

## Thai Cultural Understandings of Active Ageing from the Perspectives of Older Adults: A Qualitative Study

*Kattika Thanakwang, Sang-arun Isaramalai, Urai Hatthakit*

**Abstract:** Active ageing is an important aspect facilitating life quality for older adults. Research on active ageing has grown over recent decades but the knowledge base of active ageing continues to be based overwhelmingly on Western studies. Asian elders may have a distinctly different perspective from Westerners concerning the meaning of active ageing. Little is known about the ways older persons view or define active ageing in Thai context. This study focused on the characteristics of active ageing among older Thai adults. A descriptive, qualitative approach was employed and data collected in focus groups and in-depth interviews with 64 community-dwelling adults aged 60 and over. Participants were recruited from four provinces in the four regions of Thailand, that is North, Northeast, Central, and South. Data were analyzed using content analysis.

This study helped build an understanding of what active ageing means by asking this of older adults. Six themes of active ageing were identified as being self-reliant; being actively engaged with society; growing spirituality; maintaining healthy lifestyle; being active learners; and managing later life security. The perceptions of active ageing among the Thai elderly involved health, social participation, and security in life, which are also the three key pillars of active ageing suggested by World Health Organization. When compared to research in a Western context, some of the dimensions of Thai active ageing were distinct, specifically growing spirituality and managing later life security, while others were overlapping.

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### Introduction

The extent to which older persons are active or productive in their communities is a central interest of societies with growing numbers of older people, while learning how to age actively or productively is a challenge to all countries.<sup>1</sup> Therefore, an important issue for government planning and direction is developing the potential of the elderly and enhancing

**Correspondence to:** *Kattika Thanakwang*, RN, PhD (Demography), Ph.D Candidate, Doctor of Philosophy in Nursing (International Program), Research Center for Caring System of Thai Elderly, Faculty of Nursing Prince of Songkla University, Hat Yai, Songkhla, Thailand, 90112

**E-mail:** *kattika@sut.ac.th*

**Sang-arun Isaramalai**, RN, PhD (Nursing) Assistant Professor, Research Center for Caring System of Thai Elderly, Faculty of Nursing Prince of Songkla University, Hat Yai, Thailand, 90112

**Urai Hatthakit**, RN, PhD (Nursing) Assistant Professor, Faculty of Nursing Prince of Songkla University, Hat Yai, Thailand, 90112

their quality of life through *active ageing*.<sup>2</sup> The policy framework for active ageing is built upon the premise that the vast majority of people of all ages, specifically the older group, want to be active participators and contributors to society.<sup>3</sup> Thailand has formulated strategic policies of active ageing into its national agenda and promotes older people's abilities to remain actively engaged in society.<sup>4</sup>

The World Health Organization (WHO) has proposed the concept of active ageing with three major pillars involving health, social participation, and security that are inextricably and powerfully linked to each other.<sup>3</sup> However, a problem within the current literature on active ageing is the lack of consistency in defining the concept.<sup>5-7</sup> Similar concepts such as healthy ageing, productive ageing, and successful ageing are often used interchangeably with active ageing.<sup>8-10</sup> A lack of consensus around a definition of active ageing has important consequences. For example, communication difficulties occur between those using the concept, there are problems in the development and selection of instruments to measure concept attributes, and blurred or incomplete social policy efforts. A good understanding of active ageing from a culturally-grounded perspective, such as in this study, might contribute to identification and implementation of appropriate interventions.

Research on active ageing has grown over recent decades but the knowledge base for this continues to be based overwhelmingly on western studies.<sup>7</sup> The East and West have substantial cultural differences. For example, generally speaking, the West has a strong emphasis on social independence contrasted with Thais' acceptance of interdependence.<sup>11</sup> Thus, it becomes increasingly important to understand active ageing from the Thai elder's perspective, as their concerns might be different from western understandings. This study has potential to identify processes involved with active engagement in life that are indigenous to older Thai people.

