



SITUATION OF THE THAI ELDERLY 2015

สถานการณ์ผู้สูงอายุไทย พ.ศ. ๒๕๕๘





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COVER : Chao Duangduen Na Chiangmai, The Honorary Senior Fellow of 2015

SITUATION OF
THE THAI ELDERLY

2015




PREFACE

This report on the Thai elderly is mandated by the National Committee for Older Persons Act (2003) Article 9 (10), and its purpose is to review the status of the elderly in a report submitted annually to the Cabinet.

Ever since 2006, the National Committee for Older Persons (NCOP) has commissioned the Foundation of Thai Gerontology Research and Development Institute (TGRI) to prepare the annual report on the Thai elderly. This volume is the report for 2015 and contains data on the status of the Thai elderly in that year and projections for the near future. The theme of the 2015 report is 'living conditions of the Thai elderly'.

For the preparation of this report, both public and private organizations generously provided their latest data. The TGRI is grateful for this collaboration. The TGRI also expresses its gratitude to the Fund for the Elderly for financial support in the production of this report.



(Banloo Siriphanich, M.D.)

President

Foundation of Thai Gerontology Research and Development Institute



EXECUTIVE

SUMMARY AND RECOMMENDATIONS

Situation of the Elderly Population in the World Today

Many countries around the world are aware of the changing structure of their population and the ageing of their society. In most parts of the world, this demographic phenomenon is a consequence of declining fertility and increased longevity. This ageing of the population is having profound effects on social and economic dimensions of many countries.

As of 2015, the global human population was an estimated 7.3 billion persons. Of these, there were an estimated 901 million elderly (age 60 years or older), or 12% of the total. While it can be said that the global population is becoming an aged society, not all regions or countries are ageing at the same rate. Europe has the highest proportion of the population that is age 60 years or older. By contrast, Africa has the lowest proportion of the elderly. Asia contains one-third of the world's population and, of these, 508 million are elderly (or 56% of the global elderly population).

Situation of Ageing of the Population of ASEAN Member Countries

In 2015, the ASEAN member countries had a combined population of 630 million persons. Nearly half the ASEAN population is Indonesian. The ASEAN population of persons age 60 or older is estimated to be 59 million, or 9% of the total. Of the ten member countries of ASEAN, three are classified as having reached the status of an aged population: Singapore (18% of the population is elderly), Thailand (16%) and Vietnam (10%). Indonesia has an elderly population of 21 million persons, or 8% of the total.

Situation of Ageing of the Thai Population

In 2015, Thailand had a population of 65.1 million (excluding an estimated 3 million non-Thai migrant workers in country). Of the total, 11 million were 60 years or older (16%). The significance of the Thai transition, is the speed at which its population is ageing. Thailand had reached the status of an aged society in 2005 when 10% of the population was age 60 years or more, and the elderly population is increasing at the unprecedented rate of 4% per year. By contrast, the annual growth rate of the entire Thai population is approaching zero (0.5% per year). The data from the population estimates and projections conducted by the National Economic and Social Development Board (NESDB) indicate that Thailand will become a complete aged society in 2021, when one out of five Thais will be age 60 years or older. It is further projected that Thailand will become a super aged society ten years later, in 2031, when 28% of the population will be elderly.



Living Conditions of the Thai Elderly

The Thai elderly have experienced significant change in their domicile over past decades. Historically, Thai houses were large structures shared by multiple generations of the family members. However, declining fertility transformed these extended families from an average of five members per household 50 years ago to only three persons at present.

A major challenge is the increasing proportion of elderly who are living alone or with only their elderly spouse. The primary concern is who will care for these elderly when they become ill, infirm or disabled? Surveys in 2002 and 2014 found that the proportion of elderly living alone increased from 6% to 9%, while elderly living only with a spouse increased from 16% to 19% during the same period.

The type of elderly domicile is also affected by economic status of the family. A survey in 2014 found that one-third of elderly were living in households with income below the poverty line and, importantly, the elderly who received economic support from their child(ren) had declined from 52% to 37% between 2007 and 2014.

The Fifth Thai National Health Examination Survey (NHES) in 2014, which conducts physical exams on the sample population, found that common illnesses/conditions found in the Thai elderly include joint inflammation/degradation, hypertension, diabetes, and obesity. Moreover, over 10% of the elderly had difficulty climbing stairs, and had constipation and urination difficulty. Fully 4% of the late-elderly in need of care could not obtain it. The 2014 survey also found that 54% of elderly used a squat latrine, while 18% used a bedroom that was on the second floor of the household, and 10% had experienced an accidental fall in the six months prior to the interview.

Elderly in the Original Household are Best Off

Ageing societies need to modify domiciles to accommodate the changing needs of the elderly household members. In addition, families and communities need to become more sensitive to the special needs of the elderly in their life. This extends to the buildings, walkways, mass transit and infrastructure which the elderly need to use. These need to be modified to be elderly-friendly. The ideal home for the elderly is the primary home of the family in the community which the elderly are familiar with.

In addition to the changes to the domicile, community and public spaces, there need to be systems for monitoring the condition and welfare of the elderly, especially those elderly with dependency. Households need to be elderly-accessible, and this may require modifications to the doors, floors, bathrooms, and bedrooms. For elderly who need periodic or full-time care, the local administrative organizations or community network should consider creating a surveillance system, perhaps through recruitment of volunteer home visitors. These can be supplemented through senior citizen activity centers, elderly day-care facilities, and elderly-friendly health care services.

Policy Recommendations

Thailand's rapidly ageing population all but guarantees that the society will become a complete aged society in the coming ten years. Thus, the government needs to urgently implement measures to accommodate this demographic change. The following are recommendations:

1. Enable elderly to live in a domicile that preserves/enhances their quality of life

- Encourage and enable elderly to remain in the original family home, community and environment by modifying domiciles and infrastructure in and outside the home so that surroundings are elderly-friendly;
- Support families who care for elderly member(s), for example, by providing relevant information and knowledge about elder care;
- Support local administrative organizations and community networks to help develop elderly surveillance mechanisms, for example, by creating cadres of home visitors and elderly day-care centers;
- Support local administrative organizations and the community to modify the environment and public amenities, especially mass transit, so that they are elderly-friendly;
- Raise standards of domiciles, whether in the public or private sector which accommodate new elderly residents.

2. Support elderly to have secure and dignified lifestyles

- Help elderly protect themselves from threats to their welfare by providing information and knowledge, and develop tools/mechanisms/technology to facilitate safe, dignified living in old age;
- Reduce ageism and combat negative prejudice against the elderly throughout the population;
- Promote elderly support groups so that they play a meaningful role and are strong;
- Encourage all related agencies, families, and educational institutions to campaign for social values of kindness, appreciation and gratefulness to the elderly.

3. Promote good health of the elderly

- Promote better healthcare among younger generations so that they become healthy elderly citizens;
- Provide elderly-friendly health services in the community.

4. Enable elderly to have a secure and sustainable income to cover basic needs

- Promote employment of the elderly;
- Promote a new image and definition of older persons to show society that the elderly are still strong and can make important contribution to production and consumer markets;
- Revise regulations/laws that impede hiring of the elderly, and extend the age of mandatory retirement for civil servants and state enterprise workers;
- Educate the population about personal savings and frugal living so that they have secure incomes in retirement;
- Support the creation of a national retirement savings fund that is stable and well-managed;
- Develop a pension system that covers the elderly, and improve the elderly welfare subsidy to be consistent with cost of living and inflation.

5. Produce plans to assist elderly when disaster strikes

- Local administrative organizations at all levels need to designate the elderly as a priority population for prevention and assistance in times of disaster;
- Produce a "Disaster Handbook" which gives special attention to the elderly;
- The relevant disaster response agencies must have a database of the elderly in their locality, including address, health status, and contact information in the event of emergency. The database must be up-dated on a regular basis;
- The relevant agencies need to have plans and drills on assisting the elderly;
- Provide education for the elderly on preparation, self-care and rehabilitation if disaster strikes.

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Definition of "Elderly"

Currently, the United Nations does not have a fixed definition of the population classified as "elderly" but uses age 60 years as the threshold for the older generation. Most developed countries use 65 years as the cut-off age. In Thailand, the Older Persons Act defines "elderly" as over the completed age of 60 years (Article 3).



Definition of "Aged Society"

"Aged society" and "elderly society" are the same and interchangeable terms.

"Aged society"

Denotes a population in which the proportion age 60 years or more is more than 10% of the total population (or where the population age 65 years or more is over 7% of the total).

"Complete aged society"

Denotes a population in which the proportion age 60 years or more is more than 20% of the total population (or where the population age 65 years or more is over 14% of the total).

"Super aged society"

Denotes a population in which the proportion age 60 years or more is more than 28% of the total population (or where the population age 65 years or more is over 20% of the total).

"Ageing society"

can also be interpreted to mean a society in which the rate of increase of the elderly population is increasing steadily.

Sources of data for the Report of the Situation of the Thai Elderly 2015

United Nations World Population Prospect, The 2015 Revision (UNWPP, 2015). The report presents age-sex population pyramids by country based on data from the national census.

In Thailand, the National Statistical Office (NSO) conducts the **National Population and Housing Census** every ten years. The latest census was for the Year 2010.

Thailand has a **Civil Registration System** managed by the Civil Registration Bureau of the Department for Provincial Administration of the Ministry of the Interior. That system records the number of registered population, and births and deaths for each year as of December 31 of the year.

There is the **Estimates and Projections of the Thai Population 2010 - 2040**, produced by the NESDB. The data use the 2010 census as the basis for age-sex projections based on various assumptions of fertility, mortality, and migration trends.

The NSO conducted the **2014 Survey of the Older Persons in Thailand**. The first round of this survey was conducted in 1994, and the 2014 survey is the 5th round in the series. The survey sampled the population age 50 years or older in 83,880 households. The data for the population age 60 years or older are included in the annual elderly situation report.

In 2014, **the Fifth Thai National Health Examination Survey (NHES)** was conducted by the Nation Health Examination Survey Office under of the Health Systems Research Institute. The first round of the survey was conducted in 1991-2 and repeated every five years since then. This survey is noteworthy for conducting physical exams and testing specimens for males and females of all age groups. The Thai elderly situation report extracted the information from this survey for the population age 60 years or older.

AGEING

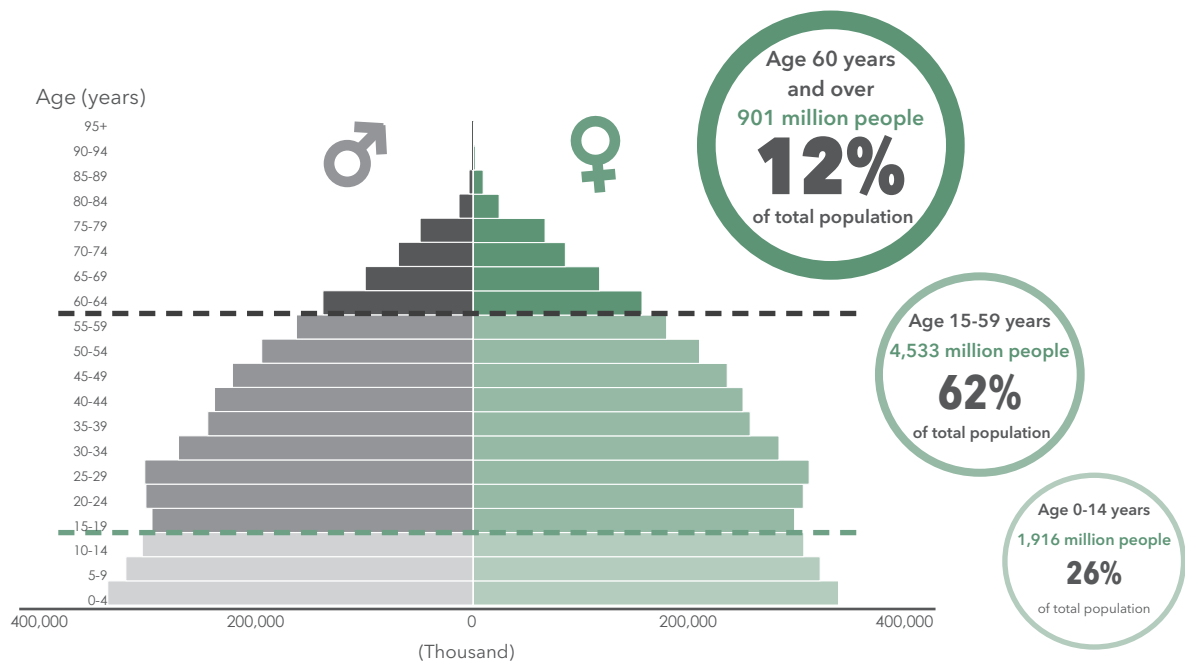
OF THE THAI POPULATION

1

1.1

Situation of the world's elderly population

Twenty years ago the global population was approximately 5.7 billion persons. Of the total, there were 540 million persons age 60 years or older (or 9%). By 2015, the world population had increased to 7.3 billion with 901 million (12%) in the elderly age group. **This means that the world's human population had become an aged society.**



Source: UNWPP 2015

The population pyramid provides a snapshot of the age-sex distribution of the population using a bar graph format. Conventionally the youngest ages are at the bottom and the oldest at the top, with the males on the left and females on the right.

Among regions in the world, Europe has biggest proportion of senior citizens with 24% in the elderly age group (or 738 million persons). By contrast, Asia has 508 million elderly or 12% of the total population of the region.

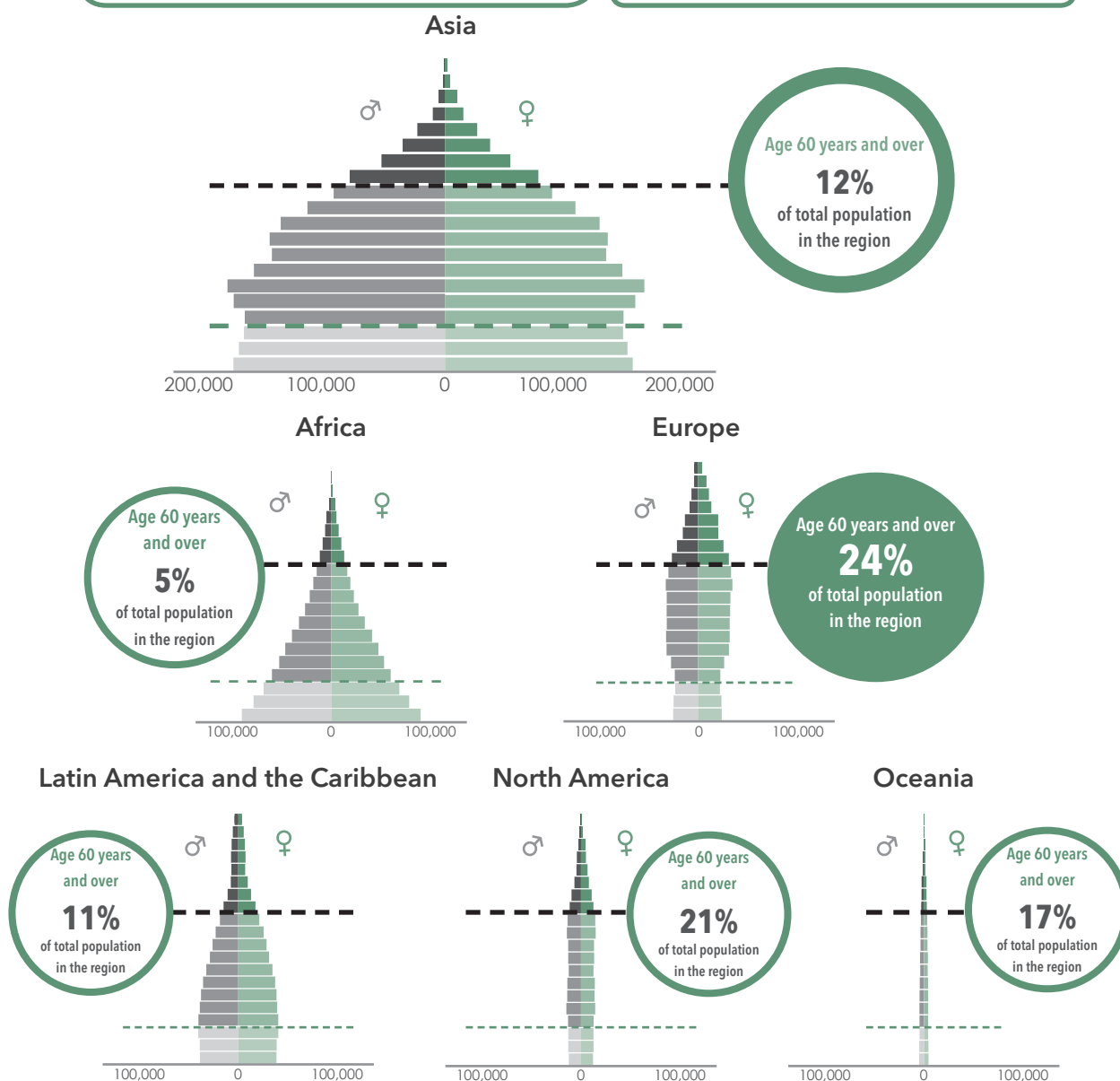
The two most populous countries in the world are in Asia

China has nearly 1.4 billion persons with elderly population of 209 million (15%).

India has 1.3 billion persons with elderly population of 117 million (9%).

