

DEVELOPMENT AND EVALUATION OF A MODEL OF PARTICIPATION IN HEALTH PROMOTION FOR HAPPINESS AMONG THE ELDERLY

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Abstract

This research and development study was focused on development and evaluation of a model of participation in health promotion for happiness among the elderly in Mueang Pak Thong Chai municipality, Pak Thong Chai district, Nakhon Ratchasima province, Thailand, under the developmental framework for quality of life based on physical, psychological, social, and environmental relationship aspects, designed by the World Health Organization. The sample in this study consisted of elderly persons selected through purposive sampling. These 46 volunteers participated in the activities and their health was checked by a physician to confirm their fitness for research involvement. The experimental group received the model of participation in health promotion, created by the researchers, for three months. The research tools were the model of participation in health promotion, the Thai Happiness Indicators survey, and the satisfaction assessment. Data on the happiness of the elderly was collected five times, i.e. pre-test, during test, post-test, and two follow-ups. Percentage, mean, standard deviation, and one-way ANOVA with repeated measurements were applied for data analysis. Research findings indicated that average scores of happiness among the elderly were 28.9 ± 5.0 , 30.6 ± 3.4 , 33.7 ± 4.0 , 34.7 ± 5.9 , and 36.7 ± 3.3 , respectively, out of 45 points possible. Repeated measurements suggested that happiness had increased with a statistical significance of 0.001.

Keywords: Model of participation, health promotion, happiness, the elderly

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Introduction

The age structure of the current Thai population is changing rapidly (Foundation of Thai Gerontology Research and Development Institute, 2015). Over the past 10 years, the young demographic of Thailand's population has become an aging one. The growth rate of the elderly population in Thailand increased by 47 percent between 1980 and 1990, and is predicted to increase by 30 percent between 1980 and 2020 (Health Promotion, Department of Health, Ministry of Public Health, 2015). This reflects an increased number of elderly and today's aging society. The living patterns of old people have changed considerably as well. Thailand in the past was characterized by extended families, which were composed of three generations of family members, i.e. parents, children, and grandparents or elderly living within the same household. Nowadays, the typical Thai family is smaller, which is not conducive for older people living in the house and take care of their grandchildren. Such a phenomenon has resulted in the elderly lacking self-worth and pride, and has created the ongoing problems of the elderly in Thai society (Matichon, 2007).

Elderly persons undergo great physical change. Their bodies must deal with changes from the natural process of deterioration that occurs over time on all systems, rendering various bodily functions less effective. The physical, mental, emotional, and social changes that ensue, coupled with the low income, poverty, and sickness most elderly face, make them unable to live sufficiently (Prajapmaug, 1999). The changes in the constitution of a typical household, from an extended family to a single family unit where married children move out or work in other provinces, have resulted in old people living alone and encountering more psychological problems. (Prodbumrung *et al.*, 2016).

Happiness has been studied for a long time and is recognized internationally. On the 28th of June, 2012, the United Nations General Assembly passed a resolution on the establishment of "The International Day of Happiness", which is on the 20th of March each

year. It recognized that happiness is the basic goal of humanity and called on each country to push for public policies on increasing the happiness of all people. The combination of economic development with other aspects, such as society and a good environment, is vital for achieving global happiness (United Nations, 2013). In Thailand, happiness is the fundamental right of everyone. The government has thus set happiness as the primary goal in the National Economic and Social Development Plan, starting from the 10th edition. Humans are considered the center of development for sustainable public happiness under the philosophy of the sufficiency economy. Health promotion is a process by which people can increase their ability to control and improve their health so as to reach higher levels of mental fitness. Societies, communities, and individuals must understand their desires or needs and adapt to the social and natural environment (World Health Organization, 1986).

Due to the state of the problem, the researchers were therefore interested in studying the development and evaluation on the model of participation in health promotion for happiness among the elderly. This was in line with the research and development process within the framework for quality of life based on physical, psychological, social, and environmental relationship aspects, designed by the World Health Organization so as to guide the development of happiness among the elderly. The procedures included evaluation of happiness of the elderly, local participation program building, content validity review, program improvement, and assessment on development of happiness of the elderly.

The objective of the current study was to evaluate the model of participation of health promotion for happiness among the elderly.

