

การมีส่วนร่วมทางสังคมของผู้สูงอายุไทยที่มีความพิการ ทางการเห็นหรือการได้ยิน

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บทคัดย่อ

การมีส่วนร่วมทางสังคมเป็นดัชนีชี้วัดการสูงวัยอย่างประสบผลสำเร็จ อย่างไรก็ตามผู้สูงอายุที่มีความพิการทางการเห็นหรือการได้ยินมักจะแยกตัวออกจากสังคม เป็นเหตุให้ผู้สูงอายุเหล่านี้เกิดความรู้สึกโดดเดี่ยวและกดดัน ซึ่งจะส่งผลเสียต่อสุขภาพจิตและกายในท้ายที่สุด มีนักวิชาการจำนวนหนึ่งได้ทำการศึกษาก่อนหน้านี้ถึงองค์ประกอบที่มีอิทธิพลต่อการมีส่วนร่วมทางสังคมของผู้สูงอายุ อย่างไรก็ตาม การศึกษาที่เกี่ยวข้องกับผู้สูงอายุไทยที่มีความพิการทางการเห็นหรือการได้ยินยังมีอยู่อย่างจำกัด ข้อมูลเหล่านี้มีความสำคัญในการนำมาปรับใช้เพื่อส่งเสริมการมีส่วนร่วมทางสังคมของผู้สูงอายุที่มีความพิการทางการเห็นหรือการได้ยิน การศึกษานี้จึงได้จัดทำขึ้นบนความพยายามที่จะเติมช่องว่างความรู้ในประเด็นดังกล่าว ข้อมูลที่ใช้ในการศึกษามาจากโครงการสำรวจประชากรสูงอายุไทย พ.ศ. 2557 โดยสำนักงานสถิติแห่งชาติ กลุ่มตัวอย่างในการศึกษาคือเพศชายและเพศหญิงที่มีอายุตั้งแต่ 60 ปีขึ้นไป จำนวน 38,671 คน แบบจำลองโลจิสต์ที่ตัวแปรตามมีสองกลุ่มได้ถูกนำมาใช้ในการหาความสัมพันธ์ระหว่างการมีส่วนร่วมทางสังคมและความพิการทางการเห็นหรือการได้ยิน ผลจากการศึกษาพบว่าความพิการทางการเห็นไม่มีความสัมพันธ์กับการมีส่วนร่วมทางสังคมของผู้สูงอายุ ผู้สูงอายุที่มีความพิการทางการได้ยินมีแนวโน้มที่จะเข้าร่วมกับกลุ่มต่าง ๆ ในชุมชน (OR = 0.885, 95%, CI = 0.803-0.975) และกิจกรรมในหมู่บ้าน (OR = 0.894, 95%, CI = 0.805-0.992) น้อยกว่าผู้สูงอายุที่ไม่มีความพิการทางการได้ยิน เช่นเดียวกัน ผู้สูงอายุที่มีความพิการทั้งการเห็นและการได้ยินมีแนวโน้มที่จะเข้าร่วมกับกลุ่มทางสังคม (OR=0.738, 95%, CI=0.670-0.831) และกิจกรรมในชุมชน (OR=0.694, 95%, CI = 0.627-0.767) น้อยกว่าผู้สูงอายุกลุ่มอื่น ๆ ภาวะถดถอยทางร่างกายและจิตใจเนื่องจากการสูงวัย ประกอบกับการขาดการสนับสนุนจากบุตรธิดาอาจเป็นสาเหตุที่ทำให้การมีส่วนร่วมทางสังคมของผู้สูงอายุกลุ่มนี้ลดลง ผู้วิจัยหวังเป็นอย่างยิ่งว่าการศึกษาชิ้นนี้จะมีส่วนช่วยในการส่งเสริมคุณภาพชีวิตของผู้สูงอายุที่มีความพิการทางการเห็นและการได้ยินให้ดีขึ้น

คำสำคัญ: การมีส่วนร่วมทางสังคม ความพิการทางการเห็น ความพิการทางการได้ยิน ผู้สูงอายุไทย