The country with the largest elderly population proportion of is **Japan** at

33%



1.2

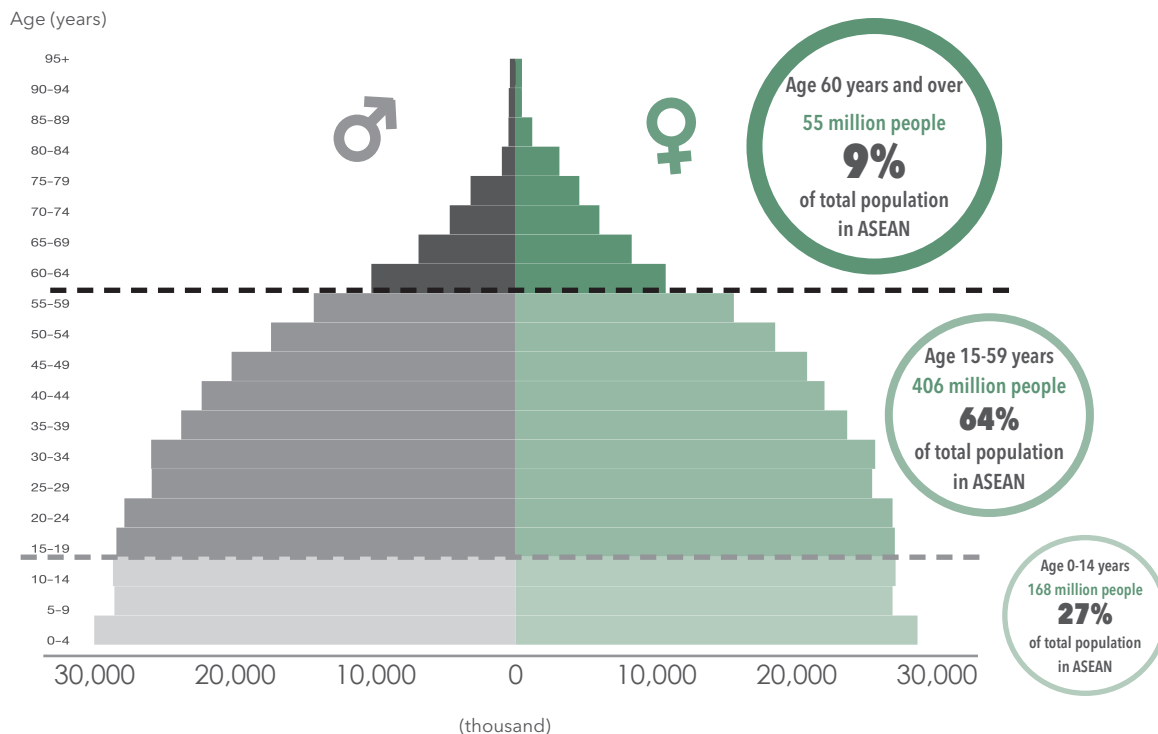
Thailand has the 2nd biggest proportion of senior citizens in ASEAN

As of 2015, the combined population of the ten ASEAN member countries was 633 million. Of these, 59 million (9%) were age 60 years or more. Three of the ASEAN countries had become aged societies:

Singapore (18% are 60 and over);
Thailand (16% are 60 and over); and
Vietnam (10% are 60 and over)

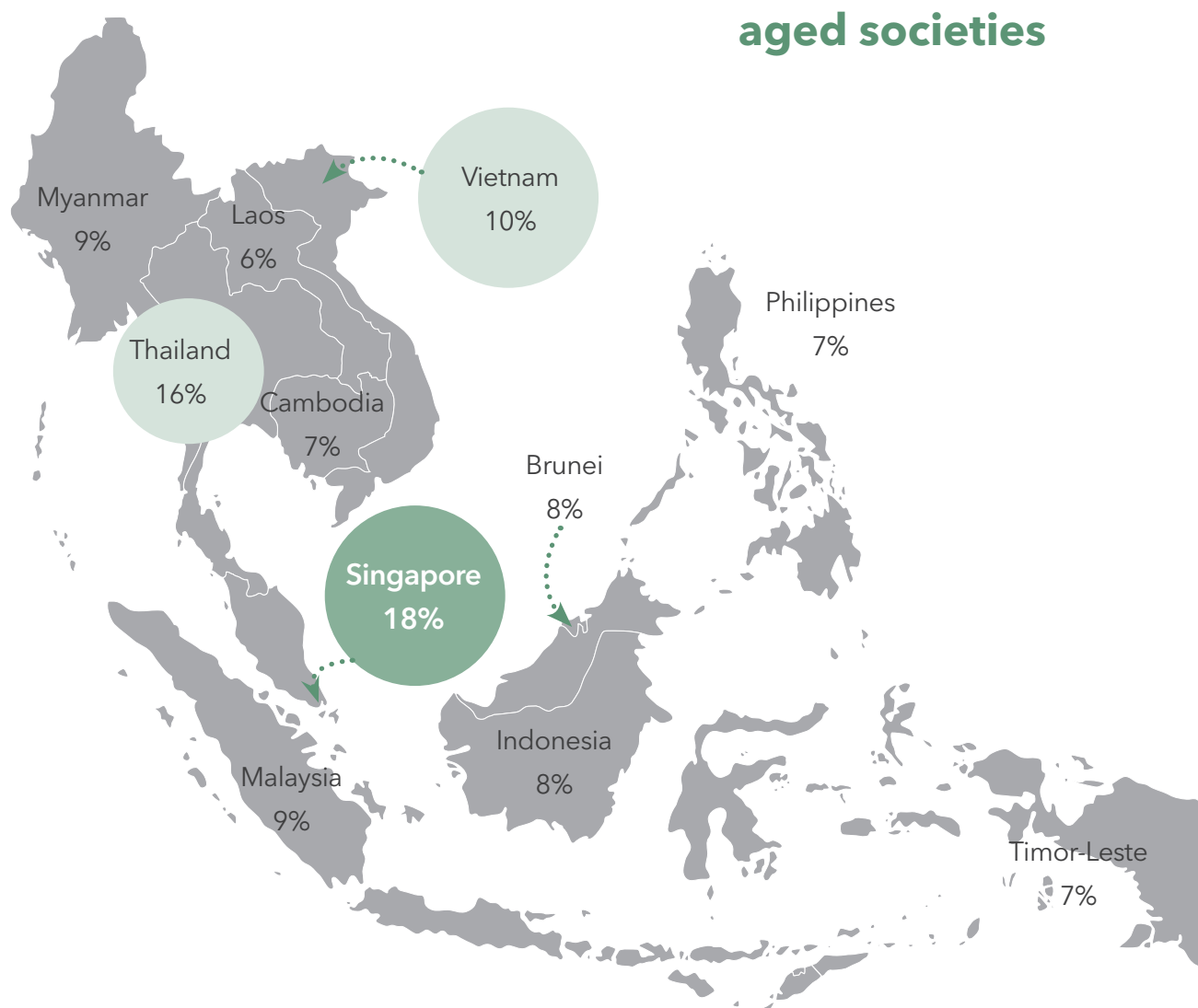
Indonesia is the most populous country in ASEAN with 258 million residents, or nearly half of the total ASEAN population. But its elderly population is only 8% (21 million) of the total.

Age structure of the ASEAN population, 2015



Source: UNWPP 2015

3 Countries
in ASEAN are already
aged societies



% of the population age 60 years and over

Source: UNWPP 2015

1.3

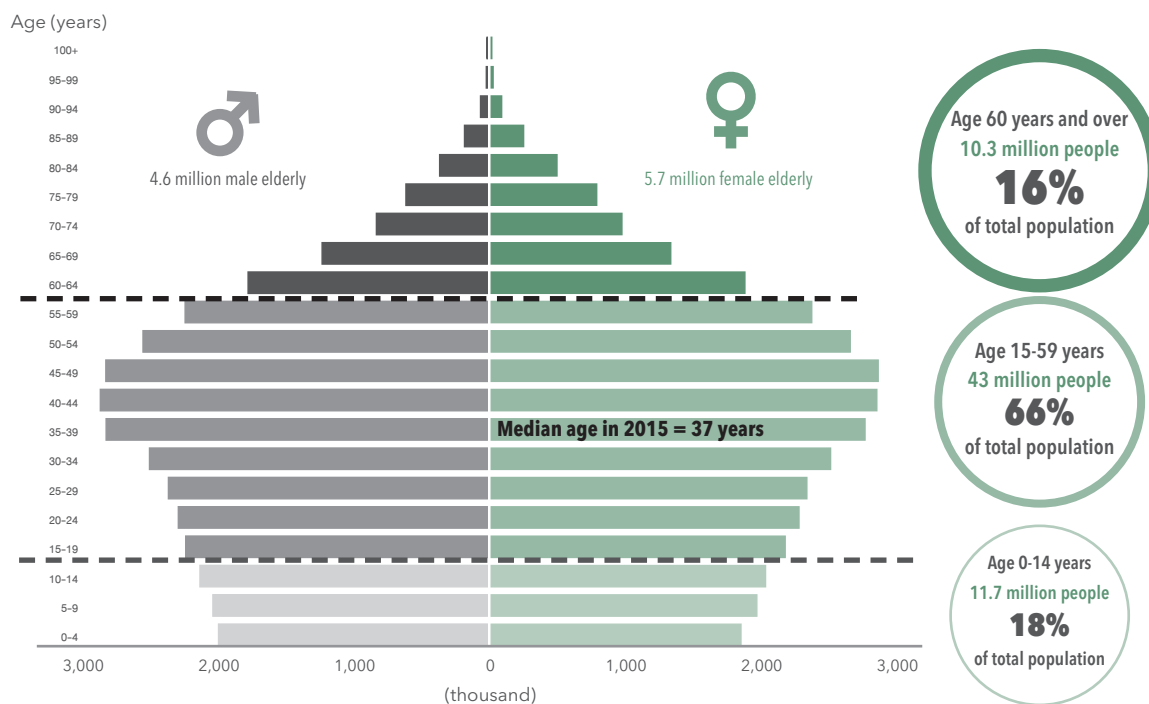
Situation of ageing in Thailand

In 2015, Thailand had a population of 65.1 million (excluding the estimated three million non-Thai migrant workers in country). With 16% of its population age 60 or over, Thailand has become an aged society. These 10.3 million elderly include 4.6 million males and 5.7 million females, which translates into an elderly sex ratio of 80 males for every 100 females.

Sex Ratio

Number of males per 100 females
(males/females) X 100

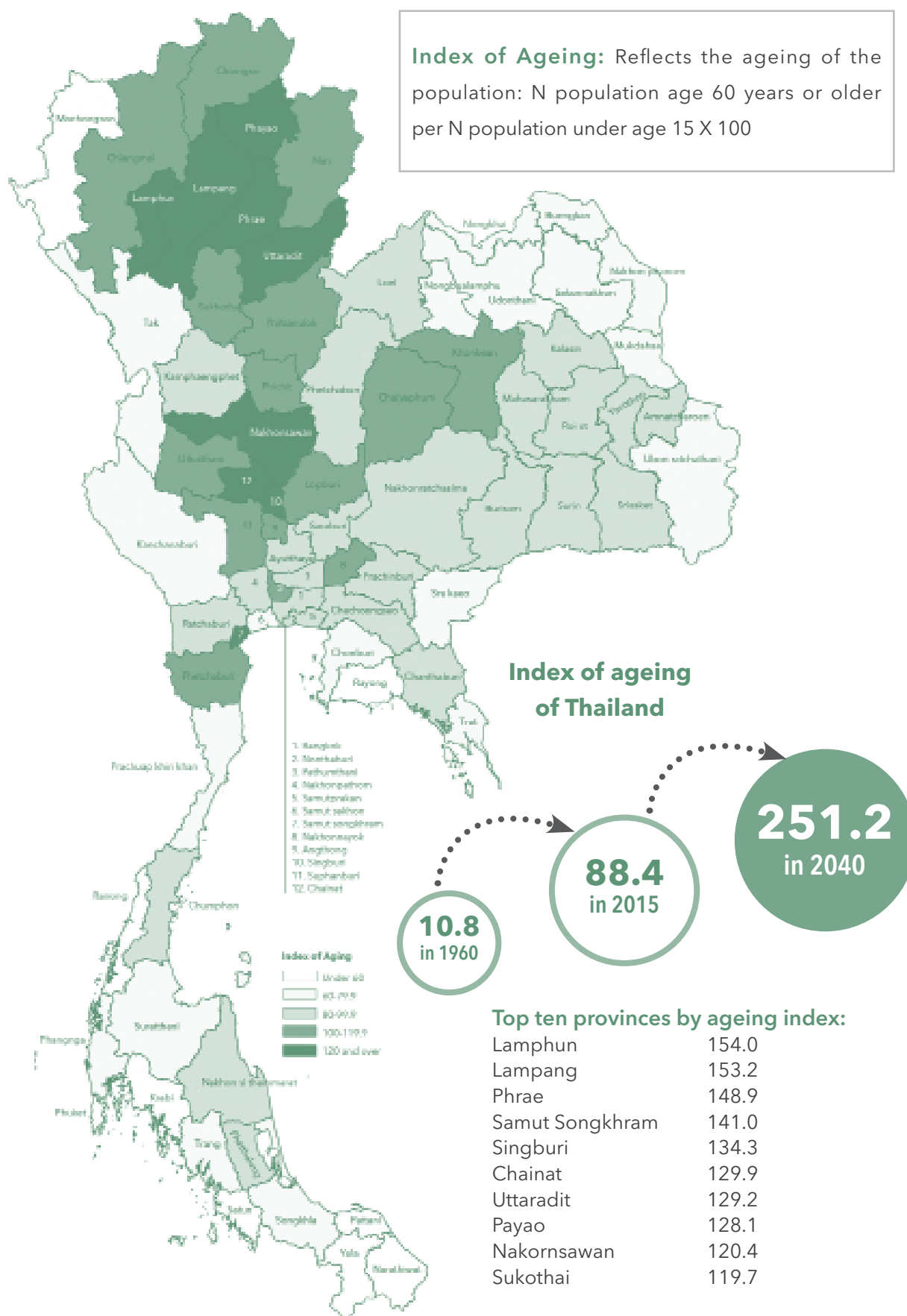
Thai population pyramid: 2015



Source: NESDB, Estimates and Projections of the Thai Population: 2010-40

Index of Ageing: 2015

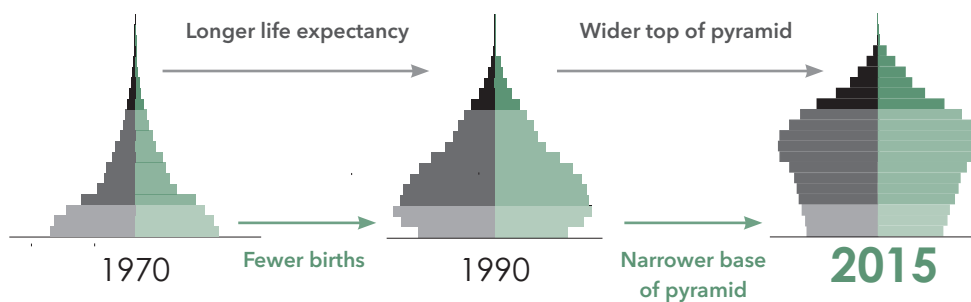
Index of Ageing: Reflects the ageing of the population: N population age 60 years or older per N population under age 15 X 100



1.4

Lower fertility and increased longevity are the main causes of an ageing society

In the past 30 years, the age structure of the Thai population has changed greatly, accelerating toward an aged society. The rapid decline of fertility has meant that children, or the base of the population pyramid, has narrowed, while the increased longevity of the older cohorts means that the upper rows of the population pyramid are widening.

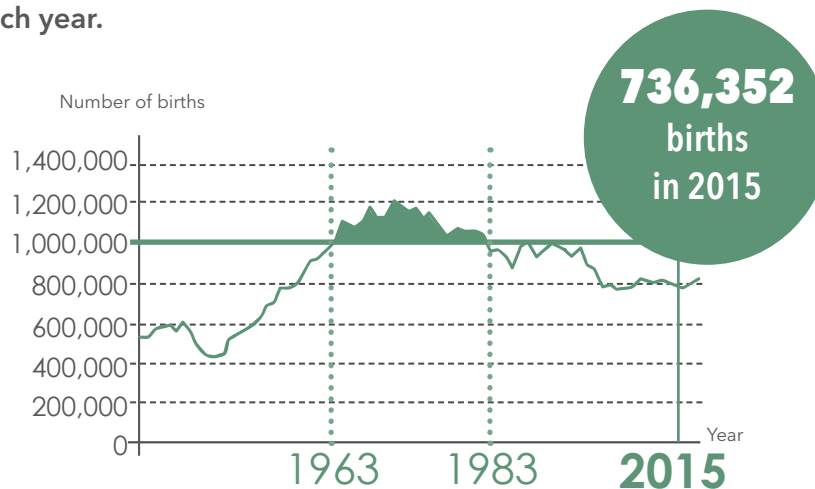


Sources of data:

Population and Housing Census 1970 and 1990, NSO.

Thai Population Estimates and Projections 2010-2030, NESDB

Declining number of births: During 1963-83, more than 1 million Thais were born each year.



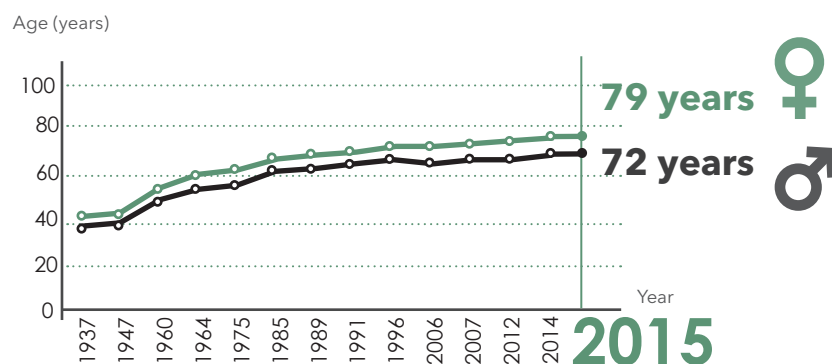
Source of data:

Civil Registration, Department of Provincial Administration, Ministry of Interior

Thai life expectancy at birth has increased

50 years ago, the Thai life expectancy at birth was approximately 59 years.

As of 2015, Thai life expectancy at birth has increased to 75 years.



Sources of data:

Rungpitarangsi, B. 1974.

Survey of Population Change for 1964-5, 1974-6, 1985-6, 1991, and 1995-6, NSO

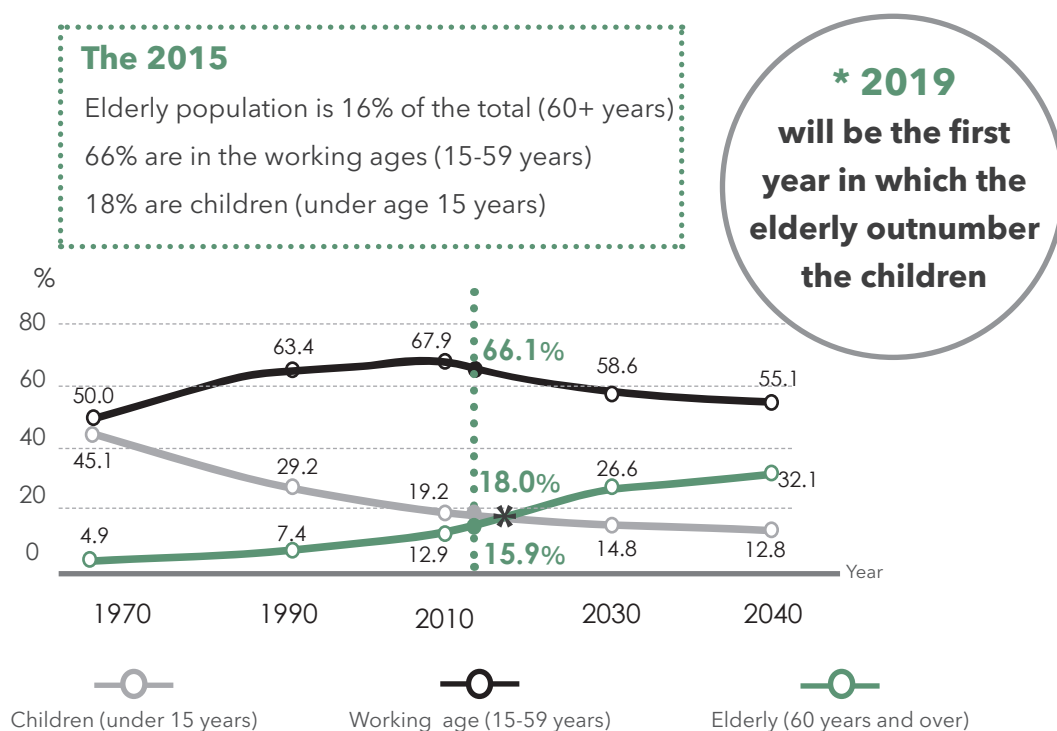
Sarn Prachakorn, Mahidol University, 2015

The proportion of the population that is elderly has increased dramatically.

