



## Improving the Quality of Social Life by Developing Positive Values for Coexistence among the Elderly to Enhance Happiness in Bang Khla District, Chachoengsao Province

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### Abstract

This research was mixed method research aiming at: **1)** Exploring the current situation, problems, and solutions for quality of social life by developing positive values among the elderly coexistence to enhance happiness in Bang Khla District, Chachoengsao Province; **2)** Developing a program to improve quality of social life by developing positive values among the elderly coexistence to enhance happiness in Bang Khla District, Chachoengsao Province. The qualitative sample consisted of 19 elderly people or their families, professional nurses from sub-district health promotion hospitals, monks, local government executives, village headmen or sub-district headmen, village health volunteers, and health promoting schoolteachers. The quantitative sample consisted of **291** elderly people or their families. The instruments used were in-depth interviews and questionnaires. Data gathered were analyzed using frequency, percentage, mean, and standard deviation.

The study results found that: 1) In the existing situation, the elderly still lacked knowledge and understanding in how to live happily with others. Some liked to be alone, had their own privacy, did not like to socialize with others, and had grandchildren to take care of. The solution is suggested for the local administrative organizations, sub-district health-promoting hospitals and schools in the sub-district that they should cooperate in organizing training to provide knowledge and understanding of positive values and happy coexistence to the elderly, students or family members or those who are interested, and then go back to expand the results and advise others in the family to be aware of the changes in the current era at least **1-2** times a year. The supportive elements for the elderly happiness are good thoughts, good health, good society, and good environment. 2) The program for developing positive values and happy coexistence for the elderly consisted of training on positive values, group work and thinking about what you wanted to happen or your vision in the community, experimentation and monitoring the results. The result of the group activity was that the elderly want to meet and participate in activities and create products that generate more income from local wisdom to promote happy coexistence. The scores were collected before and after joining the program. It was found that the average score of social quality of life by developing positive values towards the elderly after the program trial was **0.08** higher than before the program trial. Therefore, this program was able to use for enhancing the quality of social life by developing positive values towards the elderly coexistence to enhance happiness.

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## Introduction

Thailand is entering an aging society. It is predicted that in **2037**, the number of people aged **60** years and over will increase to **20** million people and will enter a super-aged society. It means that the country would have a population aged **65** years and over of more than **20** percent of the total population. This means that Thailand would have almost one-third of the total population of elderly people. In addition to the increasing number of elderly people, modern science and advanced medicine have also resulted in an increase in the average life expectancy of the population. From this situation, working-aged people have an additional burden in caring for the elderly, whose numbers are increasing, and their lives are getting longer, and they live in the same society, whether it is in terms of general living or health. In addition, families are smaller, with an average of 3 people per family in 2014. As the new trend of living is not necessarily having a partner and children, the phenomenon of married couples without children has increased from **5.6% to 13.9%**, while single-person households have increased from **6.1% to 13.9%**. Number of elderly living alone or with a spouse had increased continuously from **24** percent in **2007** to **27** percent and **28** percent in **2011** and **2014**, respectively. While households where the elderly lived with grandchildren (children aged **0-17** years) due to the labor-age migration rate increased from **19.3** percent in **2005** to **22.8** percent in **2011** (National Statistical Office, **2011**). Of these, more than half were elderly women, heads of households, and had to work to support their family members, and their income was not much. As Thailand would become a full-fledged aging society in the future, how would these elderly people live, as the number of family members tends to decrease (Kamolchanok Khamsuwan and Madi Limsakul, **2017**)? The Chachoengsao Provincial Social Situation Report (Chachoengsao Provincial Social Development and Human Security Office, 2021) stated that there were 127,535 elderly people aged 60 years and over, 109,523 of whom received living allowances, of whom 2,017 were chronically ill, bedridden, and 6 were homeless and beggars. Data from the Chachoengsao Provincial Public Health Office in **2020** classified the elderly who were homebound, totaling **1,484** people (**1.63** percent of all elderly surveyed), and the elderly who were bedridden, totaling **533** people (**0.58** percent of all elderly surveyed). Of these, village health volunteers provided continuous care. There were also many elderly who were still able to do activities on their own (socially attached), totaling **89,233** people (**97.79** percent). From all surveys, according to the Bang Khla District Public Health Office report (2022), Bang Khla District had a population of 45,313 people, 14,939 elderly people, accounting for 39% of the total population in Bang Khla District, which was the district with the highest proportion of elderly people in the province.