Social Engagement among Thai Older Persons with Visual or Hearing Impairment

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Abstract

Social engagement is an indicator to measure successful aging of older persons. However, older persons with visual and/or hearing impairment tend to disengage with society. Consequently, loneliness and pressure will erode their mental and physical health. Many scholars have investigated components influencing social engagement of older persons. However, studies related to social engagement of visually- and/or hearing-impaired Thai older persons are rare. That information is important if we are to apply knowledge to promote social engagement of older persons with visual and/or hearing impairment. Therefore, this study attempted to fill this knowledge gap. The analysis was based on analysis of secondary data from the 2014 Survey of Older Persons in Thailand, conducted by the Thai National Statistical Office (NSO) in 2014. The total study sample was 38,671 older persons age 60 years or older. Binary logit model was employed to investigate visual and/or hearing ability that had a statistically-significant relationship with social engagement of visual- and/or hearing-impaired older persons. The results show that visual impairment had no relationship with the level of social engagement. Older persons with hearing impairment were less likely to participate in community groups (OR = 0.885, 95%, CI = 0.803-0.975) and/or social activities (OR = 0.894, 95%, CI = 0.805-0.992) than older persons without hearing impairment. Deaf-blind older persons were also less likely to participate in community groups (OR=0.738, 95%, CI=0.670-0.831) and/or village activities (OR=0.694, 95%, CI = 0.627-0.767) than older persons without deafness-blindness. Decreased physical and mental capacity due to geriatric conditions and lack of support from adult children are possible explanations as to why older persons in this study tended to participate less in social activities. The authors hope that the findings from this study help promote quality of life of older persons with hearing and visual impairment.

Keywords: Social Engagement, Visual Impairment, Hearing Impairment, Thai Older Person

Introduction

The rapidly increasing number of older persons are an important global phenomenon which is demanding that societies pay more attention to this vulnerable group of the population. In 2020, there were approximately 757 million people in the world age 65 years or older. It is estimated that the number of older persons will rocket to 1.5 billion in 2050 (United Nations, 2020). Presently, about 46 percent of the world's older persons live with one or more disabling conditions. Their disability is mainly related to chronic health conditions and injury (United Nation, n.d.). Therefore, any significant increase in the number of older people would almost certainly predict a rising number of older persons with disabilities.

The aging of the Thai population is occurring at an even faster rate than for the world at large. In 2017, there were over 11 million Thais age 60 years or older. Of this number, approximately one million were disabled. When categorized by type of disability, 31,601 were totally deaf, and 37,888 were totally blind (National Statistical Office, 2017). Even though this group accounts for less than one percent of the Thai population, they still have every right to attain quality of life just as other members of society. That is, the quality of life of the disabled older persons should not be less important than that of younger people or other groups of older persons.

Older persons with disabilities are vulnerable in many ways (Rainer, 2013). As any person gets to be of advanced age, their physical and mental capacity inevitably decreases. Consequently, older persons are more likely to depend on their family and society. These dependencies can restrict their sense of freedom and potential for quality of life (Mello, Souza, Chacara, Narita & Chiminazo 2017). Because of their disability, the prevailing physical and social environment may impede access to some social services or engagement in social activities that people without disability can access (Rosso, Taylor, Tabb, & Michael, 2013). This usually tends to cause older persons with disabilities to gradually disengage with society. Finally, loneliness and pressure will erode an older person's mental and physical health (National Resource Center for Engaging Older Adults, n.d.)

Social engagement is an interaction between an individual and other people outside of the home (Luo, Ding, Bauman, Negin, & Phongsavan, 2020; Levasseur,

Richard, Gauvin, & Raymond, 2010; WHO, 2001). People engage with others in activities of shared interest or need. Engaging in social activities has positive effects on mental and physical health, and cognitive function of older persons (Lions Gate, n.d.). Social engagement is also an indicator of successful aging of older persons (Urtamo, Jyvakorpi, & Strandberg, 2019; Kimura, Yamazaki, Haga, & Yasumura, 2013). Older persons who regularly meet people around them are less likely to suffer from stress and worry than those who retreat from society. Older persons who regularly join physical activities with others, such as exercise groups, have better health. In addition, participation in social activities may prevent Alzheimer's disease and dementia (Bennett, 2002; Bath & Deeg, 2005). The study by Aroogh and Shahboulaghi (2019) found that social activities which happen in the community are a convenient opportunity for older persons to engage with society. Older persons can also interact with other people by sharing resources they have. Most important, older persons must voluntarily participate in the activity and based on their own preferences. Last but not least, participating in social activities is one of several ways to improve quality of life of older persons (Pei, Gunawan & Chich-Jen, 2014). Therefore, promoting older persons to participate in social activities is necessary because it is a very effective way to improve health status at the later stage of life (Baht & Deeg, 2005). Not surprisingly, if older persons are healthy, government and family health-related expenditures will be reduced too.

