
Healthy Life Expectancy of Thai Elderly: Did it Improve During the Soap-Bubble Economic Period?

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Abstract

Healthy life expectancy (HLE) of Thai elderly was studied to clarify the health benefit for the elderly population in Thailand during the soap-bubble economic period by comparing their HLE and life expectancy (LE) in 1986 and 1995. The information on the perceived health status of Thai elderly, aged 60 and over, from two national surveys in 1986 and 1995 and the life tables of correspondent years were used for calculating healthy life expectancy. Both life expectancy (LE) and healthy life expectancy (HLE) of Thai elderly have markedly increased between 1986 and 1995. Regardless of sex, the HLE-LE ratios of nearly all age groups increased from 1986 to 1995. This suggests that the unhealthy life duration had been compressed. Women spend more years than men both active and inactive at every age; however, the proportion of life that is expected to be active is less for women. In conclusion, health and well-being of Thai elderly population significantly improved during the soap-bubble economic period (1989-1996) of Thailand.

Key word : Health Expectancy, Elderly, Soap-Bubble Economy, Thailand

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During the last decade, the economy of Thailand expanded dramatically. The life expectancy (LE) of Thai people, including the elderly, increased substantially over the last decade⁽¹⁾. However, we do not know whether we are in better health. It has become increasingly apparent that healthy life expectancy (HLE) is a useful concept and has been used as an indicator of a population's health and well-being⁽²⁻⁵⁾. Thus, the present paper aims to clarify the health benefit for the elderly

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population in Thailand during the soap-bubble economic period (1989-1996) by comparing their HLE and LE in 1986 and 1995.

SUBJECTS AND METHOD

The information on the perceived health status of Thai elderly, aged 60 and over, from two national surveys was used for calculating healthy life expectancy. These two surveys used the national sampling frame of the National Statistical Office, Office of the Prime Minister. The first survey was the Socio-Economic Consequences of the Ageing of the Population (SECAPT) project conducted in 1986(6). The sample size was 3,252. The question on perceived health status was "During the past week, how did you feel about your health in general?". The answers included "very good", "fair", "as usual" and "bad". The second survey was the Survey of the Welfare of Elderly in Thailand (SWET) project conducted in 1995(7). The sample size was 4,486. The perceived health question was "How do you feel about your health in general?". The answers included "very healthy", "rather healthy", "moderate", "rather weak" and "weak". In

this paper "being in good health" is defined as very good, fair and as usual in the SECAPT project and as very healthy, rather healthy and moderate in the SWET project. The life tables of correspondent years obtained from the Surveys of Population Change, 1985-1986 and 1995-1996 were used in calculations(8,9). The HLE of Thai elderly in 1986 and 1995 was calculated using the method developed by Sullivan(10,11). The HLE-LE ratio and the increment of the LE and the HLE during 1986 and 1995 were calculated.

RESULTS

Both LE and HLE of Thai elderly increased during 1986 and 1995. (Table 1 and 2) The LE and HLE for males were lower than those for females in both of the surveys. However, the proportion of healthy life (HLE/LE) was reversed, i.e. the duration with healthy life in comparison with life expectancy for males was longer than that for females. The HLE-LE ratios declined with age for both sexes. The percentage increase in the HLE was greater than the percentage increase in the LE in nearly all age-groups of both sexes. (Table 3)

Table 1. Life expectancy, healthy life expectancy and HLE-LE ratio (%) of Thai elderly by age group and sex, 1986.

Age groups	Male			Female		
	LE (years)	HLE (years)	HLE/LE (%)	LE (years)	HLE (years)	HLE/LE (%)
60-64	15.52	9.46	60.9	18.56	10.38	55.9
65-69	12.53	7.33	58.5	15.15	8.18	54.0
70-74	9.69	5.43	56.1	12.03	6.23	51.8
75-79	7.49	4.07	54.3	9.33	4.43	47.5
80+	5.20	2.68	51.5	6.17	2.89	46.3

Table 2. Life expectancy, healthy life expectancy and HLE-LE ratio (%) of Thai elderly by age group and sex, 1995.

Age groups	Male			Female		
	LE (years)	HLE (years)	HLE/LE (%)	LE (years)	HLE (years)	HLE/LE (%)
60-64	20.29	13.45	66.3	23.89	13.61	57.0
65-69	17.14	10.78	62.9	20.20	11.2	55.4
70-74	14.18	8.02	56.6	16.89	8.96	53.0
75-79	11.87	6.34	53.4	14.60	7.49	51.3
80+	10.90	5.87	53.8	13.60	6.95	51.1

Table 3. Increment of life expectancy and healthy life expectancy of Thai elderly during 1986 and 1995 by sex.