From the data on the elderly in Bang Khla District, if we narrowed it down to a particular community, almost one-third of the people in the community were elderly. This was a very high number. If there were no effective and adequate measures to support the care of the elderly, it would lead to economic problems, health problems, and social problems and the values of some groups of people who did not want to be a burden in caring for the elderly. These were negative values for living together in society. They were values that thinking more of themselves than the collective and did not see the importance of relationships between each other in society. This affected people in society. Elderly families lack money to buy medicine to care for the elderly or lack the knowledge to take them to the hospital. This made the elderly more susceptible to diseases that could spread to others, such as tuberculosis, or any new emerging diseases that had never occurred before, such as **COVID-19**, which could spread to many people in the community and cause them to become sick as well. But if the community instilled good values so that everyone in the community was aware of the coexistence of people in society amidst changes happily and creatively, which was the main goal of the United Nations, it would make people in the community help each other take care of and solve problems or organize a financial system or organize a system for sending patients to hospitals to support the care of the elderly instead of discriminating against patients or pushing them to other places as seen in some communities. There would be no problems of epidemics or depression from the elderly being abandoned, which would be beneficial to the development of society.

From the above problems, all sectors must participate in developing a system to support the appropriate lifestyle of the elderly society. One solution was to promote values for people in the community to help take care of others in the community because they lived closest to each other and must rely on each other throughout their lives, especially because everyone must develop and grow into a natural elderly person, which would have normal organ degeneration and might have aging diseases, diseases caused by behavior, such as high blood pressure, diabetes, which are common in the elderly. Because values were what individuals or societies hold as tools to help them make decisions and determine their own actions (Royal Institute, 2013), values were things that resided in people's minds and were beliefs that push people to display their behaviors for society to see (Halstead & Taylor, 2000), and communities could be developed or managed systematically. This was consistent with the study of Yongyut Burasit and Kwanjit Sasiwongsarot (2018) who found that the guidelines for promoting value and dignity for the elderly were to create a strong health base for the elderly, control chronic diseases, create good mental health, instill love and attachment, and return gratitude. Promoting positive values for the elderly

helped create good attitudes and good practices towards the elderly, allowing the elderly to live with value and dignity. This was considered cultural capital that was still beneficial to society. However, the promotion of values in each era needed to be adjusted to be consistent with the beliefs of the new generation and had appropriate mechanisms to control caring behavior. In addition, in Thai society, there were values of trusting teachers, being grateful to benefactors, and having faith in the teachings of monks. Therefore, cultivating effective community values and making communities strong still adhered to the development approach of both home, temple, and school or Borworn (Ariya Phromsupa, 2019) and instilling positive thinking in society in Thailand as a home for all people in the country, developing it into an area and expanding it into a community, then bringing what had been successful in developing real quality of life to create a model for everyone to know and follow (Pradit Phothitasom and Suwin Srimuang, 2020).

From the increasing number of elderly people as mentioned above, including the promotion of positive values for the elderly in living together, the research team included lecturers from Rajabhat Rajanagarindra University, which is the only university in the province and has a mission to be a university serving the local area. In addition, it is well-prepared in terms of academics, personnel and facilities. They see the importance of developing the quality of life of the elderly in Bang Khla District, Chachoengsao Province, which has the largest number. Therefore, they are interested in studying the improvement of social quality of life by developing positive values for the elderly in living together to enhance happiness in Bang Khla District, Chachoengsao Province. To promote social quality of life and positive values so that everyone in the community can live together happily, support and care for each other in terms of body, mind, society and environment, resulting in better social quality of life, resulting in the happiness of the elderly and their families, reducing illnesses of the elderly both physically and mentally, reducing anxiety, feelings of depression, and reducing crowding of service facilities.