Social barriers and physical disability may limit activities of older persons in their daily life (Meulenkamp, Rijken, Cardol, Francke & Rademakers, 2019; Rooth, 2017). People with visual impairment face difficulty accessing information which needs to be seen or read. They are limited in performing a range of occupational activities. Some impaired older persons cannot maintain their vocation, which they are otherwise capable of doing. Modern society can overwhelm visually-impaired people, and their capacity to function may be under-rated. The impaired may have less rest time than people without disability because they spend more time to complete activities in daily living. Most important, people with visual impairment tend to suffer more from loneliness and separation from community than those without impairment (Envision, 2019; Swenor, 2019). A qualitative study by Nastasi (2019) found that older persons with visual impairment need more support from family members to enable them to participate in social activities. When compared to older persons without visual impairment, the visually-

impaired were able to perform only light work in the household. In addition, this group of older persons rarely participated in community recreation or exercise activities (Shah, Frank & Ehrlich, 2020; Alma, Van der Mei, Melis-Dankers, Van Tilburg, Groothoff, & Suurmeijer, 2010).

People with hearing impairment have a different challenge in accessing information than the visually-impaired (Tukimin, Handayani, Alimin and Somad, 2018). The former group has less access to information disseminated via standard, auditory media channels, such as radio or community public address systems, and their information consumption depends very much on their visual intake (Ramirez-Garibay, Olivarria, Aguilera and Huegel, 2014). These older persons may not promptly understand a message that people want to send to them. To communicate with other people, they may need help from a translator or people familiar with their communication style. Communication barriers will put pressure on the hearing-impaired because they cannot communicate with other people in the community as they would like to (Disability Experts of Florida, 2018). When an older person becomes deaf, they may fade out or avoid participating with other people in society (Kauffman, 2019). Brink and Stones (2007) investigated the level of social participation of older persons residing in a care facility. They found that older persons with hearing impairment had a lower participation level than older persons without hearing problems. Shukla, Cudjoe, Lin, and Reed (2019) also found that the greater the hearing impairment, the lower the participation level.

Due to geriatric disability and illness, older persons often experience a decrease in both their visual and hearing capacity. This can adversely affect their mental health, and limit their capacity to perform daily activities. The study by Crews and Campbell (2004) revealed that older people with both sensory impairments had greater risk of fading out from society than older persons who only lost their visual or hearing capacity. The findings of this study are in the line with the study of Dalby et. al. (2009) which found that the deaf-blind are less likely to interact with society. In addition, the deaf-blind tend to avoid to group physical activity because of the negative stigma they may be exposed to (World Federation of the Deafblind, 2018). Most important, the deaf-blind usually feel insecure and uncertain about their future life (Jaiswal, Aldersey, Wittich, Mirza, & Finlayson, 2018). Thus, encourage these older persons to

participate more with people in the community could be the suitable way to help the disabled relieve their loneliness and stress.

Many scholars who study social engagement of older persons, such as Wanchai and Phrompayak (2019), have investigated factors influencing social engagement of older persons. Crozen, Haveman-Nies, Alvarado, Van't Veer and De Groot (2009) looked at characteristics of older persons who engage more in social activities than others. Rainer (2014), Kimura et. al. (2013), and Rosso et. al. (2013) focused even more narrowly on social engagement of older persons with disability in different contexts. However, studies related to social engagement of visually- and hearing-impaired and deaf-blind Thai older persons are rare. That information is important if we are to apply knowledge to promote social engagement of older persons with visual and/or hearing impairment. Therefore, this study attempted to fill this knowledge gap, and the authors hope that this study will be used to promote quality of life of older persons with hearing and/or visual impairment.

Research Objective

This study had the objective to examine social participation of Thai older persons with visual or hearing impairment and deafness-blindness by looking at their engagement in community groups and village activities.