Materials and Methods

This research and development study evaluated the model of participation in health

promotion for happiness among the elderly, according to the following steps.

Phase 1: The happiness among the elderly of 150 old persons was evaluated using estimation of population proportion with an error range of 0.08 and a reliability of 95% (Posrie, 2006) using purposive sampling (Rattana, 2016) from eight voluntary participants (Siriporn, 2015). Tools included the Thai Happiness Indicators survey and in-depth interviews, which were employed until data saturation. Findings revealed that the elderly were less happy than an average person. Results from the in-depth interviews suggested that factors affecting happiness in health promotion were social, environmental, physical, and psychological relationships, respectively.

Phase 2: Community health promotion programs on happiness for the elderly were created. Results from Phase 1 were used in the group discussion of 12 (Chirawatkul, 2015) leaders involved in health promotion on happiness for the elderly, selected by means of snowball or chain sampling (Sapbamrer, 2016). The sample was recruited by word of mouth and these volunteers included health workers, Pak Thong Chai municipal staff, the president of the elderly, religious leaders, and health volunteers in the village. Data obtained was analyzed and content validity of the leaders' group discussion was examined. Results indicated that the content validity of health promotion based on physical, psychological, social, and environmental relationships was equal to 1.

Phase 3: The content validity of health promotion programs on happiness for the elderly was examined by purposing the draft of health promotion programs in Phase 2 based on physical, psychological, social, and environmental relationships. A satisfaction assessment was performed by five experts for content validity of the health promotion plans, i.e. health promotion, sports science, mental health, environmental, and public health aspects. For each of these, the content validity values (IOC) were 0.92, 0.91, 0.97, 0.94, and 0.93, respectively.

Phase 4: Health promotion programs on happiness for the elderly were updated by

applying the recommendations from the five experts to the improved health promotion plans on happiness for the elderly and submitting them for reconsideration.

Phase 5: The health promotion programs on happiness were tried out. The population and the sample were elderly persons age 60 years old or over who lived in Mueang Pak Thong Chai municipality, Pak Thong Chai district, Nakhon Ratchasima province who were willing to participate in a study. The study utilized sample calculation and sample-size determination through sample-size calculation theory used in experimental research or interrelationship studies with a medium experimental size (effect size = 0.50) (Posrie, 2006). The 43 samples were adjusted to 46 samples by the researchers through purposive sampling and analyzed so as to obtain results with a statistical significance and substantial value for practice with a reliability of 95% (Chirawatkul, 2015). This sample voluntarily participated in the activities, and their health was checked by a physician before taking part in the research.

The criteria for selection were: elderly persons who had passed the general health examination by the physician to confirm their fitness for participating in the research activities and were willing to do so. The criteria for removal were: 1) persons who had been selected for participating in the research activities but had missed two sessions out of six; and 2) persons who had been selected for participating in the research activities but had requested withdrawal from the research activities for some reason or had a physician's recommendation to remove them from the activities.

Research Framework

Independent variable are the health promotion program for the elderly aims to improve 4 areas: physical health, mental health, social relationship, and environment. The activities for physical health include yoga and calves exercise. Mental health activities encourage self-esteem and happiness. Activities for social skills consist of recreation and dharma tour. For environmental development,

includes home visiting and setting up an environment for bed-bound elders. The dependent variable is the elderly's happiness. Research tools in this study were divided into two parts, as follows.

Part 1: The tools used in the experiment were health promotion programs developed for the quality of life concept by the World Health Organization, which consisted of four aspects, i.e. physical, psychological, social, and environment relationships as per the following activities.

Activity 1: The physical aspect included yoga, as well as calf and foot muscle strength promotion. Media included leaflets and lectures by experts on sports science and practice.

Activity 2: The psychological aspect involved reinforcement of self-esteem in the elderly and self-happiness promotion. Media comprised leaflets and lectures by experts on psychology and practice.

Activity 3: The social aspect involved recreational activities, having lunch together, and Dharma tours. Media included use of professionals in recreational subjects, menus, leaflets and temples.

Activity 4: The environmental aspect concerned visitation and volunteers for visiting the bedridden elderly. Media included lectures by experts on inspection and occupational health and safety, leaflets, bedridden elderly and their homes.

Part 2: The tools used in data collection were surveys as follows.