## Research Objectives

1. To study the current situation, problems, and solutions for the quality of life in society by developing positive values for the elderly coexistence to enhance happiness in Bang Khla District, Chachoengsao Province.
2. To develop a program for improving the quality of life in society by developing positive values for the elderly coexistence to enhance happiness, Bang Khla District, Chachoengsao Province.

## Methodology

This research was mixed method research using qualitative

and quantitative research to study the improvement of social quality of life by developing positive values for the elderly coexistence to enhance happiness in Bang Khla District, Chachoengsao Province. It consisted of four steps of research according to the objectives as follows:

Step 1: Researchers tried to answer the first objective to study the current situation, problems, and solutions for the quality of life in society by developing positive values for the elderly coexistence to enhance happiness in Bang Khla District, Chachoengsao Province by studying the current situation, problems and solutions to the quality of life in society by developing positive values for the elderly coexistence. The tool used was an interview form. The sample group included professional nurses from sub-district health promotion hospitals, the elderly or their families, monks, local government executives, village headmen or sub-district headmen, village health volunteers, and health promotion teachers, totaling 19 people. At the same time, a questionnaire was created and the quality of the tools related to social quality of life was found by developing positive values for the elderly with community participation. From studying the related theoretical concepts, the quality of social life was obtained by developing positive values for the elderly in living together, consisting of 4 main issues: (1) good thinking, (2) good intelligence, (3) good health, and (4) good society. The data were collected from Bang Krachet Subdistrict, Bang Khla District, Chachoengsao Province. The sample group consisted of elderly people or elderly families from 9 villages, totaling 291 people. Analysis of data obtained from interviews and questionnaires combined with principles, concepts, documents, and related research had resulted in new knowledge, which had been summarized as a draft of "Program for Improving Social Quality of Life by Developing Positive Values for the Elderly."

Step 2: Answer the second objective to develop a program to improve the quality of life in society by developing positive values for the elderly coexistence to enhance happiness in Bang Khla District, Chachoengsao Province was done by testing the program draft with a simple random sampling of only 1 sub-district out of 9 sub-districts in Bang Khla District, namely Bang Krachet Sub-district. The "Program for Improving Social Quality of Life by Developing Positive Values for the Elderly" consisted of 3 main activities as follows:

Activity 1: Training workshop to instill positive values in the elderly in the community

Activity 2: A workshop to create a shared vision from the community to develop positive values for the elderly and a strategy to announce the vision to everyone. This was an expression of the community's commitment to making the vision of the sub-district a success. There were activities for

writing a mission, selecting a mission and making a vision announcement sign. There was also an activity to launch the vision of each sub-district.

**Activity 3:** Workshop on evaluating and monitoring implementation of the vision to instill positive values in the elderly by evaluating and monitoring implementation of the vision and visiting the homes of the elderly to encourage them, their families, and relatives, listen to their problems and needs for assistance to collect information and plan for consideration in providing further assistance.

Step 3: Evaluation using a questionnaire after the trial of the “Program for Improving the Quality of Life in Society by Developing Positive Values for the Elderly” for 1 month by evaluating and monitoring the implementation of the vision and visiting the elderly’s homes. The draft program was then developed into a guideline for improving the quality of life in society by developing positive values for the elderly and brought to the attention of a focus group discussion by five qualified persons: the Subdistrict Administrative Organization Mayor, the Bang Krachet Headman, the Hua Sai Subdistrict Headman, and academics. After that, the researchers summarized and adjusted the guidelines according to the recommendations of the experts to obtain guidelines for improving the quality of life in society by developing positive values for the elderly in a complete manner, to be disseminated to the community and used as a guideline for further practice.