Definition of Terms

1. This study defines people age 60 years or older as an “older person.”
2. Visual impairment in this study was based on self-reported loss of vision and blindness.
3. Hearing impairment was based on self-reported hearing impairment and deafness.
4. Deafness-blindness was refined from the data set. Older persons who had both visual and hearing impairment were grouped as a deaf-blind older person.
5. Social engagement in this study means participation of older persons in social groups or community activities. The participation should not be limited only to people with disability, but also to community members in the general. Please note that, while there are many opportunities for social engagement, this study focuses only on social groups and community activities (because of the limitation of the original data set).

Research Conceptual Framework

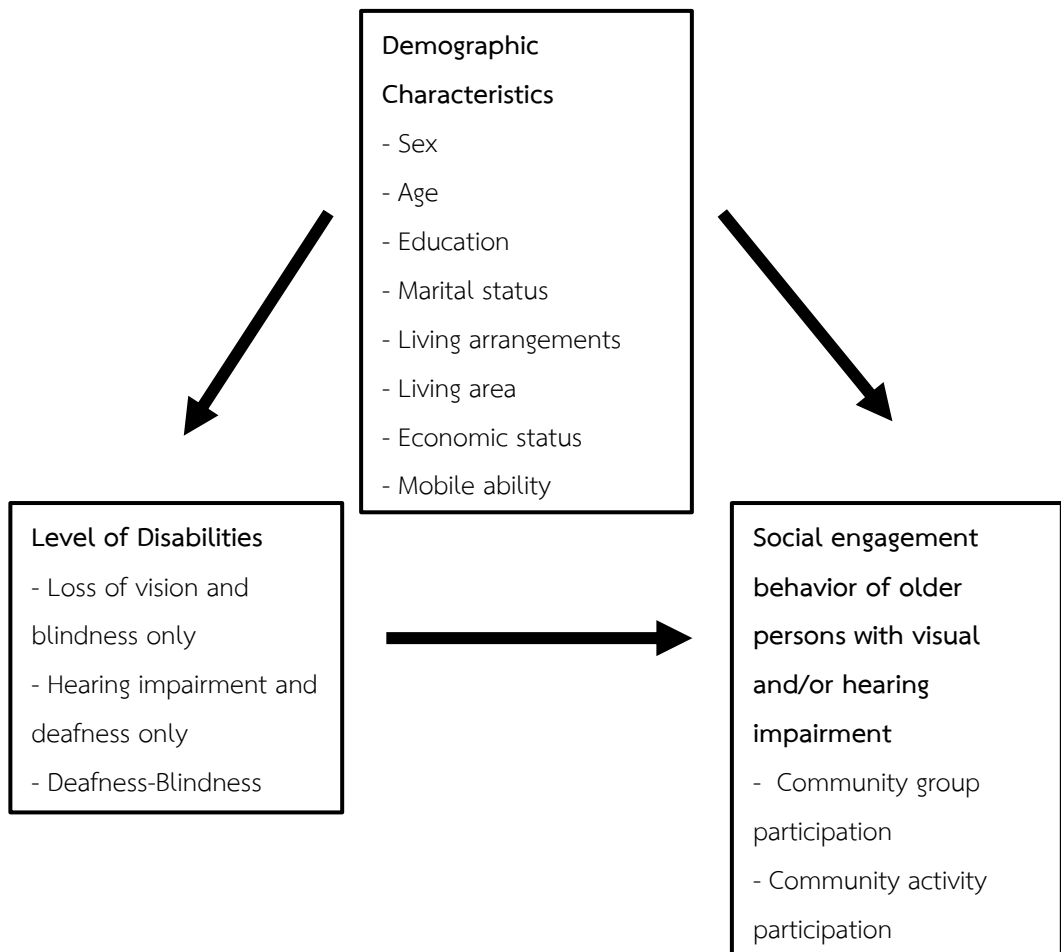


Figure 1: Research Conceptual Framework

Research Methodology

Data Source and Sample

This study employed secondary data from the 2014 round of the Survey of Older Persons in Thailand conducted by the National Statistical Office (NSO). Stratified two-stage sampling was employed to randomly select households that had at least one member age 50 years or older for inclusion in the study. Strata include Bangkok and all 76 provinces in Thailand. Each stratum is divided into municipal and out-of-municipal areas (National Statistical Office, 2017). The sample of the original data set

comprises of 221,165 males and females age 50 years or older. After excluding those under age 60 years, and cases with no information about visual and/or hearing condition, the net sample for analysis was 38,671 older male and female persons.