Survey 1: The Thai Happiness Indicators (Department of Mental Health, Ministry of Public Health, 2002) with a reliability of 0.70 was used.

Scoring

Group 1 Positive Message

Most	Give 3 points
More	Give 2 points
Few	Give 1 point
None	Give 0 point

Group 2 Negative Message

Most	Give 0 point
More	Give 1 point
Few	Give 2 points

None Give 3 points

Interpretation of Assessment

Score 33-45 points
means happier than average (Good)

Score 27-32 points
means as happy as average (Fair)

Score below 26 points
means less happy than average (Poor)

Survey 2: The Satisfaction assessment evaluated aspects, such as service protocol, service provided by staff, facilities, lecture and practice techniques, quality of service, and application in daily life. The questionnaire used a Likert scale, i.e. lowest, low, medium, high, and highest. Score interpretation was divided into five levels (Vongratana, 2017), for example, lowest satisfaction (1.00-1.50 points), low satisfaction (1.51-2.50 points), medium satisfaction (2.51-3.50 points), high satisfaction (3.51-4.50 points), and highest satisfaction (4.51-5.00 points), with a reliability of 0.93.

Data Collection

This quasi-experimental research study employed one-way ANOVA with repeated measurements: pre-test, during test, post-test, and two follow-ups, or five measurements in total, between June and August 2018. The research was approved by the Ethics Committee on Human Research, Nakhon Ratchasima Provincial Health Office (Document No. KHE 2018-025) dated the 10th of May, 2018 as per the following details.

1. The researchers sought permission to conduct a study from the mayor of Mueang Pak Thong Chai municipality, Pak Thong Chai district, Nakhon Ratchasima province.

2. The researchers met the sample; introduced themselves; clarified the research objective, expected benefits, experimental procedures, and data collection; proceeded to protect the sample's rights by explaining the right to withdraw from the research as well as informing them that information acquired from the participants would be kept confidential and used only for this research through an overview of data presentation.

3. The researchers requested that the sample complete a 30-min pre-test questionnaire on quality of life, under the supervision of a trained research assistant.

4. The researchers arranged a date, time, and place for participation in the activities with the sample.

5. The researchers placed the sample in the activities for health promotion programs for a period of three months and collected data on happiness (three times) as well as satisfaction.

6. The researchers collected follow-up data on happiness of the elderly (two times).

Data Analysis

General data was analyzed according to frequency and percentage to compare the differences in happiness before, during, and after the experiment. Each follow-up on the experiment used statistical analysis: one-way ANOVA with repeated measurements, and mean and standard deviation for analyzing satisfaction with health promotion activities.

Results and Discussion

Most participants (87.0%) were female. The average age was 68.1 (Min = 60 Max = 76). Most participants (52.2%) were married.

Average monthly income was 2,039 baht (Min = 600 Max = 15,000). The majority (71.7%) suffered from congenital disease. Most (90.9%) did not smoke, 89.1% did not drink, and 41.3% exercised 1-3 days/week. The majority (58.7%) lived with children.

Table 1 shows that the first time happiness was measured, the happiness of the elderly was at the same level as the general population (28.9, SD = 5.0). The second time, the happiness level was at the same level as the general population (30.6, SD = 3.4). The third time, the happiness level was higher than the general population (33.7, SD = 4.2). The fourth time, the happiness level was higher than the general population (34.7, SD = 5.9). The fifth time, the happiness level was higher than the general population (36.7, SD = 3.3).

Table 2 shows how the happiness of the elderly was classified according to the following questions: you feel that you have a happy life; you feel proud of yourself; you must always be in medical care to be able to live and work; you are satisfied with your appearance; you have a good relationship with your neighbors; you feel successful and have made progress in life; you are confident that you can face serious events in life; if things are not what you expect, you will feel irritated; you can carry out a daily routine by yourself; you are happy to help others with problems;

Table 1. The numbers and percentages of elderly persons at each level of happiness

