

# Behavioral Patterns and Recreational Preferences among Elderly Individuals in the Lower Central Region of Thailand

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DOI: <https://doi.org/10.52939/ijg.v20i3.3129>

## Abstract

*This cross-sectional study investigates the behaviors and recreational needs of elderly individuals in the lower central region of Thailand. A total of 5,600 elderly participants engaged in recreational activities were surveyed using questionnaires, with data analyzed using descriptive statistics. Findings indicate a majority of female participants (63.66%), primarily aged between 60 to 69 years (61.98%), with elementary level education (48.41%), and predominantly unemployed (74.21%). Sports games and exercise activities were the most commonly participated in (34.0%), with a preference for such activities (30.9%) and high satisfaction levels (38.9%). Main challenges encountered included insufficient equipment and facilities (27.7%), while health benefits were the primary motivation for participation (18.59%). Information about recreational activities was mainly obtained through senior citizens clubs (37.8%), and participants typically engaged with friends (37.2%) during evening sessions (43.9%), with a frequency of 2-3 times per week (38.2%) for durations of 30 minutes to 1 hour per session (48.2%). The overall need for recreational activities among the elderly was moderate (mean = 3.39, SD = 1.068), with highest demand observed for tourism excursions (mean = 3.69, SD = 0.962), sports games and physical activities (mean = 3.61, SD = 1.217), and music and singing (mean = 3.52, SD = 1.194). Substantial demand was identified across all aspects of organizing activities, with the highest need reported for venues and facilities (mean = 4.04, SD = 0.741), followed by publication (mean = 3.95, SD = 0.741) and personnel (mean = 3.94, SD = 0.756).*

**Keywords:** Behavior, Elderly, Hobby, Needs, Recreation Activities

## 1. Introduction

The elderly population is expected to increase in the future, leading to various categorizations of aging societies, including aged, complete-aged, and super-aged societies. An aged society is characterized by individuals aged 60 and above constituting over 10% of the total population [1]. According to data from the National Statistical Office of Thailand surveyed in 2019, Thailand's total population was 66.56 million people, with those aged 55 and older accounting for about 24.83%. Population structure data from 2015 to 2030 indicates that Thailand is currently classified as an "Aged society" and is expected to transition into a completely aged society within the next decade [2].

The shift in population structure significantly impacts Thai society and its economy, particularly concerning elderly individuals.

Aging is associated with physical, cognitive, and psychosocial changes. A 2000 survey by the National Statistical Office of Thailand revealed that less than half (43.0%) of the elderly considered themselves healthy. Furthermore, various health issues were prevalent among the elderly population, including high blood pressure (3.17%), diabetes (13.3%), heart disease (7.0%), cancer (0.5%), cerebral artery stenosis (1.6%), and paralysis/paresis (2.5%) [3]. Mental health problems were also noted, often as a consequence of physical ailments and the deterioration of bodily systems. Psychosocial changes in old age can vary depending on individual factors such as life philosophy, self-perception, interpersonal attitudes, problem-solving abilities, and adaptability to changing circumstances.

Failure to adapt to these changes may lead to adverse psychosocial effects, often exacerbated by physical ailments requiring prolonged treatment, resulting in a diminished sense of well-being, loss of independence, and cognitive decline. This can manifest in stress, anxiety, depression, and cognitive impairments.

The Thai Ministry of Public Health (MOPH) has classified the elderly into three groups based on their health status as assessed by the Activities of Daily Living (ADL) scale. ADL comprises various health components, including mobility, dressing, and toileting, scored on a scale from 0 to 20. The social group encompasses individuals with an ADL score exceeding 11, indicating self-sufficiency. The home group comprises those with moderate self-care abilities (ADL = 5-11), while the bedridden group consists of individuals unable to perform basic activities independently (ADL < 5) [4] and [5]. Robert Havighurst's activity theory, proposed in 1960, underscores the importance of activities across all age groups. Active engagement is believed to enhance adaptability and life satisfaction, contributing to overall well-being [6]. This theory highlights the significance of activities for the elderly, suggesting that pursuing leisure activities, learning new skills, and engaging in service can foster satisfaction and vitality in later life. Furthermore, diverse activities can stimulate physical and mental faculties, promoting holistic development tailored to the aging process.

