Influence of Self-esteem and Preparation for Aging on the Happiness of Older Thai Adults: A Cross-sectional Study

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Abstract

AIM: Happiness is necessary for older adults' physical and psychological well-being. The objective of this study was to examine the associations of self-esteem and preparation for aging with happiness and to determine the predictive factors of the happiness of older Thai adults.

METHODS: The study had a cross-sectional predictive correlational design and included 225 older Thai adults aged 60–69 years selected using multi-stage random sampling. Data were collected through self-administered questionnaires, and the collected data were analyzed using frequency, percentage, Pearson's product moment correlation coefficient, and multiple regression analysis.

RESULTS: The study results showed that 64.9% of the study participants were moderately happy. The factors that significantly influenced their happiness were self-esteem and preparation for aging (p < 0.05), meaning their self-esteem and preparation for aging were able to predict their happiness, accounting for approximately 67.0% of the variance of such happiness.

CONCLUSION: Older adults' healthcare providers should organize activities for enhancing older adults' self-esteem and for helping them to prepare themselves for aging.

Introduction

Happiness is necessary for older adults and reflects a good life. It stems from internal and external factors such as self-esteem, peace, life security, good family relationships, and a good residential environment [1], [2]. Happiness can also be defined as "the overall appreciation of one's life-as-a-whole" [3]. In a recent study, 96.2% of the subjects (older Singaporean adults) claimed to be extremely happy, and the following factors were found to be related to their happiness: personal factors, age, income, health status, and self-esteem [4]. In the study by Shah, Safian [5] where the factors related to the happiness of older Malaysian adults were investigated, it was found that 79.2% of the older adults who participated in the study were happy and that their good family relationships were associated with their happiness [5]. It was also found in another study that social and environmental factors such as social support, community engagement, and participation in social activities (PSA) are associated with older adults' well-being [6], [7], [8].

Thailand is regarded as having an aging society. The proportion of older adults in the total population has increased from 10.7% in 2007 to 14.9%

and 16.7% in 2014 and 2017, respectively [9]. The 60–69-year-olds account for the highest proportion of older adults (57.4%), followed by the 70–79-year-olds (29.0%) and the 80-years-olds and above (13.6%). Of all the older adults, 39.3% perceive themselves as healthy while 13.5% perceive themselves as unhealthy, with the 60–69-year-olds perceiving themselves as being healthier than the two other groups of older adults. In addition, the 2017 report from the National Statistical Office showed that there were more 60–69-year-olds (70.0%) than 70–79-year-olds and 80-year-olds and above (59.6% and 52.3%, respectively) who perceived themselves as being happy [9].

It can be seen from the aforementioned information that many previous studies on happiness in older adults found that such happiness is caused by several factors. It is unclear, however, if self-esteem and preparation for old age really contribute to happiness in older adults (especially in the 60–69-year-olds) in Thailand, where there is a policy of encouraging people to prepare for many years of high-quality old age as older adults can still be healthy and can still perform daily activities and work or pursue a career, which may lead to their happiness. Therefore, the researchers conducted the current study to determine if self-esteem

and preparation for old age indeed predict the happiness of the 60–69-year-old Thais. The results of the study can lead to the development of guidelines for promoting happiness in older Thai adults and for improving their quality of life.

Material and Methods

Research design and sampling

The present study was a cross-sectional predictive study and used the data from the "Factors Influencing Successful Aging in Pichit Province" project. Data were collected through self-administered questionnaires from April 1 to May 30, 2017. The subjects were selected using multi-stage random sampling and consisted of 225 60–69-year-old Thais from the Mueang, Pho Prateap Chang, and Bang Mun Nak districts in Pichit Province, Thailand, who were willing to participate in the study and able to fill in the self-report questionnaires by themselves. However, older adults who could not speak or unable to communicate the Thai language and diagnose cognitive impairment were excluded from this study. Participants spent approximately 15–20 min completing the self-report questionnaires by themselves via paper-pencil.

Research instruments

The variables cited in the following sections were selected from the multi-part self-administered questionnaire that was used in this study.

Sociodemographic variables

The general information of the participants was assessed using an instrument with seven items: sex, age, religion, education, marital status, family income, and occupation.

Family relationships scale (FRS)

FRS contains 13 multiple-choice items for determining family relationships, rated with a scale of three responses developed using the concept of Morrow and Wilson [10] The mean FRS scores are classified into low (score < 59), moderate (score 60–79), or high (total score > 80), which is higher scores correspond to a high level of relationship with family.

Self-esteem scale (SES)

SES contains 19 multiple-choice items concerning self-esteem based on the concept of such by Coppersmith [11] consisting of three levels. The

mean social support scale (SSS) scores are classified into low (score < 59), moderate (score 60–79), or high (total score > 80), which is higher scores correspond to a high level of self-esteem.

SSS

SSS consists of 16 items on social support evaluated through responses based on the concept proposed by Cobb [12] which concern the issues of financial, emotional, appraisal, and information support. The mean SSS scores are classified into low (score < 59), moderate (score 60–79), or high (total score > 80), which is higher scores correspond to a high level of social support.

