

Enhancing the Quality of Life of the Elderly in Chonburi Province**Monchai Sripetchnai¹, Suraporn Tangtenglam²**¹Graduate School of Service Innovation and Intercultural Communication, Faculty of Hospitality Industry, Kasetsart University, Thailand. Email: Monchai.sr@ku.th²Graduate School of Service Innovation and Intercultural Communication, Faculty of Hospitality Industry, Kasetsart University, Thailand. Email: Suraporn.t@ku.th (Corresponding Author)**Abstract**

This research aims to: (1) examine the levels of social capital, social support, basic services, and intercultural communication; and (2) study the level of quality of life enhancement among the elderly in Chonburi Province. A questionnaire was used to collect data from 400 elderly individuals residing in Chonburi Province. The statistics employed for data analysis included frequency, percentage, mean, and standard deviation. The findings revealed that: (1) social capital, social support, basic services, and intercultural communication were all at the highest level; and (2) the enhancement of quality of life among the elderly in Chonburi Province was also at the highest level. This research can be beneficial for relevant agencies such as the Department of Older Persons, the Ministry of Public Health, the Ministry of Social Development and Human Security, and local administrative organizations in Chonburi Province. The findings can be used as guidelines for formulating policies to further improve the quality of life of the elderly.

Keywords: Quality of life enhancement, Chonburi Province**Introduction**

Thailand is entering a fully aged society (Aged Society), which has significant impacts on social structure, the economy, and public service systems—especially in rapidly developing areas such as Chonburi Province, which serves as an economic and industrial hub of the Eastern region. The increase in the elderly population in such areas poses challenges in improving the quality of life of older adults to align with rapidly changing social contexts (United Nations, 2022). The quality of life of older adults is not limited to physical health alone, but also encompasses social, psychological, and environmental dimensions. This requires the integration of multiple factors, particularly “human capital,” which reflects the knowledge, skills, and capabilities of older adults in adapting and living in a diverse society. If older adults possess a high level of human capital, they will be able to access resources and services more effectively (Becker, 2023).

In addition, “social support” is considered an important factor in enhancing mental stability and reducing vulnerability among older adults. Strong social networks—at the family, community, and institutional levels—enable older adults to cope appropriately with changes and various challenges (House, 2021).

At the same time, “basic services,” such as access to healthcare, welfare, and suitable housing, are key components that directly affect the quality of life of older adults. This is particularly important in areas with economic and social diversity like Chonburi Province. Therefore, the provision of high-quality and comprehensive services is essential (World Health Organization, 2021).

Moreover, in a culturally diverse society, “intercultural communication” has become a crucial mechanism for integrating various factors. Effective communication helps older adults understand and adapt to cultural differences, as well as access services and social support appropriately (Gudykunst, 2023). Previous studies have found that human capital, social support, and basic services all influence intercultural communication and significantly affect the quality of life of older adults. Therefore, improving the quality of life of older adults in Chonburi Province requires a systematic integration of these factors to effectively respond to their needs in a multicultural society.

Given the importance of these issues, studying the improvement of the quality of life of older adults in Chonburi Province is significant both academically and in terms of policy. The findings can be used as guidelines for developing appropriate support systems and services tailored to local contexts, as well as promoting sustainable quality of life for older adults in Thai society.

Research Objectives

1. To study the level of social capital, social support, basic services, and communication among cultures.
2. To examine the level of quality of life improvement among the elderly in Chonburi Province.

Literature Review

Concepts and theories related to improving the quality of life of the elderly emphasize its importance in an aging society. The concept of quality of life refers to individuals’ perceptions of their position in life within the context of their culture and value systems, including their goals, expectations, and social standards (WHOQOL Group, 2020). For the elderly, improving quality of life encompasses physical health, mental health, social relationships, and environmental conditions that support living. The concept of Active Aging by the World Health Organization (2022) suggests that improving the quality of life of older persons should focus on three key dimensions: Health, participation, security. These dimensions reflect that older persons should be able to live with dignity, actively participate in society, and receive appropriate protection.