50 years ago, the elderly population comprised only 5% of the total Thai population.

However, by 2015, that proportion had increased over three-fold to 16%.

The forecast is that, by the end of the next 25 years, one in three Thais will be elderly.



Sources of data:

Population and Housing Census 1970, 1990 and 2010, NSO.

Estimates and Projections of the Thai Population 2010-2040, NESDB

1.5

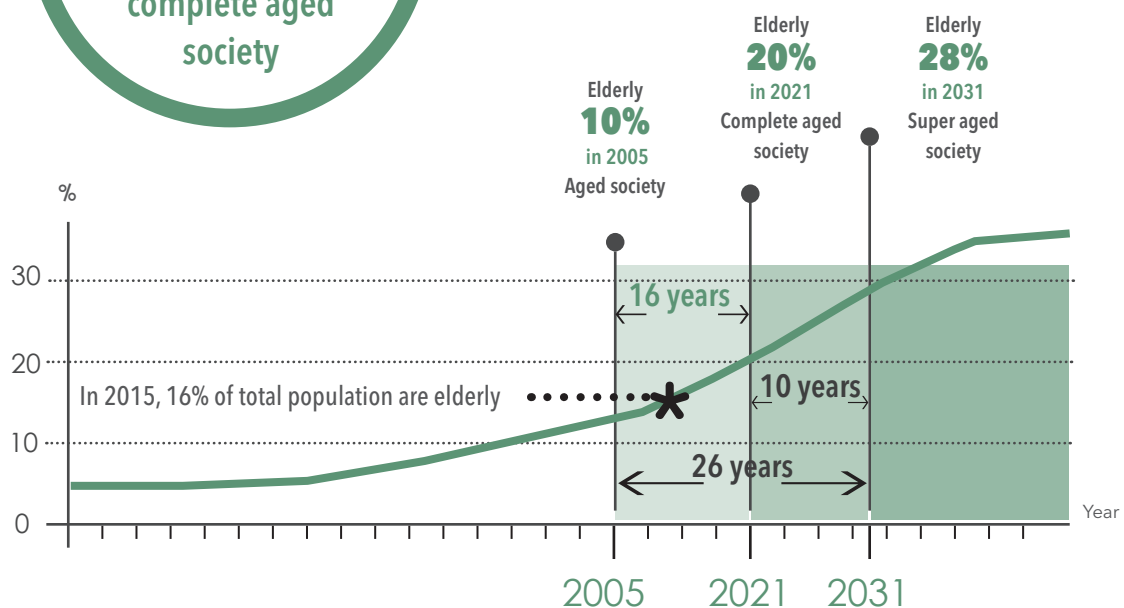
In just 6 years from now, Thailand will become a complete aged society

6 years
from 2015,
Thailand will be
complete aged
society

Aged society means that the proportion of the population that is 60 years or older comprises more than 10% of the total

Complete aged society means that the proportion of the population that is 60 years or older comprises more than 20% of the total

Super aged society means that the proportion of the population that is 60 years or older comprises more than 28% of the total



Sources of data:
Population and Housing Census 1970, 1980, 1990, 2000 and 2010, NSO.
Estimates and Projections of the Thai Population 2010-2040, NESDB

Changing of age-sex structure of the elderly population

The late-elderly (age 80 years and over)

totalled 0.6 million persons

There are 66 males per 100 females

10% of the elderly population were late-elderly

The mid-elderly (70-79 years)

totalled 1.9 million persons

There are 85 males per 100 females

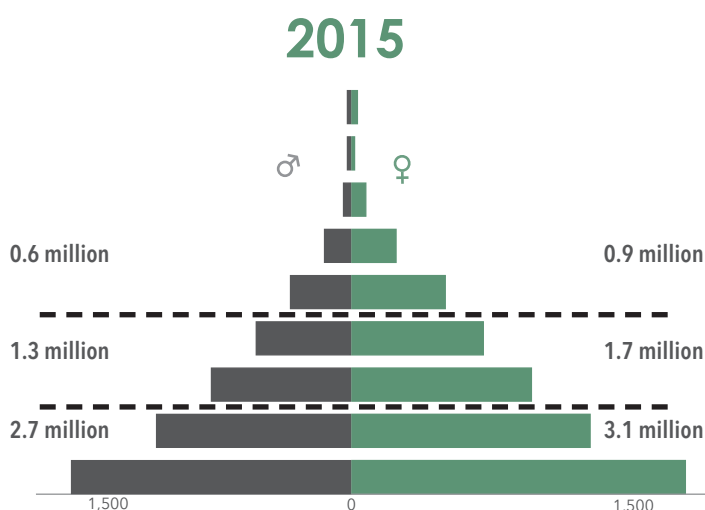
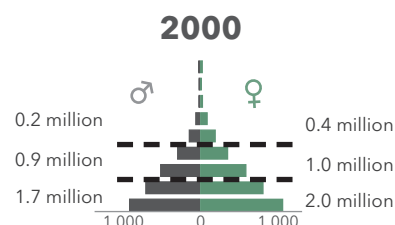
30% of the elderly population were mid-elderly

The early-elderly (60-69 years)

totalled 3.7 million persons

There are 87 males per 100 females

60% of the elderly population were early-elderly



The late-elderly (age 80 years and over)

totalled 1.5 million persons

There are 64 males per 100 females

13% of the elderly population are late-elderly

The mid-elderly (70-79 years)

totalled 3.0 million persons

There are 79 males per 100 females

30% of the elderly population are mid-elderly

The early-elderly (60-69 years)

totalled 5.8 million persons

There are 87 males per 100 females

57% of the elderly population are early-elderly

The late-elderly (age 80 years and over)

totalled 3.9 million persons

There are 58 males per 100 females

19% of the elderly population are late-elderly

The mid-elderly (70-79 years)

totalled 7.6 million persons

There are 76 males per 100 females

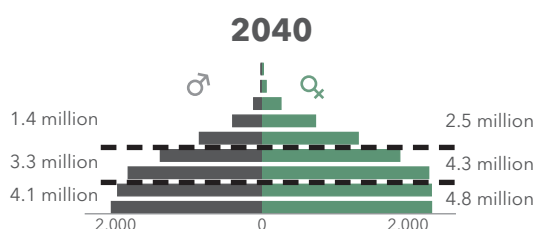
37% of the elderly population are mid-elderly

The early-elderly (60-69 years)

totalled 8.9 million persons

There are 86 males per 100 females

44% of the elderly population are early-elderly



Sources of data:

National Population and Housing Census 2000, NSO.

Thai Population Estimates and Projections 2010 - 2040, NESDB

1.6

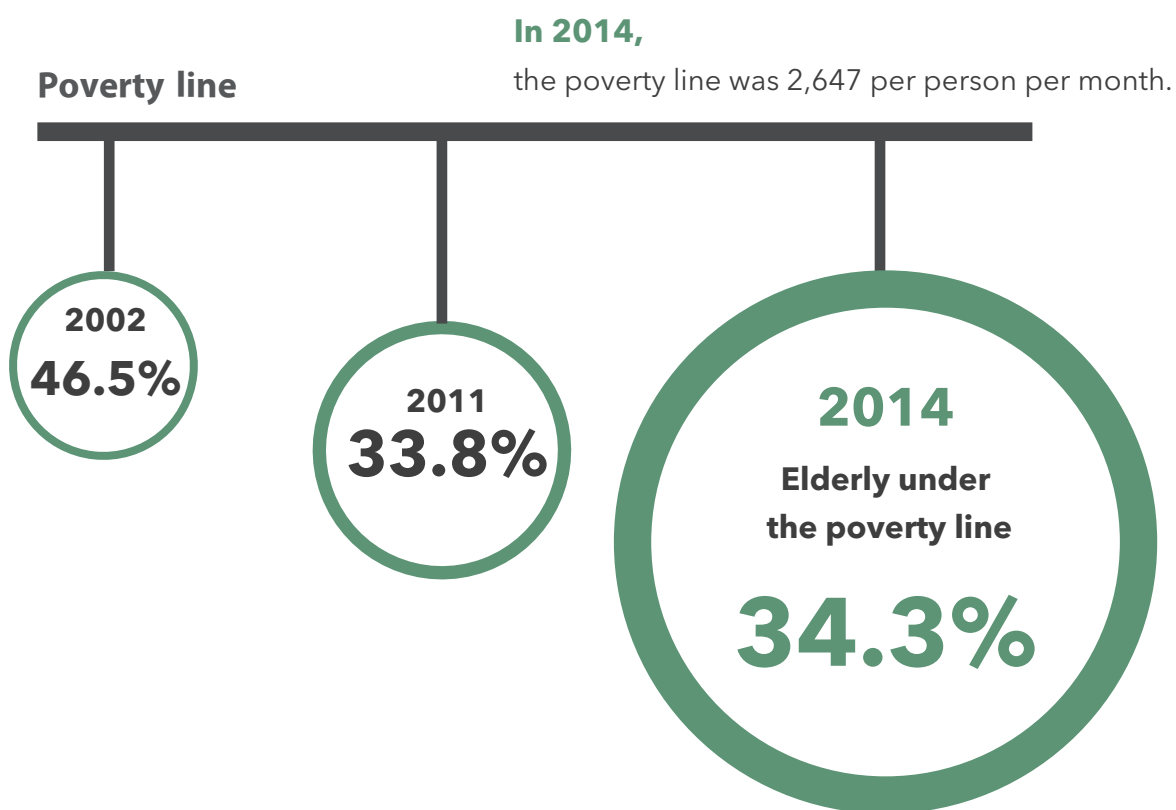
Economic status of the elderly

The 2014 Survey of the Older Persons found that one-third had income below the poverty level. **The proportion with income below the poverty level decreased from 46.5% in 2002 to 34.3% in 2014.**

Poverty Line: In 2014, the poverty line was defined at 2,647 baht per person per month, or 31,764 baht per person per year. In 2002, the poverty line was set at 1,607 baht per person per month, or 19,284 baht per person per year. These thresholds for the poverty line apply to persons in both urban and rural areas.

Source of data: Office of Database Development and Social Status Indicators, NESDB

Elderly having income under the poverty line

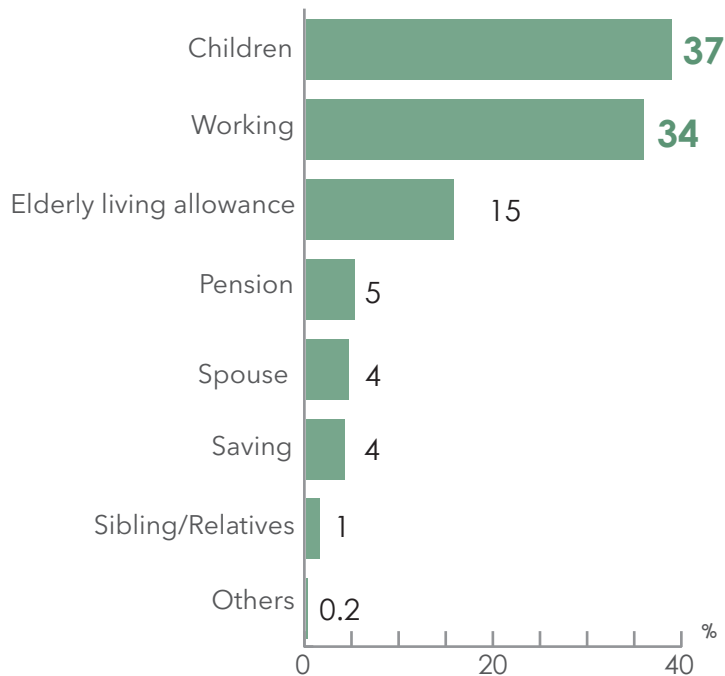


Sources of data: The Survey of the Older Persons in Thailand 2002, 2011 and 2014, NSO

Poverty Line: This is a proxy indicator for economic status and in the standard for the minimum living wage or revenue required to live a sustainable life for an individual adult.

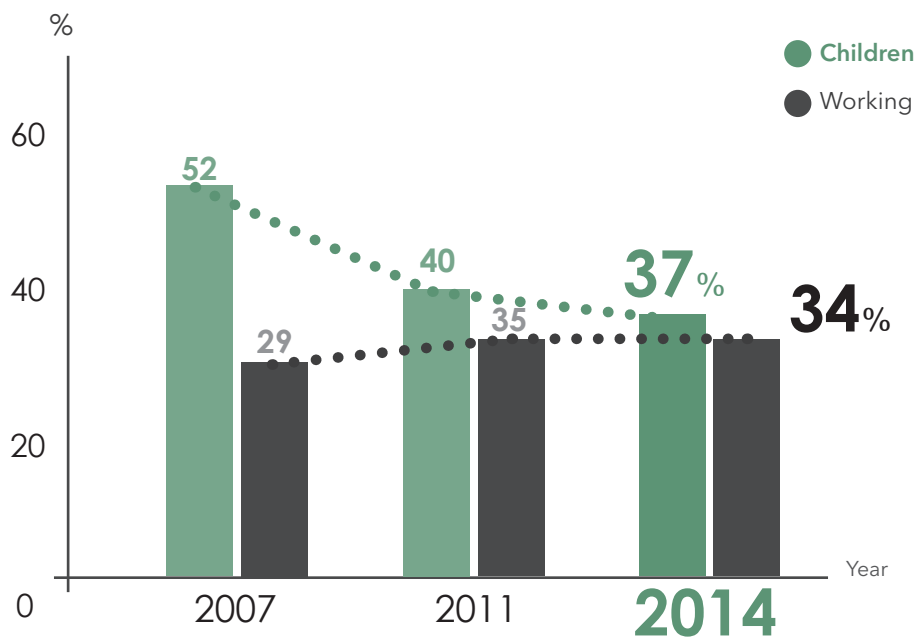
Children of the elderly are still a vital source of economic support for older persons.

Main source of income of elderly in 2014



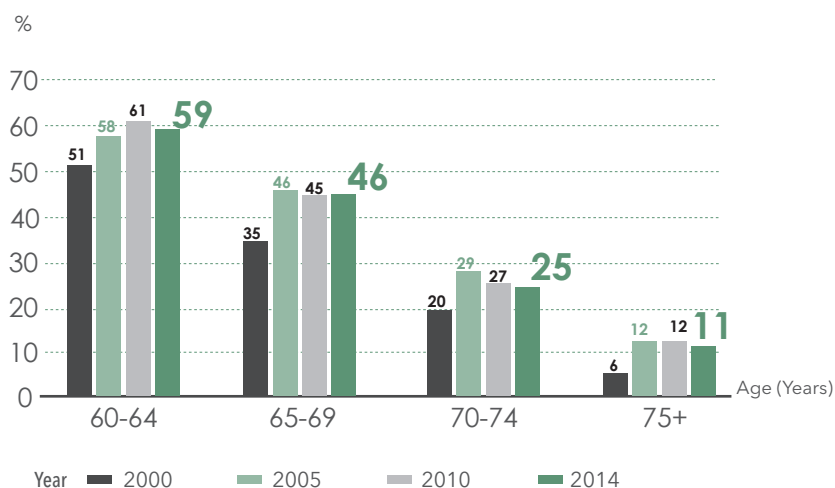
Source of data: The Survey of the Older Persons in Thailand 2014, NSO

However, remittances from children to their elderly parents has declined significantly over time, while the proportion of elderly income from working has increased.



Sources of data: The Survey of the Older Persons in Thailand 2007, 2011, and 2014, NSO

% elderly still in the work force in 2000, 2005, 2010 and 2014



Sources of data: Labor Force Survey for 2000, 2005, 2010 and 2014, NSO

In 2015
7.8 million persons received the monthly elderly welfare subsidy
The government paid out a total of
61,577 million baht
for this welfare subsidy

Source of data:

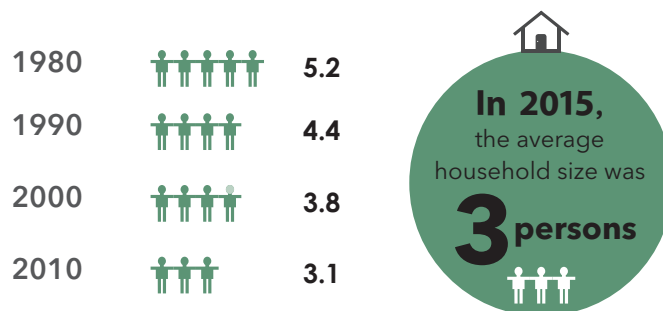
Department of Provincial Administration, the Bangkok Metropolitan Administration and Pattaya City

1.7

The number of Thai elderly living alone is increasing

The pattern of Thai households has changed significantly in the past two to three decades. Overall, the size of the Thai household has been steadily decreasing, in parallel with the declines in fertility **and increasing urbanization of the population**. Thirty years ago, the average Thai household had five members. This average declined to four members as of 2000. In 2015, the average Thai household size had decreased to three persons.