PSA

PSA contains eight items for determining the respondent's level of PSA among the three levels according to Lemon and Bengtson [13] The mean PSA scores are classified into low (score < 59), moderate (score 60–79), or high (total score > 80), which is higher scores correspond to a high level of PSA.

Preparation for old age scale (POAS)

POAS evaluates the respondent's preparation for old age through 19 items concerning the issues of physical, mental, and economic preparations for old age. The items are based on the concept of preparation for old age presented by Nanthamongkolchai *et al*. [14]. The mean scores are classified into low (score < 59), moderate (score 60–79), or high (total score > 80), which is higher scores correspond to a high level of preparation for older age.

Happiness of older adults scale (HOAS)

HOAS consists of 16 items measuring the older-adult respondent's happiness. The items are based on the concept of happiness presented by Nanthamongkolchai *et al*. [14]. The mean HOAS scores are classified into low (score < 59), moderate (score 60–79), or high (total score > 80), which is higher scores correspond to a high level of happiness of older adults.

In the current study, the aforementioned questionnaire was examined by three experts for content validity, and the questionnaire's reliability was evaluated through a pilot survey involving 30 older adults with characteristics similar to those in the actual study population. In this study, we analyzed for reliability using Cronbach's alpha coefficient. The reliability values of the questionnaire of the current study were as follows: family relationships = 0.78; self-esteem = 0.87; social support = 0.90; PSA = 0.87; preparation for old age = 0.90; and happiness = 0.91.

Statistical analysis

Statistical Package for Social Sciences version 21 was used to analyze all the collected data. Frequency, percentage, mean, and standard deviation were all used to present the data. To determine the relationships of the participants' characteristics, self-esteem, preparation for old age, family relationships, social support, and PSA with their happiness, we used Pearson's correlation coefficient. To assess the predictive characteristics of the participants' happiness, we employed stepwise multiple regression analysis. The level of significance was set at $p < 0.05$ for all the analyses.

Results

Characteristics of the participants

Of the 225 study participants, 58.7% (n = 132) were female, 99.6% (n = 221) were Buddhist, and 93.3% (n = 210) were primary school graduates. Most of the participants (72.9%; n = 164) were married, 78.2% (n = 176) had a monthly income of around 600–5,000 Thai baht (mean = 4,593.77; SD = 4,301.45), and 79.6% (n = 179) were still working. Most of the participants (51.1%; n = 155) had moderately good family relationships, 56.9% (n = 128) had a moderate level of self-esteem, and 63.6% (n = 143) had a high level of social support. Most of the participants (85.0%; n = 190) had moderate to high levels of PSA, and most (51.6%; n = 116) had a high level of preparation for old age, as shown in Table 1.

Happiness levels of the study participants

The happiness levels of the study participants were assessed through the aforementioned questionnaires, and their scores were classified into three levels, as mentioned earlier. Most of the participants (64.9%; n = 146) had a moderate level of happiness, and 21.8% (n = 49) had a high level while 13.3% (n = 30) had a low level, as shown in Table 1.

Factors related with the happiness of the study participants

As shown in Table 2, it was found in this study that self-esteem, preparation for old age, family relationships, social support, and PSA were associated with the happiness of the study participants (p < 0.05), and that monthly income had no association (p > 0.05).

Influence of self-esteem and preparation for old age on the happiness of the 60–69-year-old Thais

The factors that can influence and predict the happiness of the 60–69-year-old Thais were analyzed in this study through stepwise multiple regression. It was found that self-esteem and preparation for old age could predict the happiness of the 60–69-year-old Thais, accounting for approximately 67.0% of the variance of such happiness. Of these two factors, the one with a higher influence on the happiness of the 60–69-year-old study participants was self-esteem (beta = 0.666). Preparation for old age had a beta value of only 0.239, as shown in Table 3.

Table 1: Characteristics of the study participants

Factors	Number	Percentage
Sex		
Male	93	41.3
Female	132	58.7
Religion		
Buddhist	221	99.6
Christian	1	0.4
Education level		
Primary	210	93.3
Secondary	15	6.7
Marital status		
Married	164	72.9
Widow/divorced	35	15.6
Single	26	11.6
Family income (Thai Baht) Mean=4,593.77; SD=4,301.45		
<5,000	176	78.2
5,001–10,000	34	15.1
> 10,001	15	6.7
Occupation		
Still working	179	79.6
No longer working	46	20.4
Family relationships		
Low	11	4.9
Moderate	155	51.1
High	99	44.0
Self-esteem		
Low	55	24.4
Moderate	128	56.9
High	42	18.7
Social support		
Low	4	1.8
Moderate	78	34.7
High	143	63.6
Participation in social activities		
Low	35	15.6
Moderate	95	42.2
High	95	42.2
Preparation for old age		
Low	32	14.2
Moderate	47	34.2
High	116	51.6

Table 2: Factors related with the happiness of the study participants

Variables	Happiness of the study participants	
	Coefficient correlation (r)	p-value
Family income	−0.047	0.486
Self-esteem	0.796	<0.001
Preparation for old age	0.607	<0.001
Family relationships	0.542	<0.001
Social support	0.299	<0.001
Participation in social activities	0.367	<0.001