Measurements	Happiness	n	Percent
1	Happiness $\bar{X}$ = 28.91 (SD = 4.97)		
	Good happiness (33-45)	6	13.0
	Fair happiness (27-32)	26	56.5
	Poor happiness (≤ 26)	14	30.5
2	Happiness $\bar{X}$ = 30.56 (SD = 3.44)		
	Good happiness (33-45)	12	26.1
	Fair happiness (27-32)	30	65.2
	Poor happiness (≤ 26)	4	8.7
3	Happiness $\bar{X}$ = 33.69 (SD = 4.20)		
	Good happiness (33-45)	30	65.2
	Fair happiness (27-32)	15	32.6
	Poor happiness (≤ 26)	1	2.2
4	Happiness $\bar{X}$ = 34.65 (SD = 5.92)		
	Good happiness (33-45)	16	34.8
	Fair happiness (27-32)	30	65.2
5	Happiness $\bar{X}$ = 36.69 (SD = 3.33)		
	Good happiness (33-45)	36	78.3
	Fair happiness (27-32)	10	21.7

Table 2. The mean and standard deviation values on questions of happiness among the elderly, with repeated measurements

Question	Test 1		Test 2		Test 3		Test 4		Test 5		p-value	
	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD		
You feel that you have a happy life. ($\bar{X}$ = 2.29 SD=0.50)	2.09	0.59	2.17	0.48	2.70	0.51	2.24	0.43	2.28	0.50	0.000	***
You feel proud of yourself. ($\bar{X}$ = 1.82 SD=0.48)	2.17	0.43	2.28	0.54	2.28	0.45	2.39	0.49	2.39	0.49	0.139	-
You must always be in medical care to be able to live and work. ($\bar{X}$ = 2.11 SD=0.76)	1.65	0.94	2.20	0.88	2.28	0.77	2.17	0.85	2.26	0.44	0.040	*
You are satisfied with your appearance. ($\bar{X}$ = 2.52 SD=0.51)	2.35	0.60	2.39	0.49	2.70	0.51	2.70	0.46	2.47	0.50	0.001	**
You have a good relationship with your neighbors. ($\bar{X}$ = 2.13 SD=0.64)	2.13	0.65	2.35	0.48	2.09	0.35	2.02	1.47	2.08	0.28	0.000	***
You feel successful and have made progress in life. ($\bar{X}$ = 2.22 SD=0.55)	2.04	0.72	2.00	0.51	2.15	0.55	2.50	0.50	2.41	0.49	0.000	***
You are confident that you can face serious events in life. ($\bar{X}$ = 2.29 SD=0.50)	1.70	0.81	1.83	0.57	1.83	0.60	1.96	0.20	2.36	0.53	0.003	**
If things are not what you expect, you will feel irritated. ($\bar{X}$ = 2.22 SD=0.54)	1.22	0.69	1.39	0.88	2.02	0.61	2.67	0.47	2.54	0.50	0.000	***
You can carry out a daily routine by yourself. ($\bar{X}$ = 1.93 SD=0.54)	2.35	0.73	2.26	0.77	2.24	0.48	2.41	0.54	2.52	0.50	0.000	***
You are happy to help others with problems. ($\bar{X}$ = 1.96 SD=0.63)	2.30	0.59	2.15	0.51	2.20	0.54	2.15	0.81	2.23	0.43	0.688	-
You are happy with initiatives and strive to achieve them. ($\bar{X}$ = 2.35 SD=0.60)	1.87	0.88	2.11	0.43	2.15	0.59	2.43	0.50	2.58	0.49	0.003	**
You feel your life is worthless/useless. ($\bar{X}$ = 2.20 SD=0.57)	0.48	0.86	1.07	1.16	2.17	0.79	2.15	0.84	2.39	0.49	0.000	***
You have friends or relatives who help you when you need it. ($\bar{X}$ = 2.22 SD=0.57)	1.93	0.68	1.89	0.97	2.15	0.47	2.09	0.81	2.84	0.36	0.000	***
You feel confident that your community is safe for you. ($\bar{X}$ = 1.65 SD=0.82)	2.33	0.59	2.15	0.59	2.11	0.52	2.37	0.48	2.54	0.50	0.000	***
You have the opportunity to relax. ($\bar{X}$ = 2.18 SD=0.65)	2.30	0.62	2.33	0.56	2.63	0.67	2.39	0.64	2.73	0.44	0.001	**

* p-value < 0.05 **p-value < 0.01 *** p-value < 0.001

you are happy with initiatives and strive to achieve them; you feel your life is worthless/useless; you have friends or relatives who help you when you need it; you feel confident that your community is safe for you; and you have the opportunity to relax. From the first through the fifth experiment, the happiness of the elderly differed with statistical significance.