Step 4: Organize activities to return information to the community, present guidelines for improving the quality of life in society by developing positive values for the elderly, and announce cooperation with the Subdistrict Administrative Organization to develop guidelines for improving the quality of life in society by developing positive values for the elderly to be of higher quality, which will be a good model for other communities to use in the future.

## Population and Sample

### Population

The population in the study was the elderly people of Bang Khla District, Chachoengsao Province, totaling 9,469 people (HDC, 2022).

**Qualitative sample:** Key informant groups related to the development of positive values, quality of life of the elderly in the community of Bang Khla District, Chachoengsao Province, included professional nurses of the sub-district health promotion hospital, the elderly or their families, monks, local government administrators, village headmen or village heads, village health volunteers, and health promotion teachers, referring to the sample group selection for the study to create a theory because the model was created from the

data found (Grounded Theory) (Creswell, 2007, 2013 cited in Chamnian Chuangtrakul, 2018). Purposive sampling was used from those who were qualified according to the population, were able to communicate information, and consented to provide information by randomly selecting the sample group as follows: 2 professional nurses from the sub-district health promotion hospital; 1 elderly person or family of the elderly (1 person from each of the 9 sub-districts, selecting the sub-districts with the highest population from 1st to 5th place); 5 monks; 1 monk (by drawing lots); 2 local government executives; 2 village headmen or sub-district headmen (by drawing lots for 2 out of 9 sub-districts); 5 village health volunteers (by drawing lots); and 2 health promotion teachers (by drawing lots), totaling 19 people.

**Experts in group discussions:** The experts consisted of 5 qualified persons, consisting of 2 Subdistrict Administrative Organization Chiefs, 1 Headman of Bang Krachet, 1 Headman of Hua Sai Subdistrict, and 1 Academician, selected by specific method.

**Quantitative research sample:** They included the elderly or families of the elderly in Bang Krachet Subdistrict, Bang Khla District, Chachoengsao Province, totaling 291 people. The sample group was determined according to the Krejcie and Morgan table (1970) from the total elderly population of Bang Krachet Subdistrict, 1,198 people. They were divided according to the proportion of the population in each village and use a simple random method by drawing lots for house numbers that are considered elderly or families.

**Sample group in the Training Course:** Persons involved with the elderly in Bang Krachet Subdistrict, Bang Khla District, Chachoengsao Province, included the Subdistrict Administrative Organization president and executives, 3 people; representatives of the Subdistrict Health Promotion Hospital, 3 people; sub-district headman, 1 person; village headmen or representatives, 9 people; the village health volunteers' chairmen or representatives of 9 villages, 9 people; local scholars; and the elderly from 9 villages (considering the top 5 villages with the most elderly people), 5 people; a total of 30 people, selected purposively.

### Tools used for data collection

The tools used to collect qualitative data include in-depth interviews using a semi-structured interview form to obtain current conditions, problems, solutions, and guidelines for organizing activities to improve the quality of life in society by developing positive values for the elderly in living together to enhance happiness. These would be combined with concepts, principles, documents, and research related to the quality of life in society of the elderly by developing positive values for the elderly that truly correspond to the needs of the elderly. The instruments used for collecting

quantitative data were questionnaires on improving social quality of life by developing positive values for the elderly in living together to enhance happiness, Bang Khla District, Chachoengsao Province.

### Quality testing of instruments

The quality of qualitative research instruments was verified in terms of content validity by 3 experts. The interview form was tested with 3 people who were not a sample group before being revised and used in practice as a guideline for adjusting questions to make them understandable. Finding the quality of quantitative research instruments by giving the questionnaire to 5 experts to consider the content validity by finding the index of items objective Congruence (IOC). Then, researchers selected the questions with an IOC value of 0.5 or higher and revise the questionnaire as recommended by experts before trying it out with a sample group of 30 people in Hua Sai Subdistrict, Chachoengsao Province. The questionnaire was tested for reliability by using the alpha coefficient method according to Cronbach's (1990) method. If the reliability of the entire questionnaire was greater than 0.75, it was considered reliable. The test that was tested (try out) was made into a complete version to collect further data.