Discussion

We found that most of the older Thai adults in this study had a moderate or high level of happiness Most of the study participants, all of whom were 60–69-years-old (mean = 64.4 years), were in good health and could take care of themselves. Of all the survey respondents, 65.3% indicated that they were satisfied with their life, 60.0%

Table 3: Stepwise multiple regression analysis between the happiness predictors and the happiness of the study participants

Variables	B	Beta	t	p-value
Self-esteem	0.506	0.666	14.229	<0.001
Preparation for old age	0.149	0.239	4.917	<0.001

Constant = 6.913; R^2 = 0.670; adj R^2 = 0.667.

indicated that they felt satisfied with what was happening in their lives through their own abilities, and 57.0% indicated that they felt they were doing their best in life. These account for their high levels of self-esteem and happiness. This result differs from that of the study by Sumngern *et al.*, [15] that only 12.4% of the elderly belonging to senior clubs in their study perceived themselves as having a good level of happiness. Nanthamongkolchai *et al.*, [14] study involving elderly females also found that only 22.7% of the participants had a high level of happiness, and 50.2% had a moderate level. These results differ from those of two studies in Singapore and Malaysia, where most of the elderly study participants claimed that they had very high levels of happiness [5], [6].

The current study's results show that self-esteem and preparation for old age can predict the happiness of the 60–69-year-old Thais, accounting for approximately 67.0% of the variance of such happiness. Self-esteem showed the strongest influence on the study participants' happiness. It seems that the 60–69-year-old Thais in this study generally recognize their self-value, with 79.6% of them still working and performing daily activities. Many of them have good relationships with other people and are satisfied with their social environment. Those among them with high self-esteem are motivated to take care of themselves, which contributes to their happiness and improves their quality of life.

The results of our study are consistent with those of previous studies that found that self-esteem has an influence on the happiness of older adults [14], [16]. In addition, previous researchers also examined the life satisfaction and happiness of older adults in Spain and found that self-efficacy and social support are significant predictors of such [17].

The second factor that was found in the current study to influence the happiness of the 60–69-year-old Thais is preparation for old age. We found that the 60–69-year-old Thais in this study had either a high or a moderate level of preparation for old age, with a high percentage of housing preparation (58.8%), healthcare preparation (53.8%), mental preparation (47.7%), and financial preparation (41.2%). Preparation for old age is important because it involves planning for life when entering old age [18]. Good preparations for health care, suitable and safe housing, and enough money to spend in old age will lead to happiness and good quality of life [19]. This is in line with the country's policy of encouraging working-age people to prepare themselves for aging [20]. Therefore, the activities for promoting the happiness of the 60–69-year-old Thais must focus on the promotion of their self-esteem through good physical and mental self-care and on the promotion of their preparation for old age [21], [22], [23].

One strength of the current study was that it involved 60–69-year-old Thais, most of whom are still working and perhaps have yet to wind up their preparations for post-work old age. The study's investigation of the influence of physical and socioeconomic preparations for old age on happiness at an old age may thus help increase the future happiness of the target study population. One study limitation, however, is that data could not be obtained for all the factors included in the theory of happiness. The current study was also a cross-sectional survey study that could not draw conclusions about causal factors, as long-term or experimental studies could.

On the basis of the results of the current study, it is recommended that the older Thai adults' self-esteem be promoted by encouraging them to regularly perform daily activities and engage in gainful work to generate income for themselves and that they be encouraged to prepare physically, economically, and socially for old age so they would have stability, happiness, and good quality of life at an older age. It is also recommended that those responsible for the health promotion of older Thai adults develop a plan to promote the latter's happiness by organizing activities for such purpose with the participation of the older adults' families and communities.

In addition, a study should be conducted with the aim of developing a model or program for appropriately and sustainably improving the happiness of older Thai adults, focusing on the issues of their self-esteem and preparation for old age and with the participation of their families and communities.

Conclusion

The findings of the current study revealed that older Thai adults generally have a moderate to high level of happiness and that self-esteem and preparation for old age can predict the happiness of 60–69-year-old Thais. On the basis of this study's results, healthcare teams and policymakers should consider such age group's self-esteem and preparation for old age when developing intervention programs for promoting their happiness, thereby increasing the impact of such group's happiness on their physical and psychosocial well-being and quality of life.

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Author Contribution

SN, TW, CM drafted the article and conducted a review of the literature. SN, CM, and WS performed the data collection and data analysis. SN, CM, and WS contributed to the design and concept, were involved in writing the manuscript, and all authors have approved the submitted and published versions.

Ethical Considerations

This study was approved by the Ethical Committee Review Board of the Faculty of Public Health in Mahidol University (MUPH No. 93/2564). The participants signed an informed-consent form before participating in the study.

Data Sharing Statement

The datasets generated during and/or analyzed, and questionnaires during the current study are available from the corresponding author on reasonable request.

Data Availability Statement

The data that has been used is confidential.

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