

Age-friendly Communities Development in Northern Thailand  
: Hua-Ngum's Experience and Implementation  
in Other Sub-districts

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## **Abstract**

The study of “age-friendly community development in northern Thailand: Hua- Ngum’s experience and implementation in other sub-districts,” makes a research assumption that the age-friendly community concept has the potential to be a model for sustainable rural development. It aims: 1) to conduct a needs assessment to analyze the Thai aging situation; 2) to construct an age-friendly community (AFC) development model from a good practices (GP) study; and 3) to generalize the AFC development model into guidelines to develop an AFC. The study mainly adopts qualitative research as the main methodology, however, both qualitative and quantitative methods are used to investigate the empirical evidence. The study is conducted in rural communities in northern Thailand by focusing on Hua-Ngum sub-district and four other selected sub-districts in the northern region.

The results of the good practice study (GP) of Hua-Ngum sub-district and four other selected sub-districts in northern Thailand can be summarized through three models, including: 1) the logic model of age-friendly community development, which aims to explain the assumed causal connections of input, output, and outcome of age-friendly community development; 2) the process model of age-friendly community development at the community level as a model to explain the stage of development of the age-friendly community. This depicts the stages of development of an age-friendly community that is divided into three stages, including: the beginning stage; the stage of establishing core values and community spirit; and the stage of focusing on age-friendliness; and 3) the process model to develop age-related activities, which aims to explain the process of developing age-related activities based on the community development cycle (community assessment, planning, implementation, and evaluation). Moreover, key factors contributing to the success of age-friendly communities are proposed, including: 1) good leadership - both formal and informal leaders; 2) strong partnerships; 3) concordance with religion and local culture; and 4) participation of the elderly. According to the models, importance is paid to the elderly as the “center” of community development, with the realization and reflection that the elderly have potential and they are also powerful resources that can drive community development. Furthermore, the lessons learned based on GP study indicate the importance of the power of local communities to tackle their own aged societies with regards to the social capital and social participation of all community members.

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## **Chapter 1: Introduction**

### **1. Background of the Study**

#### **1.1 Global aging and the age-friendly city movement**

The increasing of the aging population is considered seriously as a “global issue.” Decreasing mortality and declining fertility are important factors mentioned (UN, 2013). The United Nation (UN) report reveals that the number of older persons - 60 years old and over - is projected to more than double, from 841 million people in 2013 to more than 2 billion in 2050. Moreover, there will be a greater number of older persons than children (aged 0-14 years) for the first time in human history by 2047 (UN, 2013). There are several approaches and projects established for tackling this crucial aging situation.

The Global Age-friendly Cities project is one interesting global project introduced by the World Health Organization (WHO) in 2005. Due to the idea that the world population is increasingly living in cities, the WHO has endeavored to implement the project in 33 cities across the world. In 2007, the “Global Age-friendly Cities: A Guide,” was published based on the experience of 33 cities (WHO, 2007).

After that WHO project, there has been considerable interest on the part of policy-makers in the concept and movement to establish cities and communities as better places for older people (Menec & Nowicki, 2014). Especially in the West - the United States, Canada, England, and Europe - the concept has flourished. In the United States, for example, Scharlach et al., (2012) indicate that there are 292 age-friendly community initiatives.

As the concept, WHO (2007) indicates eight domains that are fundamental age-friendly cities and/or communities. These domains are: 1) outdoor spaces and buildings; 2) transportation; 3) housing; 4) respect and social inclusion; 5) social participation; 6) civic participation and employment opportunities; 7) communication and information; 8) community support and health services (WHO, 2007; Plouffe & Kalanche, 2010). WHO presents the concept of age-friendly cities and/or communities as one approach to promote an active aging framework that refers to the processes that optimize opportunities for health, participation, and security in order to enhance quality of life as people age (WHO, 2007). The concept is seen as a new discourse on gerontology, which views elders as significant contributors to society (Alley et al., 2007; Eales et al., 2008:109; Lui et al., 2009; Austin et al., 2009).

At the global level, the older population is growing faster in urban areas than in rural areas (UN, 2015). However, there are still a considerable number of elderly people living in rural areas, particularly in developing countries where two-thirds of the world's older persons live in the developing regions (UN, 2015). The UN report (2002) informs that in developing regions, which are still largely agricultural, 63% of the older people live in rural areas.

#### **1.2 Thai aging situation**

In the case of Thailand, according to the studies of the National Statistical Office (NSO) in 1994, 2002, and 2007, they were revealed that Thailand has been dramatically and continually increased the number and proportion of older people. In 1994, 6.8% of Thailand's population was older people, with that number reaching 9.4% by 2002 and exceeding 10.7% in 2007 (approximately 7 million older people) (NSO, 2008). Therefore, Thailand had already become an aging society by 2005 (NSO, 2008). The altered aging society after the 20<sup>th</sup> century is caused by the dramatic decline in the total fertility rate from 4.9 births per woman in 1974-1976 to 1.7 births per woman in 2005-2006, and approximately 1.6 births per woman in 2011 (TGRI, 2013:12). In addition, there has been an increase in lifespan longevity from approximately 64 years in 1974-1976 to 78 years in 2011 for females and from roughly 58 years of age to about 71 years of age within the same period for males (TGRI, 2013:13). The

population census in 2007 showed that Thailand had approximately 7 million older people, or 11% of the entire country population of approximately 65.6 million people (Ministry of Social Development and Human Security (MoSDHS), 2012: 2).

