตของผู้สูงอายุในชุมชนจังหวัดเลยพบว่ามีการดำเนินงานส่งเสริมคุณภาพชีวิตของผู้สูงอายุในชุมชน ในด้านสุขภาพเท่านั้น มีการส่งเสริมการออกกำลังกาย โดยมีการเต้นแอโรบิค การตรวจสุขภาพร่างกาย พื้น ช่องปาก และตรวจสุขภาพจิต ประเมินภาวะซึมเศร้า ประเมินการช่วยเหลือตัวเอง ส่วนในด้านสังคมและวัฒนธรรม ร่วมมือกับหน่วยงานอื่นๆ เช่น เทศบาล ส่วนปัญหาในการส่งเสริมคุณภาพชีวิตของผู้สูงอายุในชุมชน พบว่าสมาชิกให้ความสนใจน้อย ขาดงบประมาณสนับสนุน กิจกรรมไม่น่าสนใจ
- ผลการพัฒนารูปแบบกิจกรรมส่งเสริมคุณภาพชีวิตของผู้สูงอายุ ได้ 4 รูปแบบ คือ รูปแบบด้านสุขภาพ รูปแบบด้านสังคม รูปแบบด้านวัฒนธรรม และรูปแบบด้านเศรษฐกิจ
- ผลการนำรูปแบบกิจกรรมส่งเสริมคุณภาพชีวิตของผู้สูงอายุสู่การปฏิบัติ โดยการนำรูปแบบที่ได้กำหนดเป็นกิจกรรม และได้ดำเนินกิจกรรมเป็นเวลา 6 เดือน โดยมีกิจกรรมในแต่ละรูปแบบดังนี้

รูปแบบด้านสุขภาพมีกิจกรรมคือการออกกำลังกาย การเล่นเกมส์ต่างๆ และการอบรมความรู้ด้านการส่งเสริมสุขภาพ ส่วนรูปแบบด้านสังคม มีกิจกรรมคือกิจกรรมการศึกษาดูงานการดำเนินงานของกลุ่มผู้สูงอายุ กิจกรรมงานวันผู้สูงอายุและวันครอบครัว รูปแบบด้านวัฒนธรรมมีกิจกรรมคือกิจกรรมพับกันวันพระ กิจกรรมไหว้พระเก้าวัด กิจกรรมงานสังสรรค์วันปีใหม่ไทย และ รูปแบบการส่งเสริมสุขภาวะด้านเศรษฐกิจ กิจกรรมคือ การอบรมการทำกิมจันท์ การอบรมแปรรูปสมุนไพร การอบรมการทำขามน

Abstract

The Objectives of this research were : (1) to study the current situation and problems of quality of life promotion for aging in Loei province, (2) to develop the activities enhancing quality of life models for aging in Loei province by the public participation approach, and (3) to implement the quality of life promotion activity models Mixed methodologies of mainly with the qualitative approaches and a supported quantitative approach and participatory action research was used in the study comprised the focus group discussion, the meeting for group brainstorming, in-depth interviews and participating observation. About qualitative research, the study used the questionnaire and health y surveys. The quantitative research the population was 88,084 aging in the Loei province . The samples size was sampled by using the Yamana formula. The samples were

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400 agings was selected by stratified random sampling . Qualitative research the target group included aging in the community who could have well – interaction and being able to participate with the proposed activities. The group comprised the leader of the community, public healthy volunteers. Quantitative data analysis uses basic statistics, percentage frequencies, qualitative data analysis by content analysis The results of the research were as follows :

1. The study of the current situation and problems of quality of life promotion for aging in Loei province found that the village still did in various fields, including health, the promotion of exercise. The promotion of dance aerobics every day to determine the oral health, dental and mental health., depression assessment , self-assessment The operation on the other side to cooperate with other agencies, such as municipalities.
2. The results of developing the activities enhancing quality of life models for aging in Loei province could be showed in 4 models. : physical model , social model, cultural model and economic model .
3. The result of implementation of developing the activities enhancing quality of life models by the participatory action in all sectors of the community for six months. The model of Physical model consisted of the following activities: 1) physical exercise, 2) games, and 3) training on the knowledge of healthy promotion . Social model consisted of: 1) study visit on aging group activities, 2) day for the aging 3) family day. Cultural model consisted of: 1) religious day meeting, 2) 9-temple worship activity, 3) Thai new year party and economic model consisted of 1) sandalwood flowers training, 2) herb product training, and 3) sweet and snack training