Recreational activities for the elderly encompass a variety of pursuits, including hobbies, volunteer work, consultancy roles, and participation in Elderly Clubs. Selecting suitable activities for leisure time often poses a challenge, but a framework based on three core principles can guide this process: recreation, learning, and service to others [7].

A wide range of recreational activities can be organized for the elderly, spanning arts and crafts, games and sports, dance, hobbies, music, literary pursuits (reading, speaking, writing), and volunteer services. Many of these activities contribute to the well-being of the elderly, with arts and crafts fostering creativity, fine motor skills, and cognitive development. Moreover, recreational engagement promotes physical, mental, and emotional health. It is imperative to prioritize appropriateness and safety when planning these activities. Local accessibility and alignment with the lifestyle and living conditions of the elderly should also be considered [8] and [9]. In Thailand, numerous agencies, both public and private, are involved in organizing recreational activities for the elderly, including the Department of

Physical Education, the Department of Health, and the Department of Elderly Affairs, alongside local government bodies, hospitals, and various private entities. These activities range from sports events and karaoke singing contests organized by the Department of Physical Education to health promotion and prevention exercises conducted by sub-district health promotion hospitals under the Department of Health. Moreover, the Department of Elderly Affairs offers recreational programs such as senior schools. Additionally, the private sector hosts social gatherings through clubs or associations.

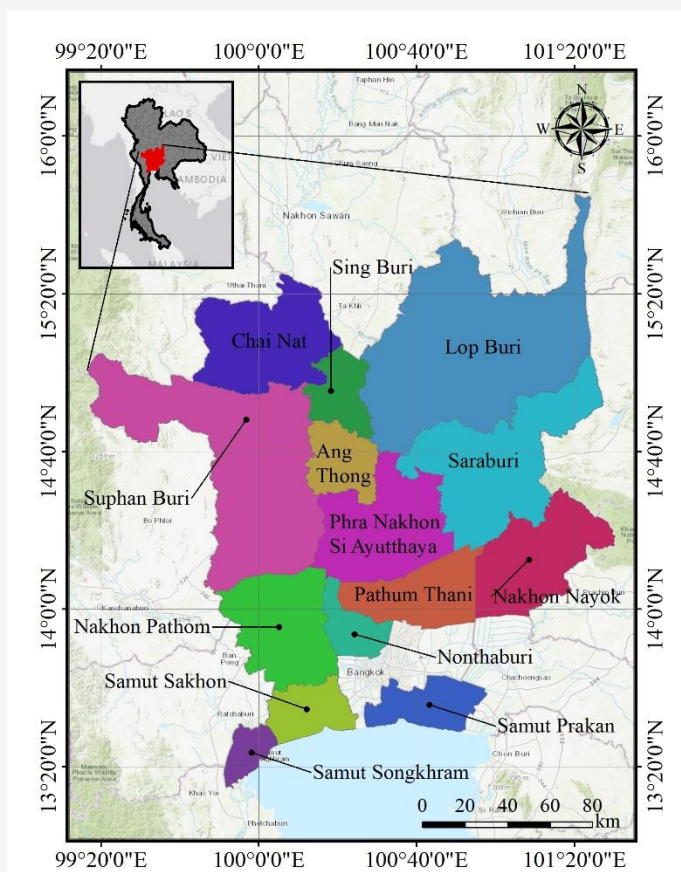
Upon reviewing the roles and responsibilities of these agencies, it becomes apparent that local government organizations play a pivotal role in promoting community well-being. Given their close engagement with local residents, local government bodies are tasked with organizing recreational activities aimed at assisting the elderly and providing public services, in accordance with the Planning and Distribution Procedures Act [10]. While these activities are typically conducted as occasional events involving club members, there is a lack of standardized procedures for their implementation by local government organizations.