### Data collection

Qualitative data were collected using in-depth interviews and field notes. The interview data were transcribed verbatim and analyzed. Therefore, the researchers prepared before going to the actual field by preparing knowledge of qualitative research methodology content by himself from documents, textbooks, and related research to cover the issues to be interviewed.

The data collection process is as follows:

1. Preparatory stage: Researchers prepared the in-depth interview guidelines. Before proceeding with the data collection, the researchers asked for permission from the sample group to conduct the study, explained the research procedures, and the research duration. All subjects signed a consent form to participate in the research and were informed that they could refuse to participate in the research and withdraw from the research without any consequences for the subjects. In addition, the information obtained from this research would be kept confidential and would not be disclosed to cause damage to the sample group. The researchers would use the research results for academic purposes only.
2. Procedure: The interview would be conducted at a location convenient for the key informants. The researchers chose a convenient date and time for the researchers to meet and interview the data in Part 1 first. After the informants were confident and ready to provide in-depth information, the in-depth interview in Part 2 began. During the interview,

the questions were adjusted for clarity according to the context and facial expressions and emotions of the informants, using in-depth interview skills, considering the rights and dignity of the informants. There was a 2-minute break for each question to prevent stress. After the interview was completed, the researchers expressed their appreciation to participants.

3. Observation and recording: The researchers used observation of the sample group's behavior and expression of opinions during the interview. After the observation, the researchers recorded the data as well.

Quantitative data collection was conducted using a researcher-created questionnaire based on the conceptual framework of developing positive values for the elderly in living together to enhance happiness and quality of life in the elderly.

### Data Analysis

**Qualitative analysis:** The analysis was processed by coding the data and using the method of interpreting and interpreting the data (Interpret), then creating concepts by comparing with theories and research works that had already been researched according to the qualitative study guidelines (Content analysis). Data analysis had 3 steps as follows:

1. The coding process is the process of defining codes or creating an index (Supang Chantawanich, 2016) from the data obtained from the interviews. It was an analysis to find consistency reflecting the types or groups of data obtained from the interviews. The researchers considered opening the code line by line. If there was any text that indicates social quality of life and the development of positive values for the elderly and according to the research objectives, it would be coded.
2. The process of finding the relationship of codes was the process of defining codes by processing the types of data and the characteristics of the data types together. This was the process of creating a relationship between the data of each code in the first step.
3. Select coding was the process of selecting key events to conclude the findings of decoding the interview data. It was the process of taking the types and relationships or core of the data to conclude the characteristics of relationships or phenomena found regarding social quality of life and the development of positive values for the elderly in living together.

**Data reliability check:** The researchers used the method of checking the same data from multiple sources (Data Triangulation), such as annual reports, newspapers, analysis of related documents, etc., and recording reflections (Reflexive note) after data collection to record ideas, beliefs

based on data, and connections found in the data collection, in order to use them in data analysis completely and correctly.

**Quantitative data analysis:** The returned sets of questionnaires were scored for each item, and the results were recorded on a computer using a ready-made program.

### Statistics used in data analysis

Qualitative analysis statistics included content analysis.

Quantitative analysis statistics included frequency, percentage, mean, and standard deviation.

## Research Results

### 1. Current situation, problems, and solutions for quality of life in society by developing positive values for the elderly coexistence to enhance happiness, Bang Khla District, Chachoengsao Province

From the interview, it was found that the current situation was that families were not well-off. Children must go to work and there was no one to take care of the elderly, leaving them to live alone according to their abilities. The elderly lacked knowledge and understanding in how to live together happily. Elderly people needed to learn or understand slowly and calmly. Some had a pessimistic attitude. Some liked to be alone. They had a very private world. They did not like to socialize with others. Some families left their children for the elderly to raise alone. The solution was suggested for local administrative organizations to organize training to provide knowledge and understanding of positive values to the elderly, family members, or those who were interested, and then go back to expand and advise others in the family to keep up with the changes in the current era at least 1-2 times a year.