Keywords: Quality of life, Quality of life Promotion , Activity Models, Aging

Introduction

Background and Rationale

Presently, the aging population of the world is likely to increase. Their well-being is basically the result of good health, economic self-reliance, and the proper management of their own residence. In addition, to happily live with other family members, it is necessary for the aging to continue to have good relationships in the family. The family members may include their spouse, children, grandchildren, parents, and other relatives.

Old age brings many changes with it such as physical, mental, emotional, social, and environmental. Some people may not be able to accept the changes; therefore, there is higher opportunity for these people to be more depressed than the younger people. Reportedly, there are approximately 30% of older people with the age over 60 have experienced severe depressive illnesses at least once which effects to their healthy state. However, it is widely believed

that the symptom of depression is normal for the aging so most people do not pay attention to it. Consequently, the aging feel more suffering. In fact, the depressive illness in the aging can be avoided and prevented if they are well-prepared both physically and mentally to accept all the changes that are going to arise. If the aging is informed of how to do when being depressed, they will be able to handle the problems, adaptable to all the changes and live their lives worthy and happily with good quality of life. On the contrary, if they are neglected, they may be so much in depression that it is needed to have treatment from the psychiatrist otherwise an unexpected damage to the aging people, themselves, and their families may not be able to avoid. (O' Brien, M.J. ,1975).

From the above mention, it can be seen that old people are facing health problems, feeling depressed and desperate, both physically and mentally. Therefore, the aging health supporting policy covering all aspects includes physical, mental,

emotional, and social is required to serve the aging's needs of healthy state, self-reliance, so that they can spend the rest of their life worthy and happily in the society. Thai aging is considered valuable. They are not a burden to family, community, and Thai society. Therefore, it is suggested that this group of people should be promoted to lead other people to take good care of their health with standardized healthy promotion model. Being physically and mentally healthy, the aging group will be strong and able to take good care of their health and peers. The use of small book for recording the state of health will be helpful for the aging to observe their health consistently. The aging will have a longer life without being burden to the family and the community, but feel valuable, and can make full utilization of their free time. The system of transferring aging patient from a hospital to a community is a factor in promoting the aging health. (Miller, C.A., 1995).

The Ministry of Public Health has implemented a strategy on aging health promotion which includes preventive healthcare, basic self-care, learning to live together, and strengthening aging organization, encouraging the full utilization of personal potential in aging for a better living with dignity which would bring happiness, liveliness, hopefulness, and worthiness into their lives. This would make them feel proud of themselves for being of benefit to the family members, the community, and the aging society, during the rest of their lives. Therefore, the aging should not waste their time just waiting for the transition into old age. They should live their lives in a meaningful and dignified manner.

In Loei Province, their total aging population of 88,084 people or 14% of the total population. It is said that Loei Province has stepped into the aging society. Most of them do not work. Most young people have moved to work in Bangkok and left the aging stay home alone. These old people were found ill with chronic diseases such as diabetes, and other contagious diseases. There was no harmonious relationship and team work activity among these aging

people. Some of them had neither children nor grandchildren so they were spending their lives by themselves with the feelings of unhappiness, desperation and hopelessness.

According to the meeting among the community members, the community leaders, and the village health volunteer, all agreed that the aging should get together and the aging club should be set as there had not been done before. The club should serve as the aging center that provides healthy activities for the aging. Since there was no model or guideline for promoting quality of life, this research project of the activities enhancing quality of life model development for the aging in Loei province was proposed to be a guideline for the aging in this community to have activities in several aspects such as healthy, social, and economic. The project also helped creating benefit to the society. This project had received the cooperation from many concerned officials like the nurses from Loei hospital, community public health center, and municipality public health center. The research result will be applicable as a guideline for promoting aging health in order to provide the aging with a meaningful and happy life without being a burden to the society. They will feel proud of themselves, happy, lively, hopeful, and worthy for the rest of their lives.

