



## Factors Promoting Health Care Behaviors Among Pre-Elderly for Self-Reliance and Active Aging

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### Abstract

This study employed a mixed-methods approach to examine factors that promote health care behaviors among pre-elderly individuals in preparation for self-reliance and active aging. Four factors were explored: health care behaviors, knowledge, attitudes, and social support. The quantitative component involved a stratified random sample of 400 individuals aged 45–59 years from Bangkok and the provinces of Nakhon Nayok and Suphan Buri. Data were collected via a 20-item questionnaire (5-point Likert scale; IOC = 0.962; Cronbach's  $\alpha$  = 0.887) and analyzed using descriptive statistics. The qualitative component used criterion sampling to include 15 key informants, such as academics, nursing and elderly care professionals, health promotion specialists, and organizational executives. Data were collected through in-depth interviews and analyzed using content analysis. The findings indicate that all four factors significantly promote health care behaviors, with social support rated highest ( $\bar{X}$  = 4.11). Key strategies to enhance these factors include: (1) health care behaviors—guidance on nutrition, exercise, emotional management, motivational strategies, and community health services; (2) knowledge—accessible educational materials, awareness of health rights, and inter-agency collaboration; (3) attitudes—health education, family involvement, and role model initiatives; and (4) social support—family and community engagement, supportive policies, and public awareness campaigns. These results underscore the importance of multi-sectoral collaboration in preparing pre-elderly individuals for active aging and self-reliance, contributing to improved quality of life.

### Introduction

Nowadays, countries around the world are stepping into aging societies. The United Nations has defined "elderly" as a population of men and women over 60 years of age. For Thailand, the Older Persons Act 2003 means people aged 60 and over who hold Thai nationality. In 2021, Thailand had a fully aging society,

and in the next 20 years, it is expected that the proportion of the elderly will be about 1 in 3 of the total population, which means that Thai society has entered the "super-aged society" whereas people aged 60 and over will be more than 28% of the total population of the country.

A 2022 survey of individuals aged 45–59 in Thailand (Department of Provincial Administration,

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2024) reported a population of 15,156,924, representing 22.93% of the national total of 66,090,475. This group, often referred to as the “pre-elderly population,” will transition into the elderly demographic upon reaching the age of 60 in the coming years. As they approach this stage, they are likely to encounter significant lifestyle changes, including retirement, physical transformations, and challenges to both physical and mental health. Accordingly, it is essential for multiple sectors—including economic policy, employment, healthcare, and social welfare—to proactively prepare for their needs. Prioritizing this group will facilitate a smoother transition into old age, enabling individuals to enter the elderly population with greater potential and self-reliance.

Preparing oneself for aging with readiness in health, mental well-being, and social aspects will lead to becoming an elderly individual with potential. This means having good health, being an active participant in society, having life stability, allowing for self-reliance, and being able to carry out various activities independently without being a burden to others. Therefore, with proper preparation, one can transition into old age feeling valued, benefiting both oneself and society.

From a review of the literature, the factors promoting the health care behaviors of the elderly include general status or personal characteristics, which are related to health, knowledge, attitudes, and social aspects. These factors have not been previously examined in existing research for pre-elderly people. However, these factors affect knowledge, understanding, and practices to prepare for becoming a potential and self-reliant elderly individual. Therefore, this research covers four key factors: (1) health care behaviors related to diet, exercise, and emotions; (2) knowledge of health-related information and understanding; (3) attitudes, opinions, or feelings, and behavioral tendencies towards oneself in preparation for aging; and (4) social support or societal factors related to activities, welfare, and being recognized and valued by society.

This study investigates the factors influencing health care behavior promotion among pre-elderly individuals, with the goal of fostering self-reliance and developing their potential as they transition into old age. The primary aim is to identify effective methods of preparation that support not only individuals approaching old age but also the relevant stakeholders—including governmental agencies, the private sector, and society at large—who play a critical role in ensuring comprehensive readiness across all dimensions.