The researcher is therefore interested in the behavior and recreational needs of the elderly, aiming to provide a foundation for the development of recreational activity programs and the formulation of appropriate guidelines for local government personnel. This study focused on the lower central provinces, comprising 14 provinces including Saraburi, Lop Buri, Suphan Buri, Chai Nat, Sing Buri, Ang Thong, Ayutthaya, Nakhon Nayok, Pathum Thani, Nonthaburi, Nakhon Pathom, Samut Songkhram, Samut Sakhon, and Samut Prakan. These provinces share similar social conditions, ways of life, occupations, and cultural contexts, along with abundant natural resources suitable for organizing recreational activities. This collective grouping presents significant potential for the development of recreational activities, motivating efforts to organize such activities in the lower central provinces. The findings from this study will contribute to the formulation of applied guidelines for organizing recreational activities aimed at enhancing the quality of life for the elderly, with relevance to other regions with similar contexts.

## 2. Method

### 2.1 Research Objectives

To investigate the behaviors and recreational needs of the elderly in the lower central region of Thailand.



**Figure 1:** The study area comprising 14 provinces in the lower central part of Thailand

## 2.2 Study Area

This study centered on the lower central provinces, encompassing 14 provinces in the lower central part of Thailand namely Saraburi, Lop Buri, Suphan Buri, Chai Nat, Sing Buri, Ang Thong, Ayutthaya, Nakhon Nayok, Pathum Thani, Nonthaburi, Nakhon Pathom, Samut Songkhram, Samut Sakhon, and Samut Prakan as shown in Figure 1. These provinces exhibit commonalities in social conditions, lifestyles, occupations, and cultural contexts, and boast ample natural resources conducive to the organization of recreational activities.

## 2.3 Research Design

### 2.3.1 Sample

The sample comprised 5,600 elderly individuals aged 60 years and above, selected from various communities across 14 provinces, including Saraburi, Lop Buri, Suphan Buri, Chai Nat, Sing Buri, Ang Thong, Ayutthaya, Nakhon Nayok, Pathum Thani, Nonthaburi, Nakhon Pathom, Samut Songkhram, Samut Sakhon, and Samut Prakan. Within each province, 400 elderly participants were chosen. Inclusion criteria consisted of individuals

aged 60 years and older, generally in good health, capable of self-care, with manageable chronic conditions, and willing to engage in social activities to aid others. This categorization aligned with the principles of self-sufficiency in daily living (Activities of Daily Living: ADL), denoted as Group 1 (integrated into society). Participants were also required to express willingness to participate in the study. Exclusion criteria encompassed individuals with health issues or physical limitations during the study period, and those unwilling to cooperate in research activities.

### 2.3.2 Research Tools

The research utilized a questionnaire divided into three parts. Part 1 assessed respondent demographics using a checklist format. Part 2 focused on the elderly participants' engagement in recreational activities over the preceding month, also utilizing a checklist. Part 3 evaluated the needs pertaining to recreational activities among the elderly, employing a 5-level rating scale questionnaire. Scores were interpreted according to Srisathit Narakun's criteria [10].

### 2.3.3 Quality verification of data collection tools

The questionnaires utilized for data collection were developed by the researcher based on the conceptual framework and refined through expert feedback prior to actual data collection. Content validity was ensured by soliciting input from three experts to assess content accuracy, language usage, and overall comprehensiveness. Any identified shortcomings were addressed to enhance the questionnaire's efficacy. Reliability was assessed by piloting the questionnaire, previously validated for content, with a sample of 35 community members resembling the study population. The data collected from this pilot test were analyzed to ascertain reliability, measured using Cronbach's Alpha Coefficient, yielding a confidence value of 0.82 for the questionnaire.

### 2.3.4 Data collection method

The researcher sought permission from provincial governors to conduct data collection across 14 provinces between November 2020 and January 2021. Subsequently, the obtained questionnaires underwent rigorous scrutiny to ensure accuracy and completeness for subsequent statistical analysis and synthesis of project findings. This process culminated in the preparation of a comprehensive research report manuscript.

### 2.3.5 Data analysis and statistical methods

Data obtained from the questionnaires were analyzed and processed using statistical software, employing techniques such as frequency distribution, percentage calculation, mean, and standard deviation calculation. For data collected through interviews, the researcher summarized the issues and categorized them according to provided components.

## 2.5 Research ethics

This study was conducted in adherence to ethical guidelines for human research. Approval was obtained from the Ethics Committee for Human Research at Suan Sunandha Rajabhat University, with Certificate Number: COA.1-019/2020 and project code CE.63-031-1-2. Approval was granted on July 6, 2020, for a duration of six months.