Objectives

1. To study the current situation and problems of quality of life promotion for aging in Loei province.
2. To develop the activities enhancing quality of life models for aging in Loei province by the public participation approach.
3. To implement the quality of life promotion activity models

Scope of Research

1. Content

The content of this research was dealing with:

The development of the quality of life promotion models for the aging covering the aspects which included physical model, social model, cultural model, and economic model

2. Target Group

The target groups were: (1) 400 old people who were able to answer to the questionnaire consciously were the group for the evaluation of the aging's healthy state, (2) 50 old people with healthy problems from the above mentioned group were selected for in-depth interview, (3) 30 people consisting of the aging in the study area, and all the units concerned which were the community leaders, village health volunteer, Tambon administrative officers, staff from community public health center, and the head of community development were the group for group discussion, and (4) the people aging during 60-70 living in the study area, able to do the activities were selected to participate in the experiment of the models.

Benefits of the Study Results

1. To be used as a healthy practice for the aging; the result of the research and the academic discussion will be applied to the practice for promoting a proper physical exercise for the aging to have better quality of life
2. To be developed as a body of knowledge on healthy promotion behavior for the aging
3. To be used as a practice for promoting aging health in other communities and developing other health promotion behaviors for the aging
4. To have a healthy activities for a community and to be the public information used as a guideline for defining the aging behaviors
5. To have an integrated spatial planning model on quality of life promotion for the aging with participation of the community
6. To have a community-base information in setting up a policy for quality of life promotion of the aging
7. To be a guideline for the units concerned

in developing a quality of life promotion model for physical exercise in the aging

Literature review

Ageing (British English) or aging (American English) is the accumulation of changes in an organism or object over time. Ageing in humans refers to a multidimensional process of physical, psychological, and social change. Some dimensions of ageing grow and expand over time, while others decline. Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand. Research shows that even late in life, potential exists for physical, mental, and social growth and development. (Bowen RL, Atwood CS, 2004) Ageing is an important part of all human societies reflecting the biological changes that occur, but also reflecting cultural and societal conventions. Roughly 100,000 people worldwide die each day of age-related causes. (Aubrey D.N.J, de Grey, 2007).

Age is measured chronologically, and a person's birthday is often an important event. However the term "ageing" is somewhat ambiguous. Distinctions may be made between "universal ageing" (age changes that all people share) and "probabilistic ageing" (age changes that may happen to some, but not all people as they grow older including diseases such as type two diabetes). Chronological ageing may also be distinguished from "social ageing" (cultural age-expectations of how people should act as they grow older) and "biological ageing" (an organism's physical state as it ages). There is also a distinction between "proximal ageing" (age-based effects that come about because of factors in the recent past) and "distal ageing" (age-based differences that can be traced back to a cause early in person's life, such as childhood. (Stuart-Hamilton, Ian, 2006).

Differences are sometimes made between populations of elderly people. Divisions are sometimes made between the young old (65-74), the middle old (75-84) and the oldest old (85+). However, problematic in this is that chronological age does not correlate

perfectly with functional age, i.e. two people may be of the same age, but differ in their mental and physical capacities. Each nation, government and non-government organization has different ways of classifying age.

Population ageing is the increase in the number and proportion of older people in society. Population ageing has three possible causes: migration, longer life expectancy (decreased death rate), and decreased birth rate. Ageing has a significant impact on society. Young people tend to commit most crimes, they are more likely to push for political and social change, to develop and adopt new technologies, and to need education. Older people have different requirements from society and government as opposed to young people, and frequently differing values as well. Older people are also far more likely to vote, and in many countries the young are forbidden from voting. Thus, the aged have comparatively more political influence.

Methods and Materials

Research Design

The study was conducted with the application of both qualitative and quantitative research methods. The emphasis was put on the qualitative one. Participatory Action Research (PAR), focus group discussion, brainstorming meeting, related documents, in-depth interview, and participatory observation were applied on the part of qualitative research.

A community survey and a questionnaire were used for the quantitative method.

Instruments

1. The health checklist developed by the research, and the standard checklist for happiness developed by the Department of the Mental Health was applied.