Additionally, the concept of Successful Aging emphasizes good health, social interaction, and the ability to maintain daily functioning (Channuwong & Ruksat, 2022; Rowe & Kahn, 2020). In the context of Thailand, improving the quality of life of the elderly must consider cultural diversity and community context, which influence access to services and social participation. Therefore, enhancing the quality of life of older persons requires integrated development across health, social, and cultural factors in a systematic way to ensure that the elderly can live with dignity and sustainability.

Concepts and theories related to social problems and social capital indicate that Social Capital is widely recognized in the field of social sciences. Bourdieu (1986) described social capital as resources derived from social networks that can be used for benefits in daily life. Coleman (2019) viewed social capital as social structures that facilitate individual actions, while Putnam (2020) emphasized trust, norms, and social networks that enhance social efficiency. Social capital can be divided into three types: Bonding Social Capital: close relationships such as family, bridging Social Capital: connections among different groups, and linking Social Capital: relationships between individuals and institutions or organizations

For the elderly, social capital plays a crucial role in improving quality of life by providing emotional support, information exchange, and access to resources. Strong social networks also help reduce loneliness and foster a sense of belonging, which are essential factors for maintaining a good quality of life in old age.

Concepts and Theories Related to Social Support. Social support refers to the assistance individuals receive from others in the form of emotional support, information, and resources. House (2018) categorized social support into four types: emotional support, informational support, appraisal support, and instrumental (resource) support. Cohen and Wills (2020) proposed the Buffering Hypothesis, which suggests that social support can reduce the negative effects of stress and enhance individuals’ mental health, particularly among older adults who are vulnerable to health problems and loneliness. Receiving support from family, friends, and society can enhance psychological stability and life satisfaction.

In the Thai social context, social support is closely linked to cultural values, such as family-based elder care and community participation, which play a significant role in improving the quality of life of older adults. Therefore, the development of social support systems should take into account both cultural context and social structure. Concepts and Theories Related to Basic Services. Basic services are essential components that affect the quality of life of the population, especially older adults who have specific needs. The World Health Organization (2021) states that access to basic services—such as healthcare, social welfare, housing, and sanitation—is a key factor influencing health and well-being.

The concept of the welfare state highlights the important role of the government in allocating resources and providing services to promote social equity and reduce inequality (Esping-Andersen, 2020). For older adults, access to high-quality and equitable services enables them to live independently and with dignity.

Moreover, the development of basic services in the modern era must consider cultural sensitivity to ensure that services effectively respond to the diverse needs of older adults in multicultural societies. Therefore, providing comprehensive, equitable, and context-appropriate basic services is a crucial factor in sustainably improving the quality of life of older people.

Research Methodology

1. Population and Sample

The population used in this study consisted of elderly individuals residing in Chonburi Province, totaling 203,691 people (National Statistical Office, 2025). The sample group in this study was determined using the formula of Grace J. B. (2008), which suggests that the sample size should be 20 times the number of observed variables. In this study, there were 20 observed variables; therefore, the sample size was at least 400 participants.

2. Research Instruments

The researcher defined the characteristics of the research instrument and developed a questionnaire consisting of 6 parts as follows: Part 1: Personal factors (multiple-choice questions), Part 2: Social capital, Part 3: Social support, Part 4: Basic services, Part 5: Intercultural communication, and Part 6: Quality of life of the elderly in Chonburi Province

The questionnaire used a rating scale format with 5 levels: highest, high, moderate, low, and lowest.

3. Data Collection Procedures

The researcher collected data as follows:

3.1. Requested permission from the Faculty of Humanities and Social Sciences, Kasetsart University, to collect data from elderly individuals residing in Chonburi Province.

3.2. Distributed questionnaires to 400 elderly participants living in Chonburi Province. The researcher personally administered and collected the questionnaires according to the specified time and location.

4. Statistical Analysis

Data were analyzed using a statistical software package. The collected questionnaire data were coded into numerical values and entered into the program for analysis in two steps:

4.1. General information of respondents was analyzed using frequency and percentage.

4.2. Data related to social capital, social support, basic services, intercultural communication, and quality of life of the elderly in Chonburi Province were analyzed using rating scale measures, including mean and standard deviation.

