

ACTIVE AGEING AMONG ELDERLY PEOPLE IN RANONG PROVINCE OF THAILAND

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Abstract

The objective of this study was to determine the factors for active ageing among elderly people in Ranong Province of Thailand. It is well-acknowledged fact that in modern times the government of Thailand is focusing on different factors to improve the worth and life of the people of Thailand. However, the government has still not achieved the appropriate level of active ageing for the people in Ranong Province of Thailand. In this regard, this study was conducted with the help of a random sampling method and a Likert scale questionnaire was prepared. The sample size for this study was 700, and the response rate was 40%. The study concludes that the government should focus on health status, risk behavior, and social status to Active ageing among elderly people in Ranong Province of Thailand. Furthermore, this study provides significant implications for the government and other stakeholders to consider for the prosperity and Active ageing among elderly people in Ranong Province of Thailand.

Keywords: Active ageing, elderly people, elderly health facilities, elderly social status, and elderly risk behavior

1. Introduction

It is a fact that in the organization and society, the role of elderly people is being increased over time. Multiple reasons are leading the elderly people in the organization but at the same time, the problem of active ageing people is still found in the society. It is due to different reasons because of them the adult people are not provided with the appropriate economic status, social status, and health facilities, and risk behavior to improve their productivity. Moreover, not only the society but at the same time all the stakeholders including the government is also responsible to activate ageing among early people to enhance their retirement age and productivity (Satimai et al., 2011). Despite all the conflicts, the prime responsibility of the United Nation and other countries is to formulate strategies for the betterment of elderly people by activating the age. Therefore, this problem is critical and it requires the appropriate solutions for the betterment and activates the ageing in the elderly people.

Health status refers to the condition of health of people in any country including their happiness and illness over time (Stange & Sasiwongsaroj, 2020). It is critical to understand that health status is the tool to empower the productivity of the employees of the organization, because if it is not provided properly then people would not work constructively. Risk behavior refers to the behavior of individuals in any society according to their consumption of drugs and alcohol by not thinking about their future and health condition (Thaothampitak & Wongsuwatt, 2022). The people who are involved in such kinds of activities and are at risk behavior, these people are not getting enough as compared to the other elderly people. Social-economic refers to the education saving and prosperity of the people in society for their betterment in the future. In this regard, it is not working to understand that the people who are not provided with equality

in social economics, these people are limited in their performance and productivity. Social status refers to the status of any individual in the society in which he is living according to his standard of life and income (Stange & Sasiwongsaroj, 2020). The people with high social status are enjoying a high-quality life rather than the people who are not reaching and don't have high social status. Active ageing refers to the process in which the elderly people of any society are provided with opportunities to improve their standard of life and performance as a contribution to the organization and in the society (Barua & Narattharaksa, 2020).

The objective of this study is to understand the factors that are influencing the active ageing among elderly people in Ranong Province of Thailand. Furthermore, this study is designed to identify the influence in factors and their direction in the active agent of the elderly people to ensure the performance of elderly people in the right way. Also, the purpose of the study is to identify what are the consequences if the elderly people are not triggered for active ageing and their necessities are not being full filled by the government and the society at the same time. The purpose of the study makes it credible for the implications of the study.

This study is significant because it is developed with the help of critical analysis of the previous literature in an effective way. Moreover, this study significantly provides the theoretical as well as the practical implications for future studies and stakeholders to understand the relationship between the factors that are influencing the active ageing among elderly people in Ranong Province of Thailand. In this regard, this study would help future researchers to consider the relationship between the variables taken in the study and not repeat the same work in future studies. Also, with the help of this study, the life and active ageing factors of the people of Thailand would be improved to a reasonable level.

2. LITERATURE REVIEW AND FRAMEWORK OF THE STUDY

2.1 Role of Health Status in Active Ageing

Active ageing refers to the concept in which the practices of work by people in any organization or the people of the society are enhanced with the help of multiple factors to improve the retirement age (Satimai et al., 2011). It is critical to understand that in modern times, the concept of active ageing is developed with the help of the European Commission to ensure that the people must be provided with the appropriate facilities to improve their performance and standard of life (Wangroongsarb et al., 2016). In this regard, according to the study of Wattanawong et al. (2021), there is an important role of health status in active aging because people are always motivated to work when they are provided with the appropriate health facilities. It is a fact that the people who are provided with the appropriate health facilities for their routine activities, these people are performing well concerning the other people who don't have the reasonable and justify able health facilities. Facilities are important for human being because human being are dynamic and their condition is different and changeable at different time. In this way, according to Stange and Sasiwongsaroj (2020), the authorities must be considered the important role of health facilities that must be provided to the ageing people and ensure that they are working for the society and contributing allowed in the progress of the country. On the one hand, some countries are providing appropriate health facilities to the