Thai Household Size

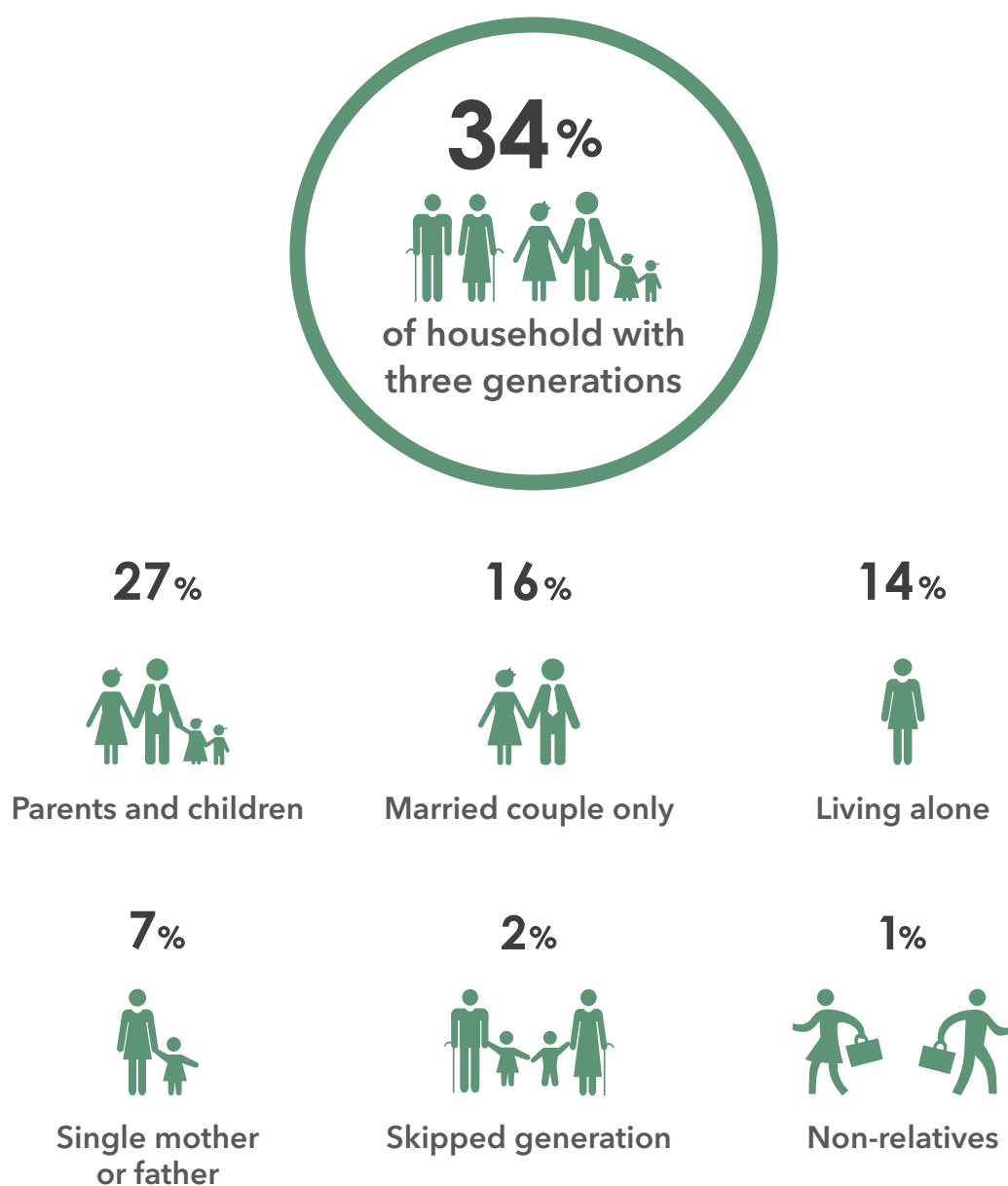


Sources of data: Population and Housing Census 1980, 1990, 2000 and 2010, NSO

For 2015, data are projected from the Civil Registration, Department of Provincial Administration, Ministry of Interior

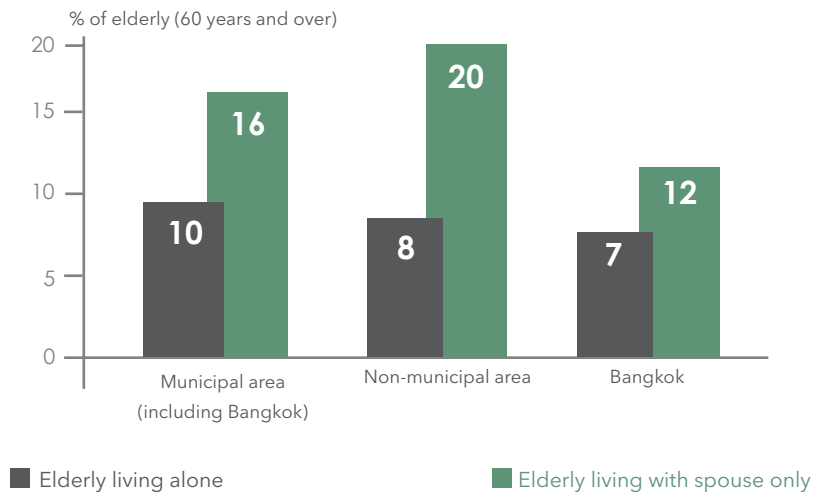


Living conditions in Thai households



Source of data: Labor Force Survey 2013

Elderly living alone in 2014



Source of data: The Survey of the Older Persons in Thailand 2014, NSO

Elderly living alone in 2002-2014

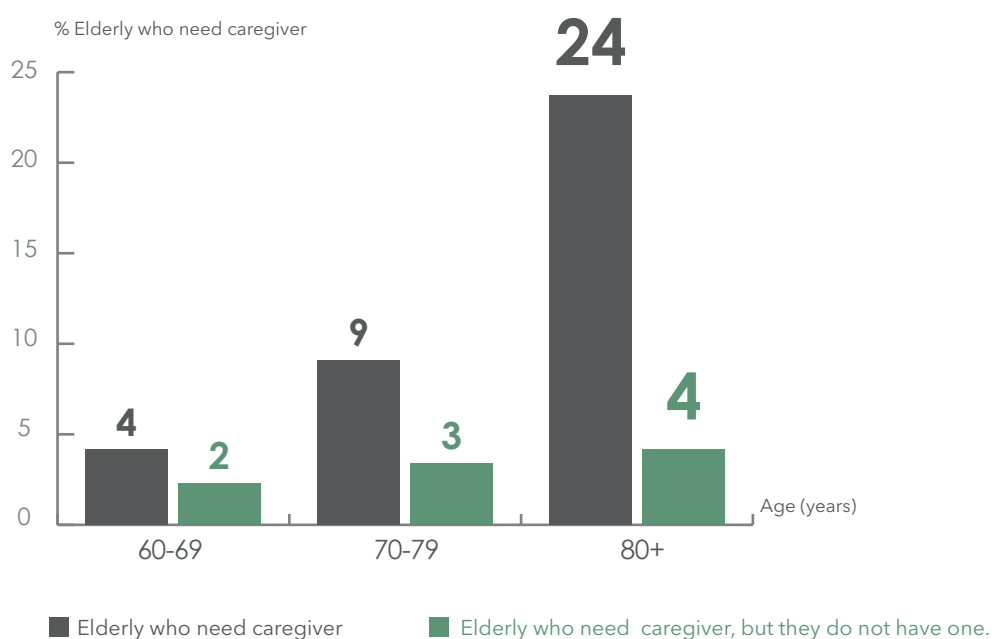


Sources of data: The Survey of the Older Persons in Thailand 2002, 2007, 2011 and 2014, NSO

* Elderly living with only their spouse as a percent of all elderly in the year. The proportion of elderly living in a two-person household was 20.6% in 2014.

About **4**% of the late-elderly lack a care provider

The 2014 Survey of the Older Persons in Thailand found that a significant percentage of elderly in need of assistance for some daily activities could not obtain that day care. One-fourth of the late-elderly (age 80 years or more) need care, and most receive it. But 4% of this cohort cannot obtain the care they need.



Source of data: The Survey of the Older Persons in Thailand 2014, NSO

Caregiver refers to someone who assists the elderly to eat, dress, bathe, wash up, brush the teeth and use the bathroom.

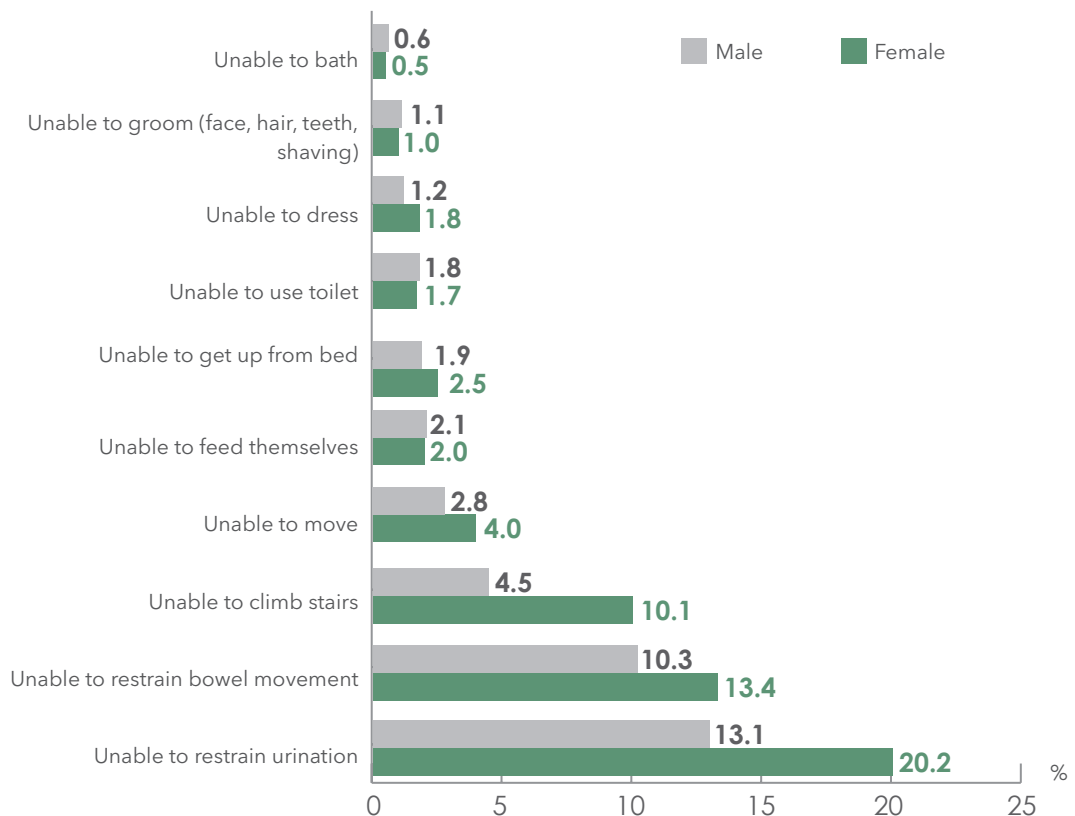
[The Survey of the Older Persons in Thailand 2014, NSO]

1.8

Health maintenance of the elderly is a major challenge for an aged society

The Thai National Health Examination Survey (NHES) which includes a physical exam and assessment of difficulty in performing ordinary daily tasks (10 dimensions) have found that female elderly have more limitations than their male counterparts in performing these tasks. The surveys also found that the more serious illnesses/conditions which elderly have include joint inflammation/degradation, emphysema, COPD, myocardial infarction, heart failure and paralysis.

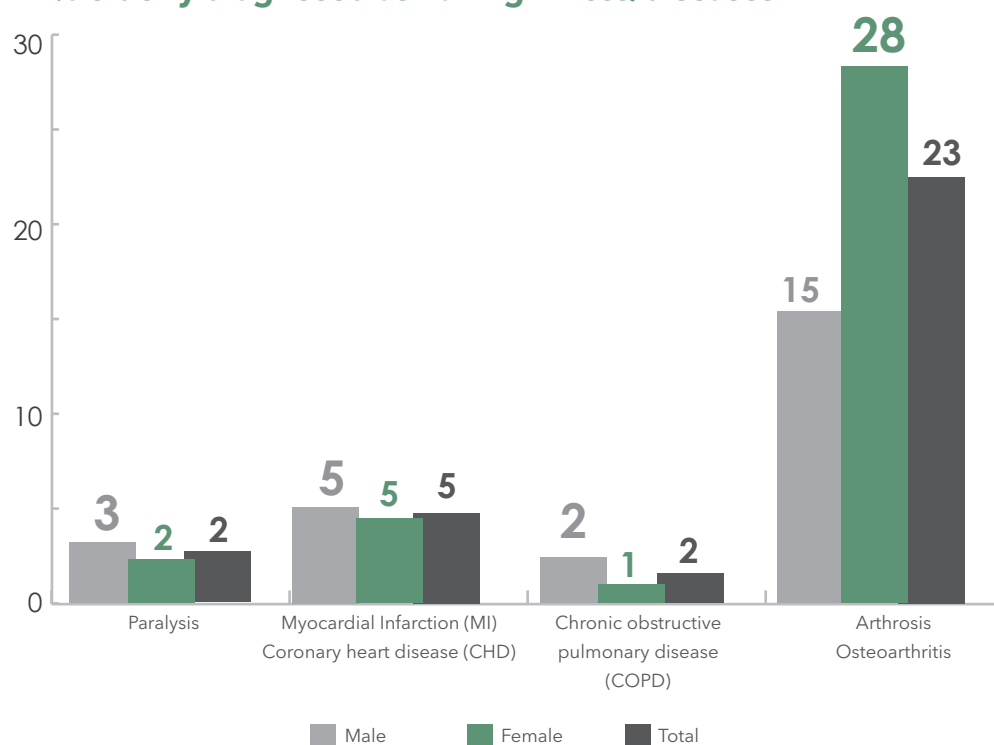
% of elderly who cannot perform some ordinary daily activities in 2014



Source of data:
5th National Health Examination Survey (2014), Office of the National Health Examination Survey,
Health Systems Research Institute

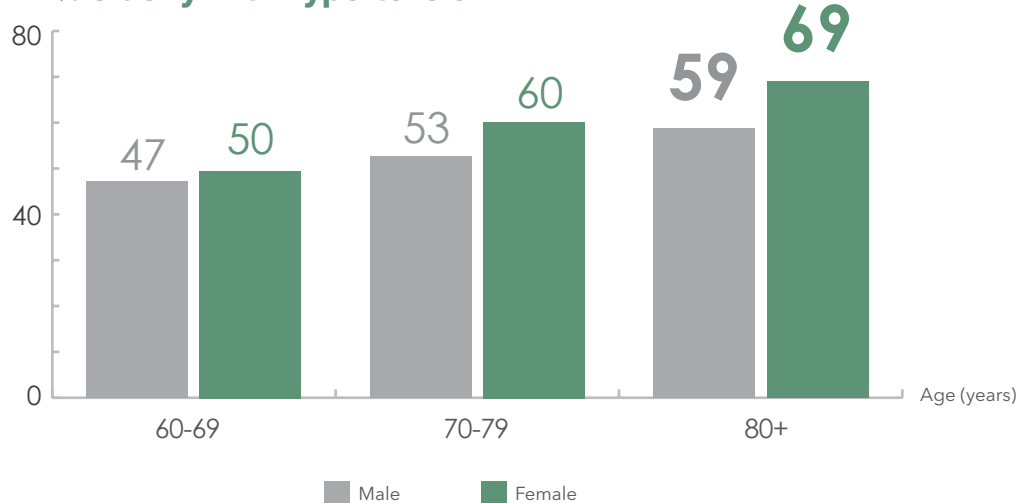
Common illness of the elderly in 2014

% elderly diagnosed as having illness/diseases



The health survey found that more of the late-elderly have hypertension, than early-elderly, and female elderly suffer more from hypertension than their male counterparts in all age groups.

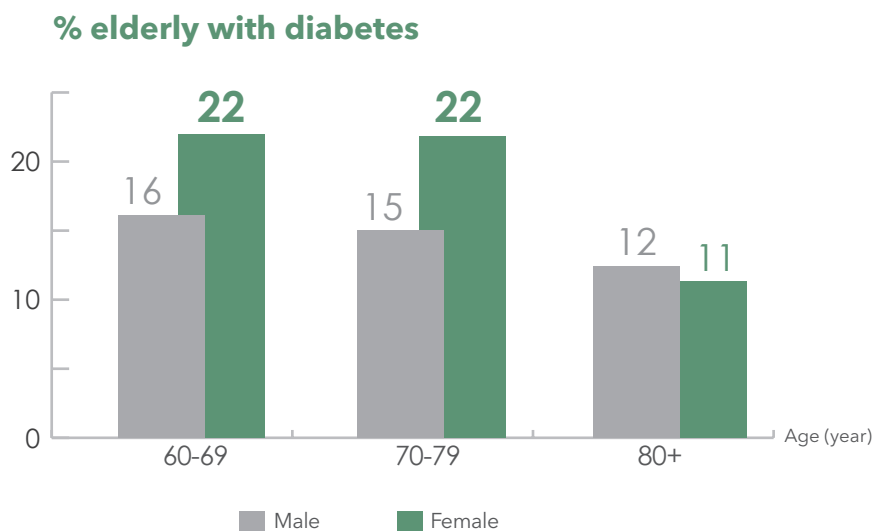
% elderly with hypertension



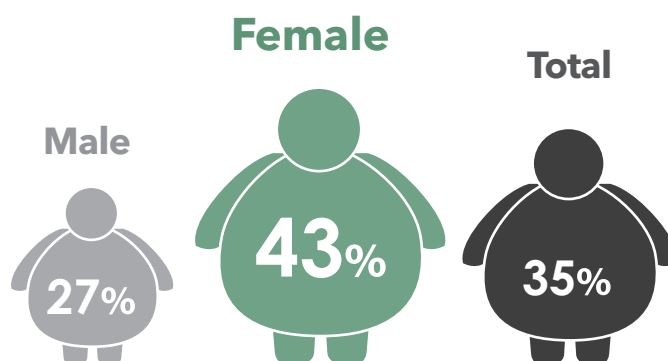
Source of data:

5th National Health Examination Survey (2014), Office of the National Health Examination Survey, Health Systems Research Institute

Diabetes among the elderly is more prevalent in the younger and middle cohorts, and more females have this condition than males, except for the older elderly cohort which has similar diabetes prevalence for males and females.



Elderly females are more likely to be obese than their male counterparts



The **body mass index (BMI)** measurement can be used to assess obesity. It is calculated by using body weight in kgs divided by the height in meters squared. If the result is equal to or higher than 25 (BMI ≥ 25 kg/m²) then that person is overweight.

Source of data:
5th National Health Examination Survey (2014), Office of the National Health Examination Survey,
Health Systems Research Institute

As the elderly age, more experience loss of teeth and, accordingly, difficulty chewing food. Male and female elderly have similar prevalence of lack of a complete set of 20 teeth (though in the oldest cohort, more females lack all 20 teeth than their male counterparts), and only half those with missing teeth use denture.

% elderly with missing teeth and using denture



The 8th and 9th 5-year Economic and Social Development Plans specify that the elderly should have at least 20 teeth with good dental hygiene; dentures should be provided for elderly persons with less than 20 teeth.

Source of data:

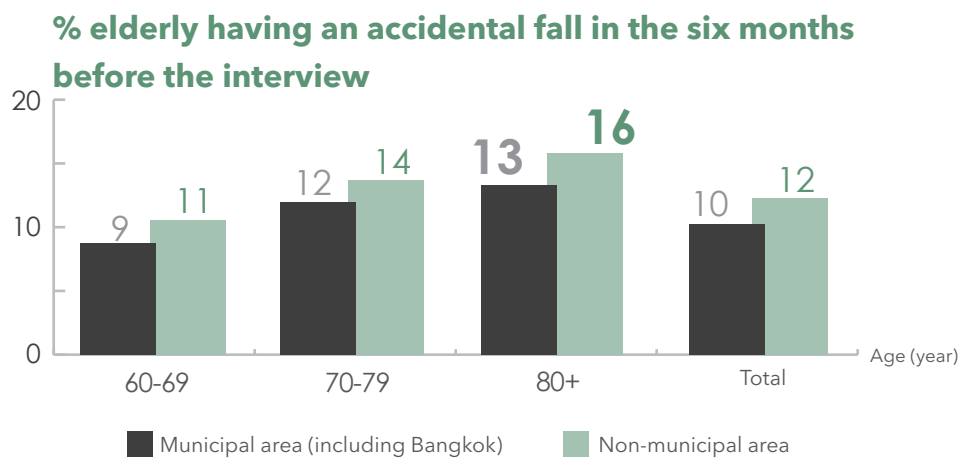
5th National Health Examination Survey (2014), Office of the National Health Examination Survey, Health Systems Research Institute

1.9

1 in 10 elderly have experienced accidental falls

Elderly who live outside of municipal areas are more likely to have had an accidental fall than those living in urban areas.

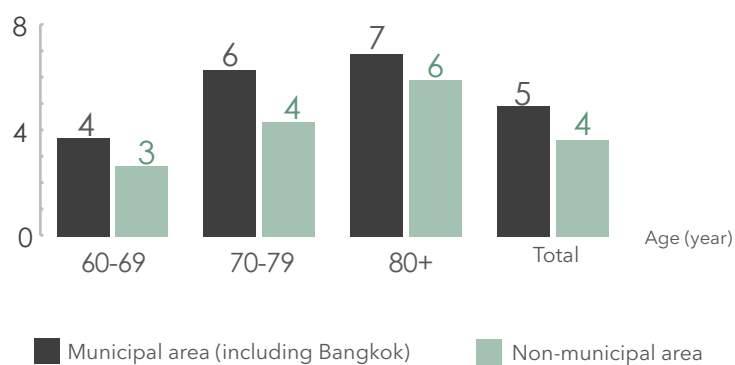
The 2014 Survey of the Thai Elderly Population asked respondents about their experience with falling down in the prior six months. Fully 10% of the sample said they had fallen accidentally (12% among those living in non-municipal areas). Also, increased age is associated with risk of a fall.