Most current definitions of active ageing come from an academic point of view, which seem to be limited for cultural identity. A few published studies have focused on the older persons' views of active ageing.<sup>12-15</sup> Boudiny and Mortelmans<sup>5</sup> argued that traditional conceptions of active ageing from older persons' perceptions are needed instead of focusing on a predetermined, limited number of domains, developed from an expert perspective.<sup>8</sup>

## Literature review

The WHO has defined active ageing as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age".<sup>3</sup> The core meaning of 'active' refers to the notion that an individual performs to continue participating in social, economic, cultural, spiritual and civic affairs, and not just only to be physically active or to participate in the labour force.<sup>3</sup> Active ageing is viewed as a positive image of ageing.<sup>16</sup> It is intended to realize the potential for being healthy and active throughout the life course as participants in society, and includes having security with adequate protection and care.<sup>3,10,13</sup> Promoting the ideas expressed in WHO's policy framework means taking positive approaches to population ageing.<sup>17-18</sup>

Several models have been used in the literature to study active ageing. The concept of active ageing refers to active life in different domains of personal, family social and professional life. At the European Union level, this concept is interpreted as prolonged economic activity achieved by working longer years, retiring later in life, engaging in socially productive activities after retirement, and practicing a healthy life style.<sup>19</sup> Therefore, from this perspective, active ageing includes all meaningful activities provided by older person, which contribute to individual well-being, and that of his or her family, the local community or society at large.<sup>3,20</sup>

In addition, not only do the attributes of active ageing emerge from the experts' point of view (i.e., the active ageing framework by WHO, UN, and EU), but perspectives on active ageing among older adults are also explored for many existing studies. For example, in a British study<sup>8</sup> older adults perceived active ageing variously, such as having/maintaining physical health and functioning; leisure and social activities; mental functioning and activity; and social relationships and contacts. This perception is closely related to the successful ageing concept.<sup>8</sup> Furthermore, Buys and Miller<sup>21</sup> explored the perceptions of active ageing relative to health, participation, and security aspects in Australian elders. Active ageing or being engaged in life was predominantly reported as participation with respect to social interaction, involvement, personal development, giving back, and work. Following by health aspect, physical health was conceptualized into two themes: staying fit and active through exercise, and healthy lifestyles. Mental health was also reported as an essential element of health and closely linked with physical ability. Lastly, for security aspect, four key themes emerged in terms of maintaining participants' homes, living independently, not being restricted by finances, and coping with negative life events. Similarly, Buys et al.<sup>12</sup> studied the meaning of active ageing perceived by older people with lifelong intellectual disability in Australia. Eight themes of being active ageing were identified: being empowered, being actively involved, having a sense of security, maintaining skills and learning, having congenial living arrangements, having optimal health and fitness, being safe and feeling safe, and having satisfying relationships and support.

Regarding the perspective Asian elders, active ageing has been viewed as multidimensional involving healthy being, social engagement and security. For example, Hong Kong Chinese elders viewed active ageing as comprising good health, having a positive life attitude, active engagement with life, feeling supported by family and friends, being financially

secure, and living in a place with emotional ties.<sup>13</sup> In Thailand, active ageing as perceived by older adults with high social or economic status, consisted of three attributes. Firstly, being continually active, which means that the elderly perform their favorite activities and participate in activities of the organizations of which they are members. Secondly, being healthy that means that the elderly are able to appropriately care for themselves in physical, mental, social, and spiritual aspects. Lastly, having security means that they have feelings of being safe and are free from worry about income, housing and caregivers.<sup>14</sup> Nantsupawat<sup>15</sup> used an ethnographic approach to explore active ageing in northeastern elders living in Khon Kaen Province. It was found that active ageing meant elders made contributions and achieved happiness by doing things beneficial for themselves, family and society. The positive circumstances that resulted in active ageing were that the elders had economic stability, good health, and good children who were grateful to them, even during their period of dependency.

Positive ageing includes concepts of healthy ageing, successful ageing, and productive ageing. The active ageing concept is covering and going beyond these concepts,<sup>13,20</sup> extending to a focus on security aspects in older adults; it conveys a more inclusive message than just 'healthy ageing' and recognizes other factors that affect the ageing process.<sup>19</sup> Healthy ageing has been usually focused on health-orientation as multidimensional and holistic<sup>22</sup> whereas successful ageing has included health and functional components, social engagement, including positive spirituality.<sup>23</sup> Productive ageing is usually narrowly defined as the production of goods or services, or productive activities contributed to others and society, whether paid for or not.<sup>1,24</sup> Specifically, Walker<sup>17</sup> argued that healthy ageing is broad view of health; but successful ageing is somewhat idealistic and typically grounded in U.S. culture, whilst productive ageing lacks emphasizing the life course and well-being.