Research Results

Table 1: Mean, Standard Deviation, and Level of Opinions on Social Capital Variables

Social Capital	\bar{X}	SD	Level	Rank
Human capital	4.35	0.67	Highest	3
Institutional capital	4.38	0.67	Highest	2
Intellectual and cultural capital	4.39	0.65	Highest	1
Overall mean	4.37	0.63	Highest	

From Table 1, it was found that overall social capital is at the highest level, with a mean of 4.37. When considering each aspect, all three aspects were rated at the highest level. The aspect with the highest mean is intellectual and cultural capital (mean = 4.39), followed by institutional capital (mean = 4.38), and human capital (mean = 4.35), respectively.

Table 2: Mean, Standard Deviation, and Level of Opinions on Social Support Variables

Social Support	\bar{X}	SD	Level	Rank
Providing advice and guidance	4.25	0.67	Highest	4
Interpersonal relationships	4.38	0.66	Highest	3
Acceptance and recognition of value	4.39	0.64	Highest	2
Being part of society	4.44	0.62	Highest	1
Overall mean	4.37	0.60	Highest	

From Table 2, it was found that overall social support is at the highest level, with a mean of 4.37. When considering each aspect, all four aspects were rated at the highest level. The aspect with the highest mean is being part of society (mean = 4.44), followed by acceptance and recognition of value (mean = 4.39), interpersonal relationships (mean = 4.38), and providing advice and guidance (mean = 4.25), respectively.

Table 3: Mean, Standard Deviation, and Level of Opinions on Basic Service Variables

Basic Services	Mean (\bar{X})	SD	Level	Rank
Medical care	4.52	0.58	Highest	1
Welfare	4.50	0.59	Highest	2
Sanitation	4.41	0.62	Highest	4
Housing	4.47	0.61	Highest	3
Overall Mean	4.48	0.57	Highest	

From Table 3, it was found that overall basic services were at the highest level, with a mean of 4.48. When considering each aspect, all four aspects were at the highest level. Ranked in order, the highest mean was medical care (4.52), followed by welfare (4.50), housing (4.47), and sanitation (4.41), respectively.

Table 4: Mean, Standard Deviation, and Level of Opinions on Intercultural Communication Variables

From Table 3, it was found that overall basic services were at the highest level, with a mean of 4.48. When considering each aspect, all four aspects were at the highest level. Ranked in order, the highest mean was medical care (4.52), followed by welfare (4.50), housing (4.47), and sanitation (4.41), respectively.

Table 4: Mean, Standard Deviation, and Level of Opinions on Intercultural Communication Variables

Intercultural Communication	Mean (\bar{X})	SD	Level	Rank
Cognitive aspect	4.42	0.65	Highest	3
Affective aspect	4.49	0.59	Highest	1
Behavioral aspect	4.48	0.60	Highest	2
Overall Mean	4.46	0.59	Highest	

From Table 4, it was found that overall intercultural communication was at the highest level, with a mean of 4.46. When considering each aspect, all three aspects were at the highest level. Ranked in order, the highest mean was the affective aspect (4.49), followed by the behavioral aspect (4.48), and the cognitive aspect (4.42), respectively.

Table 5: Mean and Standard Deviation of Opinions on Factors Affecting the Quality of Life of the Elderly

Improvement of Elderly Quality of Life	\bar{X}	SD	Level	Rank
Good health	4.51	0.61	Highest	1
Social participation	4.50	0.60	Highest	2
Life security (insurance/welfare)	4.46	0.60	Highest	3
Overall Mean	4.49	0.59	Highest	

From Table 5, it was found that the overall improvement in the quality of life of the elderly in Chonburi Province was at the highest level, with an average of 4.49. When considering each aspect, all three aspects were rated at the highest level. Ranked in order of mean scores: good health had the highest mean (4.51), followed by social participation (4.50), and life security (4.46), respectively.