### 2. Development of a program to improve social quality of life by developing positive values for the elderly coexistence to enhance happiness, Bang Khla District, Chachoengsao Province

The program for improving the quality of life in society by developing positive values for the elderly has the following processes:

1. Survey the area was done by contacting and coordinating with relevant agencies to obtain information in the community and to consider selecting a sample group to collect data from interviews to study the current situation, problems, and solutions for social quality of life by developing positive values for the elderly coexistence. At the same time, a questionnaire was created and the quality of the instruments related to social quality of life was found by developing positive values for the elderly with community participation. From studying the related theoretical concepts, the quality of social life was obtained

by developing positive values for the elderly coexistence and the data were collected in Bang Krachet Subdistrict, Bang Khla District, Chachoengsao Province.

2. Analyzing data from interviews and questionnaires, combined with principles, concepts, documents, and related research, new knowledge was created. It was summarized as a draft of a guideline for social quality of life by developing positive values for the elderly with community participation. The draft was created as the "Program for Improving Social Quality of Life by Developing Positive Values for the Elderly." The program consisted of 3 main activities as follows:

**Activity 1:** Training workshop to instill positive values in the elderly in the community

**Activity 2:** Workshop to create a shared vision from the community to develop positive values for the elderly and strategies for announcing the vision to the public. It was a demonstration of the community's commitment to making the vision of the sub-district successful. There were activities such as writing a mission statement, selecting a mission statement, and making a vision announcement board. The activity was to launch the vision of each sub-district.

**Activity 3:** Workshop on evaluating and monitoring implementation of the vision to instill positive values in the elderly by evaluating and monitoring implementation of the vision and visiting the homes of the elderly to encourage them, their families, and relatives, listen to their problems and needs for assistance to collect information and plan for consideration in providing further assistance.

3. Plan and design activities, provide knowledge on how to conduct oneself to have a quality of life in society, instill positive values in the elderly in the community, practical training in brainstorming together to create a vision for developing positive values in the elderly through activities such as writing a mission, selecting a mission and making a vision announcement board, and activities to launch the vision of the sub-district.
4. Implement the plan and evaluate the results before the training with a questionnaire and conduct a workshop with people involved with the elderly in Bang Krachet Subdistrict.
5. Follow up, monitor, and evaluate after the trial of the draft "Program for improving the quality of life in society by developing positive values for the elderly." Evaluate using questionnaires, analyze data obtained from questionnaires, and compare the evaluation results before and after the trial of the program.

- Results of improving the quality of life in society by developing positive values for the elderly coexistence to enhance happiness, Bang Khla District, Chachoengsao Province, to test the program: It turned out that what the elderly want was for them to join activities and generate more income from local wisdom to promote happy coexistence and want government agencies to organize training to meet at least 1-2 times a year. The results of the pre- and post-program scores showed that the average social quality of life score with positive value development for the elderly after the program trial was 0.08 higher than before the program trial. Therefore, this program could be used to enhance the quality of life in society by developing positive values for the elderly in living together to enhance happiness.

## Discussion

### 1. Results of the analysis of the current situation, problems, and solutions for the quality of life in society by developing positive values for the elderly coexistence to enhance happiness in Bang Khla District, Chachoengsao Province