A mixed-methods design was employed to generate clear and holistic data on the four key factors related to preparation for aging. The quantitative phase collected opinions from a sample group of pre-elderly individuals, providing a foundation for the subsequent qualitative phase. Findings from the quantitative analysis were used to develop guidelines for conducting in-depth interviews with key informants. This sequential approach ensures that the strategies proposed for promoting preparedness in old age are both evidence-based and reflective of all four critical factors.

Objectives

- 1. To examine the factors that promote health care behaviors among pre-elderly individuals in preparation for self-reliance and active aging.
- 2. To identify strategies for promoting health care behaviors that support pre-elderly individuals in becoming self-reliant and capable elderly persons.

Conceptual Framework

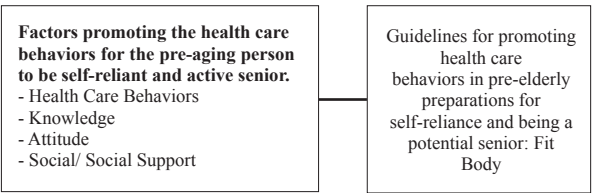


Figure 1 Conceptual Framework

Research Methodology

This research used mixed research methodology. It consists of quantitative research and qualitative research. The research methods were as follows:

Quantitative research

1. Population and Samples

The study population comprised 6,075 pre-elderly individuals aged 45–59 years residing in three provinces of Thailand: Bangkok, Nakhon Nayok, and Suphan Buri. The sample size was determined using Taro Yamane’s formula with a 0.05 probability level, which indicated a minimum requirement of 375 participants. To ensure adequate representation, the researchers increased the sample to 400 participants. Stratified random sampling was employed, proportionally selecting participants from the three study areas: Khlong Maha Nak Subdistrict, Bangkok (population = 2,945; sample = 194), Ban Na District, Nakhon Nayok (population = 1,576; sample = 104), and Khok Ko Tao District,

Suphan Buri (population = 1,554; sample = 102). For the qualitative component, 15 key informants were purposively selected. These included academics, professionals in nursing and elderly care, experts in communication arts and health promotion, and executives from organizations in both the public and private sectors engaged in elderly care.

## 2. Research instrument

A 5-point Likert scale questionnaire was used to measure opinions on the factors promoting health care behaviors among individuals preparing for old age, covering four aspects with a total of 20 items. The questionnaire was reviewed by three experts, yielding an Item-Objective Congruence (IOC) value of .962 and a reliability coefficient (Cronbach's alpha) of .887.

## 3. Data Collection

The questionnaires were distributed with the assistance of networks in Bangkok, Suphan Buri, and Nakhon Nayok. These networks helped distribute the surveys to respondents in each area according to the specified numbers.

## 4. Data Analysis

Statistics used in data analysis are mean and standard deviation.

## Qualitative research

### 1. Key informant

The criterion sampling method was used to select participants from specific information sources. The participants were divided into groups including academics and professionals in nursing and elderly care, communication and media studies scholars, and health promotion groups or executives from organizations related to elderly care, both in the public and private sectors. A total of 15 participants were selected, with the sample size determined by data saturation and ensuring data sufficiency.

## 2. Research instrument

Interview questions were developed by summarizing and extracting from the quantitative research results. These questions were then reviewed and refined by three experts to ensure their accuracy and relevance.

## 3. Collection of Data

Research data was conducted by interviews and recorded.

## 4. Data Analysis

Data was analyzed by using content analysis, similarities, differences, and finding frequencies to arrive at conclusions.

## Results

### Results of the quantitative research

The opinions on the four factors in preparing for pre-elderly people, which were health care behavior, knowledge, attitude, and social/social support, revealed that overall, the respondents strongly agreed, with an average rating of 4.06. When broken down by factors from highest to lowest average, the social/social support factor ranked highest, followed by health care behavior, attitude, and knowledge.