ageing people because it is believed that with the appropriate health facility, the performance of the employees could be improved over time (Thaothampitak & Wongsuwatt, 2022). In this regard, the human resource department of public and private sectors are required to ensure the ageing facility of the people and work in the regard to show the performance of people improve our time. On the other hand, some countries are not provided with the appropriate facilities, and people of these countries are not getting facilities for the development of their ageing and other medical issues. In this way, the performance of these societies is not appropriate because the people are not provided with equal opportunities. In this way, the facilities provided to the people to ensure that they are happy and for away from different kinds of worries related to their health status (Barua & Narattharaksa, 2020). It is also observed that the people who are provided with reasonable facilities, contribute a lot to society. Moreover, on the other hand, it is also critical to understand that the people with better facility deserves the opportunities that must be provided with the appropriate results to ensure progress productively. In America and Japan, the human resource department and health sector are working to improve the facility for the people to ensure that they are provided with the justifiable facilities for getting things in the right way (Wattanawong et al., 2021). By providing facilities, the countries are not only improving the ageing of elderly people but at the same time, these countries are working for the prosperity of the society constructively.

H1. There is a relationship between health status and active ageing.

H2. There is a relationship between health status and social status.

H3. There is a relationship between social status and active ageing.

2.2 Role of Risk Behavior in Active Ageing

It is important to understand that there is a critical role of risk behavior in the active ageing of elderly people (Stange & Sasiwongsaraj, 2020). It is due to the reason that the people who are not provided with the appropriate facilities for their better living standard, these people are not performing in a productive way to ensure the productivity of the organizations. It is critical to determine that the people who are facing a different kind of crisis related to their ageing, these people are reportedly involved in different kinds of activities such as consuming alcohol and smoking (Wattanawong et al., 2021). It is a universally acknowledged fact that alcohol is not safe for health and it reduces the quality of health and performance of the human body organs for a long time. In this regard, the people who are consuming alcohol, have less productivity and life duration than the other people who don't consume alcohol or are involved in different kinds of drug activities. The awareness is created by the government and other non-government organizations to eliminate the social evil of consuming alcohol and other activities (Wanaratna, Muangpaisan, Kuptniratsaikul, Chalerm Sri, & Nuttamonwarakul, 2019), but it is useless as people don't change their minds and they go with risk behavior to consume such kinds of products. On the one hand, some countries are working to improve the agent activities of people, these countries have strong restrictions morally and religiously to avoid the consumption of alcohol and other drugs (Wangroongsarb et al., 2016). In this way, the government has unlimited control over the activities of people and respects them to get

involved in any wrong activity openly. Countries in which the license of alcohol bar are working and the people of these countries are consuming alcohol for their enjoyment, but their productivity is decreased over time (Ninaroon, Pitaktim, Songkhla, & Charoenboon, 2020). Indeed, the people of which country are not provided with the appropriate opportunities to deal with these things, but they are led into a direction in which their opportunities are limited and they don't have facilities according to the modern standard. In this way, it is the prime responsibility of the society to ensure that the people of such contains are provided with the appropriate opportunities related to the health facilities to improve their health standard and enhance their experience of life even in the elderly age (Tangcharoensathien, Witthayapipopsakul, Panichkriangkrai, Patcharanarumol, & Mills, 2018). Despite different regulations on the reduction of alcohol consumption, people are restricted by society to stop such kinds of evil activities (Satimai et al., 2011). In this regard, in Islamic countries, the government has banned the consumption of alcohol in organizations, and the public sector as well. As a result, the set standard of living of the people are improved to some extent and they are not involved in different kind of diseases.

H4. There is a relationship between risk behavior and active ageing.

