Life Happiness of the Elderly in Rayong Province

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ABSTRACT

The objectives of this cross-sectional survey research were to study the life happiness and the factors influencing the life happiness of the elderly in Rayong province. The samples included 400 elderly aged between 60-80 years which were selected by multi-stage random sampling. The data were collected by interview questionnaires from June 1st to July 31st 2008 and analyzed by frequency, percentage, mean, standard deviation, chi-square test, Pearson's product moment correlation coefficient and Stepwise multiple regression analysis. The results showed that 48.0 percent of the elderly had a moderate level of life happiness, followed by those with a high level (27.8%) and those with a low level (24.2%). The factors which were significantly associated with life happiness of the elderly were gender, education, health condition, personality, self - esteem, family relationships, roles of the elderly in the family, monthly income of the family, social support, participation in social activities and perception of social circumstances ($p\text{-}value < 0.05$). The statistically significant predictor variables were self-esteem, social support, family relationships, participation in social activities and perception of social circumstances. The result of classification was 91.2% correctly classified.

The finding suggest that the responsible organizations should establish the reinforcement to promote happiness of the elderly by improving the elderly's self-esteem. There should also be sufficient social support, family relationship and participation in social activities as well as management of social circumstances in agreement with individual personal need and life style, to maintain the life happiness of the elderly.

Key words: Life happiness, Elderly, Self-esteem, Social support

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Introduction

"Happiness" is a fundamental right that everyone should receive. Happiness of Thai people is a core target stated in the Tenth National Economic and Social Development Plan (Year 2007 - 2010) by which people are the center of development directed at a the sustainable and happy society. Happiness is essential and basis of living[1] demanded by everyone in his or her life. The important elements of happiness include life happiness, happiness in living in the family and happiness in living with others in the society. In particular, the elderly are sensitive and must rely on others; so they should be cared for in society to help maintain the happiness.

At present, the world has been turning into an elderly community, as well as in Thailand. The number and portion of the elderly will be continuously higher. According to Wapatanawong P[2], it was expected that the elderly would be increasing to be 14.45 million or would represented 20.0% of our total population in 2025. The increasing number of the elderly is derived from the medical and public health progress, as well as the distribution of public health service and the success of family planning policy resulting in the decreasing fertility rate.

According to a survey on working circumstances of populations around the Kingdom[3], the elderly with good health and in the working force accounted for only 32.15% since they have confronted declining physical changes and many losses such as loss of beloved persons, loss of social role and status, etc. These matters affected the elderly's mind, affection and society

directly. According to Thongtang O et al[4], the prevalence of depression in the Thai elderly is represented at 12.78%. The problems found in the depressed elderly involved the problems of finance, family relationship and physical health, which might cause violence to them.[5] It was found that 70.3% of the elderly were mentally maltreated, 65.4% of them were ignored, 59.7% of them were bodily maltreated, and some might try to commit suicide.[6] A main reason leading to the elderly's suicide is a family problem. It is obvious that changes of physical body, mind, affection, family and society have an effect on the elderly's living, which might lower life happiness of the elderly.

Rayong is a province facing the tendency of the increasing elderly, that is, in 1999, the elderly there totaled 49,729 persons or 9.99% of all populations in the province. But, in 2006, the number of the elderly increased to 58,537 persons or at 10.33% of total populations.[7] Pursuant to the economic and social structure, the elderly have been affected by such changes. According to Petrasuwan S[8], the elderly (33.20%) in Rayong have confronted the function impairment (62.40%) due to chronic diseases, e.g. high pressure, diabetes and heart attack; 35.35% of them could generate their income, and 23.75% received a government living allowance. In addition, when more families have been changing from extended families to single ones; the elderly have been deserted at home and cared for their grand children. As a result, few elderly have been members or participated in activities of elderly clubs. In the meantime, the cultural change made the elderly's roles in the family and society for the

worse. They received less respect with their own family and from other community members. There were 12 elderly going to stay in Home for the Aged. This resulted to the mental problem in the elderly, which was consistent to the research of Polngarm N[9] that 39.6% of the elderly at Rayong had a high level of tension, 16.4% of them had tension, 23.00% were in the initial stage of tension and 21.00% had no tension. It is obvious that the elderly have faced both physical and mental problems, and these problems are connected with each other, that is, bad health led to bad mind and lower life happiness.