Measurement of Variables

The dependent variable of this study is social engagement behavior of older persons with visual and/or hearing impairment. Social engagement is inferred from the respondent's participation in community groups (e.g., older persons club, funeral support group, occupational group, housewives group, cooperative savings group, village scouts) or community activities (e.g., Older Persons Day, Song Kran Day, ritual ceremonies) (Table 1). Independent variables which were expected to predict social engagement behavior comprise the following: 1) Personal characteristics (e.g., gender, age, education); 2) Living arrangements and economic status (marital status, income, living with adult children, living out-of-municipal area); 3) Mobility capacity (walking ability, transportation uses); and 4) Level of disability. Visual impairment in this study was based on self-reported loss of vision and blindness. Hearing impairment was based on self-reported hearing impairment and deafness. Older persons who reported both visual and hearing impairment were grouped as deafness-blindness.

Data Analysis

This study hypothesized that the decision of older persons with visual and/or hearing impairment to participate in social activities depends on their level of disability. A binary logit model was employed to test the hypothesis because the model is suitable for categories and non-linear variables (Jampaklay, 2020). However, multicollinearity was tested before running the regression models. The results found no value among explanatory variables greater than 5. Therefore, all variables are suitable to be included in the study models.

Results

Characteristics of Older Persons

As presented in Table 1, Thai older persons with visual and/or hearing impairment comprise a significant proportion of all older persons in the sample. When investigating more deeply, we can see that visual and hearing impairment is more prevalent in the

group age 70 years or older. The pattern is the same with deafness-blindness group. These trends suggest that the higher the age, the higher the probability that an older person will be living with visual and/or hearing impairment.

Living Arrangements and Economic Status

A majority of Thai older persons with visual and/or hearing impairment were single or lived without their marital partner. However, more than half lived with their adult child(ren). Older persons living out-of-municipality accounted about half of all sample in the study. When looking at economic status, this study found that almost all the impaired older persons in this study had adequate income.

Mobile Ability

As presented in Table 1, about 70.00 percent of older persons with visual and/or hearing impairment were able to walk about 200-300 meters with/without the helping hand of another person. However, about 30.00 percent of the deaf-blind older persons needed some assistance from people around them to help them walk. There is a high percentage of mobile limitation in the group of deaf-blind older persons. Only about 60.00 percent reported that they can take a bus or boat alone or with a little help from people around them.

Community Groups and Community Activity Participation

As presented in Table 1, about a half of the older persons in the sample with visual impairment participated in a community group and/or village activities. This pattern was found for older persons with hearing impairment as well. By contrast, deaf-blind older persons were less likely to participate in either a community group or village activity. Less than a half of the sample participated in a community group, while only half participated in village activities.

Factors Contributing to Social Engagement of Older Persons with Visual and Hearing Impairment and Deafness-blindness

As presented in Table 2, when other independent variables (Gender, age, Education, Marital Status, Income, Living Arrangements, and Mobile Capacity) are

controlled, there was no statistically-significant relationship between visual impairment and level of community group participation by older persons. However, visual impairment still had a negative relationship with the level of community group participation in the univariate analysis. By contrast, hearing-impaired older persons are less likely to participate in a community group than older persons without hearing impairment. Interestingly, older persons with dual sensory impairment had significantly less community group participation than other group of older persons.

Other factors also add into equation to see interaction among the disability characteristics and community group participation. The analysis shows that, with each year of increased age, the opportunity to participate in community groups increased about eight percent (Table 2). Older persons with some level of formal education had a higher level of participation in community group activities than those with no formal education. The chance to participate in a community group was greater for older persons who lived with their spouse than those who did not. When focused on older persons who lived with their adult child(ren), this study found that the chance to participate in a community group was actually lower than those who lived without adult children. Residential area also had a significant relationship with community group participation. Older persons living out-of-municipality areas were more likely to participate in community groups than those living in town by about 51.00 percent. In addition, older persons who could walk some distance and were able to take a bus or boat alone had a greater tendency to participate in community activity groups than those who could not walk or commute by themselves.

The relationship among disability characteristics and level of village activity participation was also investigated using the binary logit model. As presented in Table 2, other things being equal, the relationship among impairment characteristics and village activity participation correlated with community group participation. Visual impairment showed no relationship with the level of village activity participation. Older persons with hearing impairment were less likely to participate in village activities than older persons without hearing impairment. In addition, deaf-blind older persons had a lower tendency to participate in village activities when compared to other groups of older persons.