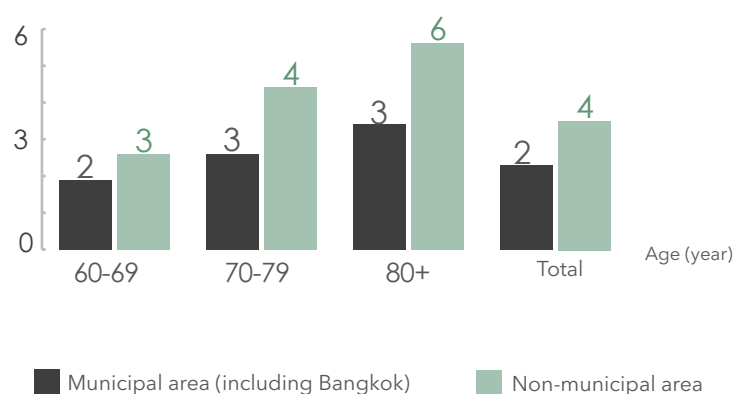
Source of data: The Survey of the Older Persons in Thailand 2014, NSO

“Fall” in the survey refers to accidentally falling to the ground from a standing position, from a chair, or other place elevated above ground. “Falling” in the survey does not refer to being pushed to the ground by a person, pulled to the ground by a pet animal, or colliding with a moving object. The actual question is as follows: “In the past six months, have you experienced an accidental fall while walking or standing, or falling off a bed, chair or other elevation?” If the respondent answers yes, then they are asked the number of times and type of situation.

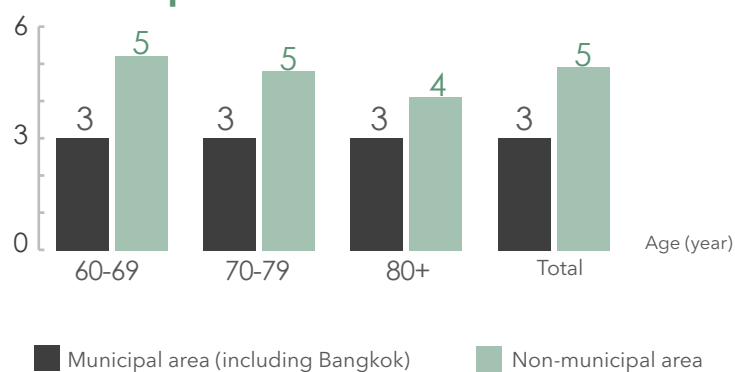
% elderly falling down inside their home in the past six months



% elderly falling down just outside their home in the past six months



% elderly falling down in a location away from home in the past six months



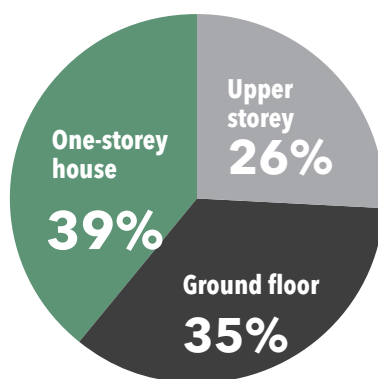
Source of data: The Survey of the Older Persons in Thailand 2014, NSO

1.10

Bedrooms and bathrooms used by the elderly

With age comes infirmity, and if the living environment does not take this into account, the elderly are inconvenienced and exposed to risk of accidents, or need assistance to perform daily tasks. The bedroom and bathroom are used by elderly everyday.

Location of the bedroom in the house

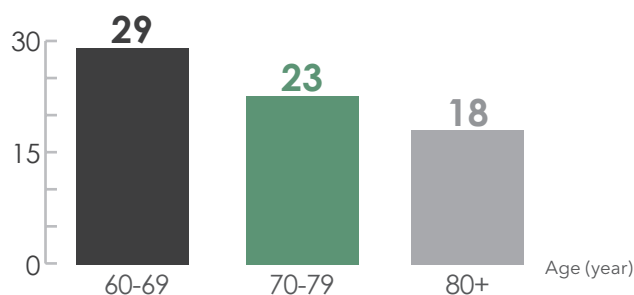


Source of data: The Survey of the Older Persons in Thailand 2014, NSO

As they get older, elderly are more likely to use a bedroom on the ground floor of the house.

The 2014 Survey of the Older Persons in Thailand found that 29% of early-elderly and 23% of mid-elderly lived on the second floor of the household, while only 18% of the late-elderly lived on an upper floor.

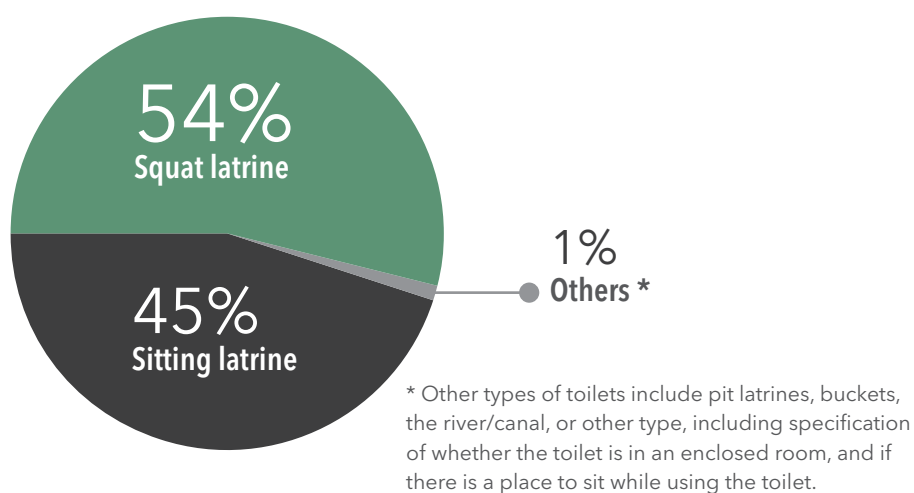
% elderly whose bedroom is on the upper floor of the house



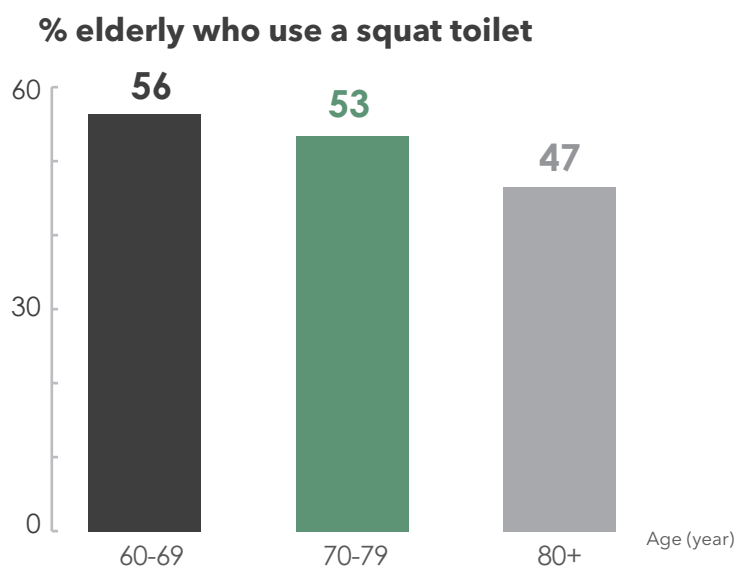
Source of data: The Survey of the Older Persons in Thailand 2014, NSO

Over half of elderly used a squat latrine in 2014

Lavatory used by the elderly in 2014



About half of late-elderly still used a squat toilet



Source of data: The Survey of the Older Persons in Thailand 2014, NSO



LIVING CONDITIONS OF THE THAI ELDERLY

2

“

If appropriate, elderly should live in their original house, with family members and in a familiar community and environment.

Modifications should be made to the house and surroundings to accommodate the special needs of the elderly members. These adjustments include physical infrastructure within and surrounding the house.

The community also needs to make modifications to walkways, roads, and other structures to facilitate the daily life of the elderly. There need to be activities to promote the health of the elderly and monitor their welfare.

”

2.1

Current situation of elderly domiciles

The speed at which Thailand's population is aging is posing an enormous challenge to ensure adequate, quality housing for the elderly. It is important that the elderly feel safe, secure and dignified in their home.

"Living Conditions" in this report refer to a house, family, community, environment and public space which the elderly come into contact with on a regular basis. Living conditions for the elderly should be convenient and not pose challenges as the elderly age.

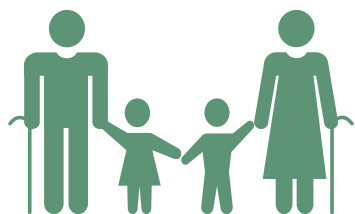
The NSO defines **'domicile'** as where the family lives, which can be part of the house, a single house, or a compound with multiple houses, including the adjacent public space.



However, the pattern of Thai domiciles and living conditions has changed significantly over the past two to three decades. Most notably, the number of members of Thai households has declined steadily, and currently is an average of three members. There is also greater diversity of Thai households from single-members, elderly-only, or skipped-generation households in which there are elderly and their grandchildren, but no working-age members.

As people age, vision, hearing and mobility may become impaired. This gradual disability makes ordinary daily life activities a challenge for the elderly. The nature of the living conditions where the elderly reside can have long term impacts on their welfare. Especially critical is the presence or access to care providers in the family and community, and government or private assistance for retirees.

This report classifies domiciles for the elderly into two types: Residing in the original house and community, and residing in a new location in an unfamiliar environment.

**Skipped-generation Household**

refers to a family comprising of non-adjacent generations, for example, grandparents living with grandchildren with no working-age members in the household.

2.2

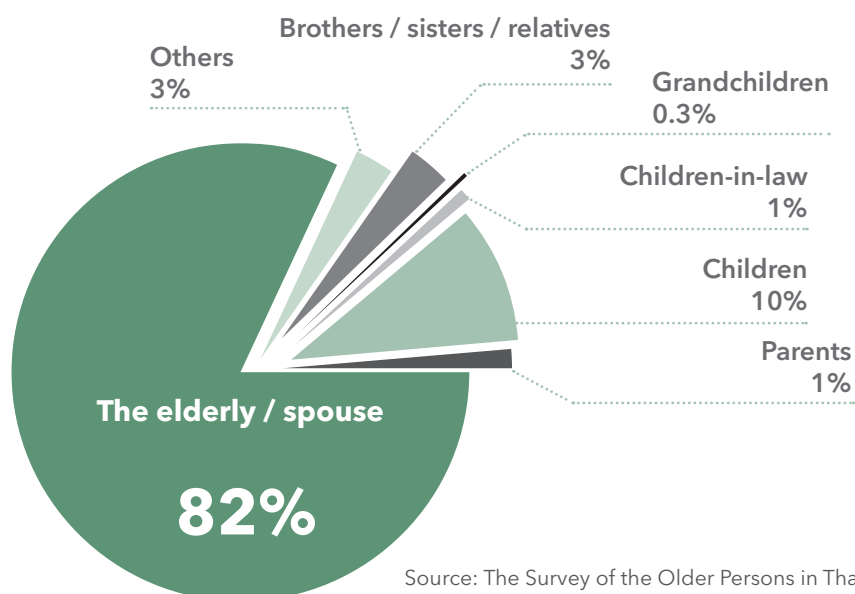
Elderly living in the original home

As people age, they usually slow down. Declining senses and organ functions can become an obstacle to daily life activities. Many elderly have weakened eyesight and reduced ability to gauge distances while walking. This can put them at risk of accidents. Thus, it is important that households be modified to help preserve quality of life of the elderly while their physical and mental ability declines. There is a direct and significant relationship between an elderly person's environment and their physical and mental well-being.

(Verderber S, Song JH, 2005; Evans, Kantrowitz, and Eshelman, 2002).

Data from the 2014 Survey of the Thai Elderly Population found that 82% of elderly owned their home/domicile which implies that most elderly are still living in the family home. That is a good thing, but it is important that modifications be made to the household over time to accommodate the changing needs of its older members. This could involve changes to the infrastructure, furniture and appliances.

% elderly by home ownership in 2014



Residing in the family home

‘Residing in the family home’ refers to elderly who live in the original home, household, community and environment which they are most familiar with.

Houses need modification to improve convenience and safety for the elderly.

The first priorities for modification are the bathroom/toilet and bedroom. The 2014 Survey of the Older Persons in Thailand found that:

- More than half the sample of elderly said they use a squat latrine; nearly half (47%) of the elderly age 80 years or older still use a squat latrine;
- One-fourth of elderly had a bedroom on an upper floor of the house;
- Just under one-fifth of the late-elderly had a bedroom on an upper floor of the house.

The 2nd National Plan for the Elderly (2002-2021) describes the preferred living environment for the elderly as follows:

- Stairs have firm and secure railings
- Bathrooms/toilets have firm and secure grab bars
- Bedroom is on the ground floor
- Bathroom/toilets are inside the home
- The toilet is a sit-down toilet

The 2014 Survey of the Older Persons in Thailand found that all aspects of the living conditions of older persons needs improvement, including installation of banisters/railings, modifications of bathrooms/toilets/showers to prevent slipping and include grab bars, and installation of sit-down toilets.

Percentage of elderly living in an elderly-friendly household in 2014

Elderly-friendly Housing	Total %	% of elderly	
		urban	rural
Bathroom/toilet with grab bars	9	11	7
Bedroom with grab bars	3	4	2
Bedroom is on ground floor	73	65	79
Bathroom/toilet is in the house	79	89	73
The toilet is a sitting type	45	63	33

Source: The Survey of the Older Persons in Thailand 2014, NSO

Areas that were often not elderly-friendly include the entrance to the home, walkways in the home, bathrooms, switches, bedrooms, porches, kitchens, and laundry rooms. Some homes had raised the ground floor by 30-50 cm above ground level; the doors for the bathroom and home entrance were smaller than standard (width of 90 cm); doors were not sliding varieties; bathroom fixtures were not easy to use by elderly; the width of the kitchen was not optimal; electrical switches were often too high for the elderly to reach if they were confined to a chair; and homes lacked a wheel chair or walker.

The following are two types of modifications that need to be made to households with elderly members:

- 1) Make changes in the house to make it easier to walk or move, for example, by widening doors to accommodate wheel chairs and/or having hand rails along walkways;
- 2) Make changes to the environment within and outside the house while maintaining the original atmosphere, for example, maintaining the size of the living room, creating a ground floor bedroom, and making the floors of all rooms the same level.

Checklist for making homes elderly-friendly:

- Bed:** The feet should reach the floor when sitting on the bed; but the bed should not be too low off the ground;
- Mattress:** Not too firm or too soft; firm frame and bedsprings which are not too rigid or flexible; mattress filler with air pump or bubble mattress are appropriate for elderly prone to bed sores; mattress yuyue are appropriate for elderly with paralysis;
- Chair:** Has firm back rest and arm rests; the legs do not have wheels, and the height of the seat is such that knees are perpendicular to the floor when the feet touch the ground;
- Bathroom:** The bathroom is no further than three meters from the bedroom. Inside, the surfaces that become wet should be separate from the dry surfaces. If that is not possible, then a curtain should separate the wet and dry surfaces.
- Floor of the bathroom:** This should not be slippery; the tiles should be patterned and have coarse, non-slip surfaces;
- Toilet:** This should be a sit-down, and the flush lever should be a pull-up or flip variety instead of a push button;
- Faucet:** This should be either turn or push varieties;
- Railing:** There should be railings along the full length of the walkway to the bathroom, and there should be grab bars next to the toilet. The height should be appropriate for the elderly in the household.

Excerpted from the document "This Home is for Everyone" published by the Thai Health Promotion Fund

Checklist for making homes elderly-friendly:

(continued)

- **The door handle** should be a lever type;
- **The door** should be a sliding door;
- **The floor of the house** should be laminate, granite, or solid wood to minimize slipping;
- **The electrical switches and plugs** should be at a height of at least 45 cm but no higher than 90 cm. The switches should be 5-7.5 cm wide.

Excerpted from the document "This Home is for Everyone" published by the Thai Health Promotion Fund



Source: SCG building materials

○ Conditions in the original environment and community

While the family is the primary unit which determines the well-being of the elderly members, there need to be back-up systems for elder care in the community. There should be health and social centers for the elderly, for example, to provide physiotherapy, day-care, support group activities and socialization. This is especially important for elderly who live alone or only with an elderly spouse. There should be assistance for transportation for elderly who need to visit a health outlet or wish to go to the temple or market. The community infrastructure should be elderly-friendly, e.g., the roads and buildings should be wheelchair accessible.

Role of the community in health care for the elderly: There should be a community health outpost or facilitated access to the local Tambon Health Promoting Hospital (THPH). There should be a primary care unit funded by the local administrative organization. There should be a family medicine team, senior citizens support groups, health volunteers, village health volunteers (VHV), elder care volunteers, and demonstrated support for elderly by the local leaders such as the Kamnan, village headmen, and community presidents. There should be training and education in proper care for the elderly, and campaigns to promote the dignity of the elderly. There should be elderly support networks including public and private organizations, with district, provincial and regional hospitals, with facilitated access to these as appropriate.

Role of the community in social support for the elderly: This can be done by health volunteers, VHV, and other local volunteers, with support from health or social workers. Activities should include home visits to elderly to see how they are doing and engaging them in socialization to reduce a sense of solitude. There should be group exercise for the elderly, and events to encourage elderly to meet each other and community members on a regular basis. The community can help to repair or modify the homes of the elderly to make them more user-friendly. These activities will require volunteerism and networking. Evaluations of the elder care volunteer program have found that there is a shortage of these volunteers,



especially given the rapidly expanding need. The elder care volunteers also need more training, skills and education to properly care for the elderly, and there needs to be continuous motivation for the volunteers since they receive no salary or material compensation for their services.

Elderly who live outside of municipal areas are usually in communities whose members tend to look after each other. Accordingly, elderly in rural areas tend to receive more care and attention than elderly in the cities. Also, elderly in rural areas are easier to access by volunteers and health workers than those in the cities.

Elderly receiving government assistance in 2014

	% elderly	
	Rural	Urban
Visited by a volunteer	45	30
Received home care from a volunteer	40	26
Received assistance or services from the community	48	31

Source: The Survey of the Older Persons in Thailand 2014, NSO



Elderly care activity in Bang Si Thong Subdistrict Municipality

○ Patterns of living in original domicile

● Elderly in Japan

In 2015, Japan's population of 127 million was one-third elderly (aged 60 years old and over). Thus, Japan provides an interesting case study in addressing the challenge of elderly housing.



In 1964, The Ministry of Construction of Japan produced a plan for public housing of the elderly, which involved construction of domiciles in a variety of locations around the country. The units were designed to be user-friendly and for optimal use.