Therefore, the Researcher was interested in examining life happiness of the elderly in Rayong Province, as well as factors influencing and predicting life happiness of the elderly in Rayong Province. The results will be used as a basic for implementing to promoting and providing services for the elderly, which are suitable for their lifestyle to promote their happiness.

Material and Methods

This research is the cross-sectional survey research, involving a sample group which consisted of 400 male and female elderly at ages of 60-80, have stayed in houses and their names have been recorded in the House Registration of Rayong Province for at least 6 months. These elderly had no problems about perception and communications or walking, and they had no disability of limbs or critical diseases. This sample group was selected by stepwise sampling from 4 districts of Rayong Province comprising Wang Chan District, Klaeng

District, Khao Chamao District and Baan Khai District. The Researcher has collected the data by interviewing the sample group from 6 June to 31 July 2008. The research tool was the interview guideline comprising questions with alternative answers and open-ended questions. The interview was divided into 8 parts. Part 1 involved 17 questions with alternative answers and open-ended questions about demography, economics and society, e.g. gender, age, education, marital status, family type, roles of the elderly in the family, Monthly income of the family and health condition. Part 2 involved 16 questions about personality as adapted from the measurement form of Chanpreuksa P[10] subject to Eysenck's concept about personality. Part 3 involved 20 questions about self-esteem as adapted from the self-esteem measurement of Boonthai N[11] subject to Coopersmith's concept about self-esteem. Part 4 involved 15 qeustions about family relationship as adapted from the family relationship measurement of Chuensaengnet P[12], subject to Friedman's concept and Morrow and Wilson's concept about family relationship. Part 5 involved 15 questions about social support under the combination of concepts about social support proposed by Cobb[13] and Schaefer et al.[14] Part 6 involved 8 questions about participation in social activities as developed under the concept of Lemon et al.[15] Part 7 involved 8 questions the perception of social circumstances as adapted by the measurement of social circumstances constructed by Gray R et al.[16] Part 8 involved 21 questions about life happiness of the elderly as adapted from the happiness measurement of Chaisawas K[17], subject to Argyle M's concept

about happiness and the measurement of life satisfaction in the elderly (Life Satisfaction Index A) as constructed by Khaewkangwal S[18] and subject to Neugarten et al's concept about life satisfaction and the measurement of happiness as constructed by Diener E[19] All 8 parts of interview questions were checked for their content validity and language appropriateness by 3 qualified experts. This interview guideline was tested in 40 subjects with characteristics similar to the sample group of this research. The tested interview guideline was then tested for its reliability by calculating Cronbach's Alpha Coefficient of each interview set. The reliability results were as follows: the reliability for interview questions about personality of the elderly was 0.88, the reliability for interview questions about self-esteem of the elderly was 0.90, the reliability for interview questions about family relationship of the elderly was 0.92, the reliability for interview questions about social support of the elderly was 0.94, the reliability for interview questions about participation in social activities of the elderly was 0.84, the reliability for interview questions about the elderly's perception about social circumstances was 0.83, and the reliability for interview questions about life happiness of the elderly was 0.90. The gathered data was analyzed by the descriptive statistics by form of number, frequency, percentage, arithmetic mean and standard deviation, Chi-square Test, Pearson's Coefficient Correlation and Stepwise Multiple Regression Analysis.