In this model, level of education and marital status were highly predictive of village activity participation of older persons. Older persons who lived with adult child(ren) were less likely to participate in village activities than older persons who did not live with an adult child. The study also investigated factors related to village activity participation of older persons. Older persons who lived out-of-municipality, were able to walk in a distance, and were able to commute using bus and boat on their own had higher probability of participating in village activities than older persons living in the town, who could not independently walk and travel.

Table 1 Sample Characteristics (%)

		Visual Ability		Hearing Ability		Deafness-Blindness	
		Clear	Not	Clear	Not	Not Deaf-	Deaf-
		without/	clear/	without/	clear/	Blindness	Blindness
		with	blind	With	Deaf		
		visual		hearing			
				aid			
Total	(n=38,671)	(n=35,524)	(n=3,147)	(n=36,521)	(n=2,150)	(n=36,206)	(n=2,465)
Gender							
Female	55.57	55.00	64.28	55.95	52.37	55.20	63.89
Age group (years)							
60-69	55.67	57.19	38.48	57.30	27.95	58.50	14.16
Education							
Some education	88.98	89.55	82.46	89.32	83.16	89.88	75.70

Table 1 (Continued)

	Total	Visual Ability		Hearing Ability		Deafness-Blindness	
		Clear without/with visual	Not clear/blind	Clear without/With hearing aid	Not clear/Deaf	Not Deaf-Blindness	Deaf-Blindness
	(n=38,671)	(n=35,524)	(n=3,147)	(n=36,521)	(n=2,150)	(n=36,206)	(n=2,465)
Marital Status							
Married/ live together	60.46	61.54	48.27	61.17	48.42	61.85	40.04
Living with an Adult Child(ren)							
Living with children	59.20	58.93	62.39	58.78	66.31	58.37	71.42
Income							
Adequate	86.80	87.76	76.00	86.99	83.67	87.41	77.80
Living area							
Out-of-municipal	45.65	45.00	52.97	45.63	45.86	45.52	47.46
Walking ability							
Able to walk 200- 300 meters	93.24	93.78	87.07	93.56	87.67	94.72	71.40
Transportation uses							
Can take a bus or boat alone	88.92	89.87	78.11	89.58	77.58	90.98	58.66
Community group participation							
Participate	58.56	58.93	54.37	58.95	52.00	59.73	41.42
Village activities participation							
Participate	70.26	70.48	67.74	70.63	63.93	71.60	50.55

Table 2 Odds Ratios from Univariate Analysis and Binary Logit Models Predicting Social Engagement of Older Persons

Variables	Community groups participation		Village activities participation	
	Univariate	Multivariate	Univariate	Multivariate
	Analysis	Analysis	Analysis	Analysis
	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)
Female	0.828*** (0.795-0.862)	0.992 (0.946-1.040)	0.967 (0.926-1.011)	
Age 60-69 years	1.439*** (1.382- 1.499)	1.088*** (1.037-1.141)	1.407*** (1.346-1.470)	0.988 (0.937-1.041)
Some education	1.491*** (1.399-1.589)	1.263*** (1.175-1.357)	1.601*** (1.499-1.711)	1.384*** (1.282)
Married and live together	1.511*** (1.450-1.575)	1.297*** (1.232-1.365)	1.489*** (1.425-1.557)	1.220*** (1.157-1.286)
Living with children	0.756*** (0.724-0.790)	0.871*** (0.832-0.911)	0.805*** (0.768-0.844)	0.948* (0.901-0.997)
Adequate income	1.167*** (1.100-1.239)	1.046 (0.979-1.116)	1.105** (1.036-1.177)	0.942 (0.877-1.012)
Out-of-municipal area	1.490*** (1.430-1.553)	1.512*** (1.447-1.581)	1.700*** (1.625-1.778)	1.751*** (1.667-1.840)
Able to walk 200-300 meters	3.817*** (3.498-4.165)	2.214*** (1.986-2.470)	5.313*** (4.883-5.782)	2.801*** (2.515-3.118)
Can take a bus or boat alone	2.875*** (2.689-3.070)	1.702*** (1.561-1.856)	3.964*** (3.713-4.232)	2.314*** (2.121-2.524)