Age groups	Male		Female	
	% increased LE	% increased HLE	% increased LE	% increased HLE
60-64	30.7	42.2	28.7	31.1
65-69	36.8	47.1	33.3	36.9
70-74	46.4	47.7	40.4	43.8
75-79	58.5	55.8	56.5	69.1
80+	109.6	119.0	120.4	143.0

DISCUSSION

The perceived health status data was used for determining health expectations because disability data according to the WHO classification before 1993 was not available(12-14). Although the HLE is based on a subjective measurement of perceived health status, it has been demonstrated that the HLE correlates well with the disability-free life expectancy (DFLE)(15,16).

From the result of this study, an increase in the HLE from 1986 to 1995 means that the status of health and well being of Thai elderly population has improved. Therefore, the aged population appeared to benefit from development during the soap-bubble economy, not only on their mortality but also the morbidity. Regardless of sex, the HLE-LE ratios of nearly all age groups increased from 1986 to 1995. This suggests that the unhealthy life duration had been compressed and supports the "compression of morbidity hypothesis"(17).

Although the aged men died earlier, they had a relatively longer healthy period than the aged women. It means that the female elderly suffer from morbidities and disabilities longer than the male elderly. Therefore, elderly women who con-

sume a large proportion of health and social care resources should be given more attention from both health and social care providers(1).

This is the first study of health expectancy in a Thai population which demonstrates the validity of the HLE as an indicator of health and well-being. It will be interesting to study the HLE of Thai elderly in the next ten years in order to monitor the effect of the present socioeconomic transition on their health and well-being in the future. Other health expectancies such as disability-free life expectancy and dementia-free life expectancy should also be studied for use as indicators of health status of the nation.

SUMMARY

The health and well-being of the Thai elderly improved markedly during the soap-bubble economic period. The effect of development on the health of the nation is substantial. In order to monitor the health status of the nation other than mortality rates, a regular study on the HLE and other health expectancies of Thai population is recommended.

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อายุคาดหว้งที่มีสุขภาพดีในผู้สูงอายุไทย: เพิ่มขึ้นในระยะเศรษฐกิจฟองสบู่หรือไม่?

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อายุคาดหว้งที่มีสุขภาพดีของผู้สูงอายุไทยได้รับการศึกษาเพื่อแสดงถึงสถานะทางสุขภาพของประชากรสูงอายุที่พัฒนาขึ้นในระยะเศรษฐกิจฟองสบู่โดยการเปรียบเทียบอายุคาดหว้งทางสุขภาพกับอายุคาดหว้งในปี พ.ศ. 2529 และ พ.ศ. 2538 ข้อมูลการรับรู้ทางสุขภาพจากการศึกษาระบาดวิทยาระดับชาติในปี พ.ศ. 2529 และ พ.ศ. 2538 และตารางชีพในปีทั้งสองได้รับการนำมาคำนวณหาอายุคาดหว้งทางสุขภาพ ผลการศึกษาพบว่าทั้งอายุคาดหว้งและอายุคาดหว้งทางสุขภาพเพิ่มขึ้นชัดเจนในระยะเวลาดังกล่าว สัดส่วนระหว่างอายุคาดหว้งทางสุขภาพและอายุคาดหว้ง (HLE/LE) เพิ่มขึ้นในทุกกลุ่มอายุของทั้งเพศชายและหญิง ผลที่ได้นี้แสดงว่าระยะเวลาที่มีสุขภาพที่ไม่ดีได้ถูกบีบให้สั้นลง ผู้สูงอายุหญิงมีระยะเวลาทั้งในขณะที่มีสุขภาพดีและที่มีสุขภาพไม่ดียาวกว่าผู้สูงอายุชายแต่สัดส่วนของระยะเวลาที่มีสุขภาพดีในผู้สูงอายุหญิงจะสั้นกว่าในผู้สูงอายุชาย โดยสรุปการศึกษานี้แสดงให้เห็นว่าสุขภาพและความเป็นอยู่ที่ดีของผู้สูงอายุไทยดีขึ้นอย่างชัดเจนในช่วงเวลาเศรษฐกิจฟองสบู่ของประเทศไทยซึ่งเกิดขึ้นในราวระหว่าง พ.ศ. 2532 - 2539

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