Discussion

1. Social capital was overall at the highest level (mean = 4.37). Cultural and intellectual capital had the highest mean, followed by institutional capital and human capital, respectively. This can be explained by the fact that elderly people in Chonburi Province have strong cultural foundations and local wisdom, which support their way of life and social adaptation. This is consistent with the study by Putnam (2020), which states that social capital—especially cultural aspects and trust—plays an important role in quality of life. It also aligns with the research of Suwannee (2020), which found that cultural capital of Thai elderly strengthens community resilience, as well as Chen et al. (2021), who reported that social capital is positively related to elderly health.

2. Social support was overall at the highest level (mean = 4.37). The highest mean was found in the sense of belonging to society, followed by acceptance and recognition, interaction, and counseling/advice, respectively. This indicates that the elderly receive acceptance and have roles in society, which helps reduce loneliness and promote mental well-being. This is consistent with Cohen and Wills (1985), who suggested that social support reduces stress, and with the research of Naka Pheungjit (2021), which found that community participation affects life satisfaction among the elderly. It also aligns with Li et al. (2020), confirming that social support affects mental health and quality of life.
 3. Basic services were overall at the highest level (mean = 4.48). Healthcare services had the highest mean, followed by welfare, housing, and sanitation. This reflects that public service systems are accessible and comprehensive. This is consistent with the World Health Organization (2021), which stated that access to basic services is a key factor in quality of life. It also aligns with the study by Piya Saiyorn (2019), which found that access to health services affects the well-being of the elderly, as well as Smith et al. (2022), confirming that health and welfare services impact the well-being of the elderly.
 4. Intercultural communication was overall at the highest level (mean = 4.46). The highest mean was found in the emotional aspect, followed by behavior and cognition. This indicates that older adults are able to adjust their emotions and behaviors in multicultural contexts. This is consistent with William B. Gudykunst (2023), who stated that intercultural communication helps reduce conflict and increase understanding. It also aligns with the study of Dumta (2565/2022), which found that effective communication contributes to older adults' adaptation, as well as Kim (2021), who reported that intercultural communication affects quality of life in multicultural societies.
 5. The quality of life of older adults was overall at the highest level (mean = 4.49). The highest mean was in health, followed by social participation and life security. This shows that older adults have stability in both health and social aspects. This finding is consistent with the Active Aging concept of the World Health Organization (2002), and with the study of Prapanpan Saengchan (2563/2020), which found that social participation affects quality of life. It also agrees with Nguyen et al. (2020), confirming that health and social factors are determinants of older adults' quality of life.
- In conclusion, the findings indicate that social capital, social support, basic services, and intercultural communication all play significant roles in enhancing the quality of life of older adults in Chonburi Province. These findings are consistent with both theoretical frameworks and contemporary research at national and international levels.

Recommendations

Recommendations from the Study

1. Social capital: Efforts should be made to promote human capital development among older adults through lifelong learning activities, the transfer of local wisdom, and the creation of community knowledge-sharing spaces to enhance their potential and self-esteem.
2. Social support: Social support networks should be expanded at family, community, and government levels, emphasizing older adults' participation in public activities, the formation of elderly groups, and the development of volunteer networks for elderly care.
3. Basic services: Health service systems and welfare should be improved to ensure accessibility, coverage, and suitability for older adults. This includes expanding proactive healthcare services, developing age-friendly housing, and providing sufficient welfare support.
4. Intercultural communication: Communication skills across cultures should be promoted among older adults and service providers, with emphasis on understanding cultural diversity and developing emotional, cognitive, and behavioral skills to enable effective coexistence in society.
5. Enhancing quality of life of older adults: An integrated approach covering health, social, and economic factors should be adopted. This includes encouraging social participation, ensuring income security, and providing holistic healthcare so that older adults can live meaningful and sustainable lives.

Recommendations for Future Research

1. Future research should be expanded to other provinces in order to compare contexts and factors affecting the quality of life of the elderly in different areas.
2. Experimental research or longitudinal studies should be conducted to examine changes in the quality of life of the elderly over time.
3. Additional factors should be studied, such as digital technology, innovations in elderly care, and government policies that may influence quality of life.
4. Research instruments should be further developed to be more specific and better suited to the context of the elderly in Thai society.
5. Comparative studies between countries should be conducted to exchange knowledge and develop approaches for improving the quality of life of the elderly at a global level.

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