In comparison, the Thai elderly proportion is less than in other developed countries, where proportions of older people are approximately 1 in every 4-5 people (Ministry of Social Development and Human Security (MoSDHS), 2012: 2). However, Thailand's change into an aging society has taken much less time than in other countries, particularly in the West (UNFPA Thailand, 2009). The proportion of older people within the total population will increase from 14.0% in 2015 to 19.8 % in 2025, and nearly 30 % by 2050. The population of older people will increase from the current 6.4 million to 9.0 million in 2015, 12.9 million in 2025, and exceed 20 million by 2050. This phenomenon is causing Thailand to become the second most aged country in South-East Asia next to Singapore and will have a shorter amount of time to prepare the system and services for a Thai aging society (UNFPA Thailand, 2009).

Furthermore, Thailand has been faced with several challenges according to being an aging society, as follows:

1) The shorter time frame to prepare for and deal with an aging society: The rapidity of population aging in Thailand means that the country has a shorter time to deal with the new challenges despite having fewer resources available, compared to the developed countries (Jitapunkun, et al., 2008; UNFPA Thailand, 2009). It implies that the country will face the emergent issue related to social security, health care costs, and intergenerational equity in a far shorter time span than happened in the West or other developed countries (Jitapunkun, et al., 2008:40).

2) Increasing number of old-old elderly group and their needs for long-term care: Population Projections for Thailand during 2010-2040 indicate that the percentage of the late elderly (aged 80 and over) population will increase sharply from approximately 12.7% to almost one-fifth (20%) of the total elderly population (TGRI, 2013: 13). Therefore, in the future, Thailand will encounter a more complicated aging society with the related issues of an increase in bed-ridden older persons, older people with dementia, and chronic illness patients needing special long-term care.

3) The declining number of elderly residing with their children, increasing the number of "skip-generation households" and limitations of the Thai household: The National Survey illustrates a steady decline in co-residence with children, as well as increasing trends for older people to live alone or live with a spouse due to the migration trend among younger generations. This trend also leads to an increase in the number of "skip-generation households." This type of household refers to families with the only grandparent(s) and grandchild (ren) in residence (TGRI, 2009: 39). The proportion of elderly in skip-generation households increased from 10.5% to 14.3% between 1995 and 2007, especially in rural areas. The percentage of rural elderly in skip-generation households tended to increase and was greater than in urban areas (TGRI, 2009: 39). This information suggests the limitations of Thai households tackling this critical situation on its own. Thus, the welfare system for older people at the community level will be a system that conforms to social changes in Thailand. Because it will address aging issues as "public issues," responsibility will be not only with family members but also with other community members. The community as a whole should be aware and participate in the process of achieving social well-being among older people and other members of their community.

4) Increasing dependency ratio: By the year 2050, approximately 64 percent of dependents will be older adults. The aged dependency levels will steadily increase from 15 older people per 100 people aged 15-59 years old to 35 aged people per 100 people aged 15-

59 years old in 2025 and 55 aged people per 100 people aged 15-59 years old in 2050 (Jitapunkun, et al., 2008:6).

5) The younger generation tends to have a negative attitude towards older people. In 2007, 62% of the targeted population (the young and adult population) had a positive attitude towards the Thai elderly. By 2011, the percentage had decreased to 57% (Prachuabmoh, et al., 2008) . The statistics reflect the opinion that elderly people tend to be viewed more unfavorably by younger generations. This negative view could possibly affect the quality of life of older people, as well as leading to discrimination or relegation of the economic and social roles of older people (TGRI, 2012: 27).

6) Lack of official caregivers. A shortage of official elderly caregivers includes a lack of specialized medical doctors for elderly care and other important professions, such as nurses, public health workers, physical therapists, psychologists, and social workers. For instance, currently the number of professional nurses is 97,942, though only 66.2% of them work in medical and public health services, and there is a steady proportional drop in the number of nurses due to the imbalance between gains and losses in their number while the demand for their services steadily increases (TGRI, 2013: 69). Another example is the increased demand for psychologists and social workers in the health care system. Among total psychiatric personnel, psychiatric nurses accounted for 1,864 professionals in 2005, with a growth rate of 1%, the majority concentrated mainly within urban areas. In the case of social workers, there were only 214 in 2005, decreasing from 391 in 2004 (Department of Mental Health, 2005 in TGRI, 2012:70). The data show one of the limitations of the Thai government.