2.3 Role of Socio-Economics in Active Ageing

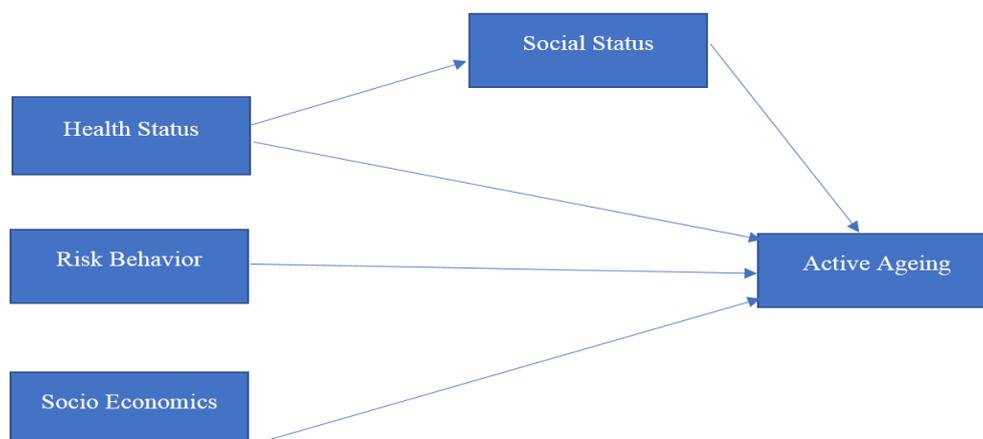
It is important to understand that social-economic refers to the sufficiency of income, education, and savings of people which they had for their purpose of life. In this regard, it is a fact that the people who are well in their social-economic system and they are provided with equal opportunities in the society, these people are depending a lot on their comfortable life to get prosperity. Indeed, the social-economic factors are not related to the young age but at the same time, it is also critical in the elderly age. However, the people who are not provided with the appropriate opportunities at an early age, these people are not in correlation to the other people because of their social-economic system (Ninaroon et al., 2020; Stange & Sasiwongsaroj, 2020). In this way, it is important to consider that the people who are working in collaboration with different kinds of governments and non-government organizations, these people are provided with the appropriate opportunities to practice their lives in a productive way in which they improve their living standards with the help of society and the other organizations. Moreover, the focus of government, as well as the private sector, should be to ensure that the people are provided with opportunities to improve their social-economic system because it is believed that if the people would have a strong social-economic system (Tangcharoensathien et al., 2018), in this way they would get advantage not only in their early but at the elderly age. On the one hand, some countries are providing opportunities to the people to ensure that they are getting the best for their productivity and improvement of performing (Wanaratna et al., 2019). In this way, the people of these countries are getting a better social-economic system in terms of good education and awareness about their consumption and another life pattern. As result, these people are not only provided with an opportunity to improve their standard of life but at the same time in the elderly age the improve their standard of life and spend a lot with responsibilities. It is critical to understand that the people who are working in relationships with other people, these people are getting a lot in the term of

improving their performance and standard of life with the help of strong social-economic status (Papwijitsil et al., 2021). If the people are getting enough for their savings and they are making money for their well-being in the elderly age, these people don't have conflicts with life but they get their best not only at the early age but at the same time in the later age. Significantly, according to Wangroongsarb et al. (2016), to improve the standard of living of the people in the elderly age, the health care facility must be provided to the people to improve their vision of life in the elderly age. The greater responsibilities have the greater consequences, and if the people are provided with the right opportunities to enhance their social-economic system as the people of America provided, in result the more improved elderly people would be developed for their improved and insured performance. In this way, to enhance the standard of living of the elderly people, not only the government but at the same time, the other stakeholders including the non-government organizations should perform their critical role for better productivity in a constructive way (Nyqvist, Nygård, & Snellman, 2022).

H5. There is a relationship between socio-economic and active ageing.

H6. There is a mediating role of social status between the relationship of health status and active ageing.

Figure 1: The Framework of the Study



3. METHODOLOGY

3.1 Prepare Questionnaire

In the study, the questionnaire was prepared into different sections. To begin with, the first section was to collect the data according to the demographic information of the respondents. However, the second part of the questionnaire was designed to collect the data on the scale items for each variable considered for the study. In this regard, the scale items to measure the social-economic, health status, social status, risk behavior, and ageing of among elderly people in Ranong Province of Thailand were taken from the earlier studies. Moreover, the questionnaire for the study was developed in the English language to make it understandable for the respondents.