## Aim of the Study

This study explored the meanings of active ageing from the perspective of older Thai adults. It focused on the question: What are the meanings and dimensions of active ageing from the perspective of older Thai adults?

## Methods

*Study design:* A descriptive, qualitative study with focus groups and in-depth interviews was used to allow the participants free expression about active ageing.

*Participants and setting:* Participants were purposely selected from four regions of Thailand (i.e., north, northeast, central, southern), and from rural and urban regions. The settings of data collection were one province from each region: Nan (north), Nakhon Ratchasima (northeast), Kanchanaburi (central), and Songkla (south). Settings were further chosen with one urban and one rural area in the selected provinces targeted for participant recruitment. The inclusion criteria were: (a) being a Thai aged 60 years or older; (b) living in urban or rural areas/communities; (c) not suffering severe disabilities or severe dementia; and (d) able to understand and speak Thai. Approximately eight persons participated in each of eight focus groups in the four selected provinces, 64 older adults in all. The participants were selected through collaboration with health personnel from local health centres in the selected areas. The sample of potential participants was purposely drawn to include their varying levels of personal characteristics, in terms of ages, gender, marital status, socio-economic status, levels of education, and health status obtained from their medical records. They were contacted and invited to participate in this study by health personnel and the principal investigator (PI).

*Data collection:* Data were initially collected with focus groups in a private room of local health centres. Discussions were led by the PI as moderator

and a research assistant as note taker. Each focus group varied from 60–90 minutes. Since using focus groups with older adults may not have disclosed information of a personal nature or sensitive beliefs,<sup>25</sup> we also used individual in-depth interviews as a means to obtain personal information and provide richer insights into participants' experiences. Therefore, two participants (one man and one woman) who joined in focus groups were invited for in-depth interview. Participants were interviewed privately at local health centres or at their homes. Interviews varied from 30–60 minutes in length and ended when target data were acquired. All interviews were tape-recorded with the participants' permission. In total, 16 in-depth interviews and discussion with 64 individuals in 8 focus groups occurred.

Participants in groups were asked to share opinions about active ageing and the factors that influenced it. The following questions were used as the initial prompts for the semi-structured interviews: What do you think active ageing means? What characterizes active ageing in Thai society? What do you think healthy older persons should achieve? What activities older persons contribute to family, friends, neighbors and society? How do you retain independence and contribute to others? How do you guarantee yourselves security in later life? Additional probing questions were used to explore answers and obtain more specific or in-depth information, such as: Would you explain more about this? or What is the meaning of that notion?

*Ethical Considerations:* Research ethics approval was given by the Ethics Committee of the Faculty of Nursing, Prince of Songkla University. The participants were informed about the overall purposes and protocols of the study, and the time required for participation, and were asked to sign a consent form. Anonymity, privacy, and the right to withdraw from the study without negative consequences, were guaranteed. Confidentiality was maintained in all data collecting and analysis processes, reports and subsequent publications.

*Data analysis:* The contents of tape recordings were transcribed verbatim. Data obtained from both interviews and focus groups were analyzed using content analysis. Data were read line-by-line several times, coded, and themes and sub-themes identified.<sup>26</sup> Constant comparison from one case to another was performed, as well as across groups. Codes were developed to label responses and condensed, and meaning units described the respondents' intended meanings. Codes found to be conceptually similar or related in meaning were grouped into sub-themes. Sub-themes were then woven together to explain broad themes. The list of themes and subthemes were reviewed for completeness and accuracy.

*Rigor and trustworthiness:* To establish the trustworthiness of qualitative content analysis, credibility, dependability, and transferability were identified.<sup>26</sup> Credibility was enhanced through member checking and peer debriefing. Member checking was conducted by directly asking participants during and after the interviews to review the information that they shared, and to clarify perceptions, and validate their intended meanings. The validity of the study was increased by using various methods. Focus group and interview participants were asked to confirm that the PI had correctly identified and documented the group consensus following discussion of each item. A summary of the discussion was given at the end of each focus group or interview session, and participants again asked to confirm that the researcher had accurately documented their comments. Five participants were asked to compare the study results with their experiences. In peer checking, two expert supervisors conducted the peer debriefing to consensus on the manner in which the data were analyzed and interpreted, establishing inter-transcripts reliability. When developing the themes, when differences of opinion occurred, definitions were clarified and discussions continued until consensus was reached among the research team. Further, the dependability of this study was documented by an audit trail of the

decisions and methods used throughout. This study enhanced transferability by conducting the data collection in natural settings, in which the participants shared their experiences, at times and in places they preferred. In addition, data were collected with maximized variations of the participants covering four regions of Thailand, thereby attempting to make it more representative of Thai older adults.