In 1969, Japan introduced a policy to promote the elderly to live with their children or in proximity of family members. Where appropriate, paired apartments were created to facilitate this policy. For elderly who had their own house, Japan implemented programs to modify the homes to make them elderly-friendly, e.g., by installing railings and grab bars in the bathroom/toilet, among other enhancements.

In 1994, Japan launched a "New Gold Plan" for elderly with chronic health issues to help them remain in the home community and prevent the need for hospital visits or admission.

In 2006, Japan mandated that all new buildings had to be elderly-friendly, e.g., by being wheelchair-accessible.

In 1985, Japan's Advisory Council on Housing and Land Policy issued policy guidelines to ensure adequate supply of housing for the elderly given the trends in the increase of the rapidly aging population. The guidelines called for enhancements so that the elderly continue to practice their daily life as they had in the past. The following are some features:

1. Create houses which can accommodate two generations;
2. Construct paired-unit domiciles;
3. Design houses for elderly so that they can live comfortably by themselves (if living with a relative is not an option);
4. Create opportunities for the elderly to participate in social and cultural activities within the vicinity of their domicile, and increase amenities for the elderly which are easily accessible;
5. Develop and design domiciles which are suitable for elderly with health problems;
6. Promote construction of housing for disabled elderly.

Source: Kose, 1997

The private sector constructed condominium projects for the elderly in the form of "smart communities." The private sector invested 900 million yen in these projects, and created communities that are elderly-friendly and attractive places to live for anyone. There are also local health services and long-term care.



A condominium in Tokyo which houses 15,000 elderly. Half of the residents live alone. (Photo from the Japan Times, December 2015).

In sum, meeting the needs of the elderly in the near- and long-term is a growing challenge for aging societies, especially Thailand given the speed of growth of the elderly. Encouraging elderly to live in the home community as long as possible is a priority of Japan and the most practical first step in ensuring adequate housing for the elderly. The Japan program is a multi-sectoral collaboration of the Ministry of Construction, Ministry of Land, Ministry of Transportation and Tourism, and Ministry of Health, Labor, and Welfare. One goal is to increase self-reliance of the elderly to reduce the care burden on the government. Ideally, proximal care is provided by younger relatives of the elderly in the home environment. Outreach clinical care is provided to bed-ridden elderly, and the local community is strengthened to provide primary care to its elderly residents.



Source:

(Right) AsiaTravel / Shutterstock.com

(Left) @ibasho.house, <https://www.facebook.com/ibasho.house/>

● Case study of Bang Si Thong Subdistrict Municipality, Nonthaburi Province

The Bang Si Thong Sub-district contains over 1,200 elderly residents. There is a Rehabilitation Center for the Disabled and Elderly, and VHV and elder care volunteers conduct outreach. What makes Bang Si Thong special is that it has been implementing its elderly care program for more than a decade, and the strong support of the community leaders and mayor has contributed to the model's success. There is also excellent participation and collaboration of the local community residents.

The municipality has procured two vans to transport elderly who cannot travel independently to the Rehabilitation Center. The Center staff are skilled in geriatric care.

There are a total of 54 elder care volunteers who look after 380 older persons who are bed-ridden or need home-based care. That is one volunteer per seven elderly persons. In the initial stage in 2006, the services were simple and usually involved just visiting with the elderly and reducing the sense of isolation of those living alone. After being trained by the National Health Security Office (NHSO), elder care volunteers were able to provide more services, similar to those performed by nurse assistants.



Home-visiting activity of
Bang Si Thong Subdistrict Municipality



One of the goals is to help home-bound elderly to get out of the house and receive physical therapy. Another goal is to help the elderly who live alone or with an elderly spouse to be self-reliant for daily needs. The Rehabilitation Center became a senior citizens center where elderly can socialize, exercise, and exchange experience and advice.



Elderly care activity in Bang Si Thong Subdistrict Municipality



2.3

Elderly living in a new domicile

Current data does not enumerate the number of Thai elderly still living in their family home or who moved elsewhere. However, it can be assumed that since 80% of elderly own a home, that the majority are living in their **primary residence**. The remaining one-fifth are living elsewhere, either by choice or necessity. Some of these alternative domiciles include the following¹:

- 1) Residential home: This is a senior citizens' facility for elderly who are still self-reliant and do not need regular nursing care;
- 2) Assisted living facilities: These are also for the elderly who have physical limitations or disabilities that require assistance by an aide for daily tasks;
- 3) Nursing home: This is for elderly requiring long-term care but do not need hospitalization. However, their illness/condition prohibits them from living at home due to the need for 24-hour nursing care. The residents may have a chronic illness, disability or mental deterioration;
- 4) Long-term care hospital: This is a facility for elderly with conditions needing hospitalization for three months or more.

¹ Source : Siriphan, Tassana and Penchun, 2009

○ Government-subsidized living:

“Subsidized housing”: In Thailand, there are facilities managed by the Department for Social Development and Welfare for elderly who are homeless, in difficult circumstances, impoverished, abandoned and lack care providers of their own. Residency in these homes is voluntary. The Department has expanded its support to include social services, recreation, clinical care, physio-therapy, etc. Currently, these facilities are referred to as Service Center for Older Persons or the Social Welfare Development Center for Older Persons.

The government ministry with the most direct responsibility for elderly welfare is the Ministry of Social Development and Human Security (MSDHS). The MSDHS delivers services to the elderly through a network of regional elderly social development and welfare centers.



Social Welfare Development Center for Older Persons, Baan Banglamoon



Social Welfare Development Center for Older Persons, Nakorn Panom Province



Social Welfare Development Center for Older Persons, Baan Taksin, Yala Province

In addition to addressing acute needs, the centers also provide education and training so that the elderly can continue to work and earn income. At present, the 12 centers of the MSDHS are located in the following provinces:

1. Social welfare development center for older persons, Bangkok (Baan Bangkae)
2. Social welfare development center for older persons, Chonburi (Baan Banglamoong)
3. Social welfare development center for older persons, Chiang Mai (Baan Dhammaprakorn)
4. Social welfare development center for older persons, Yala (Baan Taksin)
5. Social welfare development center for older persons, Ayuthaya, (Watsanawet)
6. Social welfare development center for older persons, Phuket
7. Social welfare development center for older persons, Buriram
8. Social welfare development center for older persons, Nakorn Panom
9. Social welfare development center for older persons, Lampang
10. Social welfare development center for older persons, Songkhla
11. Social welfare development center for older persons, Pathum Thani
12. Social welfare development center for older persons, Khon Kaen



● The first government sponsored senior citizens' home in Thailand

Bang Khae Home

The first government sponsored senior citizens' home in Thailand is Bang Khae Home, which opened in 1953. Over time, the Bang Khae Home has expanded its role from primary care and housing for the elderly to more comprehensive social services.

Residents need to be Thai citizens age 60 years or more who voluntarily wish to reside in the Home, and have no other viable means of support. Residents must be free of dangerous communicable disease, serious disability and mental illness.

Most residents have gone to the Home as a last resort. There are numerous regulations for residents which are strictly enforced.



○ Alternative housing for the elderly: Commercial perspective

A number of entrepreneurs having taken an interest in the implications of an aged society, and have identified market potential for goods and services which are tailored to the elderly. For example, some businesses are constructing planned communities for senior citizens, home-based care services, geriatric clinics, etc. However, there can be a considerable cost of alternative housing and care in the private sector, and prospective elderly customers and their families must weigh the costs and benefits of buying into these.

Case Study: Private Sector Elderly Care Facility

"Sukosamosorn Senior Citizens' Home" (alias used)

This Home has been in operation for more than 20 years, and accepts residents who cannot live independently elsewhere. The interior is clean, bright, and comfortable.

Residence in a room with others costs 15,000 baht/month; 16,000 baht/month for a double room, and 18,000 baht/month for a single room.

No deposit is required at check-in and there is no rental contract. The rent does not include diapers, individual prescription medicine, transportation.

A lump sum fee for diapers costs 2,000 baht/month.

Other services include air conditioned environment, three meals and two snacks per day, daily cleaning of the sleeping quarters, laundry service, TV, radio, reading material and Wi-Fi, massage, daily group activities and special events in association with national festivals.

"Happy Home for the Elderly" (alias used)

This facility accepts elderly and persons in need of care, including persons who are self-reliant and those who are not. There are nursing home services. The environment is clean and attractive, and there is a full range of amenities. The Home provides 24-hour care.

Housing costs from 16,000 baht/month or 1,000 baht/day for a minimum stay of 7 days. There are VIP rooms for 25,000 (double) up to 40,000 to 50,000 baht/month for a single room.

Services include three meals and one snack per day, bathing and assistance with defecation twice a day, laundry service, new beds, air conditioning, CC TV, physiotherapist on staff, group merit-making activities, rehabilitation (physical and mental), film showings, music, reading material, prayer service, wheel-chair service and/or transportation for physical/mental rehabilitation.

● Other elderly residential support programs

“Sawang Khaniwat Project:” This Project is under the Royal Patronage of HRH Princess Maha Chakri Sirindhorn and implemented by the Thai Red Cross. The Project is located in Bang Pu, Samut Prakan. The Project facility has 300 multi-person residential units. The facility resembles a typical condominium project.



Elderly Nursing Care Center: This is a public-private partnership which provides short- and long-term nursing care by trained gerontologists, and provides home visits to the bed-ridden. There are a number of static facilities in this network, including the Ditra Nursing Home, Ban Paw Jai Nursing Home, Care at Home, Good Nursing Home and Livingwell Nursing Home.

National Housing Authority (NHA): The NHA has organized contests for model elderly home design for architecture faculty students and other related disciplines. The winning designs are placed in the public domain and can be used for free. These designs are being developed into actual housing units which will be available in 2017.

Housing for higher-income elderly: A number of real estate development companies are interested in residential housing projects for the elderly and retired populations. These companies include SCG Elder Care Solutions, Wellness City, Happiness Villa, Rim Living, and others in various provinces around Thailand. These projects are in/near major urban centers and are as expensive as equivalent housing developments for higher-income families.



Wellness City in
Bang Sai District,
Ayuthaya Province

2.4

Policy recommendations

1. The ideal solution is to keep the elderly in the family home in a familiar community and environment. All that is needed is some modifications to the buildings and immediate surroundings to accommodate the daily life activities of the elderly for convenience and safety;
2. There is a need to provide information and educations to other family members on how to care for their elderly relative(s);
3. The local administrative organizations should be supported to develop mechanisms for monitoring and providing care for the elderly, for example, by creating day-care centers for the elderly, recruiting/training/deploying elder care volunteers to visit elderly who are not self-sufficient and lack home-based cared, and special monitoring and tending the increasing number of elderly who live alone or with an elderly spouse;
4. Support networking among community groups, including the religious institutions, women's groups, elderly support groups, schools, and private groups;
5. Encourage the local administrative organizations and community to improve the environment so that it is elderly-friendly, and provide public services, especially transportation to help the elderly to get around;
6. Design, build and modify structures, including houses and buildings which the elderly use, and provide public utilities and amenities that are convenient for the elderly;
7. For elderly who have to live in a new residence, the government should develop standards to raise the level of these domiciles to ensure elderly needs are met;
8. Encourage the private sector, including charities, to create residential communities for the elderly that are good, standard quality;
9. Provide incentives, such as tax reduction, for businesses which create an environment and amenities that are elderly-friendly;
10. Promote research and development into innovations to improve the daily life of the elderly.

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Even though Thailand has a welfare system to provide quality domicile for the elderly, the current level of public support is not enough to meet the ever-increasing demand. Costs of elderly-friendly housing is increasing, and more emphasis by the private sector is being given to the higher-income elderly. Even the cost of government's subsidized housing for the elderly may be beyond the reach of lower-income elderly.

Thus, in the meantime, given the high level of home ownership of the Thai elderly, every effort must be made to help them stay in the family home. That also might be the emotionally most acceptable solution since the elderly can remain in a familiar home, community and environment.

”

HIGHLIGHTS 2015

3

“ We need to understand and accept global trends and change. We should not fight the forces of change, but learn to adapt skillfully. Every generation has had to face change and adapt.

As we age, we should become increasingly humble. We should not unnecessarily burden our children or grandchildren because they have their own challenges and dependents.

My happiness is being an ordinary human, with just enough to meet basic needs, and friendship with all acquaintances. That is the secret to quality living and longevity. Your happiness will spread to others. Try to understand the younger generation and how they view the world. Some elderly are stuck in their ways and concepts. But we have to be flexible and go with the flow.

Chao Duangduen Na Chiangmai

”

Ever since 2007, the National Committee for Older Persons has bestowed the annual award for National Elderly Person of the year.

In each year, the National Committee for Older Persons identifies a Thai elderly person who has made an outstanding contribution to society over many years, and is a model of an ethical and moral senior citizen.

In 2015, this award was bestowed on Chao Duangduen Na Chiangmai.



CHAO DUANGDUEN NA CHIANGMAI
The National Elderly Person for the Year 2015

COMMENDATION

TO

CHAO DUANGDUEN NA CHIANGMAI

The National Elderly Person of the Year 2015

On November 22, 1929, Her Royal highness Princess of Luang Rim Ping Palace of the North was born. That day coincided with Viska Bucha Day and, thus, the child was given the name Duangduen Na Chiangmai. She was the third of four children of Chao Racha Phakinai (Muang Cheun Na Chiangmai) and Mom Chan Thep Na Chiangmai.

CHILDHOOD

In her youth, Chao Duangduen was thoroughly trained in traditional Thai manners and home-making skills, for example, preparing savory dishes for meals, fruit carving, preparing Nam Ob sauce, gardening, horticulture, traditional herbs, dance and music. The purpose was to train Chao Duangduen to entertain visitors and prepare her for public displays of her cultural skills. She completed primary education at the Regina Coeli College, lower secondary education at Wattanothai School (Kham Thiang Anusorn), and upper secondary education at Darawithayalai School. At age 19, Chao Duangduen married Khun Pirun Indrawuth, who was a lawyer. They had four children together.

LIFE IN SERVICE TO SOCIETY

Chao Duangduen became a national social presence when she helped campaign for her husband who was running to be elected to parliament. She was praised for her oratory skills and was offered a job as host of a radio program which focused on social issues. The program was unique for its format, style, and sharp delivery, and received an award from Voice of America for its quality and importance. Chao Duangduen also edited and owned the most popular newspaper in Chiangmai ('Voice of Chiangmai'). Based on her success, she was selected to be president of the Northern Newspaper Association and Regional Newspaper Association. In 1970, Chao Duangduen passed the requirements to serve as Associate Judge for Juvenile Court and, as such, was the first woman in the North region to have this honor. Her work with children and juveniles led to her being awarded a medal for Fair Justice.

In 1974, Chao Duangduen was appointed to the National Assembly as one of 15 female members at that time, and became a champion for gender equality for women in the North.

She had credibility with both rural and urban residents and implored citizens of the North to address taboo issues such as the luring of young women into prostitution. She promoted women to become activists and form groups for self-development. She also campaigned for assistance to impoverished families. She was appointed as the Northern Regional Director of the Planned Parenthood Association of Thailand. Chao Duangduen played a role in protecting the rights and pursuing justice for victims of human trafficking, such as the case of a 16 year-old who was accused of multiple homicide in Wat Thai in Arizona State in the USA. Chao Duangduen felt that the accused was a scapegoat and mobilized a campaign to get the charges dropped, which they were. Chao Duangduen has been a member of numerous task forces for foundations, educational institutions associations, and other public service organizations. However, one contribution that has never wavered is her devotion to the cultural arts. Chao Duangduen has an intimate knowledge of the Thai cultural heritage, especially the Lanna arts which have permeated the customs and performances throughout the country. Chao Duangduen has been a key advocate for preservation of the traditional northern Thai culture, for example, by promoting the use of the northern dialect, wearing northern-style clothes, and entertaining guests and tourists with the Khan Toke dinner presentation. These efforts to popularize the northern culture in mainstream society has inspired the younger generation to take pride in their unique



northern heritage. These customs are an important draw for tourism to Chiangmai and the rest of the north of Thailand in order to come into contact with these attractive and enjoyable customs. Chao Duangduen has dedicated her life to preservation and progress of the provincial culture of Thailand, and was the innovative force behind the decorative flower festival. She was appointed the first president of the Cultural Council of Chiang Mai and the National Cultural Council of Thailand.



Chao Duangduen was cognizant of the problem of unemployment of women each year during the dry season and, thus, promoted the use of the space under traditional houses raised on stilts to set up looms for silk cloth weaving using traditional designs and natural dyes. Chao Duangduen formalized this supplemental occupation for women by opening two weaving mills, with training in the traditional arts. For this effort, she was recognized for excellence by the Chiangmai Industry Council. The weaving program a model of preservation of the cultural heritage and protection of the environment, while supplementing the household income of the women weavers.

Throughout her 86 years, Chao Duangduen has demonstrated her dedication in contributing to the welfare of individuals and the society at-large. For this, she is clearly a role model for all Thais, and especially for the descendants of the Lanna culture. Thus, the National Committee for Older Persons, chaired by the Prime Minister, has designated Chao Duangduen Na Chiangmai as the National Elderly Person for 2015.



“Goodness, beauty and truth which the elderly embody need to be transmitted to the next generations to provide continuity of the cultural heritage of Thailand. This should be reflected in the pleasant sounds of speech, poise, and expression of opinion.”

”



6 of the 8

National Artists for 2015 are elderly

In 2015, the National Cultural Commission has awarded recognition of excellence to eight persons as national artists. Of these, six are age 60 years or older. Current generations should be aware of these artists and their achievements.

Mr. Somboonsuk Niyomsiri

Performing arts (film and television): Age 83 years

Mr. Somboonsuk is more commonly known as ‘**Piak Poster.**’ He was born on October 18, 1932 in Chiangmai Province. He completed his education at the Poh Chang School and the Rajamangala University of Technology Rattanakosin. Khun Somboonsuk is an outstanding performer and director of film and television. He has created and directed 29 Thai films as a contribution to the cultural heritage. He is a lecturer on the topic of film production in various academic institutions.



Professor Emeritus Sermsak Narkbua

Visual arts (Industrial design): age 80 years.



Professor Sermsak was born on August 30, 1935 in Chainat Province. He is an artisan in decorative porcelain, which accentuates beauty and natural features of the raw material. A unique feature of his work is the plant ash coating which is applied when firing the ceramics with liquid petroleum gas. He has continued to produce innovative designs and methods for over 20 years.

Sub-lieutenant Santi Lunpae

Performing arts (contemporary music). Age 79 years



Sub. Lt. Santi was born on June 21, 1936 in Bangkok. His original name was Paisal Lunpae. After he gave a performance of original songs in honor of Her Majesty Queen Sirikit his name was changed to 'Santi.' He is known for the beauty of his classical Thai musical compositions and singing voice.

Ms. Venika Bunnag

Performing arts (Thai traditional dance): Age 69 years

Ms. Venika was born on January 5, 1946 in Thonburi. She served as a government teacher at the College of Dramatic Arts from 1967 to 2006. She is an expert in traditional Thai dance. She is recognized for her excellence in teaching, especially the Ram dances, and has made many original contributions to the arts.



Professor Vichai Siihirat

Visual arts (sculpture): Age 68 years



Professor Vichai was born on May 29, 1947 in Nakorn Panom Province. Professor Vichai has produced many treasured works of art out of the motivation to showcase natural beauty and its relationship to everyday life. His work transition from realism to more abstract creations. Professor Vichai's works are multi-media and some include video and sound. His creations are truly unique and an important part of the Thai cultural heritage.