3.2 Data Collection Process

To collect the data for the study, the introduction of the study was provided to the respondents. In this way, 700 questionnaires were distributed to the respondents to collect the data with a response rate of 40%. Importantly, the respondents were ensured that their information is confidential, and it would not be shared with any third party for any kind of activity. Also, the queries of the respondents were addressed by the researchers to ensure that there is no problem in the questionnaire. Significantly, after collecting the questionnaire back from the respondents, they were appreciated for their precious time and activities for this study.

4. Findings

1.1 Convergent Validity

This section of the study is based on the convergent validity that was identified with the help of Smart PLS 3 software (see Figure 2). In this regard, the values for factor loadings, Cronbach's alpha, composite reliability (CR), and average variance extracted (AVE) were taken (see Table 1). According to the values, all the values for factor loadings were greater than 0.60 which is recommended by the study of Wong (2013) for modern studies. Also, the CR values were identified, and all the values were greater than 0.70 which is strongly recommended by Ringle, Da Silva, and Bido (2015) for modern studies. In the same way, all the values of AVE were greater than 0.50 which is strongly recommended for modern studies.

Figure 2: Measurement Model

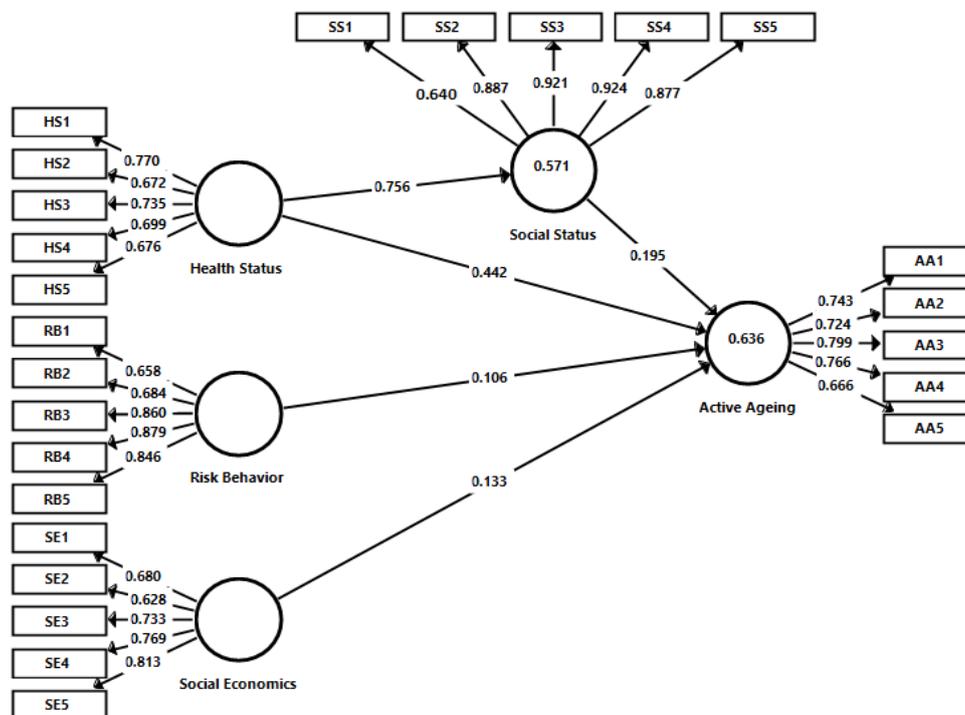


Table 1: Factor Loadings, Alpha, CR and AVE

Variables	Items	Loadings	Alpha	CR	AVE
Active Ageing	AA1	0.743	0.8	0.859	0.549
	AA2	0.724			
	AA3	0.799			
	AA4	0.766			
	AA5	0.666			
Health Status	HS1	0.77	0.756	0.836	0.506
	HS2	0.672			
	HS3	0.735			
	HS4	0.699			
	HS5	0.676			
Risk Behavior	RB1	0.658	0.846	0.892	0.626
	RB2	0.684			
	RB3	0.86			
	RB4	0.879			
	RB5	0.846			
Social Economics	SE1	0.68	0.775	0.848	0.529
	SE2	0.628			
	SE3	0.733			
	SE4	0.769			
	SE5	0.813			
Social Status	SS1	0.64	0.887	0.922	0.71
	SS2	0.887			
	SS3	0.921			
	SS4	0.924			
	SS5	0.877			

4.2 Discriminant Validity

This section of the study is based on the discriminant validity that was checked to identify the discrimination between the scale items taken for each variable. Importantly, the HTMT method of discriminant validity was adopted for this study. In this regard, all the values of discriminant validity were not greater than 0.90 which is strongly recommended by the study of Sander and Teh (2014) for modern studies (see Table 2). According to the results, it was identified that there is clear discrimination between the scale items and variables taken for this study.