**Table 1** The opinions on the four factors in preparing for pre-elderly people

Factors promoting the health care behaviors	$\bar{X}$	S.D.	Opinion Level
1. Health care behavior factors	4.10	0.68	High
2. Knowledge factors	3.96	0.72	High
3. Attitude factors	4.09	0.62	High
4. The social/social support factor	4.11	0.64	High
Total average	4.06	0.57	High

The social/social support factors had the highest level of opinion ( $\bar{x}=4.11$ ). This factor was related to the support from officials and public health agencies in promoting activities to improve the quality of life and health. The next factor was health care behavior aspect ( $\bar{x}=4.10$ ) that respondents agreed on consuming good, nutritious food suitable for the body promotes preparation behavior, followed by attitude factors ( $\bar{x}=4.09$ ). This aspect of attitude factors related to self-reliant assistance was focused on not being a burden on children or society. And the lowest level of opinion was knowledge factors ( $\bar{x}=3.96$ ) that related to receiving health advice from experts and medical personnel.

**Table 2** The opinions on health care behavior factors in preparing for pre-elderly

Factors promoting the health care behaviors	$\bar{X}$	S.D.	Opinion Level
1. Consuming nutritious and appropriate food for the body helps promote behaviors that prepare for aging.	4.10	0.68	High
2. Undergoing annual health check-ups and attending scheduled doctor appointments help promote behaviors that prepare for aging.	4.14	0.72	High
3. Regular exercise appropriate for the body helps promote behaviors that prepare for aging.	4.11	0.80	High
4. Exercise that can be done individually or practiced with others helps promote behaviors that prepare for aging.	4.12	0.80	High
5. Managing stress through relaxation and engaging in activities that maintain a positive mood helps promote behaviors that prepare for aging.	4.06	0.78	High
Total average	4.10	0.68	High

In terms of health care behaviors, the overall level of opinion was at a high level ( $\bar{x}=4.10$ ), which classified each item and found that, the opinions were at the highest level of agreement that undergoing annual health check-ups and attending scheduled doctor appointments to help promote behaviors that prepare for aging ( $\bar{x}=4.14$ ). The lowest level of opinion was to manage stress through relaxation and engaging in activities that maintain a positive mood that helps promote behaviors to prepare for aging ( $\bar{x}=4.06$ ).

Table 3 opinions on attitude factors in preparing for pre-elderly people

Factors promoting the health care behaviors	$\bar{X}$	S.D.	Opinion Level
1. Receiving information and knowledge about health care, such as proper nutrition, helps promote behaviors that prepare for aging.	3.99	0.77	High
2. Receiving health advice from experts and medical professionals helps promote behaviors that prepare for aging.	4.06	0.82	High
3. Receiving guidance on activities that promote and manage emotions from experts and medical professionals helps promote behaviors that prepare for aging.	3.95	0.82	High
4. Receiving information and knowledge about nutrition, exercise, and emotional well-being that is engaging, up-to-date, clear, accurate, and easy to understand helps promote behaviors that prepare for aging.	3.92	0.79	High
5. Receiving information and knowledge about nutrition, exercise, and emotional well-being through modern media, such as apps, makes it more accessible and easier to follow, thereby promoting behaviors that prepare for aging.	3.89	0.83	High
Total average	3.96	0.72	High

In terms of knowledge, the overall level of opinion was at a high level ( $\bar{x}=3.96$ ), which classified each item and found that the first was to receive health advice from experts and medical professionals, which helps promote behaviors that prepare for aging ( $\bar{x}=4.06$ ). The lowest level of opinion was to receive information and knowledge about nutrition, exercise, and emotional well-being through modern media, such as apps, makes it more accessible and easier to follow, thereby promoting behaviors that prepare for aging ( $\bar{x}=3.89$ )

Table 4 The opinions on knowledge factors in preparing for pre-elderly people

Factors promoting the health care behaviors	$\bar{X}$	S.D.	Opinion Level
1. Having hobbies and spending free time engaging in social activities benefits not only oneself but also the community and society.	3.84	0.83	High
2. Aging is something everyone must face, so it's important to accept it and live a normal, fulfilling life.	4.18	0.78	High

Table 4 (Continue)