Table 2 (Continued)

Variables	Community groups participation		Village activities participation	
	Univariate	Multivariate	Univariate	Multivariate
	Analysis	Analysis	Analysis	Analysis
	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)
Visually impaired	0.830*** (0.771-0.893)	0.925 (0.851-1.005)	0.879*** (0.813-0.950)	1.013 (0.925-1.110)
Hearing impaired	0.754*** (0.691-0.823)	0.885* (0.803- 0.975)	0.736*** (0.672-0.807)	0.894* (0.805-0.992)
Deafness-blindness	0.476*** (0.438-0.517)	0.738*** (0.670-0.813)	0.405*** (0.373-0.440)	0.694*** (0.627-0.767)

Note: OR: Odds ratio, CI: Confidential interval, Significance level = ***p<.001; **p<.01; *p<.05

Discussion

This study investigated factors that predict social engagement of Thai older persons with visual and/or hearing impairment by looking at their participation in community groups and village activities. The results from the binary logit model analysis confirm that impairment (hearing impairment and deafness-blindness), together with other factors, has a significant impact on the level of social participation by older persons. These results are in the line with other studies (i.e. Kaufman, 2019; Meulenkamp et.al., 2019; Shukla et. al., 2019; Rainer, 2013; Rosso et. al., 2013; Brink & Stone, 2007).

Decreased physical and mental capacity are possible explanations as to why older persons in this study tended to participate less in social activities when they reach an advanced age. Older persons tend to depend heavily on family members later in life. Therefore, this dependence limits their freedom to engage in activities which they could do in the past, such as going out of the home to meet with other people in the community (Mello et. al., 2018). Most importantly, the social and physical environment around older persons with visual and/or hearing impairment may

obstruct them from accessing social activities (Rosso et. al., 2013). This hindrance reduces contact with relatives and friends, and home isolation can lead to loneliness and depression (Envision, 2019).

The findings from this study also show that older persons who are married and live with their spouse were more likely to engage in social activities. Thus, older persons with visual and/or hearing impairment who lived with their partner had more opportunity to participate socially with others. The spouse can help to bridge the communication gap, and escort impaired older persons to participate social activities (Nastasi, 2019). In the case of older persons with hearing impairment, a spouse may be familiar with their communication style, and s/he can help to interpret with others in the community (Disability Expert of Florida, 2018). Therefore, communication limitations should not necessarily be a significant barrier for older persons with hearing impairment if they have a spouse or significant other as a translator.

Mobile ability is another factor that can significantly impact on social engagement of older people. Often, older people need to travel from home to the event to participate community groups or village activities. Naturally, if they can travel on their own, the opportunity to join with others will increase since they do not need to wait for a family member or someone else to escort them. The decision to participate or not may also be based on degree of independence. Most importantly, older persons need to feel that they can make everyday life decisions independently of others (Pei, Gunawan, & Chich-Jen, 2014).

The analysis of binary logit models in this study shows that older persons living with an adult child were significantly less likely to engage in social activities outside the home. This implies that children may refrain from aiding an older parent to participate in social activities outside the home (Swenor, 2019). However, the information on this variable in our data set was limited. Further study is needed to investigate the reason why Thai adults who are dependent on an adult child are less engaged in community activities. Key research questions are: Do adult children lack resources to support an older parent? Are children over-protective of impaired older parents? Are the adult children too busy? Qualitative research may be required to probe this issue in greater depth.

Conclusions and Recommendations

This study adds evidence to the literature on older persons with visual and/or hearing impairment, and the deficit of engagement in social activities. However, older persons living with their spouse tended to participate more in community activities than their single counterparts. By contrast, older persons living with an adult child (ren) had less social engagement with the community. In order to promote physical and mental health of older persons, Thailand should encourage family members to take older relatives out of the home to engage with others in the village – regardless of level of hearing impairment, visual impairment, or deafness-blindness. By the same token, friends or relatives of older persons should be encouraged to contact or visit them more frequently. Activities set up by any community group or village should consider whether older persons with visual and/or hearing impairment can easily participate or not. Even though it is hard or impossible to restore an older person's physical health because of geriatric conditions, society can boost their mental wellbeing by including impaired older persons in any and all activities in daily living, and as often as possible and appropriate.

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