## 3. Results

### 3.1 General Data

The frequency and percentage distribution of 5,600 respondents categorized by personal characteristics presents in Table 1. According to Table 1, it was found that the majority of elderly individuals participating in recreational activities were female, with 3,568 individuals accounting for 63.66 percent.

Furthermore, the highest proportion fell within the age range of 60 to 69 years old, comprising 3,471 individuals (61.98 percent). Additionally, a significant number of participants had elementary-level education, with 2,711 individuals representing 48.41 percent. The majority of participants were not employed full-time, as indicated by 4,156 individuals (74.21 percent), with a predominant occupation in general contracting, comprising 1,251 individuals (22.34 percent), followed by farming and trade/business, with 1,214 individuals (22.16 percent) and 1,067 individuals (19.05 percent), respectively. Moreover, a substantial proportion of participants reported no underlying diseases, with 2,904 individuals accounting for 51.86 percent.

### 3.2 Past Analysis of Elderly Participation in Recreational Activities in the Lower Central Region

The analysis of participation behavior in recreational activities encompasses various aspects, including the types of activities engaged in, frequency of participation, satisfaction levels, participants' demographics, preferred activity locations, time allocation for participation, sources of information received, organizing entities or individuals, perceived benefits, encountered problems, and event-specific details. Tables 2-7 present comprehensive insights into these facets.

According to Table 2, the most frequently organized recreational activities participated in by the elderly during the past period in the lower central region were sports games and exercise activities, totaling 2,744 occurrences, accounting for 14.90 percent. This was followed by music and singing, with 2,222 occurrences, representing 12.07 percent, and dance and rhythmic activities, with 2,059 occurrences, accounting for 11.18 percent respectively.

From Table 3, it is evident that the elderly in the lower central region frequently participated in sports games and exercise activities, with 1,906 individuals selected, representing 34.0 percent. Additionally, the recreational activities most favored by the elderly in the lower central region are sports games and exercise activities, with 1,732 individuals selected, accounting for 30.9 percent. According to Table 4, the majority of elderly individuals participated in recreational activities fewer than 5 times within a one-month period, with 2,354 individuals representing 42.0 percent. Additionally, a significant proportion of the elderly expressed high satisfaction levels with their participation in these activities, with 2,177 individuals accounting for 38.9 percent.

**Table 1:** Frequency and percentage distribution of respondents categorized by personal characteristics

<b>Personal characteristics</b>	<b>Respondent numbers</b>	<b>Percentage (%)</b>
<b>Sex</b>		
Male	2,035	36.34
Female	3,568	63.66
<b>Age</b>		
60-69	3,471	61.98
70-79	1,807	32.27
>79	322	5.75
<b>Educational levels</b>		
Uneducated	460	8.21
Elementary school	2,711	48.41
Grade 9	659	11.77
High school/vocational school	639	11.41
Diploma	326	5.82
Bachelor degree and above	805	14.38
<b>Occupation in the present</b>		
Unemployed	4,156	74.21
Employed	1,444	25.79
<b>Occupation</b>		
Trade/Business	1,067	19.05
General contract work	1,251	22.34
Farmer	1,241	22.16
Governmental employee	823	14.70
Housewife	760	13.57
Private company employees	310	5.54
Others	148	2.64
<b>Health condition</b>		
No congenital disease	2,904	51.86
Have congenital disease	2,696	48.14

**Table 2:** Frequency and percentage of elderly participation in recreational activities

<b>Recreation types</b>	<b>Numbers of participants</b>	<b>Percentage (%)</b>
Handicrafts and arts and crafts	1,577	8.57
Sports games and exercise activities	2,744	14.90
Music and singing	2,222	12.07
Dance, rhythmic activities	2,059	11.18
Hobbies	1,893	10.28
Social Activities	1,723	9.36
Drama, movie	1,782	9.68
Reading, speaking, writing and literature	863	4.69
Excursions	1,827	9.92
Special events	1,200	6.52
Volunteer service	520	2.82
<b>Total</b>	<b>18,410</b>	<b>100</b>