Factors promoting the health care behaviors	$\bar{X}$	S.D.	Opinion Level
3. Being able to help oneself, avoid burdening one's children or society, is something to be proud of	4.24	0.78	High
4. Taking care of physical and mental health through proper nutrition, regular exercise, and emotional management is a fundamental practice that should be maintained consistently.	4.09	0.74	High
5. Participating in family activities is essential, as it helps foster a happy and harmonious life together.	4.13	0.75	High
Total average	4.09	0.62	High

In terms of attitude, the overall level of opinion was at a high level ( $\bar{x}=4.09$ ), which classified each item and found that the first was to enable to help oneself, avoid burdening one's children or society, which is something to be proud of ( $\bar{x}=4.24$ ). ). The lowest level of opinion was to have hobbies and spending free time engaging in social activities benefits not only oneself but also the community and society ( $\bar{x}=3.84$ ).

Table 5 The opinions on social/social support factors in preparing for pre-elderly people

Factors promoting the health care behaviors	$\bar{X}$	S.D.	Opinion Level
1. Having positive interactions with neighbors, peers, and people of different ages is beneficial for preparing for aging.	3.94	0.78	High
2. Being accepted, cared for, and attended to by children, grandchildren, and other family members helps promote behaviors that prepare for aging.	4.10	0.75	High
3. Receiving support from family, friends, and neighbors in health care helps promote behaviors that prepare for aging.	4.14	0.80	High
4. Receiving support from public health officials and agencies, such as village health volunteers (VHVs), in promoting activities that enhance quality of life and health helps foster behaviors that prepare for aging.	4.19	0.82	High
5. Receiving support from government agencies and related organizations that promote various welfare services—such as health check-ups, information services, and comprehensive access to health care/public health systems—helps promote behaviors that prepare for aging.	4.16	0.86	High
Total average	4.11	0.64	High

There is a high level of agreement and support from society on the social aspect ( $\bar{x}=4.11$ ), which classified each item and found that the first was the support from public health officials and agencies, such as village health volunteers (VHVs), in promoting activities that enhance quality of life and health that helps foster behaviors in preparing for aging ( $\bar{x}=4.19$ ). The lowest

level of opinion was to have positive interactions with neighbors, peers, and people of different ages that is beneficial for preparing for aging ( $\bar{x} = 3.94$ ).

### **Results of the qualitative research**

Findings from in-depth interviews with key informants—including academics, professionals in nursing and elderly care, communication and health promotion specialists, and executives from organizations involved in elderly care in the government sector—revealed guidelines for promoting self-reliance and the potential of pre-elderly individuals across four domains. The first domain, health care behavior, emphasized three core principles: nutrition, physical activity, and mental health. The key guidelines identified are summarized below:

#### **1. Advisory services and consultation**

Providing professional advice on nutrition, exercise, and emotional well-being, with the involvement of specialists such as nutritionists. “If it is about food consumption behavior for those preparing before becoming elderly, there should be a nutritionist who will look at food and give advice, and provide knowledge.” (Government health care professional)

#### **2. Health communication campaigns**

Implementing communication strategies that employ credible sources, concise content, and appropriate media channels, including integrated marketing communications (IMC). “Promoting health care behavior requires reliable news sources. The spokespersons must be credible—authorities, experts such as doctors, or individuals with popular appeal like actors. Content should be short, concise, and easy to understand. For example, a TikTok video under three minutes. The method should apply the principles of IMC.” (Communication academic)

#### **3. Motivational strategies**

Using motivational approaches, including fear appeals, to raise awareness of the negative consequences of neglecting exercise. “Using fear appeals can cause fear that if you don’t exercise, what negative effects will it have on the body?” (Communication academic)

#### **4. Awareness campaigns**

Designing campaigns aligned with the National Agenda to raise awareness, provide knowledge, and reinforce positive health behaviors, supported by community role models and recognition. “There should be content that supports and promotes health care behaviors as outlined in the National Agenda... creating a sense of satisfaction from practicing these behaviors.” (Communication academic)