## **Results**

### **Demographic Characteristics of Participants**

Of the 64 participants, ages ranged from 60 to 85 years with a mean of 70 years. More than half (55%) were female and about 59% were currently married. About half of the participants (51%) completed primary school (Grade 4) and about 85% were able to read and write. The majority (71%) co-resided with adult children, while 15% co-resided with their spouse.

### **Views of Active Ageing**

Six main themes emerged from the study with regard to the view of active ageing and these are discussed below:

#### *Being Self-reliant*

Being self-reliant was viewed as an important aspect of active ageing and a process that facilitates older persons' independence, assuring they are not a burden to their families. They can rely on themselves without depending on others and do what they want within their abilities. This includes living independently without support from significant others and autonomous decision making.

These participants indicated that they still stayed physically active, had plenty to do, were self-reliant for doing many essential activities in their daily lives, or could live alone:

*At present, I live alone, but I am able to do everything by myself without having to make a big effort to do it. Thus, my children are*

*not worry. I do my own cooking, gardening, and household chores, as well as traveling to anywhere I want to go. I think I am not depending on others but relying on myself. (70 year old man)*

Having autonomy in decision making means that older people have freedom in making decisions about daily tasks and issues that affect their lives and well-being. For example:

*I feel free from exhortation from others. I am able to make my own choices. Although I live with my spouse and children, I mostly have freedom in making decisions about activities of daily living, except the important things, I will consult my spouse or children to discuss and make decisions together. (73 year old woman)*

#### *Being Actively Engaged with Society*

Being actively engaged with society referred to continued involvement in social and cultural activities. It was viewed as one of the important dimensions of active ageing. Engaging in active life consisted of two main components: participating in social activities and contributing to society.

Maintaining socially active engagement also included a myriad of meaningful activities performed within the context of ways participants connected with society. These activities included participation in social or public services and political processes relative to community and national involvement. Participants viewed this as meaningful and responsible duties for community members and citizenship:

*I always get involved in social activities. There are several activities in my community I have participated in such as elderly club's activities, ritual activities of Buddhism, and traditional festivals. I have also participated in private ceremonies, such as weddings, ordination, or funeral ceremonies of my relatives, friends, or neighbors. (70 year old woman)*

Contributing to society by being engaged in socially productive activities was also viewed as active and productive ageing. Participants viewed a perfect life as being useful and helpful by contributing their productivities, knowledge, experience and wisdom to others. They wanted capacities to contribute socially or economically to care for themselves, their families, and society at large:

*I have local wisdom of doing bai-sri (handcraft with banana leaf used for some ceremonies) that I learnt from my parents. I was often invited to teach that to students in primary schools ... I take pleasure to pass on my knowledge to younger generations and think that this cultural heritage will not disappear when I pass away. (72 year old woman)*

#### *Growing Spirituality*

Growing spirituality was perceived as that crucial aspect of being human and having a meaningful life. Spirituality implied going beyond, self-enabling one to contribute to a meaningful relationship with others, and relating to religion or transcendence. It involved three components: making merit, acceptance and calmness, and trusting and practicing religious doctrines. Making merit meant doing good deeds that caused participants to feel happy, peaceful, and attain meaning in life, and included helping frail or distressed persons, making donations, and contributing their productivity to society. One participant said:

*My parents taught me about making merits since I was young. I have always helped persons who suffer from difficulty, stressful situations, or poverty. Many people called me a philanthropist... I felt happy and my mind was calm after making merit. (72 year old woman)*

Having acceptance and calmness meant that participants had peace of mind either in their ways of daily living or in negative situations. This are deeply related to Buddhist values with respect to accepting the natural truth of one's life:

*We have to know ourselves. We are old like an old tree near a bank. Thus, we should take care and control our mind by not ingraining anything, letting it go and letting it be. Everything is up to our mind. (77 year old man)*

Trusting and practicing religious doctrines referred to religious beliefs and doing activities linked with religious doctrines. The general philosophy of all religions was considered similar with respect to doing a good deed:

*I have rigorously practiced the five Buddhist precepts. I have gone to the temple every Buddhist holy day for praying and listening to sermons. Following the religious doctrines makes me attain peaceful life. I attempt to collect good deeds as much as I can. (72 year old man)*

#### *Maintaining a healthy lifestyle*

This was viewed as one of the processes that facilitate being healthy and active. The participants consistently believed that exercise or simple body movements without a rigid pattern, and eating healthy food, is especially important to promote good health. Exercise helped keep all their bodies fit and energetic. For example:

*I have no health problems and have been never admitted to hospital. One thing that keeps me fit is exercise. I used to exercise in the early morning for about 30 minutes by walking around my home. Nowadays, I am old but still keep up exercise everyday at home and I feel active. (80 year old man)*

The participants all believed that consuming a healthy diet was appropriate for their age and health conditions. They usually ate three times per day:

*It is not just only eating, but we should eat a variety of healthy food. I always avoid sweaty, fatty, and salty foods. I don't like to eat meat*

*produced from big animals, such as pork or beef. I often eat fishes and vegetables. Eating healthy diet helps us live well and stay healthy. (74 year old woman)*

#### *Being Active Learning*

This theme referred to the process of learning inquiry to make participants cognitively active and healthy. Staying cognitively active refers to the participants' perception of keeping their brain and thinking alert. Techniques used to keep cognitively active included planning, following local and general news, and learning new skills and technologies. For example:

*I try to keep my brain active. Each day, I think and plan what things I have to do. I like to learn everything around me, particularly the new technologies, by reading books or newspapers, watching television, talking with my friends, and trying to practice. (71 year old man)*

#### *Managing Later Life Security*

This theme was an important aspect of active ageing. To manage their later-life security, participants focused on building financial security and strengthening family ties to be cared for in later life. Saving money for old age, accumulating properties such as land, buildings, or jewelry, and preparing for death were considered part of financial security in later life. Most participants had joined a community funeral fund, paying in a certain amount of money, so that when they died, their children would receive the money to spend on the funeral ceremony.

*Money is imperative for nowadays life. If you have no money, you may have no value or dignity. On the other hand, if you have money and properties beside your body, it assures that your children and relatives will come to take care you... This is a truth of life. (76 year old man)*

To ensure that when they are old they will be cared by family members, participants described focusing on strengthening family ties with caregivers in later life. They believed that, once they raised their children and gave them the opportunity of education, their children should repay them by taking care of them in their old age. Being supported by family members was one way to help all of the participants feel safe and warm.

*I am happy with my family relationships. I am lucky that my children love and respect me. They always provide all things to make me comfortable, and take care of my health and well-being. This may be because I have closely taken care of them since they were young and taught them to follow Buddhist values, specifically filial piety. Therefore, I am confident that they will not abuse or neglect me. (65 year old woman)*

## **Discussion**

This study has found rich insights of older people in Thailand regarding active ageing, of being actively engaged in life. This involves being self-reliant, representing independence in self-care tasks and abilities to take care of themselves. Keeping active with ones' own autonomy has been found as an important aspect of active ageing in previous studies.<sup>10,12,27</sup> Being able to do what they want is meaningful for older persons' autonomy to manage personal lives independently<sup>10,27</sup> and being self-reliant is positively related to good physical health. Being physically active and preserving optimal functioning have been demonstrated in several studies as common perceptions of active ageing.<sup>8,10,14</sup>

The second dimension of active ageing is being actively engaged with society and includes social participation and social contribution. Social participation includes joining in community, tradition,

and elderly club activities, contributing knowledge and skills to others, and being productive through volunteering, working and donating for public benefit. Thus our findings support the view that the potential of active ageing in later life in Thailand is more than just being self-reliant, but also involves actively participating and contributing to community and society at large. Social relationships are important to well-being among older people in Thailand.<sup>11</sup> Healthy people who keep active with tasks and roles or contribute to their family and community have higher life satisfaction and better health than those who are inactive.<sup>28</sup>

This social participation aspect is similar to several studies in western societies that found that active life engagement is viewed as an important indicator of successful ageing<sup>23</sup> and active ageing.<sup>12,21</sup> In western countries, active engagement may involve volunteering in various tasks and agencies, and participating in leisure, hobby and religious activities.<sup>29</sup> In Thailand, active participation among the elderly involves both formal and informal social activities in the community such as joining an elderly club, or engaging in religious activities.<sup>22,30</sup>