Mr. Krisada Rojanakorn Visual arts (architecture): Age 68 years



Mr. Krisada was born on September 10, 1947 in Bangkok. He is a scholar of design and many forms of architectural styles and techniques. He has contributed to designs of many structures, domestic and international. His designs reflect the current age and social trends, both locally and globally and, thus, his creations are constantly attuned to the times.

Two additional National Artists for 2015 under age 60 years.

Mr. Teerapap Lohitkul Literature (non-fiction): Age 57 years



Mr. Teerapap was born on June 3, 1958 in Bangkok. He has produced numerous works of non-fiction, with over 50 compilations of his oeuvre. Most of the works describe travel and documentation of life experiences. Unique aspects of his work include in-depth probes into history

and culture, and linkages of lifestyles of the past with the present. He has a unique style of composition and uses language in an artful way to present viewpoints, analysis, ideals, and emotions interspersed with the descriptive content. Khun Teerapap has produced outstanding living non-fiction.

Mr. Paiwarin Khao-Ngam Literature (poetry): age 54 years

Mr. Paiwarin was born on February 10, 1961 in Roi Et Province. His outstanding work includes poetic compositions which demonstrate prosody, reflecting local customs and practices that transcend generations and historical eras. The poetry is delicate yet easy to understand, and is beautiful in sound, word flow, and resonance. His works stress the value and beauty of the rural lifestyle, especially that of farmers, and glorifies the values and cultures of rustic areas and the traditional Thai family.



2015

March 6, 2015: Founding of the Department of Older Persons (DOP)

Given the expanding media (TV, radio, newspaper, etc.) awareness and public discussion of Thailand's transition to an ageing society, the Ministry of Social Development and Human Security (MSDHS) decided to establish the Department of Older Persons (DOP), effective in March of 2015. The DOP oversees the welfare of the elderly population and assumed the portfolio of activities and programs that were formerly under the Bureau for Support and Welfare of Children, Youth, the Disadvantaged and the Elderly. Initially, Ms. Suntaree Puawait was appointed Acting Director-General (D-G) of the DOP. Shortly after, on June 16, 2015, Mr. Anusan Thiantong was formally appointed as the first D-G of the DOP.

¹ Cabinet Declaration on civil servant appointment (Mr. Anusun Thiantong). Government Gazette vol. 132 no. 142 page 122. 22 June 2015

At present, the DOP has the National Committee for Older Persons (NCOP) as the principal mechanism for policy advocacy in the social and economic sphere in order help elderly remain self-reliant for as long as possible, and have secure lives (retirement savings accounts, occupational alternatives for the elderly, and increasing the age of mandatory retirement). Both public and private agencies are supporting the work for the elderly. The government has integrated programs for the elderly in the plans of the six core ministries under the project entitled: **“The State and the People Care for the Elderly.”** The project promotes community-based action and setting up quality of life centers which include occupational development for the elderly. So far, 878 of these centers have been established, and these are a means for providing sustainable support for current and future elderly persons.

By establishing the DOP, the government has shown that it gives priority to the elderly and recognizes the looming transition of Thailand to an ever-older society. One department is not enough to address the myriad issues facing the country, but the DOP will act as a focal point for planning and programs in collaboration with other agencies in the public and private sectors.

“
VISION
Creating a quality aging society
through collaboration of all
 ”

² DOP, MSDHS Annual Report for 2015.

http://www.dop.go.th/upload/work/work_th_20160906145454_1.pdf (20 May 2016)]

2015

Ministry of Public Health (MoPH)
**promulgates the family
 care team policy**
 as a New Year's gift to the people



**"The people will feel secure
 with the family care team."**

The family care team (or 'family doctor') is an innovative concept put forth in 2015 to provide more comprehensive care for the elderly (and others) who cannot easily travel to health service outlets, or who are bed-ridden.

The family care team includes qualified physicians and health care staff at the nearest hospital, in partnership with the local VHV, local administrative organization, the community and other relevant entities.

The team addresses health issues across the full range of prevention, treatment and rehabilitation, for both physical and psycho-social dimensions.

The family care team covers a catchment population, on average, between 1,250 and 2,500 persons.

What does family care team do?

This mechanism is an outreach approach with links to individuals who have good knowledge of the health condition of the community and its most vulnerable members. Specifically, the tasks of the family care team include the following:

1. Deliver care, assistance and counseling for every family as a virtual member of that family;
2. Provide integrated comprehensive care across all dimensions, continuously;
3. Provide care in the home, the community or the static facility as appropriate;
4. Coordinate referral at every level of the health system from the family, to the community via the Primary Health Care level, and higher-level hospitals;
5. Provide special care to families with health risks and/or vulnerabilities;
6. Reduce suffering, increase happiness for the family and community for better quality of life



Family Care Team Poster

2015

Four government agencies join forces to create a long-term care system for the elderly

Due to the importance of long-term care for the elderly, the MOPH formally joined forces with the NHSO, the Municipal League of Thailand, and the Subdistrict Administrative Organizations Association to implement a long-term health care program for the elderly with an emphasis on clinical outreach.

A key goal of the health system is to prevent the elderly who are healthy from becoming dependent on others for daily activities and care. However, if they do become dependent, then the goal is to ensure appropriate care in the home setting to the greatest extent possible, through the family care team. Long-term care for the elderly goes beyond health and medical care, and includes assistance with everyday essential activities, meals, personal hygiene, urination and defecation, and housekeeping. There may be a need to make structural modifications to the household and surrounding environment to accommodate the infirm elderly. Clearly, long-term comprehensive care needs to be a collaboration between the family with elderly member(s), the local administrative organization and the Subdistrict Health Promotion Hospital.

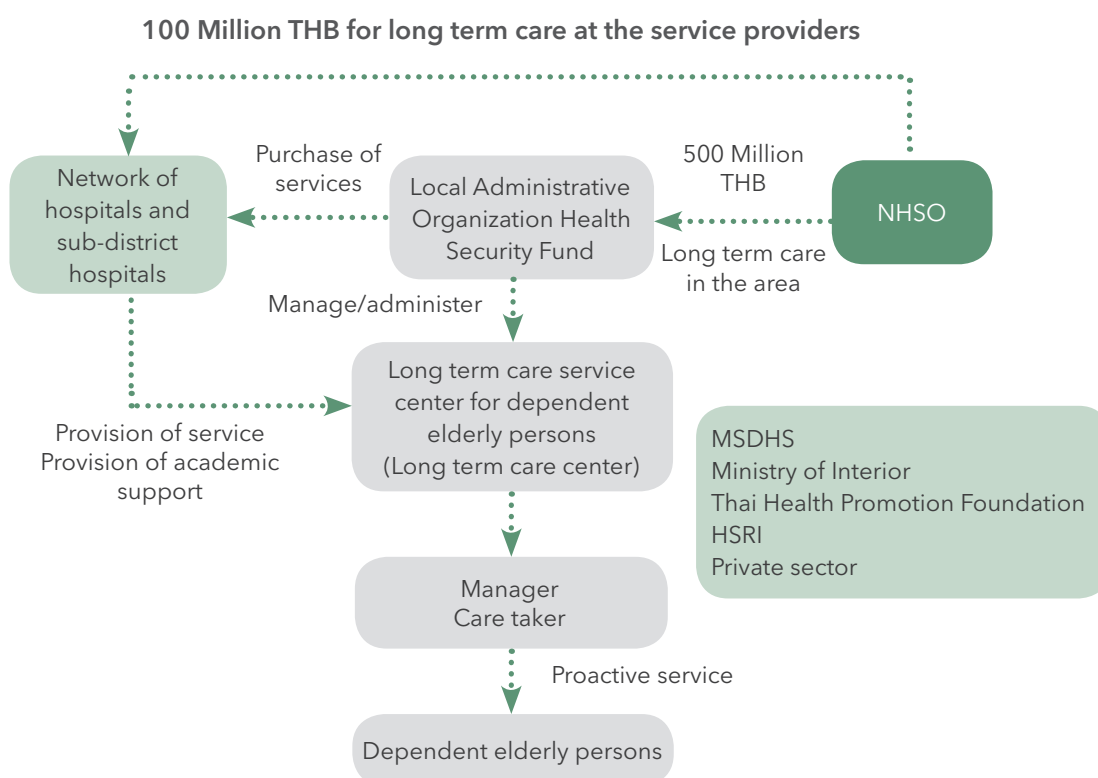
The purpose of the development for long term health care system in the local community

“Individuals, family, and community are supported to have capacity in elderly care in order to allow the elderly members to live with dignity among family and community, and to receive health care and social services comprehensively and effectively”

Long-term Care Center for the Elderly or the Elderly Quality of Life Development Center:

1. These centers are set up with a care manager in charge, who may be staffed by a nurse, physiotherapist, social worker, and/or elder care assistant who are trained in caring for the elderly;
2. Collect data and produce a care plan for elderly in need who are not self-reliant. This includes creating a registry of elderly in the community. Staff of the center receive in-service training. The elder care assistants conduct home visits to the elderly and provide rehabilitation, physical therapy, and other support activities.

Long-term health care system for the dependent elderly and budget in 2016 Fiscal Year



This system will help the Thai elderly to remain in their original home, where they are surrounded by familiar environments and people such as relatives, neighbors, and most importantly, their children and grandchildren. Therefore, developing a system to support family care should be prioritized.

2015

National Reform Council proposes reforms for the ageing society

Despite the increased awareness and programs focused on the ageing Thai society, many laws still lag behind and are not always appropriate given the graying of the population. The most serious challenge is income security for the elderly since that is a key determinant of access to welfare and essential goods and services.

The National Reform Council (NRC) has reviewed a policy paper on "Recommendations for System Reform to Prepare for the Transition to an Aged Society." A number of committees for related sectors produced these recommendations in August 2015 as guidelines for reform to make Thailand better prepared to accommodate the booming population of elderly. The recommendations are organized under four headings: Economic, Social, Health & Environment, and Public Amenities. The NRA was formed in October 2014 and has 250 members, with the following mandate: (1) Approve draft laws; (2) Advocate for implementation of national laws; and (3) Submit a blue print for reform to the heads of government.

Member of the National Reform Council were appointed on 2 October 2014. According to the Constitution of the Kingdom of Thailand (Interim), it consists of 250 members with the missions to 1) approve the draft of the reform report law for the government 2) push forward the enforcement of the draft of national strategy law via the National Sanctimonious Division and 3) submit the 37 aspects national reform green print to the government.

³ Members of the National Reform Council's term ended on 6 September 2015

A Reform Committee to Prepare for the Aged Thai Society was appointed, and has put forth the following reform principles:

1. The elderly are an importance force for society, and any reforms must not make the elderly a burden on society;
2. To create a society in which all generations can live together safely and happily;
3. The reform measures should involve collaboration between the government, private sector, community organizations and the locality;
4. The reforms must help the elderly maintain independence as long as possible by focusing on health promotion rather than curative treatment;
5. The reforms should focus on preparedness of the economy, environment, society and health service system in the context of an aged society.

Conceptual Framework for Reform

Economy

- Ensure income security for the elderly and the coming generation of older persons
- Increase capacity of the economic system in the context of an aged society

Society

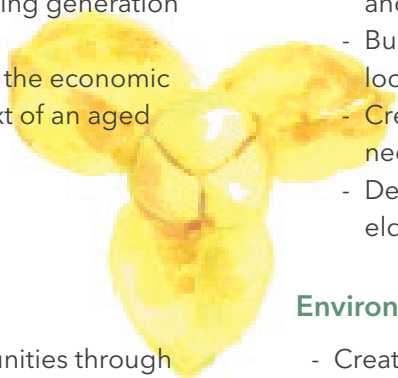
- Promote new approaches to family and life planning
- Build capacity of the community and local administrative organizations
- Create more public awareness of the need for action
- Develop mechanisms to help the elderly be self-reliant

Health

- Build strong communities through local participation
- Fill gaps in the health care system
- Create better urban health care systems

Environment and public amenities

- Create attractive communities for the elderly and all age groups by promoting participation of all sectors
- Promote safe and secure houses in retirement



2015

National Savings Fund: New option for retirement income security

The concept of creating a fund for persons age 60 years or older was approved in principle by the Cabinet on March 3, 2015, and is called the National Savings Fund (NSF). The NSF replaces the corresponding Article 40 of the Social Security Act for elderly welfare subsidy Options 3, 4, and 5. Persons who wished to join the NSF had to inform the Social Security Office (SSO) within 180 days counting from September 26, 2015. The SSO then forwarded the names of applicants to the NSF. Those elderly not joining the fund are eligible for their savings plus the benefits.

The goal of the NSF is to fill the gap for retirement income not covered by employers, individual retirement accounts, or the SSO. The NSF is also trying to consolidate the funds for retirement under a single mechanism to improve efficiency. The intended beneficiary of the NSF is the 30 million persons outside the formal employment sector and have income security risks as they age into the post-working-age years.

Currently, the NSF offers two savings options:

Option 1: Saving of 100 baht per month, with the member contributing 70 baht and the government contributing 30 baht. The insurance benefit cover cost of illness, disability and death.

Option 2: Saving of 150 baht per month, with the member contributing 100 baht and the government contributing 50 baht. The insurance benefit cover cost of illness, disability, death, and pension.

The following has been the experience of the NSF in 2015:

1. The SSO provided payments to insured persons who do not wish to transfer to the NSF in the amount of 369 million baht;
2. At the end of 2015, the SSO recorded a net total of insured of 2,200,667 persons, with 12,277 in Option 1 and 2,188,390 in Option 2;
3. In 2015, the SSO paid out an amount of 6.8 billion baht to 170,270 retirees.
4. By the end of 2015, there were 546,261 elderly people in the social security system. Of which, a total of 265,713 were under article 40, 148,478 under article 33, and 132,070 were under article 39; accounting for 49%, 27% and 24% respectively.

Article 33 includes a compulsory measure which stipulates that companies in the general private sector with hired workers between the ages of 15 and 60 years must contribute to the Fund in the amount of 5% of the employee's pay, 5% company match, and 2.75% government contribution for monthly wages between 1,650 to 15,000 baht. The insurance covers illness, accident, disability, death, delivery, child care, pension, and unemployment compensation.

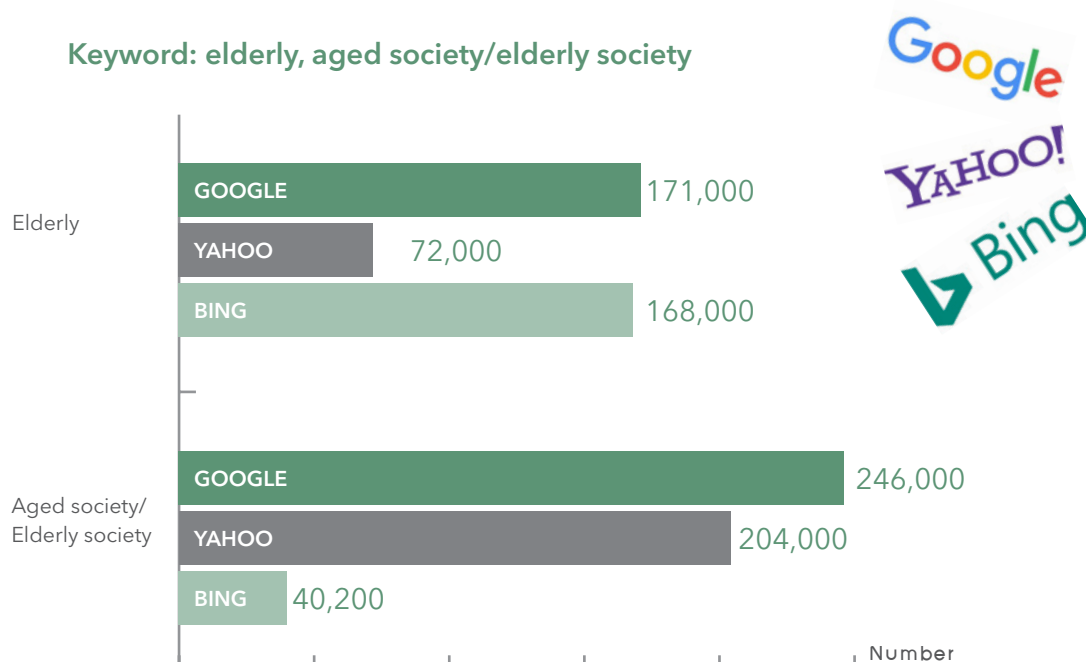
Article 39 (non-compulsory) provides income security for a person who resigned from a company covered by Article 33 but wishes to continue to participate in the social insurance plan, but has paid into the plan for at least 12 months and has not worked for that employer for at least six months, and is not disabled. To continue to contribute to the plan, the insured must contribute 432 baht per month to the plan, with 120 baht/month contribution from the government. The plan covers illness, accident, disability, death, delivery, child care, and pension.

Article 40 (non-compulsory) applies to workers not employed with a company covered by Article 33 who have never applied for coverage under Article 39. These persons can apply for coverage under Article 40 if they are self-employed or working in the non-formal sector, and age from 15 to 60 years.

2015

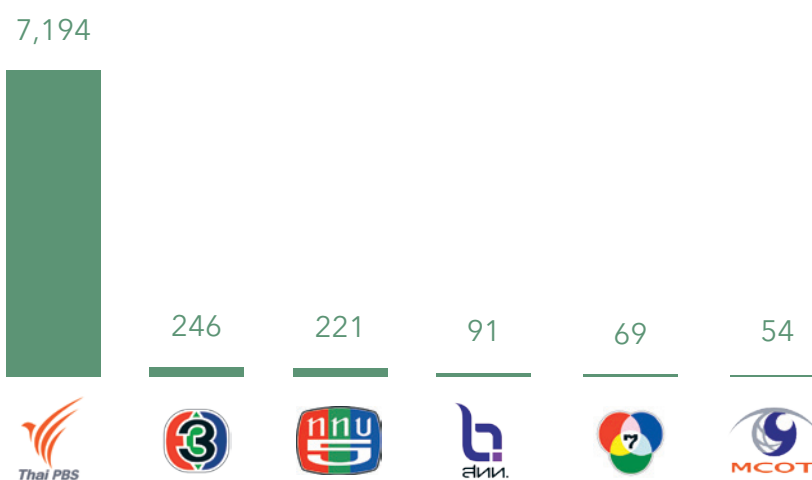
Booming Coverage of the Elderly in the Media

At present, the media is playing a bigger role in disseminating information which informs decision-making and social opinion. All channels are involved including TV, radio, newspaper, and on-line media. The speed of information exchange is also accelerating. One indicator of increased interest in the ageing of society is the trend in relevant search terms such as "elderly" "aged society" etc. Another indicator is the number of features on television and images related to the elderly.



Taking into account the key words that appear on televised media with graphics and contents related to elderly persons, it is found that the broadcasted information, activities, and contents related to elderly persons include the followings.

Number of features about the elderly aired on television in 2015:



"Lui Mai Roo Roi. Soong Wai Dee Dee"
show broadcasted on Thai PBS



"Jigsaw Thailand. Elderly persons and independent...valuable life and self-reliance" (broadcasted on September 22, 2015)

2015

Housing for the elderly is a hot topic of concern

National Older Persons Act of 2003

Article 11: The elderly have the right to certain protections and support to promote convenience and security in building, transportation stations/stops, and other public amenities.