Results

Personal, family and social factors

There were more female elderly than male elderly and they accounted for 58.2% and 41.8%, respectively. The average age was 68.82 years. Two thirds of the elderly, or 66.5%, attained the primary school level and 64.5% of them were married and over a half of the elderly or 52.0% had a good health condition. About one third of the elderly or 34.0% had no physical problem, but over a half of the elderly, or 52.0%, had chronic diseases or chronic condition. The elderly (at 55.8%) were extrovert and less than a half of all subjects, or 44.8%, rated their self-esteem at a moderate level. About 60.2% of the elderly have lived in the extended family. The family relationship of the elderly between the middle-level relationship and good-level relationship was nearly equivalent or at 39.8% and 32.7% respectively. Most elderly (87.2%) still took roles in the family. About 78.2% have lived in a family that had sufficient income. In addition, the elderly at 40.3% were supported by society at the middle level while 41.3% of the elderly took part in social activities. About a half of elderly (52.5%) perceived social circumstances to be at the moderate level (Table 1).

Table 1 Number and percentage of personal factors, family factors and social factors of
the elderly

Personal factors, family factors and social factors	Total	(N = 400)
	Number	**%**
Gender		
Male	167	41.8
Female	233	58.2
Age (year)		
60-65	131	32.8
66-70	123	30.8
71-75	84	21.0
76-80	62	15.4
Mean = 68.82, Median = 68, SD = 5.73, MIN = 60, MAX = 80		
Education		
Uneducated/lower than primary school level (Grade 4)	101	25.3
Primary level (Grade 4 or Grade 6 or Grade 7)	266	66.5
Secondary school level or higher	33	8.2
Marital Status		
Married	258	64.5
Single/Widow/Divorced/Separate	142	35.5
Health condition		
Good	208	52.0
Fair	146	36.5
Bad	46	11.5
Physical health		
Yes	264	66.0
No	136	34.0
Chronic diseases/condition		
Yes	192	48.0
No	208	52.0
Personality		
Introvert (16-47 points)	177	44.2
Extrovert (48-80 points)	223	55.8
Mean = 47.23, SD = 12.07, MIN = 19, MAX = 70		
Self-esteem		
Low (20-59 points)	86	21.4
Moderate (60-79 points)	179	44.8
High (80-100 points)	135	33.8
Mean = 71.16, SD = 15.13, MIN = 32, MAX = 98		

Table 1 Number and percentage of personal factors, family factors and social factors of the elderly (cont.)

Personal factors, family factors and social factors	Total	(N = 400)
	Number	**%**
Family type		
Nuclear	159	39.8
Extended	241	60.2
Family relationship		
Poor (15-44 points)	110	27.5
Moderate (45-59 points)	159	39.8
Good (60-75 points)	131	32.7
Mean = 71.16, SD = 0.75, MIN = 32, MAX = 98		
Roles of the elderly in the family		
No role	51	12.8
Not generating income for the family	169	42.2
Generating income for the family	180	45.0
Monthly income of the family		
Sufficient	313	78.2
Insufficient	87	21.8
Social support		
Little (15-44 points)	107	26.7
Moderate (45-59 points)	161	40.3
Much (60-75 points)	132	33.0
Mean = 51.93, SD = 12.89, MIN = 22, MAX = 75		
Participation in social activities		
Little participation (8-23 points)	120	30.0
Moderate participation (24-31 points)	165	41.3
Much participation (32-40 points)	115	28.7
Mean = 25.39, SD = 7.59, MIN = 9, MAX = 40		
Perception of social circumstances		
Poor (8-23 points)	44	11.0
Moderate (24-31 points)	210	52.5
Good (32-40 points)	146	36.5
Mean = 29.25, SD = 4.07, MIN = 16, MAX = 40		

Life happiness of the elderly

The results of the research showed that almost half of the elderly in Rayong Province had life happiness at a moderate level, represented at 48.0%, while 27.8% of them had life happiness at a high level and 24.2% had life happiness at a low level (Table 2).