Table 3 suggests that as a result of participating in health promotion for happiness of the elderly, according to test 1-5, the elderly felt happier with statistical significance at the level of 0.001.

Table 4 compares total scores on the happiness among the elderly between different pairs of time periods. The comparisons of the first time with the third, fourth, and fifth times; the second time with the third and fifth times; and the third time with the fifth time indicate increases in happiness with statistical

significance at the level of $p = 0.001$, while comparison of the second and fourth times showed improvement with statistical significance of $p = 0.007$.

The levels of satisfaction with the activities on health promotion, with regard to service protocol, service provided by staffs, facilities, lecture and practice techniques, and application in daily life, were at the very good level and equal to 4.80 ± 0.33 , 4.62 ± 0.07 , 4.81 ± 0.11 , 4.70 ± 0.21 and 4.86 ± 0.34 (mean $\pm$ SD), respectively.

Discussion

The development and evaluation of the model of participation in health promotion for happiness among the elderly of Mueang Pak Thong Chai municipality, Pak Thong Chai district, Nakhon Ratchasima province resulted

Table 3. Test of difference in happiness among the elderly according to repeated measurements

Test of Difference Source Variance	df	SS	MS	F	p
Happiness of the elderly					
Repeated measurements	1	1815.02	1815.02	23.701*	0.000
Error	45	3446.17	76.58		

*p-value ≤ 0.001 **Table 4. Comparison of total scores on happiness among the elderly between different pairs of time periods in terms of p-values. Asterisks indicate statistically significant differences**

Time Test Period	$\bar{X}$	First Time	Second Time	Third Time	Fourth Time	Fifth Time
First Time	28.91	-	0.51	0.001*	0.001*	0.001*
Second Time	30.56		-	0.001*	0.007**	0.001*
Third Time	33.69			-	1.00	0.001*
Fourth Time	34.65				-	0.756
Fifth Time	36.69					-

in evaluations of happiness among the elderly which became higher on each measurement. Since this research on the development and evaluation of the model of participation in health promotion for happiness among the elderly was a result of participation by the related local health network of the elderly, it was consistent with the way of life and needs of the elderly in the community. It conformed to the state of the problem of the elderly in the area. It was also initiated according to developmental guidelines for health promotion under quality of life by the World Health Organization, based on the actual problems of the elderly. Thus, the developed program raised happiness among the elderly with statistical significance and a very good level of satisfaction with the health promotion programs was consistent with the religious viewpoint on happiness. The definition of happiness in terms of a good, happy, or prosperous life is what humans seek so that freedom and liberation from all suffering can be attained. Eexplained that in both western and eastern religious views, a low level of happiness is what materialistic persons enjoy in their life. Furthermore, a high level of happiness is connected to good done to others and society. People attain absolute happiness when they reach the highest level of spiritual happiness as well (Sae-Chua, 2010). This is consistent with a study of happiness and good

life conducted by (Brulde, 2007) that stated happiness is only viewed as valuable and at a higher level when the meaning of a decent and ethical life is perceived and valued. Happiness helps make a human life better by way of willful and joyful acts.

Therefore, happiness is not just born of a feeling of satisfaction alone but rather involves proper ethics and perception of the value of life. This is consistent with a previous study of effectiveness of health promotion programs for quality of life basic needs among the elderly (Panyasai *et al.*, 2017). The purpose of that quasi – experimental research was to study the effectiveness of health promotion program to develop quality of life basic needs among the elderly in Tambon Nanglae, Meuang District, Chiang Rai Province. The participants were divided into two groups. The experimental group consisted of 50 participants who received health promotion program. The control group consisted of 50 participants who did not receive a regular health promotion program. The instrument was health promotion program and questionnaire Quality of life (WHO). Percentage, mean, standard deviation, dependent samples t-test and independent samples t-test were applied for data analysis. The results of that study were as follows: after receiving the health promotion, the elderly in the experimental group had significantly better quality of life than before receiving the health

promotion program at a 0.01 significance level. After receiving the health promotion, the elderly in experimental group had significantly better quality of life than the elderly in the control group at the same significance level.