The study results found that in the current situation, there were families where children were left to be raised by the elderly alone. The elderly had limitations in raising children in cases that children were in their teens, were stubborn, and did not listen to the elderly. The elderly themselves were not strong and had low energy to deal with their teenage grandchildren. Among the poor families, their children had to go to work, so no one took care of the elderly; the elderly had to be left alone to live by themselves. The elderly lacked knowledge and did not understand how to live together happily. Their learning or understanding must be done slowly and gradually. Having a pessimistic attitude, some like to be alone, have a very private world, do not like to socialize with others. The solution is that the local administrative organizations should organize training to provide knowledge and understanding of positive values to the elderly, family members, or those who are interested, and then they could go back to expand and advise others in the family to keep up with the changes in the current era at least 1-2 times a year. The elements supporting oneself happy by thinking well, having good health, and having a good social environment can affect quality of life. It was consistent with Montchai Anowanphan (2021) who stated that because of physical deterioration, the elderly lacked a thorough understanding of health information, as well as the skills to search, select, and classify information. It is a skill of health knowledge, consistent with what the Health Education Division (2018) said that in driving the development of health literacy to success, resulting in people being able to rely on themselves in terms of health and developing health behaviors towards sustainable good health. It must

come from participation from all sectors, with integration that was consistent and in the same direction, for the goal of Thai people having good health. It was consistent with Chatree Matsi and Sivilait Wanaratwijit (2017) who stated that from the situation of changes in the economy, society and environment, it made the way of life of Thai people at the individual, family and community levels in the context of the environment full of health risks, causing health problems and a tendency for chronic non-communicable diseases to become more severe, resulting in people having to rely more on the medical service system. Therefore, it is necessary to have a guideline to promote and support people to be able to manage and take care of themselves appropriately, have the ability to access health news and knowledge from various sources, have an understanding and be able to assess the reliability and appropriateness of various contents until they can apply it to themselves, have the judgment to think logically in giving importance to that news and knowledge, and lead to the decision to try it out and evaluate the results of the experiment until it can be used in daily life.

### 2. Results of the development of a program to improve the quality of life in society by developing positive values for the elderly coexistence to enhance happiness, Bang Khla District, Chachoengsao Province

2.1 Results of the analysis of the quality of life in society by developing positive values for the elderly before the program trial: It was found that the overall quality of life in society through the development of positive values towards the elderly was at a good level and after the trial of the program was at a very good level. It was consistent with Chuthamas Wongchan, Suwanna Wutthiranrit and Latda Luengrattanammat (2022) who studied the factors related to the quality of life of the elderly in Health Region 6, it was found that the overall quality of life of the elderly was at a good level.

#### When considering each aspect:

- The overall thinking aspect was at a good level. This might be because changing eating habits to be appropriate for one's own age and having a healthy body could prevent disease. When they encountered someone who had fainted or in other situations, they immediately helped as much as they could. It was consistent with Pender (1996) who stated that eating practices, eating habits and choosing food that was appropriate for the body's needs to receive all five food groups and have nutritional value.
- The intellectual aspect was good. Overall, it was at a good level. This might be because when the elderly encountered changes, they were ready to adapt to the new society. And the elderly were diligent in learning more about emerging technologies regularly to keep up with the current global society and technology by seeking knowledge such

as communication using telephones, Facebook, using the internet, and listening to music online. Whenever a problem arose, it could be solved. When a neighbor had a health problem, they could give correct advice. It was consistent with Pender (1996) who stated that caring about one's own health and that of others by being able to take care of one's health and notice changes that occurred to oneself, including seeking useful information and knowledge, using the health care system and avoiding drugs and intoxicants to promote one's own safety from things that were harmful to one's health.

- 3) Overall health was good. This might be because eating good, nutritious food that was appropriate for your age was one way to take care of your health. The elderly were at risk of various diseases, so they exercised regularly. If they were in poor health, they were unable to do various activities. It was consistent with Harris and Guten (1979) who stated that the actions of individuals to have good health and be able to prevent disease were behaviors that would promote health to be strong, free from illness, be able to live a normal life and try to avoid various dangers that affected health. They were behaviors that were done consistently, such as resting, eating hygienic food and exercising regularly to have good health and be able to prevent disease. It was consistent with Pender (1996) who stated that the movement of muscles and various parts of the body that require energy, including exercise and doing activities in daily life, considering one's own health is important.
- 4) Social aspect was good. Overall, it was at a good level. This might be because of the relationship between the elderly and other people in society. The family took good care of them. They were very satisfied living in this community. The community provided an environment conducive to exercise that was appropriate for all ages. They were kind and like to help others and would be loved by their family and others. It was consistent with Ekapol Krause (2019) who stated that interaction created relationships between the elderly and individuals and society, allowing the elderly to recognize themselves and create their own identities. The perception that they were part of society, that they were the ones who help others in society (the givers), allowed the elderly to realize their own value, see the value of life, and want to live a life that was beneficial to their family, community, and society, to use their accumulated potential to give to society, and not want to be a burden to others. These were all social processes that created value for the elderly to see their own value, molding it into a quality of life according to their own perception.