Not only is participation in social activities important, but also is being productive in ways that contributes to others. Maintaining socially active engagement may be the myriad of meaningful ways that older people connect or contribute to others in society. The productive activities of participants in this study is consistent with the socially productive activities found in the prior studies.<sup>24</sup> Productive engagement is an important indicator of active ageing where capacities to undertake social or economic activities are of great value to older people, their families, and society at large.<sup>7,15</sup> Active ageing implies older people's life competencies are a form of human or social capital. For example in the United Kingdom, formal volunteering is considered as one of the most prominent indicators of active ageing.<sup>31</sup> However, formal volunteering is not prominently recognized in Thailand



and has been limited to elite or educated elders.<sup>32</sup> Social contributions among older adults in Thailand are seen distinctly as informal productive activities relative to reciprocity and interdependence. Social contribution has been widely acknowledged as one important indicator of productive ageing that focuses on dedication, elderly-led initiatives in their own situation and abilities.<sup>24,33</sup> Thus, social contributions such as productive engagement cover and go beyond social participation, and these activities facilitate positive potentials, dignity and self-actualization in older adults.<sup>33</sup> Moreover, social connectedness, social activities, and social contributions to others are commonly found in collectivistic societies such as Thailand. Being actively and productively engaged with society should be continuously supported by government agencies for older Thai people so they can continue to be positive contributors to their family, friends, community, and nation.

The third dimension of active ageing is growing spirituality. This involves intrapersonal strength and calmness including trusting in religion and making merits. Findings indicate that elderly Thais felt that activities related to religion that produce growth of spirituality are also considered productive. The majority of elders in Thailand are Buddhists and they rely heavily on the Buddhist belief of doing good deeds as a way of “making merit”. Buddhists adhere to the notion that by helping others, they accumulate merit that ensures a better next life.<sup>11,34</sup> The doctrines of Buddhism (e.g., Dharma) commonly foster positive psychological and spiritual well-being to attain inner calmness and wisdom among the elderly. Making merit and following Buddhist doctrines may provide Thai elders with ways to achieve spiritual growth. The findings of the positive spirituality are consistent with the studies of positive ageing, specifically in Thai elders, that found that the spiritual aspect is the key indicator of healthy ageing,<sup>30,34</sup> productive ageing<sup>32</sup>, and active ageing.<sup>35</sup> This component is predominantly

viewed by older Thai people to be active or productive agers. Thus, this spirituality aspect of active ageing may be unique for Thai elders and differs from the WHO’s active ageing concept.<sup>35</sup> The western active ageing concept,<sup>8,10,12,19,21</sup> limited by its primarily focus on physical health and socially active engagement, cannot account for the rich variety of spiritual aspects found to be especially important to active Thai elders in this study.

The fourth dimension of active ageing is maintaining a healthy lifestyle that is specifically focused on health-promoting behaviors, such as eating healthy food and practicing physical activity or exercise. The concepts within this component are consistent with prior nursing research in Thailand that demonstrated that older adults mostly view a healthy lifestyle in relation to eating healthy food and exercising.<sup>30,34</sup> The findings indicated that health promotion behaviors were perceived as a constituent of active ageing. This means that the more the elderly achieve healthy lifestyles, the greater their active ageing. An explanation for the positive association is that health promotion practices maintain and improve health and well-being.<sup>30</sup> It may be that older persons who regularly engage in health-promoting practices tend to achieve independence in daily living, high cognitive and physical functioning, and active engagement with life. Health promotion behaviors enable individuals to increase control over health determinants and make choices for active and healthy living. This finding is consistent with numerous studies suggesting that a health promoting lifestyle has a strong association with healthy conditions<sup>30,34</sup> and active ageing.<sup>3,36-37</sup>

The fifth dimension of active ageing is being active learners. It reflects the capacity of an elder to learn new information, use technologies, and stay cognitively active and healthy. Most participants said that information technologies are used in their daily lives; thus, it is essential that older adults keep learning

new things and having new experiences. This is consistent with findings in prior studies that have confirmed that continued learning is important for active ageing.<sup>12,38</sup> Engaging in lifelong learning helps older people keep physical and mentally active, enhances self-esteem, self-health care, and independence<sup>39</sup> and is especially important in this modern era where technologies are rapidly changed. Learning is beneficial for personal development and enhanced skills. A variety of ways to learn over their life courses both formally and informally can be used. Thus, policies to promote lifelong learning for older people in Thailand, based upon their interests and contexts, should be established.