Table 2 Number and percentage of the elderly classified by life happiness levels of the elderly

Life happiness levels of the elderly	Number (N = 400)	%
Low life happiness (21-62 points)	97	24.2
Middle life happiness (63-83 points)	192	48.0
High life happiness (84-105 points)	111	27.8
Mean = 72.35, SD = 15.42, MIN = 31, MAX = 101		

Correlation between personal factors, family factors and social factors, and life happiness of the elderly

After the correlation analysis by using Chi-square Test and Pearson's Correlation Coefficient, the results showed that gender, education, health condition, personality, self-esteem, family relationship, roles of the elderly in the family, monthly income of the family, social support, participation in social activities and perception of social circumstances were significantly correlated with life happiness of the elderly at a statistic test level (*p-value* < 0.05). But, age, marriage status and family characteristics were not correlated with life happiness of the elderly (*p-value* > 0.05) (Table 3, 4).

Table 3 Factors associated with life happiness of the elderly as analyzed by Chi-square Test

| Factors | Life happiness of the elderly (N = 400) | | | | | | p-value |
| | Low | | Middle | | High | | |
	N	%	N	%	N	%	
Gender							0.025
Male	34	20.4	75	44.9	58	34.7	
Female	63	27.1	117	50.2	53	22.7	
Education							<0.001
Lower than primary school	36	35.6	50	49.5	15	14.9	
Primary school	58	21.8	132	49.6	76	28.6	
Higher than primary school	3	9.1	10	30.3	20	60.6	
Marital status							0.074
Married	57	22.1	120	46.5	81	31.4	
Single/Widow/Divorced/Separate	40	28.2	72	50.7	30	21.1	
Health condition							<0.001
Poor	24	52.2	16	34.8	6	13.0	
Fair	45	30.8	80	54.8	21	14.4	
Good	28	13.5	96	46.2	84	40.3	
Family type							0.756
Single	39	24.5	73	45.9	47	29.6	
Extended	58	24.1	119	49.4	64	26.5	
Roles of the elderly in the family							<0.001
No role	24	47.1	20	39.2	7	13.7	
Not generating income for the family	33	19.5	96	56.8	40	23.7	
Generating income for the family	40	22.2	76	42.2	64	35.6	
Family income							<0.001
Sufficient	40	46.0	43	49.4	4	4.6	
Insufficient	57	18.2	149	47.6	107	34.2	

Table 4 Coefficient correlation among personal factors, family factors and social factors, and life happiness of the elderly subject to Pearson's Coefficient Correlation

Personal factors, family factors and social factors	Life happiness of the elderly	
	Coefficient Correlation (r)	*p-value*
Age	-0.070	0.163
Personality	0.462	<0.001
Self-esteem	0.939	<0.001
Family relationship	0.919	<0.001
Social support	0.913	<0.001
Participation in social activities	0.873	<0.001
Perception of social circumstances	0.544	<0.001

Factors influencing and predicting life happiness of the elderly

The factors significantly influencing and predicting life happiness of the elderly at a statistic test level (*p-value* < 0.05) included self-esteem, social support, family relationship, participation in social activities and perception of social circumstances. These factors were able to predict life happiness of the elderly at 91.2%. The factors best predicting life happiness of the elderly, subject to Beta, were self-esteem with Beta = 0.495, social support with Beta = 0.197, social relationship with Beta = 0.181, participation in social activities with Beta = 0.078, and perception of social circumstances with Beta = 0.060 respectively (Table 5)

Table 5 Stepwise Multiple Regression Analysis between predictors and life happiness of the elderly

Predictor	R^2	B	Std. Error (B)	Beta	t	*p-value*
Self-esteem	0.882	0.505	0.045	0.495	11.160	<0.001
Social support	0.905	0.235	0.057	0.197	4.104	<0.001
Perception of social circumstances	0.908	0.228	0.070	0.060	3.242	0.001
Family relationship	0.911	0.226	0.060	0.181	3.753	<0.001
Participation in social activities	0.912	0.158	0.074	0.078	2.135	0.033