**Table 3:** Most common and preferred recreational activities among the elderly

<b>Recreational activities</b>	<b>Types of recreational activities</b>	<b>Number of participants (%)</b>
Most frequently attended activities	Sports games and exercise activities	1,906 (34.0)
Favorite activity	Sports games and exercise activities	1,732 (30.9)

**Table 4:** Participation frequency, satisfaction levels, participant selection, and activity locations in recreational activities among the elderly in a one-month period

Topic	Quantity	Percentage (%)
<b>Duration</b>		
More than 15 times	781	13.9
10 – 15 times	843	15.1
5 - 9 times	1,622	29.0
Less than 5 times	2,354	42.0
<b>Level of satisfaction</b>		
Strongly satisfied	1,087	19.4
Satisfied	2,177	38.9
Neutral	1,788	31.9
Unsatisfied	288	5.2
Very satisfied	260	4.6
<b>Preference person to do activities with</b>		
Alone	500	8.9
Friend	3,947	70.5
Family member	956	17.1
Others	197	3.5
<b>Preference place to do activities</b>		
House	1,237	22.1
Local medical facility	710	12.7
Senior citizens club	2,117	37.8
Park	806	14.4
Stadium	409	7.3
Fitness	19	0.3
Other	302	5.4

Friends were the preferred choice for companionship during activities, with 3,947 individuals, comprising 70.5 percent. The primary location for recreational activities among the elderly was the senior citizens club, with 2,117 individuals accounting for 37.8 percent. This was followed by participation at home, with 1,237 individuals representing 22.1 percent, and in the park, with 806 individuals accounting for 14.4 percent.

Table 5 illustrates that the majority of elderly individuals chose to participate in recreational activities 2-3 times a week, with 2,141 people representing 38.2 percent. Moreover, the most common duration spent participating in these activities was 30 minutes to 1 hour, with 2,698 people accounting for 48.2 percent. Additionally, the preferred time for participating in recreational activities was in the evening, with 2,459 people representing 43.9 percent. Table 6 illustrates that the majority of elderly individuals, 2,125 people, accounting for 37.9 percent, chose local organization staff as the primary organizers of recreational

activities. This was followed by members of the Elderly Club, with 1,550 people, representing 27.7 percent, and local healthcare workers, with 845 people, accounting for 15.2 percent, respectively.

Regarding information sources about recreational activities, the senior citizens club was the most common choice, with 2,217 people accounting for 39.6 percent. This was followed by friends/relatives, with 2,083 people representing 37.2 percent, and government/private sources, with 385 people accounting for 6.9 percent, respectively.

From Table 7, it is evident that the majority of elderly individuals perceived health benefits as the primary advantage of participating in recreational activities, with 3,973 people accounting for 18.59 percent. Following closely, happiness and enjoyment were identified as significant benefits, with 3,751 people representing 17.56 percent. Additionally, maintaining good mental health was highlighted as a key benefit by 3,473 people, comprising 16.25 percent.

**Table 5:** Participation period and time allocation in recreational activities

Item	Quantity	Percentage (%)
<b>Frequency</b>		
Daily	634	11.3
Twice a day	318	5.7
A few times a week	2,141	38.2
Once a week	1,036	18.5
A few weeks a month	155	2.8
Once a month	1,186	21.2
Other	130	2.3
<b>Duration</b>		
More than 1 hour	2,242	40.0
30 minutes – 1 hour	2,698	48.2
Less than 30 minutes	660	11.8
<b>Period</b>		
Early morning	1,745	31.2
Daytime	1,214	21.7
Evening	2,459	43.9
Nighttime	118	2.1
Other	64	1.1

**Table 6:** Information regarding recreational activities among the elderly

Item	Numbers	Percentage (%)
<b>Recommendation source</b>		
Friend/relative	2,083	37.2
Senior citizens club	2,217	39.6
Local medical facility	299	5.4
Government/private agencies	385	6.9
Radio television	135	2.4
Leaflets/posters	24	0.4
Newspaper	15	0.3
Broadcast tower	332	5.9
Internet/social media	48	0.9
Other	57	1.0
<b>Activity coordinator</b>		
Local organization staff	2,125	37.9
Physical education officer	595	10.6
Teacher	215	3.8
Local health care workers	845	15.2
Members of the Elderly Club	1,550	27.7
Private agency	118	2.1
Other	152	2.7

Regarding problems encountered during participation in recreational activities, issues related to device malfunction and inadequate facilities were the most commonly reported, with 2,642 people accounting for 27.7 percent. Furthermore, difficulties arising from inadequate facilities not conducive to participation were identified by 1,664 people, representing 17.4 percent. Another significant

problem reported was the inappropriate duration of recreational activities (either too short or too long), with 1,419 people accounting for 14.9 percent.