2.2 Improving the quality of life in society by developing positive values for the elderly coexistence to enhance happiness, Bang Khla District, Chachoengsao Province, to test the program. It turned out that the average value of improving social quality of life by developing positive values for the elderly in living together to enhance happiness after the training was higher than the average value before the training. It was consistent with Patcharaporn Phatthana (2018) who studied the quality of life of the elderly in the Elderly Care Learning Center, Health Region 4. It was found that the quality of life of the elderly after joining the project was better than before joining the project. The elderly participated in health promotion activities, had overall health behaviors, and overall quality of life was better than before joining the project. This might be because most of the elderly live alone. When there were social activities and training that promoted good thoughts, good actions, and living together with kindness, according to the Thai nature of being kind to each other according to the teachings of Buddhism, it would make them happy and contented. After meeting, talking, or doing activities together, the average score increased more than before organizing activities according to the program.

## Suggestions

### 1. Suggestions from this research

1) The results of the study found that the elderly had improved their social quality of life by developing positive values for coexistence to enhance their happiness. In terms of good health, the average value was ranked last. Therefore, it was proposed that sub-district health-promoting hospitals should further develop and improve the health dimension of quality of life. Although the government had always supported healthcare for the elderly, it was found that the healthcare score was still the lowest. Therefore, it was empirical data to find ways or strategies to help the elderly have better health, for example, by organizing training activities to provide knowledge, understanding and practice health care skills more frequently, to develop skills that enable effective self-care practices, emphasizing proactive, accessible, friendly actions and continuous follow-up.

2) The study found that there had never been any training on the values of coexistence with positive values. Therefore, it is suggested that the Subdistrict Administrative Organization and Subdistrict Health Promotion Hospital should give more importance to thinking and developing the attitudes of the elderly and their families. Since human behavior came from attitudes, when organizing training to provide knowledge, good attitudes and a positive outlook should be added every time. There also should be monitoring and evaluation of the social quality of life situation by developing positive values for the elderly in living together to enhance happiness

periodically to know the trends of health attitudes and behaviors, which would make the determination of strategies for solving problems more effective.

3) The results of the study found that the program or guideline for improving the quality of life in society by developing positive values for the elderly in living together to enhance happiness in Bang Khla District, Chachoengsao Province consisted of training activities to provide knowledge about positive values in living together with the elderly, positive thinking activities, and what was wanted in the community was organizing activities for the elderly to meet and create products that generate income from local wisdom together. It could create new knowledge that local administrative organizations and sub-district health promotion hospitals could apply to their operations or set policies to develop the quality of life of the elderly in various aspects. It could also be a guideline for development operations and promotion, support for academic work, and exchange knowledge together on a wide scale. This results in the development of new knowledge to have potential and increase capabilities to be a good model for other communities.

## 2. Suggestions for further study

- 1) It is suggested to study the developing strategies for teaching media that have the highest impact on health behaviors of the elderly.
- 2) It is suggested to study the quality of social life by developing positive values for the elderly, affecting their love and attachment to the community.
- 3) It is also suggested to study the effective proactive approach to developing the health of the elderly in the current era, comparing urban and rural areas.
- 4) It is suggested to study the guidelines for developing positive values in coexistence in Thai society and continuous development to keep abreast of changes.

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