B (0) = 1.714, Std. Error (B 0) = 1.902, Sig F < 0.001

Discussion

Life happiness of the elderly

The results of this research showed that almost half of the elderly in Rayong Province had life happiness at a moderate level of 48.0%, at a high level at 27.8% and at a low level at 24.2%. The elderly had life happiness at a moderate level up to a high level since the elderly with good health would have good attitude towards their health because they could have self-reliance and fresh mind and the extrovert elderly would be optimistic, adjust and have good attitude towards themselves, and they had no anxiety about past events. When these elderly confronted any problems, they would attack them and they were ready to face any changes in their life. If the elderly had good attitude and perspective, they would have good adaptation. Moreover, they were married and have lived in the extended family, had attachment and warmth, received respect, had their significance recognized and they had a spouse to talk to and tell their troubles if confronting any problems. The elderly were also cared for and supported in many matters; so they felt that they were still important in the family. The elderly, thus, felt that their life was extremely valuable. In addition, most elderly have taken roles in their family; they have generated income for the family, have cared for children, have provided occupational assistance and have done housework. Thus, these elderly felt that they had abilities and needed not to rely on others. These roles also resulted in a good family relationship because the elderly were respected and believed by their children. In the meantime, good participation in social activities also encouraged the elderly to feel that they were still capable, valuable like others and finally achieve life happiness. These results were consistent with Gray R et al[16] in that the sample group engaged in happiness at a slightly higher level than the median.

Factors influencing and predicting life happiness of the elderly

The result of this research showed that there were 5 factors influencing and predicting life happiness of the elderly in Rayong Province, which included self-esteem, social support, perception of social circumstances, family relationship and participation in social activities. These factors were able to predict life happiness of the elderly in Rayong Province at 91.2%. The variable most strongly associated with life happiness of the elderly was self-esteem since it allowed the elderly to recognize their self-value and potential, have an open mind, accept everything as it was, behave properly, be optimistic, and have good relationship with people and the environment surrounding them. The result was consistent to Gungjai W[20] found that self-esteem was significantly associated with the quality of life of the elderly at a statistic test level. The elderly with high self-esteem would have motivation to take care of themselves. As a result, they had a good quality of life and high life satisfaction. The second variable most strongly associated with life happiness of the elderly was social support, which is a social necessity of the elderly desiring from interactions with many people in the society pursuant to the physical, mental, emotional and social needs. This

variable helped the elderly have good physical and mental health, adjust themselves precisely and appropriately and live happily. The result was consistent with Srireucha P[21] that a positive social role was associated with life happiness. In the meantime, the elderly participating in social activities would have higher life happiness than those not participating in social activities. Family relationship has also influenced on elderly every day life because, according to physical, mental, emotional and social changes, the elderly needed care and support from some one in the family. Therefore, good family relationship by good care and warmth could enhance good relationship. This made the elderly improve their self-esteem, perceive love and attachment, and have life happiness. The result was consistent to Saengthienchai C et al[22], which showed that the support from member of the family influenced mental happiness of the elderly. In addition, the participation in social activities was essential for the elderly because it indicates that the elderly still have abilities and adaptation; they will feel proud have a good attitude toward themselves, have life happiness got more self-esteem, and live happily in society. The result was consistent with Srireucha P[21] which showed that the social role was associated with life happiness. The elderly participating in social activities would have higher life happiness than those not participating in social activities. The last variable was the perception of social circumstances. Great changes in the society took affect the elderly. Ones living in good social surroundings, including having good interactions with neighbors, good community assistance, adequate safety of life and

property, sufficient and comfortable public health service, equality with other community members, and no interruption by pollutions could make the elderly feel safe in their life, and allow them to live happily. The result was consistent to Gray R et al[16] that the environment was associated with the level of happiness. The elderly living in the best environment would have the highest level of happiness.

The finding suggest that the responsible organization should have tangible, precise and integrated policies, plans and campaigns to promote happiness of the elderly so that these aspects are systematically shaped in the same direction. Besides, the related agencies, e.g. local administrative organizations at all levels, district public health offices, etc. should mutually promote happiness of the elderly in an integrated direction by arranging programs and activities to build up self-esteem in the elderly, to strengthen the family relationship, and to promote and encourage the environmental behavior and hygiene in the community so that it can rely on itself and stand as a community of sustainable happiness, which will motivate the elderly to be involved in family and social activities. These will make the elderly feel that they are useful and valuable for the society, and, finally, they will live happily.