Happiness from a psychological perspective is positive feelings and positive activities that indulge a person to live a worthy and meaningful life. It is a person's feeling or emotion that occurs at multiple levels, ranging from slightly comfortable or satisfying to joyful. So, happiness is different according to each individual. However, from a psychological viewpoint, it is stated that our happiness comes from good physical and mental health, optimistic views, positive attitude, good relationship with family and friends, satisfaction with work and life conditions, being accepted, having a meaningful work and life, having the opportunity to learn, and being a generous person. Hence, such a definition of happiness consists of three levels. Namely, 1) a pleasant life is defined as a pleasing and joyful life, as desired by a person; having a positive mood; being optimistic; having a skillful life; or having pleasure from one's surroundings, such as acquiring preferred stuff, living a life that one desires, and possessing things one wishes; 2) a good life is identified as a life where one can design one's lifestyle, do things one's own way, and cherish life to one's heart's content with a positive viewpoint on life and the world; and 3) a meaningful life is one which is lived with value for oneself and others, rendering a peaceful life, which is the ultimate goal of happiness and a life where that happiness is sustainable (Department of Mental Health, Ministry of Public Health, 2012).

From the biological perspective, happiness is a result of an emotional reaction. The feeling allows positive emotion to function effectively. The human brain produces hormones called endorphins to make the mind happy and feel fresh. In science, endorphins, besides making the body and mind happy, also help balance the body and stimulate the immune system to work better. Happiness, from a biological perspective, is explained in other words by the World Health

Organization (World Health Organization, 1996), which emphasizes the definition of health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Moreover, well-being is a commonly used word defined as a state of good health, happiness, balance, and wholeness of four dimensions: physical, mental, social, and intellectual, which have been integrated into social and human development so as to create peaceful living in line with the WE PROMISE theory of happiness developed by Kenneth Benjamin (Happiness International, 2016: Online). It is an applied theory that any person can use in everyday life to improve their quality of life. The notion was derived from belief in basic human needs, in that happiness occurs when a human receives a response that fulfills their needs. This is echoed who studied the happiness building for the elderly in the 12 traditional annual festivals of Isan people, one of which is observed each month on the path of cultural ecology of the Mon-Khmer language family in the Kingdom of Thailand and the Kingdom of Cambodia. Findings suggested that the process of happiness building for the elderly in the 12 traditional annual festivals consists of 1) participation in a religious ceremony, 2) interaction with people, creating great experiences together, 3) learning from data or information received at the religious ceremony, and 4) contribution by everyone in the religious ceremony. An exploratory factor analysis technique was utilized in a quantitative analysis of study data on the ethnic group of the Mon-Khmer language family in the Kingdom of Thailand and the Kingdom of Cambodia. Findings indicated that the desired component, value of happiness for the Mon-Khmer language family, consisted of four separate components: 1) exquisite offerings for the monk, ceremony, prayer, donation, and people's interaction in the temple, which contributed to the happiness of the elderly; 2) faith and belief that merit from the Songkran festival and the Kathin Ceremony, as well as ordination were virtuous for believer's next lives; 3) Salakapat day merit, which contributed to the happiness of

the elderly with regard to connections among the elderly, ancestral spirits, and cultural successors; and 4) exertion for the temple, candlelit merit making, offering food to monks, observing religious precepts, and praying were aspects of mental reinforcement. Additionally, as per the tradition of each month, a body of knowledge gained from the study was recommended and brought for policy proposal and measured by related agencies as follows: 1) promotion of proper and systematic management of the traditions of the merit system; 2) encouragement of the traditional ceremony associated with ecosystems; 3) promotion of activities for value inspiration and refinement in schools, hospitals, and organizations in the community; 4) promotion of the distribution of knowledge and local wisdom at both family and community levels; 5) encouragement and praise for the revered monks to increase faith and belief, resulting in the restoration of traditional merit; 6) promotion of faith and belief in traditional merit based on the lifestyle of the elderly; 7) support for a public budget to organize events in the local community, as per Mon-Khmer culture; 8) promotion and support for good relationships within the family, gratitude to ancestors, and the role of cultural successors; 9) campaigning on “Long Khak or Long Ghuang” for participatory tourism; and 10) promotion and support for the development of mental and physical health of the elderly through traditional merit (Prasertmuang, 2014)

Conclusions

The model of participation in health promotion for happiness among the elderly, through research and development within the framework for quality of life development based on physical, psychological, social, and environmental relationship aspects, designed by the World Health Organization, was in line with the context of location and way of life regarding increasing happiness among the elderly. The research was carried out by evaluating the happiness of the elderly in the

area, local participation in program building, content validity review by experts, program improvement by the experts, and experimentation on evaluation of happiness and satisfaction of the elderly.