#### **5. Health promotion programs**

Developing projects and activities that encourage healthy nutrition, physical activity, and stress management, while fostering participation and engagement. “Organizing activities that meet needs is important. Encouraging individuals to exercise alone is not effective; activities should include group participation, competition, and rewards.” (Government health care professional)

#### **6. Use of media influencers**

Leveraging role models and credible figures to promote positive health behaviors. “Promoting positive health behaviors may use people who are role models for good health, such as retirees who still look young and strong.” (Public sector executive)

#### **7. Community and social participation**

Encouraging the establishment of clubs, networks, and learning forums at the community level to support knowledge exchange and promote a good quality of life. “At the local level, elderly clubs and networks help promote health and quality of life.” (Government executive)

#### **8. Family involvement**

Strengthening family roles in providing emotional support and promoting self-worth. “Having a warm family means that no matter what problems arise, we can rely on them. Family plays an important role in health care.” (Public sector executive)

#### **9. Public relations and knowledge dissemination**

Utilizing diverse media and forums to disseminate knowledge across government personnel, private company employees, and the general public. “Knowledge regarding preparation for becoming elderly should be disseminated in various forms, including training forums and public relations media.” (Government professional)

#### **10. Community health services**

Expanding community-level services, such as elderly clinics and specialized programs (e.g., Diet & Physical Activity Clinics), to facilitate behavior change. “Community services such as clinics for the elderly should offer one-stop services and use tools like Line OA for bookings. Specialized clinics focusing on diet, exercise, and emotions are also needed.” (Government executive)

#### **11. Government structural support**

Providing policy support and incentives for organizations and health facilities, such as tax deductions and welfare benefits.



## 12. Provision of health tools and facilities

Supplying exercise equipment and supportive tools to promote long-term health behaviors among pre-elderly individuals.

### **Knowledge**

The findings highlight several key guidelines for promoting knowledge among pre-elderly individuals:

#### Use of educational media

Diverse forms of media should be employed to disseminate knowledge, ensuring appropriateness for each target group and utilizing modern technology and applications. “We must use proactive public relations, more than just posting signs at public health service centers and sub-district hospitals. Using media to provide knowledge requires looking at who the recipients are and what media should be used to be appropriate and to meet the target group.” (Private sector executive)

#### Concise and accessible content

Knowledge-sharing content should be short, simple, clear, and engaging, while avoiding violent or discouraging messages. “To promote knowledge about health care, we must talk about the content; that is, the content must be simple, easy to understand, easy to communicate, and have interesting motivation. It’s fun to read, and after reading, you’ll have more knowledge. It’s useful and relevant content for those preparing to become elderly.” (Communication academic)

#### Organizational support

Institutions with capacity should promote health literacy, disseminate knowledge, and help individuals prepare for aging.

#### Awareness of health rights

Educating individuals about their rights to health services, including health insurance and benefits, is essential. “Education should be given on the right to be aware of one’s own rights to health. When people have knowledge about their rights, they will be able to access health services accordingly, which is considered preparation before becoming elderly.” (Private sector executive)

#### Preparedness of health personnel

Public health agencies and health professionals must be equipped to disseminate knowledge effectively to the pre-elderly.

#### Networking among health agencies

Integration of health agency networks can strengthen the management and delivery of health knowledge for pre-elderly populations.

## **3. Attitude**

The promotion of positive attitudes was identified as a key factor in preparing individuals for aging:

### Changing attitudes through knowledge

Providing knowledge tailored to cognitive skills and practical self-care can reshape attitudes toward health. “Educating those preparing before becoming elderly to understand self-care practices is important... It’s not difficult to change attitudes, which used to view health problems as difficult and impossible. Attitude can be changed by knowledge, and we should provide guide actions for them.” (Communication academic)

### **Social Support**

Social support was found to play a critical role in fostering readiness for aging:

#### Family support

Families were recognized as a vital sub-unit of society, responsible for strengthening morale and fostering love and security. “Family members must help each other to take care of the mind and give encouragement. It is a driving force for the family to achieve a healthy society.” (Communication academic)

#### Private sector support

Entrepreneurs and private organizations should produce quality health products and services, support workplace wellness, and promote corporate social responsibility (CSR) initiatives. “Entrepreneur business owners should produce quality products that do not affect people’s health... including supporting employees entering the elderly group by providing places, activities, and relaxation, and considering ‘work–life balance’ to reduce stress.” (Communication academic)

#### Government promotion

The government should support health through clear and continuous policies, programs, budgets, welfare systems (e.g., elderly allowances), and inclusive participation from all sectors.