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References

1. Diener E. Frequently asked questions (FAQ's) about subjective well-being (happiness and life satisfaction). Available at http://www:psych.uiuc.edu/ediener/faq.htm/.accessed August, 2007.

2. Wapatanawong P. Homklinlomduan preparation to the aging society: Kanjanajitra C., editor. Health of Thai People 2007. First publishing. Bangkok: Amarin printing and publishing Co., Ltd.; 2007: 88-91.

3. The National Statistical Office. Survey of working conditions among populations across the Kingdom, Quarter 3: July - August 2005 Bangkok, 2005.

4. Thongtang O, Vuthiganond S, Sukhatunga K, Pooviboonsuk P, Ngamthipwattana T, Kootiwoot S, et al. Prevalence and incidence of depression in the thai elderly. J Med Assoc thai 2002; 85(15): 540-544.

5. Yuhan-ngor N. Torture to the elderly in the thai society. Huachiew Chalernprakiet University. J Sociology and Humanities 2003; 7(13): 43-50.

6. Kuptiwut S, Yantadilok S. Suicide attempts and suicidal thoughts in the elderly patients. J The Psychiatric Association of Thailand 2000; 43(1): 39-55.

7. Registration administration center, Rayong branch as of 30 June 2006. Rayong Registration Office.

8. Petrasuwan S. Health needs in the elderly: case study of Rayong province. [M.S. Thesis in Education]. Bangkok: Mahidol University, 1999.

9. Polngarm N. Comparison on Social Support, Tension and relations while receiving social support and tension of the elderly at Rayong province. Rayong Public Health Office. 2006.

10. Chanpreuksa P. Relations between personality and social involvement and life satisfaction of thai elderly in Bangkok. [M.S. Thesis in Applied Behavioral Science Research]. Bangkok: Srinakharinwirot University, 1994.

11. Boonthai N. Self-esteem of the elderly and relations with other factors. [M.S. Thesis in Family Health]. Bangkok: Mahidol University, 1996.

12. Chuensaengnet P. Relations between family relationship, behavior of self-care and life satisfaction of the elderly: case study of the elderly people club's members in the eastern seaboard area at Chonburi province. [M.S. Thesis in Family Health]. Bangkok: Mahidol University, 1995.

13. Cobb S. Social support as a moderator of life stress. Psychomatic medicine 1976; (38): 300-314.

14. Schaefer C, Coyne J, & Lazarus R. The health-relateed function of social support. J Behavioral medicine 1981; 4(4): 381-406.

15. Lemon BW, Bengtsen VL, Peterson JA. An exploration of the activity theory of aging : activity types and life satisfaction among in movers to a retirement community. J gerontology 1972; 27(4): 511-523.

16. Gray R, Rak-amnoykit P, Kittisuksathit S. Happiness on sufficiency: security at the end of life. Mahidol University, 2006.

Available at http://www.ipsr.mahidol.ac.th/ comntent/home/ConferenceII/Article/ Article09.htm/. accessed October 2007.

17. Chaisawas K. Happiness status and related factors of pregnant women receiving the prenatal care at Chulalongkorn University. [M.S. Thesis in Mental Health]. Bangkok: Chulalongkorn University, 2003.

18. Khaewkungwal S. Guideline of using LSIA (life satisfaction) for the aged people. Department of Psychology. Faculty of Humanities, Chiang Mai University, 1987: 1-14.

19. Diener E. Sujective well - being. Psychological bulletin 1984; 95(3): 542-575.

20. Gungjai W. Self-esteem, self-care and quality of life of the aged people. J Faculty of Nursing, Burapha University 1998; 6(1): 13-20.

21. Sriruecha P. Happy life of the elderly in a village of Khon Kaen province: a case study of ban kai na of muang distric. J Health Science 2002; 11(1): 44-54.

22. Saengthienchai C, Ketpitchayawattana J, Ungsuroj Y, Berit ID. Relations between supports in the family and mental happiness of thai aged people. J Demography 2001; 17(2): 1-17.