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References

- Brulde, B. (2007). Happiness theory of the good life. *J. Happ. Stud.*, 8:1,15-49.
- Vongratana, C. (2017). Techniques of Research Instrument: Implementation guidelines for professional. Amornkanpim, p. 11-41.
- Department of Mental Health, Ministry of Public Health. (2002). Thai Happiness Indicators (THI-15) Nonthaburi. Available from: <https://www.dmh.go.th/test/download/files/thi15.pdf> . Accessed date: 19 July 2019.
- Department of Mental Health, Ministry of Public Health. (2012). Hand Book of Happiness 5 Dimension for the elderly. Nonthaburi: Beyond Publishing Co., Ltd, p.9-13.
- Prasertmuang, D. (2014). The the happiness building for the elderly in the 12 traditional annual festivals of Isan people, one of which is observed each month on the path of cultural ecology of the Mon-Khmer language family in the Kingdom of Thailand and the Kingdom of Cambodia, [Ph.D.Thesis]. Surin Rajabhat University, Thai, 36p.
- Foundation of Thai Gerontology Research and Development Institute. (2015). Situation of the Elderly in Thailand 2014. Bangkok: Amarin Printing & Publishing (Plc), p. 6-8.
- Happiness International. (2016). WE PROMISE: An Applied Theory of Happiness. [Online]. Available from: <http://happinessinternational.org/we-promise-an-applied-theory-of-happiness/#sthash.qXuqleW. v6wEX9C9.dpbs>. Accessed date: 20 July 2019.
- Health Promotion, Department of Health, Ministry of Public Health. (2015). Demographic trends. Nonthaburi. Available from: <http://hp.anamai>.

- moph.go.th/soongwai/statics/about/soongwai/topic004.php. Accessed date: 18 July 2019.
- Panyasai, K., Kitisri, C., and Ngemdee, P. (2017). Effectiveness of health promotion programs for quality of life basic need among the elderly. *The Public Health J. Burapha Univ.*, 12(2):65-74. [In Thai]
- Matchon. (2007). Thai society and situation of the elderly today and tomorrow. Bangkok. Available from: https://www.matchon.co.th/local/news_317145. Accessed date: 19 July 2019.
- Prajaupmaug, V. (1999). Documents for discussion "Health Promotion International of the Elderly Year 1999". College demographic. Chulalongkorn University.
- Prodbumrung, J, Leeka, J, and Thongpan, S. (2016). Health care for the elderly, according to the buddhist ethics. *Buddhachinraj Med. J.*, 33:2,233-240.
- Rapin Posrie. (2006). Statistics for Research. Bangkok: Chulalongkorn University Press. 70-72p.
- Rattana S (2016) Research Methodology in Public Health.O.S. Printing House, p. 94.
- Sae-Chua, S. (2010). Work Happiness of Creative Class: A Case Study of Creative Industries in Media and Functional Creations Groups. [M.S.Thesis].National Institute of Development Administration, Thai, 40p.
- Sae-Chua, S. (2010). Work Happiness of Creative Class: A Case Study of Creative Industries in Media and Functional Creations Groups. [M.S.Thesis].National Institute of Development Administration, Thai, 40p.
- Siriporn S. (2015). Qualitative Research in Health Science. Witthayaphat Co., Ltd, p.137-140.
- United Nations. (2013). International Day of Happiness 20 March. Retrieved April 22, 2013, from <http://www.un.org/en/events/happinessday>. Accessed date: 20 July 2019.
- World Health Organization. (1986). Ottawa Charter for Health Promotion. An International Conference on Health Promotion 21 November 1986. Ottawa: Ontario Canada.
- World Health Organization. (1996). Constitution of the World Health Organization. [Online]. Available from: http://www.who.int/governance/eb/who_constitution_en.pdf. Accessed date: 20 July 2019.