#### Social values

Promoting a positive social attitude toward the elderly, recognizing their contributions, and valuing their potential are essential. “For the social sector, we want them to see the value and have a positive attitude towards elderly people who have made contributions and still have potential in society.” (Communication academic)

#### Media support

Media organizations should allocate space and time for health content, promoting creative and engaging programs for pre-elderly and elderly audiences. “Media owners must support and create good health content...”

have programs to provide health knowledge as well as creative personnel with fun and interesting content for people preparing to become older adults.” (Communication academic)

National agenda-setting

The government should prioritize elderly health and well-being by establishing it as part of the national agenda.

## Discussion

This study consisted of respondents from urban populations in Bangkok and rural populations in Suphan Buri and Nakhon Nayok, revealing that factors promoting health care behaviors among pre-elderly individuals—aimed at fostering self-reliance and potential for healthy aging—are strongly associated with personal characteristics, health knowledge, attitudes, and social support. These four dimensions collectively influence knowledge, understanding, and practices that enable individuals to prepare for aging with independence and capacity. The findings align with Nopnarin (2020), who identified four predictive factors of preparedness for quality aging—attitudes, knowledge, social support, and age—and are consistent with Hansen-Kyle’s (2005, cited in Somboon et al., 2018) concept of healthy aging. Hansen-Kyle emphasized that healthy elderly individuals must encompass physical, mental, social, and spiritual domains: physical health through nutrition, exercise, and absence of chronic illness; mental health through knowledge, skills, and psychological well-being; social health through family, community, and religion; and spiritual health through self-esteem and positive attitudes. Similarly, Pumviset (2015) categorized influential factors into three groups: (1) Leading factors—knowledge and attitudes toward self-care; (2) Enabling factors—access to health services, advice, and appropriate treatment; and (3) Reinforcing factors—participation in social activities, family relationships, and access to information.

Health care behaviors identified in this study include prioritizing a nutritious diet, engaging in regular exercise suited to physical condition, and attending medical check-ups. These practices correspond with Waichompu et al. (2019), who proposed three strategies for promoting elderly health: (1) Food—focusing on diets that maintain bodily functions and mitigate the effects of aging; (2) Exercise—encouraging physical activity to maintain strength, cardiovascular health, and functional ability; and (3) Emotions—promoting life satisfaction, stress management, and positive self-

perceptions. Deemek and Jarunee (2015) similarly emphasized the need for community-based interventions encouraging elderly self-care through appropriate nutrition, physical and mental health activities, and rest, with both government and private sector involvement. This supports Phongphit’s (2010) concept of self-reliance as the ability to maintain physical and mental balance and independence without burdening others. Saensongkwae (2016) further stressed that self-care in health management is central to personal responsibility and reducing dependency.

Knowledge emerged as another crucial factor. This includes receiving advice from health professionals, acquiring information about body care, and obtaining recommendations for emotional well-being. The findings support Turnbull et al. (2020), who reported positive associations between knowledge, attitudes, and elderly self-care behaviors. Daduang and Srichaitchit (2017) also emphasized the importance of experiential learning, including demonstrations, exercise routines, and dietary guidance, as well as stress management techniques such as meditation. Raising awareness of bodily deterioration and related risks promotes preventive behaviors and strengthens self-care practices.

Attitudes play a vital role in elderly preparedness, particularly the belief in being self-reliant, not burdening family or society, and taking pride in aging as a natural life stage. Positive attitudes are linked to active participation in family activities and preparation for healthy aging. This corresponds with Jirojanakul et al. (2017), who found that elderly individuals value self-sufficiency in daily and mental activities, and with Chuenwattana and Bhiednok (2012), who highlighted the importance of fostering positive attitudes toward aging alongside practical elderly care experience.