ความสุขในชีวิตของผู้สูงอายุในจังหวัดระยอง

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โชคชัย หมั่นแสวงทรัพย์**　　พิทยา จารุพูนผล**

บทคัดย่อ

การศึกษาครั้งนี้เป็นการวิจัยเชิงสำรวจภาคตัดขวาง เพื่อศึกษาระดับความสุขในชีวิต และปัจจัยที่มี
อิทธิพลและสามารถร่วมทำนายความสุขในชีวิตของผู้สูงอายุในจังหวัดระยอง กลุ่มตัวอย่างคือผู้สูงอายุที่มีอายุ
ระหว่าง 60 - 80 ปี จำนวน 400 คน ได้จากการสุ่มตัวอย่างแบบหลายขั้นตอน เก็บข้อมูลโดยการสัมภาษณ์
ระหว่างวันที่ 6 มิถุนายน - 31 กรกฎาคม 2551 วิเคราะห์ข้อมูลโดยใช้ความถี่ ร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบน
มาตรฐาน การทดสอบสถิติไคสแควร์ สถิติสัมประสิทธิ์สหสัมพันธ์ของเพียร์สันและการวิเคราะห์ถดถอยพหุคูณ
แบบมีขั้นตอน ผลการศึกษา พบว่า ผู้สูงอายุ ร้อยละ 48.0 มีความสุขในระดับปานกลาง รองลงมา คือ ระดับ
สูง ร้อยละ 27.8 และระดับน้อย ร้อยละ 24.2 ปัจจัยที่มีความสัมพันธ์กับความสุขในชีวิตของผู้สูงอายุ อย่างมี
นัยสำคัญทางสถิติ ได้แก่ เพศ ระดับการศึกษา ภาวะสุขภาพ บุคลิกภาพ ความรู้สึกมีคุณค่าในตนเอง สัมพันธภาพ
ในครอบครัว บทบาทของผู้สูงอายุในครอบครัว รายได้ของครอบครัวต่อเดือน แรงสนับสนุนทางสังคม การมี
ส่วนร่วมในกิจกรรมทางสังคม และการรับรู้สภาวะแวดล้อมทางสังคม (*p-value* < 0.05) ส่วนปัจจัยที่มี
อิทธิพลและสามารถคาดทำนายความสุขในชีวิตของผู้สูงอายุ ได้แก่ ความรู้สึกมีคุณค่าในตนเอง แรงสนับสนุน
ทางสังคม สัมพันธภาพในครอบครัว การมีส่วนร่วมในกิจกรรมทางสังคม และการรับรู้สภาวะแวดล้อมทางสังคม
ซึ่งสามารถร่วมทำนายความสุขในชีวิตของผู้สูงอายุในจังหวัดระยอง ได้ร้อยละ 91.2 และความรู้สึกมีคุณค่าใน
ตนเองสามารถร่วมทำนายได้สูงสุด

จากการวิจัยครั้งนี้มีข้อเสนอแนะว่า หน่วยงานที่รับผิดชอบ ควรเสริมสร้างความสุขในชีวิตของผู้สูงอายุ
โดยเสริมสร้างความรู้สึกมีคุณค่าในตนเองมีการสนับสนุนทางสังคมอย่างเพียงพอ ส่งเสริมสัมพันธภาพในครอบครัว
รวมถึงสนับสนุนการมีส่วนร่วมในกิจกรรมทางสังคม และการจัดการสภาวะแวดล้อมทางสังคม ให้สอดคล้อง
กับความต้องการและวิถีการดำเนินชีวิตของแต่ละบุคคล เพื่อให้ผู้สูงอายุดำรงชีวิตได้อย่างมีความสุข

คำสำคัญ: ความสุขในชีวิต, ผู้สูงอายุ, ความรู้สึกมีคุณค่าในตนเอง, แรงสนับสนุนทางสังคม

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　มหาวิทยาลัยมหิดล

** ภาควิชาอนามัยครอบครัว คณะสาธารณสุขศาสตร์ มหาวิทยาลัยมหิดล