### 3.3 Recreational Activity Demand Among the Elderly

The requirements for participating in recreational activities include the types of activities and the level of demand, as depicted in Tables 8 and 9.

**Table 7:** Perceived benefits of participating in recreational activities among the elderly

Item	Numbers (people)	Percentage (%)
<b>Benefits derived from participation in activities</b>		
Happiness and fun	3,751	17.56
Good physical health	3,973	18.59
Good mental health	3,473	16.25
Take advantage of free time	3,211	15.03
Create social value	2,112	9.88
Promote human relations	2,460	11.51
Exchange attitudes meeting	2,134	9.99
Other	252	1.18
<b>Problems found during participation in activities</b>		
In sufficient knowledge of staffs	647	6.8
Incompetence staffs	1,367	14.3
Insufficient staff for recreational activities	723	7.6
Recreational activities are not interesting	1,664	17.4
Unsuitable recreational places	2,642	27.7
Insufficient instrument for performing activities	1,419	14.9
Inappropriate duration for conducting activities	802	8.4
Inappropriate timing for conducting activities	282	3.0

**Table 8:** Average and standard deviation of recreational activity needs

Recreational activity needs	Mean	SD	Interpretation
Arts and crafts	3.05	1.053	Moderate
Sports games and exercise activities	3.61	1.217	High
Music and singing	3.52	1.194	High
Dancing and rhythmic activities	3.51	1.027	High
Painting, carving, planting trees	3.39	1.022	Moderate
Parties	3.44	1.160	High
Watching dramas, and movies	3.34	1.015	Moderate
Reading books, telling stories	3.13	1.043	Moderate
Traveling and field trip	3.69	0.962	High
Special activities such as festivals, events, contests	3.42	0.996	High
Volunteer services as being a lecturer and teaching	3.20	1.062	Moderate
<b>Total</b>	<b>3.39</b>	<b>1.068</b>	<b>Moderate</b>

**Table 9:** Mean and standard deviation of recreational activity demand

opinions about needs	Mean	SD	Interpretation
Personnel in organizing activities	3.94	0.756	High
Places and facilities for organizing recreational activities	4.04	0.741	High
Dissemination and public relations of recreational activities	3.95	0.741	High
<b>Total</b>	<b>3.97</b>	<b>0.746</b>	<b>High</b>

According to Table 8, the mean and standard deviation of the level of demand for various types of recreational activities in the lower central area of Thailand were demonstrated. It was observed that the overall level of demand was moderate. Recreational activities that were highly desirable included sports games and exercise activities, music and singing, dance and rhythmic activities, as well as literary pursuits such as reading books and storytelling. Additionally, activities such as tourism, cultural exploration (e.g., visiting ancient sites), and special

events like festivals and contests were also highly sought after, while the remaining activities were moderately demanding. Table 9 presents the mean and standard deviation of the level of demand for recreational activities in the lower central area of Thailand. It was observed that the overall score was at a high level (mean  $\pm$  SD = 3.97  $\pm$  0.746). In descending order, the areas of highest demand were the need for suitable locations and facilities for organizing recreational activities (mean  $\pm$  SD = 4.04  $\pm$  0.741), followed by the requirement for effective



dissemination and public relations efforts for organizing such activities (mean  $\pm$  SD = 3.95  $\pm$  0.564), and the necessity for qualified personnel to organize activities (mean  $\pm$  SD = 3.94  $\pm$  0.756).