Social support also emerged as a critical determinant, including assistance from public health officials, community health volunteers, and welfare services. Support in the form of health check-ups, information services, access to public health systems, and encouragement from family and peers enhances quality of life. This aligns with Kongla and Kongla (2015), who reported that enabling factors such as access to health services and community participation positively influence elderly health promotion behaviors as well as reinforcing factors such as advice and information dissemination strengthen self-care. Similarly, Pumviset (2015) highlighted enabling and reinforcing factors, while Boukeaw and Teungfung (2016)

emphasized the importance of comprehensive welfare policies, particularly elderly pensions, alongside promoting family involvement in elderly health care.

In sum, this study reaffirms that preparedness for healthy aging is a multidimensional process shaped by health behaviors, knowledge, attitudes, and social support. These findings support the theoretical frameworks and empirical studies emphasizing that aging with independence and potential requires not only personal responsibility but also systemic support from families, communities, organizations, and government.

### **Guidelines for Promoting Health Care Behaviors Among Pre-Elderly Individuals for Self-Reliance and Active Aging**

The promotion of health care behaviors among individuals preparing for old age is essential to fostering self-reliance and enabling them to become capable, active elderly persons. This process requires coordinated strategies and practices supported by multiple stakeholders, including government, private, and community sectors. Collaboration across these sectors is necessary to develop policies, implement activities, and establish partnerships that enhance physical, mental, and social readiness for aging.

The ultimate goal is to advance active aging, defined as maintaining good health, participating productively in society, and achieving stability in later life. Active aging emphasizes self-reliance, referring to the capacity to perform daily activities independently and without becoming a burden to others.

This approach encompasses four key strategies

**1. Health care behaviors use the principles of food, exercise, and emotion.** This involves twelve strategies: (1) providing guidance on proper nutrition, exercise, and mental health practices. (2) communication campaigns by presenting credible, behaviorally impactful, accurate, clear, creative, and easy-to-understand content through appropriate channels, possibly using technology and applications, employing an integrated marketing communication (IMC) approach. (3) motivating exercise by highlighting the benefits of health care and encouraging physical activity. (4) education focused on increasing awareness of the principles of food, exercise, and emotion through content covering four dimensions: knowledge (awareness), acceptance, practical guidelines (action), and national advocacy (advocacy). (5) health projects involve designing activities that meet specific needs or campaigns aimed at behavior change in health. (6) using influencers who are credible and trusted to

communicate health messages. (7) community and social participation through establishing clubs, developing networks, and facilitating knowledge exchange. (8) family involvement in promoting healthy behaviors. (9) public relations through activities such as organizing forums, meetings, and educational events. (10) community health services, such as setting up comprehensive health clinics. (11) structural support from the government, including incentives for health service providers such as tax reductions and state welfare. (12) support exercise equipment to encourage physical activity.

**2. Knowledge with a focus on key content** through six methods: (1) utilizing diverse media to provide education that is appropriate for the target audience, such as personal communication and video media. (2) employing concise and easily understandable content that is motivating and engaging. (3) support from experienced organizations to enhance health knowledge, such as organizing training programs and collaborating with the media to disseminate health information in various formats. (4) raising awareness of health rights by providing information about health insurance, benefits, and the healthcare services individuals are entitled to receive. (5) preparing health personnel by educating staff and officials in public health and related organizations to effectively share knowledge with those preparing for old age. (6) creating health network partnerships to promote the integration of networks for managing health care knowledge for individuals preparing for old age.