2. An in-depth interview of the management on healthy policy for the aging in community, and an in-depth interview of the aging, the public health officers, and the village health volunteer were

used to obtain the information on the condition of the healthy promotion for the aging in the community.

3. A questionnaire on the participants' satisfaction and knowledge received after the activity was used. The questionnaire was designed for the informants to freely answer according to how they felt.

4. Participatory observation form .
5. Aging group discussion on their need of aging activities in the community.
6. Brainstorming meeting on the healthy promotion models for the aging in the community.

Research Procedure

The research procedures are as follows:

Stage 1 Studying the condition and the problems on the quality of life promotion for the aging in Loei province by using the following activities:

1. In-depth interview with the aging, the public health officers, and village health volunteer on the operation and the condition of quality of life promotion for the aging in the community
2. In-depth interview with the village leaders, the Municipal administrators, public health chief, etc, on the policy of quality of life promotion for the aging in the community.

Stage 2 Designing the models of quality of life promotion for the aging with application of the following activities:

1. Brainstorming meeting with participatory action of all the units concerned in the community in order to have the models and the practical guideline of quality of life promotion for the aging.
2. Setting up an action plan based on the outcome of the brainstorming meeting; the planned activities were designed to cover physical, social, cultural and economic aspects of quality of life promotion for the aging.
3. Group discussion with the leaders of the aging group and the related people to obtain a practical guideline in taking the plan into action with

suitable activities required by the aging.

Stage 3 Operating the activities in the action plan following the below procedures:

1. Meeting with the aging to advise the detail of the activities.

2. Operating the activities in the action plan by assigning a job and responsibility to the working team members. The activities were divided into different aspects: physical model, social model cultural model, and economy model.

3. Tracking the status of the activities.

Stage 4 Evaluating the outcome of the activities

At this stage, all the activities were evaluated after the operation of all the activities. The instruments were the same as those used before commencing the activities which consisted of the questionnaire, the interview, the checklist of the aging healthy condition and happiness.

Data Verification and Analysis

The qualitative data were to be verified via triangulation with consideration of time, place, and subject in case that these factors vary.

The analysis of data was conducted by both qualitative and quantitative methods as follows:

1. Quantitative analysis was done by analyzing the data obtained from the checklist and the questionnaire, coding, and recording the data with application of SPSS to calculate for the percentage, the arithmetic mean (\bar{x}), and the standard deviation (S.D.).

2. Qualitative analysis was done through the content analysis method. The data collection and primary analysis were made at the same time. At the end of each data collection phase, the data were recorded thoroughly and categorized for further analysis, and conclusion with descriptive research report

Results

Study Result

1. The result of the study on the condition and the problem of quality of life promotion

For the healthy promotion activities for the aging in Loei province, the physical exercise activity- Aerobics Dance - was promoted for all to participate daily. Presently, the activity is no longer performed because of any participants. It was found that there was little number of aging joined the dance. Most of them were not interested in it.

The difficulty in operating the activities due to no interest, and no cooperation from the participants was the unsolvable problem which led to the end of the activity at present.

The problems of the aging in the community raised by the participatory action meeting were:

(1) Occupational problem: most of the aging were agricultures and had chemical substance allergy from the high volume application of chemical insecticides which consequently caused problem in respiratory system.

(2) Chronic illness problem: knowledge management session was set up and found that the aging were mostly had chronic illness like high blood pressure, gout, heart disease, Tuberculosis (TB), cancer, and allergy.

(3) Seasonal illness problem: dengue fever, cold, hemorrhoid, diarrhea, and leptospirosis.

(4) Social problem: fatal elder neglect due to the labor migration from the community to a bigger city.

(5) Mental health problem: drugs and alcoholism.

2. The result of the activities enhancing quality of life models for the aging were developed for 4 models:

(1) Physical model consisted of the following activities: 1) physical exercise, 2) games, and 3) training on the knowledge of healthy promotion

(2) Social model consisted of: 1) study

visit on aging group activities, 2) day for the aging 3) family day

(3) Cultural model consisted of: 1) religious day meeting, 2) 9-temple worship activity, 3) Thai new year party

(4) Economic model consisted of 1) sandalwood flowers training, 2) herb products training, and 3) sweet and snack training

1) physical exercise,



Fig 1 Exercise with a pole

3. The result of implementation of developing the activities enhancing quality of life models by the participatory action in all sectors of the community for six months.