Table 2: Discriminant Validity

	Active Ageing	Health Status	Risk Behavior	Social Economics	Social Status
Active Ageing					
Health Status	0.831				
Risk Behavior	0.787	0.836			
Social Economics	0.806	0.835	0.808		
Social Status	0.780	0.814	0.806	0.804	

4.3 The PLS-SMEs Results

This section of the study has the results of direct effects that were taken with Smart PLS 3 software to test the hypotheses (see Figure 3). Firstly, H1 was tested to check its significance and according to the results Health Status has a significant effect on Active Ageing ($\beta = 0.442$, $t = 5.596$, $p = 0.000$) and H1 is supported. Secondly, H2 was tested to check its significance and according to the results Health Status has a significant effect on Social Status ($\beta = 0.756$, $t =$

28.249, $p= 0.000$) and H2 is supported. Thirdly, H3 was tested to check its significance and according to the results, Social Status has a significant effect on Active Ageing ($\beta= 0.195$, $t= 3.390$, $p= 0.001$), and H3 is supported. Fourthly, H4 was tested to check its significance and according to the results, Risk Behavior has a significant effect on Active Ageing ($\beta= 0.106$, $t= 5.300$, $p= 0.000$), and H4 is supported. Fifthly, H5 was tested to check its significance and according to the results, Social Economics has a significant effect on Active Ageing ($\beta= 0.133$, $t= 2.151$, $p= 0.032$), and H5 is supported (see Table 3).

Figure 3: Structural Model

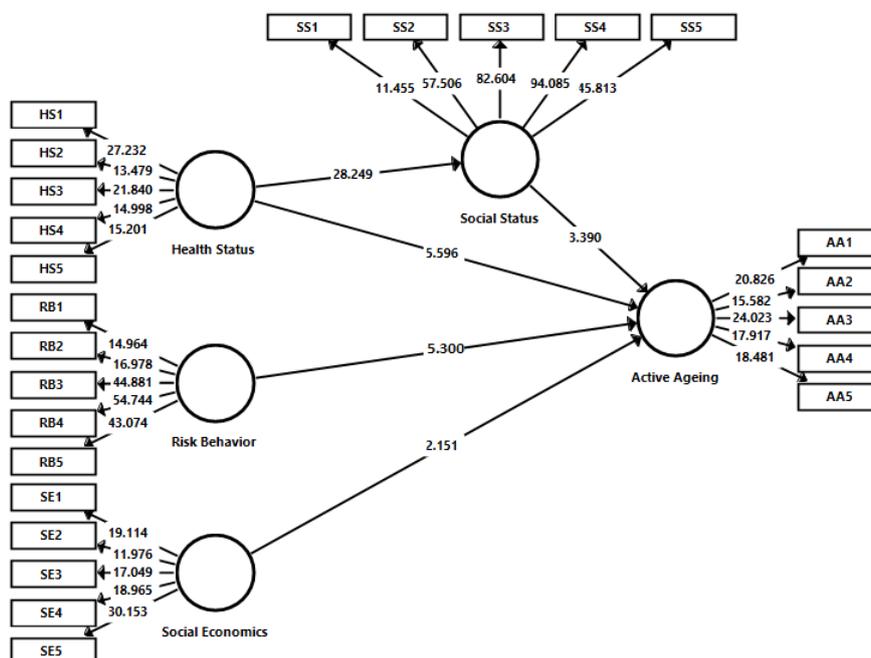


Table 3: Direct Effects

Hypotheses	Beta	STDEV	T Value	P Value	Decision
H1. Health Status -> Active Ageing	0.442	0.079	5.596	0.000	Supported
H2. Health Status -> Social Status	0.756	0.027	28.249	0.000	Supported
H3. Social Status -> Active Ageing	0.195	0.058	3.390	0.001	Supported
H4. Risk Behavior -> Active Ageing	0.106	0.020	5.300	0.000	Supported
H5. Social Economics -> Active Ageing	0.133	0.062	2.151	0.032	Supported

4.4 Mediation Effects

This section of the study is based on the mediation effect that was identified with the help of Smart PLS 3 software (see Table 4). In this regard, H6 was tested, and the results show that there is a significant mediating role of Social Status between the relationship of Health Status and Active Ageing ($\beta = 0.148$, $t= 3.297$, $p= 0.001$).