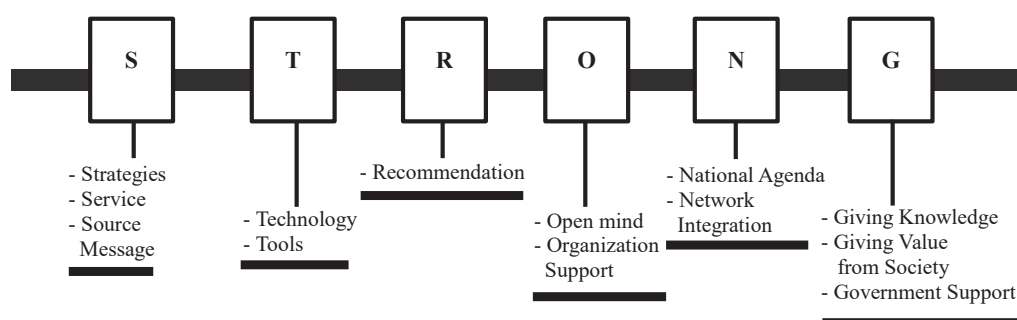
**3. Attitudes** through 5 methods: (1) changing attitudes to view health care as not difficult. (2) using fear appeals to motivate individuals to be aware of health issues and to adjust their attitudes and behaviors towards health care, increasing their inclination towards healthy behaviors. (3) promoting positive health thinking by encouraging self-assessment and self-worth to change thought patterns, such as valuing life. (4) using influencers by communicating through knowledgeable and credible individuals who provide accurate information. (5) family support by fostering attitudes towards health preparation within the family, including allocating time together, educating family members on health preparation before old age, and supporting self-care for those preparing for old age within the family.

**4. Social aspects or support from society** involve six methods: (1) family Support: encouragement, family affection and bonding, and preparation for housing needs. (2) support from Businesses: The private



sector, including companies, organizations, and private entities, should produce high-quality health products, organize activities such as stress-relief events to promote life-work balance, and provide sports equipment. (3) government promotion: This includes health policies, project funding, activities, and welfare programs such as elderly pensions and clear, continuous health insurance. It also involves promoting tangible cooperation with various network partners. (4) social acceptance: Society must recognize and value older adults, promoting relationship-building for those preparing to become elderly. (5) media support: Media organizations should support media owners and content presenters by allocating time for dissemination and creating content that provides health knowledge and practices to the public. (6) national health agenda: The government should designate health and well-being for those preparing to become elderly as a national agenda. Health issues impact national development budgets and the loss of competitive human resources. By making it a national agenda, all sectors of society can be aligned towards a common goal with clear budget allocation, campaign funding, understanding creation, and activity organization.

Based on the above discussion, the research team has synthesized the promotion strategies for health behavior among those preparing for old age, aiming for self-reliance and active aging, into a model named "STRONG" as an illustration.



**Figure 2** Guidelines for promoting pre-elderly health-care behaviors in preparation for self-reliance and being an elderly person with potential.

## Suggestions

Suggestions for applying research results

1. The research results will be beneficial to the organization and government agencies in public health and elderly health in setting policy and guidelines for promoting health care behavior consistent with the Thai social context and the needs of those preparing before becoming elderly and the elderly in Thailand.

2. The results of the research will provide guidance to entrepreneurs, businesses, organizations, nursing home agencies, and business operators related to health in conducting health promotion operations that are consistent with the behavior and health care needs of those preparing to become seniors and the elderly.

3. Research results will help society participate and realize the importance and help needed to promote holistic health care behaviors for the body and mind, which can drive the elderly population with the potential to become an important force in driving the economy and society of the country continuously. As the saying goes, "The elderly are the cornerstone of society."

4. The results can aid the elderly society to be self-reliant and active as well as being a way to reduce the use of resources in the country's public health budget at both the micro and macro levels. It also has a positive impact on the country's overall society and economy.

## Suggestions for future research

1. Research should be conducted on interesting issues found regarding factors promoting behavior and taking care of the health of those preparing to become the elderly, including health care behavior, knowledge, attitude, and social aspects or support from society.

2. Research should be conducted on interesting issues regarding ways to promote health care behavior among those preparing to become elderly. To bring research results to further develop the aging society at

both the policy level and practical level for government agencies and elderly entrepreneurs at the community level and national level.

3. Research should be conducted to develop and promote health care behavior among other target groups in society. Especially teenagers or young people. This is a target group in society that will help build the potential of the elderly in the future.

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