The model of physical model consisted of the following activities:



Fig 2 Exercise without equipment

2) games,



Fig 3 Ball game



Fig 4 Tire transfer game

3) training on the knowledge of healthy promotion.



Fig 5 Training of Food consumption



Fig 6 Training of Dental Care

The model of social model consisted of:

- 1) study visit on aging group activities,



Fig 7 Study visiting



Fig 8 The elderly club

- 2) day for the aging.



Fig 9 Bless to aging



Fig 10 Aging in community

- 3) family day



Fig 11 Enjoy in family day



Fig 12 Food for aging in family day

The model of cultural model consisted of:

- 1) religious day meeting,



Fig 13 Pray in the temple



Fig 14 Activity in the temple

2) 9-temple worship activity,

**Fig 15** At the temple**Fig 16** Worship

3) Thai new year party

**Fig 17** In the party**Fig 18** Dancing in the party

The model of economic model consisted of

1) sandalwood flowers training,

**Fig 19** Practice**Fig 20** sandalwood flowers

2) herb product training,

**Fig 21** Doing hand wash gel**Fig 22** All herb products

3) sweet and snack training

**Fig 23** Practice**Fig 24** product of snack

The indicator of happiness in the aging showed the minimum score at 33, and the maximum at 54 which was higher than the standard criteria of normal people which had the scores between 27.0 and 32.0. It could be said that after the activities, the aging were happier than people in general.

Discussion

It was found that there were 4 models of healthy promotion for the aging. All were applied to the target group which was the aging in the study area.

The 4 models were as follows:

1. Physical model

Physical promotion included physical exercise, healthy games, training for healthy promotion knowledge, and health market. The operation of all the activities was conducted according to the schedule agreed by all the participants. The operation result showed that the aging consistently participated in the activities. It was found that the aging mostly participated in the physical exercise activity for over 5 times as there were many types of exercises provided. They could choose the exercise activity they enjoyed the most for example some might not like Tai Chi exercise, they would take their choice to do stick exercise instead. Most aging people participated in healthy games. However, some games could not be accommodated all. The result of the training for healthy promotion knowledge showed that only some of the aging participated in the activity due to no interest in the topic. For the health market activity, it was found that all participants joined the activity since they

received maximum benefit from it for example body check-up, dental treatment, free medicine, and etc, and they could get the hospital service at the community. The behaviors in participating in the provided healthy activities served the healthy promotion concept of Pender's (Pender, 1996) which concluded that the healthy promotion behavior would be initiated when people had understood that the action would bring them benefit and it was possible to do without difficulty influenced by the intimate and the environment.

The above results led the community; especially, the aging to take action on healthy promotion. The aging were encouraged to do physical exercises, to participate in the training for healthy promotion knowledge with emphasis on the daily healthy self-care which the aging were able to do it themselves. All the mentioned activities had never previously been provided for the community.

2. Social model

The study visit was considered a strategy for creating the participatory action in building up a public common sense and motivation through the learning process. The knowledge management discussion among the groups from different organizations outside the community during the study visit on the group management model helped to widen their knowledge on group management, and financial management for an activity operation. It was found that the aging group had managed their group efficiently. The last activity was the Day for the Aging which all the aging were

paid respect by the young people who were pouring scented water on the aging's hands and requested for a good wish on the occasion of Songkran day, Thai New Year. They were also given a New Year gift on this day.