The last dimension of active ageing is managing later life security which involves building financial security and strengthening family ties for care in later life. Our findings are congruent with numerous studies that suggested financial security is linked with active ageing.<sup>12,14</sup> Being financially secure maximizes one's sense of security and autonomy.<sup>13</sup> Our participants perceived that a sense of security was feeling free from worry about living expenses and having economic stability.<sup>14-15,35</sup> However, Bowling<sup>8</sup> argued that few British elders mentioned finances as a constituent of active ageing, but Chong et al.,<sup>13</sup> found that Hong Kong elders viewed financial security is important to active ageing. Thus, financial security may be significant for older people in Asia because they have limited income stability and depend on financial support from children.<sup>11,15</sup> This needs further exploration. In Thailand, pre-death preparation for the elderly implies preparation for their funeral by contributing to community funeral funds, so ensuring that their children will have adequate funds to pay for these.<sup>15,35</sup>

Strengthening family ties for being cared in later life is performed by the parents to ensure that they will be cared by their children when they are old or frail. This finding is consistent with a few studies in the western context,<sup>12</sup> and a number of eastern

studies<sup>9,13</sup> including in Thailand.<sup>15,35</sup> Three and four-generation family patterns prominently promote active ageing in relationship to ageing parents' security that someone would care for them at present and in the future.<sup>15</sup> It is widely known that elderly support is expected by family members. In Thai context, support of older people by their kin is related to social norms such as filial obligation and reciprocal exchanges. The value of filial obligation is still strong and continues to be cultivated through cultural norms and the Buddhist doctrine of karma, '*bunkhun*' (assistance from parents), and merit that involves repayment to parents for their earlier caring and nurturance.<sup>40</sup> Based on these cultural norms, older peoples' expectations for support from family members may be deeply ingrained. If the children are respectful and care for older parents, it seems that the parents have succeeded in nurturing and teaching their offspring.<sup>11</sup> Therefore, strengthening family ties is perceived as an important aspect of active ageing to ensure that the elderly will be cared in the later life.

## **Limitations**

With respect to sample bias, the study participants were selected by convenience sampling and may not be representative of other Thais, so random sample is recommended for future studies. Although the sampling design attempted to recruit the maximized variation of the participants, most key informants were relatively healthy and active. Therefore, the findings may lack the perspectives of older adults with serious chronic illness, disability or who are frail.

## **Conclusion**

The findings of this study provided a better understanding of the conceptual structure of active ageing of older people in Thailand. The study supports the notion that active ageing is multidimensional and

involves health, participation, and security aspects, the three pillars of active ageing suggested by WHO.<sup>3</sup> Moreover, our study verifies the broad concept of WHO's active ageing by focusing on the culturally-grounded conceptual structure in the Thai context. Active ageing in Thai elders is identified as the process of being actively engaged in life through being self-reliant, engaging in socially productive activities, growing spiritually, maintaining healthy lifestyles, being an active learner, and managing to ensure later life security. When compared to research in western context, some of the dimensions of Thai active ageing were distinct, specifically growing spirituality and managing later life security, while others were overlapping.

### **Implications**

National policies are needed to promote active ageing among older Thai people. The findings indicate that active ageing is the process of being active engaged in life. Thus, the promotion of positive images, potentials, and quality of life of the older Thai people could be beneficial for all age groups in Thai society. Preparation for old age with respect to health, social participation, finances, and caregivers should be continuously supported by government organizations and personnel working in public health, education, human security and development, and local administrative organizations. Therefore, policies linked to community, institutional, family, and neighborhood programs or interventions need to be revised or developed.

The understanding of active ageing attributions in Thai elders by nurses and other healthcare personnel is useful for designing interventions, particularly health promotion strategies and lifelong preparation for ageing. Programs or interventions that enhance the active life engagement of older people that are congruent with social and cultural contexts, should be considered. This study points to the next research phase

of developing an active ageing measure for Thai people. An explorative study aimed at identifying factors influencing active ageing among the Thai elderly is also recommended, and this needs to compare samples from different cultural settings across Thailand.