#### 4. Discussion

The study's findings present several noteworthy points for discussion as follows:

- **Personal Characteristics of Elderly Participants:** The majority of elderly participants in recreational activities were female, reflecting gender differences in recreational engagement among the elderly population. Females tend to prefer socializing and engaging in activities with friends, particularly in the age range of 60-69 years, where individuals are often in better health compared to older age groups, thus enabling greater participation in recreational pursuits.
- **Behavioral Patterns in Recreational Participation:** The elderly predominantly engaged in recreational activities such as sports and competitive games, indicative of their heightened awareness of health benefits associated with exercise. Evening hours were favored for these activities due to milder weather conditions and the availability of space, with both government and private facilities being underutilized during these times. This aligns with previous studies, including one by [11], which underscored the satisfaction of elderly participants in similar recreational endeavors.
- **Needs and Preferences in Recreational Activities:** Excursion tourism emerged as a primary desire among the elderly, offering opportunities for exploration and novelty. However, financial constraints limited the frequency of such activities. Moreover, the research identified significant demands for suitable venues and facilities for recreational pursuits, with concerns raised regarding unfavorable locations and environmental factors. These findings resonate with previous research by [12], highlighting specific preferences among the elderly for physical and social recreational activities such as stick exercises, yoga, rhythmic activities, and singing.

#### 5. Conclusion

The study's sample group comprised elderly individuals actively engaged in recreational activities, totaling 5,600 respondents drawn from 14 provinces, with 400 participants per province. The response rate per province averaged 7.14%.

Predominantly, the participants were female, had attained an elementary school education, were unemployed, worked previously as general contractors, and were generally free from underlying health conditions.

Analysis of the recreational behaviors among the elderly in the lower central region of Thailand revealed a preference for sports games and exercise activities, both in terms of frequency of participation and personal preference. Most participants engaged in recreational activities fewer than five times within a month, expressing a high level of satisfaction with their leisure pursuits. The primary challenges encountered during participation were insufficient equipment and facilities, while perceived benefits predominantly focused on healthiness. Senior citizen clubs emerged as the primary source of information and the preferred venue for recreational activities. Local organization staff were the key facilitators of these activities, with friends being the preferred companions. Evening hours were the most favored time for participation, typically lasting between 30 minutes to an hour, occurring 2-3 times a week.

Regarding the elderly's needs regarding recreational activities in the lower central region, the overall level of demand was moderate. However, certain types of recreational activities were highly sought after, such as excursion tours, sports games, exercise activities, music, singing, dance, rhythmic activities, and social events. There was a notable demand for organizing activities, particularly in terms of venues, facilities, publications, and personnel.

#### 6. Suggestions

Based on the research findings, the following recommendations are proposed for application across three key areas:

##### 6.1 Suggestions for this Research

- The Department of Physical Education should consider allocating additional budgets for training, study visits, and specialized training focused on recreational activities tailored for the elderly. Regular refresher training sessions should also be provided to ensure ongoing competency.
- Local government organizations should collaborate with relevant agencies responsible for elderly care, such as community health volunteers and health promoting hospitals, to design and fund activities. Additionally, they should facilitate access to community spaces suitable for organizing recreational activities for the elderly, such as temples, schools, and municipal sports fields.

## 6.2 Policy Recommendations

- The Department of Physical Education, Ministry of Tourism and Sports, should take a lead role in promoting sports and recreational activities for the elderly. This includes the development of recreational leaders specifically trained to engage with elderly populations.
- Various ministries including Tourism and Sports, Public Health, Interior, Education, Culture, and Social Development and Human Security should collaborate on a comprehensive strategic plan for promoting elderly sports and recreation. Integrated budget allocation and inter-agency cooperation will enhance the efficiency and effectiveness of support initiatives.
- Organizations such as the Thai Health Promotion Foundation (ThaiHealth) and the National Health Security Office (NHSO) should offer financial support for projects aimed at promoting elderly sports and recreation. Additionally, expert advisory groups should be established to ensure projects are aligned with academic principles and executed effectively.

## 6.3 Suggestions for Further Research

- Future research should explore the incentives driving participation in sports and recreational activities within rural communities nationwide. Understanding these motivations can inform the development of targeted interventions to promote active lifestyles among elderly populations in rural areas.

## Acknowledgement

The research extends its gratitude to the Department of Physical Education, Thailand, for funding and support, as well as to Suan Sunandha Rajabhat University, the College of Allied Health Sciences, and all other project partners.

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