The year 2015 can be viewed as another milestone in the increased national attention to the needs and challenges of an aged society. This is increasingly reflected in the businesses and real estate that are targeting senior citizens, and creating a more elderly-friendly environment. The DOP has contributed significantly to the modifications to the environment and residences so that they are appropriate and safe for the elderly such as foot access and hand rails. In 2015 the DOP made elderly-friendly modifications to 1,325 residences, and the target for 2017 is 2,654 residences.



What is the ideal elderly domicile?

Universal design for an elderly-friendly domicile, environment, facilities and appliances/utensils include the following seven features:

- Equitable use
- Flexibility in use
- Simple and intuitive use
- Perceptible information
- Tolerance for error
- Low physical effort
- Size and space for approach and use

In the past, the Thai Health Promotion Foundation collaborated with the TGRI to consider guidelines for model living conditions for an elderly population. At the same time, businesses were starting to develop more products and construction materials to create a more elderly-friendly environment. These include supplemental railings and handholds, seating for showers, seating for latrines to accommodate the handicapped and elderly, and other options to enhance quality of life.

Universal Design (UD) for elderly-friendly living is the product of a task force of architects, designers and engineers from North Carolina State University in 1997

INNOVATIONS

to improve quality of life of the elderly

When hearing the word “innovation” people usually think of modern technology which replaces traditional ways of doing things. However, the innovations in 2015 which are improving the quality of life of the elderly are specifically developed to address specific limitations that some elderly face.

The following are examples of some of these innovations:

Spoon for shaking hands



Many elderly experience tremors in their hands, and this can be a problem for many daily tasks, such as eating. Thus, the Liftware Spoon was developed using the Active Cancellation of Tremor technology, and claims to reduce tremors by 70%.

Produced by: Liftware Co.

Source: <https://www.appdisqus.com/2013/09/26/liftware-spoon.html>

Smart watch for the elderly

The smart watch is becoming increasingly popular among the younger generation. But there is also a smart watch that is tailored for the elderly users. For example, there is a feature for tracking the location of the user through the Internet, and the app can define a safe radius of movement for the user and warn them or their care provider when they exceed that zone. The watch has a feature to request help, and a microphone so that the care provider can listen to the elderly user at all times.



Produced by: Haier Co.

Source: <http://www.flashfly.net/wp/?p=116640>

Mini pencil: Robotic care for the Thai elderly

Robotics is advancing rapidly, and there are more and more products that can be used in the household. The Mini Pencil was invented by a Thai engineer to facilitate communication among groups of senior citizens themselves, between the elderly and their children or grandchildren, or with a doctor or care provider. The pencil can be used



to remind the user of the time or day to take their medicine, and sound an alarm if the user falls. The pencil can reduce loneliness of the user by being a conversation companion, playing music/sermons/exercise videos/ mental games, and other applications to enhance quality of life of the elderly.

Produced by: CT Asia Robotics Co.

Source: <http://yuyeejanjiraipv4ipv6.blogspot.com/2015/10/2015.html>

Smart necklace for care of elderly in Saensuk Town



This innovation was created by a Municipality in Chonburi Province in collaboration with Burapha University and Dell Corporation and Intel. The smart necklace helps monitor the behavior of the user to ensure safety, and issue automatic warnings when something potentially harmful happens (e.g., a hard fall, a long period of off-line status). A central monitoring team then informs the relatives or care provider of the user. This item is part of the Saensuk Smart City Project, the first of its kind in Thailand.

Source: <https://www.blognone.com/node/83866>



Automatic lighting system

Many elderly are prone to accidental falls, especially at night. These falls can cause permanent injury or disability. Elderly often have to get up from bed to use the bathroom several times during the night, and the light switch may not be easy to find. Thus, this system is activated when the elderly

persons gets up from bed and places their feet on the floor, and gradually brightens the light in the bedroom and bathroom. After the elderly person returns to bed, the lights gradually dim and go out.

Produced by: SCG Co.

Source: <http://www.scgbuildingmaterials.com/th/LivingIdea/Maintenance/Innovation-for-Elderly-People-by-SCGEldercare.aspx>

Water bottle for the elderly

Many elderly become too frail to easily raise a full water bottle to their mouth. Others may choke on water being poured from a bottle if their hand jerks. This bottle is beveled in the middle to make it easier to grip and lift, and there is a button which controls the flow of water.



Produced by: Faculty of Architecture, King Mongkut University of Technology (Thonburi)

Source: <http://www.manager.co.th/Science/viewnews.aspx?NewsID=9580000065377>

Smart cane for the Elderly

A cane or walking stick for the infirm elderly is like an appendage to the body. Some cannot move around without a cane or walker. Thus, these designers conceived the idea of a “smart cane” which has features that the user can apply for contacting others, receiving news and entertainment, a USB port, a radio receiver, an MP3 player, a panel with the time and weather, a built-in flash light, and an SOS button in case of emergency. If the cane is dropped, an alarm goes off automatically, and a call is made to a help provider within 15 seconds.



Produced by: iMI Technology (Thailand) Co.

Source <https://www.jobbk.com/variety/detail/1766>

“Easy Button” for the elderly



This last innovation is simple in design, but shows great care for the elderly. The “Easy Button” was designed for elderly fingers with its size that is not too big nor too small, and its curves and grooves making it easier to maneuver. Buttoning a shirt is now much easier with this simple innovation.

Produced by: Han Jisook, Tang Wei-Hsiang, and Tsai Po-An

Source: <http://www.ecouterre.com/ergonomic-easy-button-helps-elderly-disabled-button-their-shirts/>

RESEARCH
ON THE THAI AGING
SOCIETY, 2015

4

Impact and Status of Long-term Care for the Elderly in the Thai Cultural Context

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Society and Health Institute (SHI)

Year of the Research: 2013

Financial support from:

Health Systems Research Institute (HSRI)

Foundation of Thai Gerontology Research and Development Institute (TGRI)

Bureau of Policy and Strategy, Ministry of Public Health

National Research University Project, Office of the Higher Education
Commission

Objective

To study long-term care for the elderly, burden and impacts of elder care, and the role of organizations involved in long-term care for the elderly in Thailand.

Methodology

This was a qualitative study in 13 Subdistricts of nine provinces, covering all five geographic regions in the country. Data were collected during June, 2012 – May 2013 using observations, in-depth interview, focus group discussion, and document review. The sample population was 179 elderly, 187 elder care providers, and 88 relevant persons. Data were processed using content analysis.

Results

1. Experience of illness/injury of the elderly, requiring long-term care
 - Stroke, Alzheimer's disease, multiple chronic conditions, and age over 80 years: These are key conditions associated with the need for long-term care of Thai elderly;
 - Most of the long-term care is to merely assist with daily essential activity; there is a lack of rehabilitation, lack of prevention of repeat accidents, and complications.
2. Status of long-term care providers
 - Most of the care providers do not have authority, may have health problems of their own, are dependents on others for health care, have to play a complex role and are working alone.
3. Burden for long-term care of the elderly
 - Elderly with stroke and chronic disease/conditions impose the greatest economic burden on the care provider
4. Culture and role of community organizations in long-term care for the elderly
 - The family is the primary entity for care of the elderly in Thai society
 - Home-based long-term care for the elderly is not supported by health insurance, and there is a lack of continuous care from the health system
 - The community has the organizational structure to work with the elderly (for welfare and health care) but lacks concrete mechanisms, advocacy and integration of long-term care for the elderly.

Recommendations

For the MoPH

The Subdistrict Health Promotion Hospital should be a primary center for long-term care of the elderly in its catchment area. The MoPH should define standards for long-term care of the elderly, conduct quality control and provide national oversight and capacity building for providers of long-term care of the elderly and host communities.

For relevant agencies

A system of long-term care of the elderly should be defined, with options to choose for the care provider and family. There should be a community fund created for long-term care of the elderly. The local administrative organizations need to play a central role in supporting long-term care of the elderly.

Evaluation of Success of the Elderly Quality of Life Development Center in Nonthaburi City

(As part of the Comprehensive Health Development Project in Nonthaburi City: Phase 2)

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Year of the research: 2015

Financial support from:

Nonthaburi Municipality, and the Faculty of Social Administration,
Thammasat University

Objective

To study the efficiency and social achievements of government management of an Elderly Quality of Life Development Center in Nonthaburi City

Methodology

This was an evaluation research study which used both quantitative and qualitative data collection methods. The sample population is 300 members of the Elderly Quality of Life Development Center in Nonthaburi City out of a total membership of 2,202. Quantitative data were collected by questionnaire. Qualitative data were collected by in-depth interview with case studies and staff of the Centers.

Results

The efficiency of the Center met the standard for performance and is consistent with the strategy and policy, outputs, resource management, and procurement. The Center tried to economize without sacrificing quality. On average, client outcomes met the standard for psycho-social health, physical and spiritual health, and mental well-being. Overall success of the Center was moderate: Half of the respondents were satisfied with services across all dimensions. An important outcome is that the Center is serving as a model and knowledge base for the country as a whole. The Elderly Quality of Life Development Center is a first step in the new strategy for accommodating the needs of the increasing population of elderly in urban areas. During the period from September 2012 to March 2015, a total of 6,383 clients used the Elderly Quality of Life Development Center. Since opening, this Center has been visited by 95 persons from public and private agencies, both domestic and international.

Policy recommendations

The executives of Nonthaburi Municipality should establish a policy for the Elderly Quality of Life Development Center to prescribe whether the center should continue to provide the current array of services, or be a learning center of excellence as a model for the country. There would need to be on-going monitoring and evaluation of the Center every year, and the City should consider increasing the involvement of the Center members. The Office for Health and the Environment should consider setting up a center for capacity building of staff and activity volunteers.

Elderly in China: Welfare Provision, Model of Health Care and Social Activities

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Year of the research: 2013

Financial support from:

The Thailand Research Fund (TRF)

Objectives

1. To study the system of welfare for the elderly in China
2. To study a model of care for the elderly in an area of interest
3. To study the factors which lead to social activities which foster elderly capacity

Methodology

This was a document research study in combination with qualitative data collection in Shanghai, Jina'an, Sichuan, and Chengdu, China. China is known for its good care of the elderly, and variety of social activities for the elderly in urban areas. Data were collected from technical specialists, staff of a model elderly care center, and Chinese elderly.

Results

Welfare services for the Chinese elderly are complex and are different by locality. The Chinese government helps the population to save money for retirement, and makes counterpart contributions to ensure income security and so that the elderly are not a financial burden on their children. The support is for all age groups and all socio-economic levels. This study looked at a model day-care center as part of China's preparations for accommodating its growing population of elderly. There are public parks in many parts of the urban area for elderly to relax and socialize. The government encourages the elderly population to exercise in these public spaces through group activities.

Recommendations

The Chinese model has a number of lessons that can be applied to Thailand and other countries which are considering day-care centers for the elderly. The centers could include a home visit component to achieve full coverage of the elderly in the community. The community organizations should play an active role in providing services for the elderly, and there should be trained volunteers to link with elderly who are home-bound. The center should have full-time staff and mentors to provide advice so that the community can sustain the activities and services for the elderly.

Comparative Study of Legal Standards for Welfare and Amenities for the Elderly in Thailand and Other Countries

Natapat Tawanpo, Jumpon Srijonsirikul, Jutharat Keokanya,
Taweesak Meeyanyiam, Napanan Jantarartlotorn, Santichai Sukarat,
and Chamapan Worawachatwijit.

Office of the Council of State

Year of the research: 2012

Financial support from:

Thai Health Promotion Foundation (ThaiHealth)

Objectives

1. To analyze the relevant law to identify inadequacies of the law vis a vis elderly services/amenities
2. To analyze the relevant laws in France, Sweden, and Japan which facilitate welfare and amenities for the elderly
3. To propose recommendations for increasing the efficiency of welfare and amenities for the elderly in Thailand through support by local administrative organizations and the community
4. To draft laws based on recommendations from Objective 3

Methodology

This was a document study in Thailand and the comparative sites to analyze laws to develop concepts and guidelines to improve the legal environment in providing welfare services and amenities for the elderly. This study convened consultative seminars on legal issues related to welfare and amenities for the elderly in Thailand, France, Sweden and Japan.

Results

There is a shortage of coverage and equity of welfare and amenities for the elderly in Thailand, and these services do not fully meet the needs of the elderly. Part of the problem is that there are certain laws and legislation which either impede services or make the service process needlessly complex. The rapidly increasing elderly population is making it hard for legislation to keep pace with the need.

Recommendations

The relevant agencies should be given more authority to implement welfare and amenities for the elderly. There needs to be more clarity by producing a strategic plan for the elderly, covering both policy and standard operating procedures. There should be advocacy to ensure that the new Thai Constitution protects and ensures the rights of the elderly. These rights should be extended equally to all in need. The laws and measures need to be improved to increase efficiency of welfare and amenities for the elderly. The draft law on the elderly has been proposed to replace/improve the 1993 National Older Persons Act, based on findings of research and experience to-date, and the increasing authority of local administration.

Elderly-friendliness of Public parks in Bangkok: Expectations and Readiness to Accommodate an Aged Society in the Future

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Years of the research: 2007-2011

Financial support from:
The Thailand Research Fund (TRF)

Objectives

This research had the objective to study the current status of three public parks in Bangkok with respect to their utility for the elderly. The study focused on three dimensions: Efficiency, aspirations, and preparedness of the parks in the context of a aged society. The three parks are Lumpini, Benjakiti, and Benjasiri.

Methodology

This study used both quantitative and qualitative methods of data collection. Secondary data were collected from existing documents on the topics of policy, development and standards from both domestic and international sources. Primary data were collected from a sample of 380 persons including 100 elderly visitors from each of the three parks and 80 key informants.

Results

In terms of infrastructure, the three parks in this study have satisfactory levels of elderly-friendliness, in the view of the sample. However, when compared with international standards or parks in the developed world, the Bangkok parks need considerable improvement. A related question is whether the standards from developed countries are appropriate for Thailand. An important feature of the Bangkok parks is their adaptability to a variety of uses. However, the fact that the sample was generally satisfied with the parks as is could merely reflect the Thai nature of accepting reality.

Recommendations

It is important to consider international standards and experience in creating elderly-friendly parks, but any application of lessons learned from developed countries needs to be tailored to the Thai context. This information should be useful for designers, city planners and policy makers to create an elderly-friendly environment that is appropriate for the emerging aged society at present and in the future.

Amenities for the Disabled and Elderly in the Mass Rail Transit System in Bangkok

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Year of the research: 2015

Financial support from:

The Thailand Research Fund (TRF)

Objectives

To identify amenities and conveniences for the disabled and elderly that are needed when using the mass rail transit system in Bangkok.

Methodology

This research collected data by a review of literature related to amenities for the disabled and elderly. Primary data were collected from 18 mass rail transit stations in Bangkok and from interviews with 100 commuters or potential commuters. Interviews were also conducted with five senior administrators and six staff of the mass transit system.

Results

There are three levels of amenities for the disabled and elderly:

1. Must-do level: Parking, ramps, universal signs, adequate information and warnings, bathrooms, and elevators for the disabled;
2. Should-do level: Stairs, pathways for the disabled, seating, parking for walkers/wheelchairs, corrugated walkways for the vision impaired, escalators, railings, ticket dispensers and collectors that can accommodate the disabled, equipment or assistance in getting on/off the train, and risk control features/services;
3. Achievement level: This refers to additional features which make a station a site of excellence but are not essential, including: Public phone for the disabled, mobile trash collection bins, water fountains for the disabled, ATM for the disabled.

Recommendations:

Planning and policy: There should be three types of plans for amenities for the disabled and elderly: Short-term plan to repair or improve amenities for the disabled and elderly, starting with the “must-do” items; Medium-term plan to address infrastructure issues; and Long-term plan for expansion of the transit network and future stations.

Design: This should take into consideration the three core ministerial regulations and use a participatory process at every stage, with controls of construction to ensure compliance with the design.

Management: There should be in-service training of personnel on amenities for the disabled and elderly, and creation of channels for commuters to voice their complaints and suggestions.

**Access to and Satisfaction with Service Rights of the
Elderly in Accordance with the 2003 Older Persons Act
(2nd amendment, 2010)**

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Year of the research: 2015

Financial support from:

The Department of Older Persons, Ministry of Social Development and
Human Security

Objectives

To study use of services covered under the rights of the elderly and satisfaction with service, and opinions of the elderly on need for improvement to services covered under the Older Persons Act.

Methodology

This research used quantitative and qualitative data collection methods to gather information from a sample of 4,334 members of the Thai population age 60 years or older living in 23 provinces around the country, including Bangkok. Ten focus groups were conducted.

Results

Nearly all elderly (97%) knew about their rights to receive a monthly elderly subsidy payment. Satisfaction with the subsidy was moderate (score of 3). Respondents recommended that the government conduct more public relations campaigns about rights of the elderly, and provide direct support to community organizations and elderly support groups so that they are strong. There should be expanded rights for the elderly, especially in the area of home-based care.

Policy recommendations

1. The NCOP should advocate for integration of plans and programs for the elderly at all levels, and should reconsider increasing the monthly subsidy for the elderly, especially for the indigent. There should be a means test to ensure that the subsidy goes to the neediest;
2. The Elderly Fund Management Board should consider policy to decentralize authority to the sub-national regions, and improve procedures for gaining access to the Fund;
3. The NCOP should have a policy to support senior citizens' groups in the network in terms of education of the elderly about their rights and how to exercise their rights;
4. The government should have a policy to improve quality of services for the elderly and conduct continuous evaluation of elderly access to their rights under the law;

Recommendations for implementation: The agencies providing services to the elderly need to improve services and public information dissemination about the rights of the elderly to these services. There should be collaboration with religious leaders to support the elderly, reduced transportation fares for senior citizens, reduced medical fees, fast lanes for the elderly, and service corners for the elderly.

Study of Preparedness and Needs for Community Health Services for the Elderly

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Year of the research: 2013

Financial support from:

The Department of Medical Services, Ministry of Public Health

Objectives

To study the readiness and needs of the community to provide care for the elderly in the community setting.

Methodology

This included a quantitative study which interviewed 130 elderly who were dependent on others for daily tasks, 1,150 self-sufficient elderly, and 130 care providers for elderly who need daily assistance. A qualitative study was also conducted using brainstorming and Modified Delphi Technique with stakeholders involved in care for the elderly and 22 in-depth interviews with staff of local administrative organizations, the provincial health office, and THPH. The study was conducted in Nonthaburi City, suburbs of Nakorn Ratchasima, rural communities in Surat Thani, and remote communities in Chiang Khong District of Chiang Rai.

Results

There are multiple dimension of community-based care. There is the area of direct services through home-based care or care at the local THPH. There is also indirect support through improvements to the environment to enhance quality of life of the elderly. People need to be trained in elder care. There should be transportation to/from the THPH, subsidies for the cost of care, meals support, volunteers to visit the elderly, and elderly day-care.

Recommendations

The government needs to urgently mobilize funding for services and welfare so that communities are prepared for long-term care for the increasing number of elderly in their locale. Families need to be equipped and trained to care for the elderly in their homes since there isn't enough capacity at present for hospitals and health centers to meet all the health care needs of the growing population of elderly.

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