3. Cultural model

The activities applicable to this model were religious day meeting. The aging were mostly joined the event especially during the Buddhist Lent period since they were happy and felt comfortable when attending the religious activities under the peaceful atmosphere in a temple. They also had a chance in chatting with their peers, exchanging experiences, and helping one another solving problems. In Thai society, there is a norm that the aging were to have placed their interest in religion more than others. The study result was corresponding to the guideline on developing happiness proposed by Bunlou Siripanich,(1997) that attending to Dhamma instructions and discussion in a temple made the aging stay calm in peace and happiness. For the activity of 9-temple worship, it was raised by the participatory meeting that the 9-temple worship was the ultimate dream that the aging had desired. Some had never done such religious practice even once. Some had never left the community before. Therefore, this activity brought them happiness, pleasure, and excitement. They had a chance to step out of the community world to explore new experience in some new places. They enjoyed the trip, the religious practices, and felt relaxed. Nitipat Mekkhachorn, (2010, on-line), proposed the guideline to ease the tense in the aging people by encouraging them go for vacation, spending their time among the nature with clean air. The activity had, moreover, provided them an opportunity to make new friends and exchanging ideas to one another.

The outcome of these activities can be a foundation of quality of life promotion in a community since the good health will always be with the happy mind. Therefore, the happy state of mind will

always bring a healthy body like said in the statement: 'mind is a boss, body is a slave'. The development of body health must start from the development of mental health.

4. Economic model

Economy is very important for the aging as they have to rely on themselves, no children to take care. Besides, the birth rate is getting lower. Some aging stay single. Therefore it is necessary for them to have an occupation to earn some money for a living, not being a burden to the society. The activities to serve the economic purpose were the sandalwood flower training as required by the group. After the training, the group agreed to get together on Saturdays for making the sandalwood flowers for sale at the shops in the community. The activity did not just generate income to the group, but also helped them make utilization of the free time, provided an opportunity for them to strengthen their relationships by sharing ideas, chatting and singing together while working. All had the same purpose that was to produce the sandalwood flowers to raise some fund for the 9-temple worship activity. This determined goal led them to conduct the same behavior in producing the sandalwood flowers. For the herb product training, the result showed that only some participated in the activity due to other engagement like harvesting. Some had to work in the rice field since there were no children to help. The last activity was about the sweet and snack training which was very popular as such activity was conducted once long time ago; so, redoing the performance reminded their joy when doing the activity in the past. The study produced the result that is corresponding to Nitipat Mekkhachorn's concept on development of happiness for the aging (2009, on-line) which proposed a guideline to create happiness by the utilization of the free time with the favorite activity like the proper hobby to the person's age and health; for example, producing artificial flowers, listening to music, doing religious practices, writing, reading, playing computer games doing some

housework or the activities in the club, making some sweet and snack, as well as carving and weaving for sale. Such activities will not only keep the aging occupied, joyful, relaxed, and peaceful, but also increased their income which ultimately was the benefit of the family and society.

Although this economic model was not previously set up to promote the health, the researcher opined that it was very important for the aging society in the modern world. The aging needed to have some personal skill so that they could have economic self reliance. They should have occupation to get income. This aspect is corresponding to the policy on developing the aging by encouraging them to be occupied. To be supportive to the policy, the government has opened various forms of occupational markets for the aging.

Conclusion and Suggestion

Conclusion

The study of the current situation and problems of quality of life promotion for aging in Loei province found that the village still did in various fields, including health, the promotion of exercise. The promotion of dance aerobics every day to determine the oral health, dental and mental health., depression assessment , self-assessment The operation on the other side to cooperate with other agencies, such as municipalities.

The result of the activities enhancing quality of life models for the aging were developed for 4 models: Physical model consisted of the following activities: 1) physical exercise, 2) games, and 3) training on the knowledge of healthy promotion. Social model consisted of: 1) study visit on aging group activities, 2) day for the aging 2) family day. Cultural model consisted of: 1) religious day meeting, 2) 9-temple worship activity, 3) new year party . Economic model consisted of 1) sandalwood flowers training, 2) herb product training, and 3) sweet and snack training

Suggestion

1. Suggestion for utilization of the study

1) The study result on the healthy promotion model for the aging in the aspects of: health, society, mentality, and economy, are possibly applicable to other communities.

2) Recommendation on development of the group:

(1) To develop the empowerment of the aging group, it is necessary that the members should have a unity and extend cooperation to the management.

(2) The study visit to the successful group should be arranged to serve the collaborative learning and create external network of cooperation.

2. Suggestion of further study

1) Mental health promotion for the aging should be studied.

2) A study for creating an innovation on healthy promotion for the aging in community with its evaluation after experiment is recommended.

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