Table 4: Mediation Analysis

Mediation Effect	Beta	STDEV	T Value	P Value	Decision
H6. Health Status -> Social Status -> Active Ageing	0.148	0.045	3.297	0.001	Supported

5. DISCUSSION AND CONCLUSIONS

In this section of the study, the results of the hypotheses are discussed to conclude the study. In this regard, the results of H1 and H2 indicate that there is a significant relationship between health status, social status, and active ageing. In this regard, it is understood that if the people are provided with appropriate health facilities, as result these people would contribute a lot to society. In Norway, the early people are treated well by society and the governments as well when it comes to health issues, in a result, these people are getting a healthy life, and they can perform their duties in society for the prosperity of the nation (Wanaratna et al., 2019). Also, with the help of these health facilities, not only the level of performance of elderly people is increased, but at the same time, these people have enhanced their age of retirements, which is also beneficial to them.

Similarly, the results of H3 demonstrate that there is a significant relationship between social status and active ageing. It is due to the reason that the people in the society are provided with the health and other facilities, according to their social status. In this way, if the people are rich, they are treated well in society, and they boost their performance. On the other hand, if the people of the society are not rich, in this way, they would not be capable to get the same facilities as the rich people of their age. As result, the performance of the poor people would not be according to the performance of the rich people, and this all would create a disaster in the society. Also, the results of H4 point out that there is a significant relationship between risk behavior and active ageing among the people of Thailand. It is a fact that the people who don't go with any kind of wrong activity, and they are provided with equal opportunities to enhance their purpose of living, these people are more concerned to improve their standard of living (Khamsuk & Whanchit, 2021). On the other hand, the people who are not provided with the appropriate opportunities to reduce the risk behavior, these people are failed to get their long-life objectives.

Moreover, the results of H5 highlight that there is a significant relationship between social economics and active ageing. It is due to the reason that if the people have control over their social economics, and they have the art of managing everything accordingly, in results, they would get greater benefit from it. Oppositely, the people who can't manage things, these people are not provided with the opportunities, to get things done in the right way (Tangcharoensathien et al., 2018). Lastly, the results of H6 show that there is a significant mediating role of social status between the relationship of health status and active ageing. It is a fact that if the people are provided with the opportunities, to get the better health facilities and they can afford the best and expensive facilities (Khamsuk & Whanchit, 2021), in results, these people would get

the better advantage over the other people. In this regard, not only the health status, but social status is also critical for better health facilities.

6. IMPLICATIONS

This study has theoretical as well as practical implications that are important to consider when it comes to active ageing among elderly people in Ranong Province of Thailand. In this way, this study provides a detailed insight into the relationship between different factors that are contributed to active ageing among elderly people in Ranong Province of Thailand. Similarly, this study would be useful for the policymakers and other people who are responsible to implement the policies to ensure that the elder people of Thailand are provided with health facilities at the property level. If the people are provided with reasonable responsibilities to enhance the lives of elderly people, then it would be a great contribution to society. However, on the other way, this study provides practical implications for the management and other responsible authorities to ensure the active ageing among elderly people in Ranong Province of Thailand. Meanwhile, if the people of Thailand are provided with the appropriate opportunities and equal rights in the health facilities, control in the risk behavior, and maintain the social status, as result, there would be an increment in the active ageing among elderly people in Ranong Province of Thailand. Therefore, both theoretical, as well as practical implications of this study, are important to consider when it comes to active ageing among elderly people in Ranong Province of Thailand.

7. LIMITATIONS AND FUTURE DIRECTIONS

The purpose of the study was to understand the role of different factors in active ageing among elderly people in Ranong Province of Thailand. However, in this regard, the three prominent factors were considered in the study including health status, risk behavior, and social economics. But, on the other hand, with the help of a literature review, it was observed that multiple other factors are also contributing to the active ageing among elderly people in Ranong Province of Thailand. Therefore, future studies should consider these factors such as social class, income rate, and community perspective to check the influence of these factors in active ageing among elderly people in Ranong Province of Thailand.

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