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## การสูงวัยอย่างมีศักยภาพตามบริบทวัฒนธรรมไทยในมุมมองของผู้สูงอายุ: การศึกษาเชิงคุณภาพ

กัตติกา ธนะขว้าง, แสงอรุณ อิศระมัลย์, อุไร ทักกิจ

**บทคัดย่อ:** การสูงวัยอย่างมีศักยภาพเป็นคุณสมบัติหนึ่งที่สำคัญที่เอื้อต่อการมีคุณภาพชีวิตที่ดีของผู้สูงอายุ การวิจัยเกี่ยวกับการสูงวัยอย่างมีศักยภาพมีมากกว่า 10 ปี แต่องค์ความรู้ส่วนใหญ่มาจากการศึกษาในประเทศตะวันตก ผู้สูงอายุในเอเชียอาจมีมุมมองต่อความหมายของการสูงวัยอย่างมีศักยภาพที่แตกต่างไปจากผู้สูงอายุในประเทศตะวันตก การศึกษาเกี่ยวกับมุมมองต่อการสูงวัยอย่างมีศักยภาพในบริบทของสังคมวัฒนธรรมไทยยังมีน้อยมาก ดังนั้นการวิจัยครั้งนี้จึงมุ่งศึกษาถึงคุณลักษณะของการสูงวัยอย่างมีศักยภาพตามมุมมองของผู้สูงอายุไทย การศึกษานี้ใช้วิธีการวิจัยเชิงคุณภาพ เก็บข้อมูลโดยการสนทนากลุ่มและสัมภาษณ์ระดับลึกในผู้สูงอายุในชุมชนที่มีอายุมากกว่า 60 ปีขึ้นไป จำนวน 64 คน จาก 4 จังหวัด ใน 4 ภาค ของประเทศไทย ได้แก่ ภาคเหนือ ตะวันออกเฉียงเหนือ กลาง และใต้ วิเคราะห์ข้อมูลโดยใช้การวิเคราะห์เนื้อหา

การศึกษานี้ช่วยสร้างความเข้าใจในความหมายของการสูงวัยอย่างมีศักยภาพจากมุมมองของผู้สูงอายุไทย พบว่าผู้สูงอายุให้ความหมายของการสูงวัยอย่างมีศักยภาพ ประกอบด้วย 6 มิติ ได้แก่ อยู่อย่างพึ่งพาตนเองได้ มีส่วนร่วมและยังประโยชน์ต่อสังคม มีความงอกงามทางปัญญา คงไว้ซึ่งวิถีชีวิตที่ส่งเสริมสุขภาพ เรียนรู้อย่างต่อเนื่อง และเตรียมตัวเพื่อความมั่นคงยามชรา มุมมองต่อการสูงวัยอย่างมีศักยภาพของผู้สูงอายุไทยครอบคลุมเรื่อง สุขภาพ การมีส่วนร่วมในสังคม และความมั่นคงในชีวิต ซึ่งเป็นสามเสาหลักสำคัญของการสูงวัยอย่างมีศักยภาพที่เสนอโดยองค์การอนามัยโลก เมื่อเปรียบเทียบกับการศึกษาในประเทศตะวันตก บางมิติของการสูงวัยอย่างมีศักยภาพในผู้สูงอายุไทยนั้นแตกต่าง โดยเฉพาะมิติความงอกงามทางปัญญา และการเตรียมตัวเพื่อความมั่นคงยามชรา ในขณะที่มิติอื่น ๆ นั้นคล้ายคลึงกัน

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**คำสำคัญ:** การสูงวัยอย่างมีศักยภาพ การสูงวัยอย่างมีสุขภาวะ การยังประโยชน์ ความมั่นคงของผู้สูงอายุ

**ติดต่อที่:** กัตติกา ธนะขว้าง RN, PhD, PhD Candidate, หลักสูตรปริญญา  
ดุขุภักดิ์บัณฑิตสาขาการพยาบาล (หลักสูตรนานาชาติ) สถาบันวิจัยระบบบริหารดูแล  
ผู้สูงอายุไทย คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ ประเทศไทย  
E-mail: kattika@sut.ac.th  
**แสงอรุณ อิศระมัลย์,** RN, PhD, ผู้ช่วยศาสตราจารย์ สถาบันวิจัยระบบบริหาร  
ดูแลผู้สูงอายุไทย คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์  
ประเทศไทย  
**อุไร ทักกิจ,** RN, PhD, ผู้ช่วยศาสตราจารย์ คณะพยาบาลศาสตร์มหาวิทยาลัย  
สงขลานครินทร์ ประเทศไทย