From the review on Thai aging society as mentioned earlier, it implies many limitations that Thai society is faced. Increasing of dependency ratio, for example, it infers the difficult situation that the working aged, older people and the government will encounter, such as increasing health care costs and other social and economic support costs. Thus, individuals, families, and the government cannot tackle this situation by individually. The welfare system that supports the collaboration between individuals, families, and a representative government is needed, especially in a community or village-based model.

Additionally, Thailand also is experiencing with many situations related with social changes, such as increasing number of “skip-generation households”, decreasing in the co-residence of the elderly with their children, and increasing of the number of elderly who are living alone, especially in rural areas. These social changes imply to limitation of Thai households on elderly care and support. Therefore, the welfare system at community level is needed for supporting the elderly and their families. The welfare system for older people at the community level will be a system that conforms to social changes in Thailand. Because it will address aging issues as “public issues,” responsibility will be not only with family members but also with other community members. The community as a whole should be aware and participate in the process of achieving social well-being among older people and other members of their community.

### **1.3 Focusing on age-friendly community, social participation domain**

As stated previously, age-friendly cities/communities concept introduced by WHO consists of eight domains includes physical, socio-cultural, health, economic and political aspects which indicate holistic view to deal with aging- aged society across the world. However, this study has focused on “social participation domain” because social participation of elder people is considered as one essential part of the age-friendly community (WHO, 2007; Kadoya, 2013).

Social participation (in several forms, e.g. volunteering, caring for someone, involvement in community activities) can benefit good health and well-being throughout life (WHO, 2007; Richard et al., 2008; Wu et al., 2005; Zaninotto et al., 2012; Cherry et al.,

2013). Moreover, participation in leisure, social, cultural, and spiritual activities in the community and families allows older people to continue to exercise their competence, to enjoy respect and self-esteem, and to maintain or establish supportive and caring relationships (WHO, 2007:38). Furthermore, age-friendliness based on social participation domain conforms to Thai experience and it can handle by small local authorities in rural areas.

Age-friendly physical environment, such as appropriate building and outdoor space, seems to request big budget, meanwhile, lack of development budget in small local authorities in rural areas is an important problem which is difficult to overcome. Additionally, age-friendly community on health aspect is requested specific knowledge and professional. Therefore, it is difficult to handle by small local governments, particularly in rural community where lack of budget and manpower are taking place.

#### **1.4 Need of age-friendly community in rural context and Thai academic**

Previous studies review illustrates the need for the study of age-friendly communities in rural areas. There currently exists a major gap in the literature, namely that the discourse around age-friendliness has tended to focus on cities (Menec & Nowicki, 2014). Therefore, the present study will lead to extending the knowledge boundary of age-friendly communities both in academic concept and social movement.

Furthermore, Lui & colleague (2009: 119) has made a critique that a limited amount of literature has focused on age-friendly communities for older people living in rural or remote areas with different aging pathways and experiences to the general population. In their opinion, they thought more research and discussion on building and managing an age-friendly community in rural and remote area are needed

In the case of Thailand, age-friendly community concepts seem to be a new idea. According to the ThaiLIS database<sup>1</sup>, there are only four studies that have used the words “age-friendly,” most of which are in a field of public health. Regarding the age-friendly community in Thailand, the age-friendly built-environment, including specially designed age-friendly buildings, was launched by the Ministry of Social Development and Human Security (MoSDSH) in 2012, and April 2014, the first project on age-friendly cities was introduced in Thailand by the Department of Health, Ministry of Public Health (MoPH). In other words, the age-friendly community concept has not yet been introduced widely and deeply in Thailand. Thus, this study can be the pioneering study that introduces and establishes the age-friendly community concept and movement in Thai academic society.

#### **1.5 Why focus on rural area and northern Thailand**

##### ***The majority of Thai elderly are living in rural areas and facing several challenges:***

By emphasizing the rural community in the present study, thus the important characteristics of older people who live in rural areas are presented. A general concept of the definition of rural refers to the differentiation between rural and urban.

Taylor & Jones (1964:50-52) propose that some major rural-urban differences that have been related are occupation, environment, size of community, density of population, heterogeneity, social differentiation, mobility, and system of social interaction. In Thailand, one of the criteria to define the rural areas is the type of local government. Municipality - City, Town, Tambon, or Sub-district - refers to local governments located in urban areas, whereas Sub-district Administrative Organizations (SAOs) refer to local governments in rural areas. Different types of local government are mainly categorized by a number of residents, density of the population, and economic or financial capabilities of the local government (Thesaban Act of 1953, the 11<sup>th</sup> version in 2000).

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<sup>1</sup> Thai Library Integrated System (ThaiLIS) is the database that gathers research reports, research and review articles, Masters theses, and Doctoral dissertations from the network. The ThaiLIS's network refers to university libraries and other organizations that are connected and working in cooperation.

Currently, the majority of Thai elderly are living in rural areas. There are approximately 5 million (59.89%) Thai elderly people living in non-municipal areas representing rural areas, whereas approximately 3.4 million (40.11%) elderly people are living in municipal areas that refer to urban areas (NSO, 2010). Compared with urban areas in 2011, a lower percentage of rural older people (4.3%) have a high school education or higher, whereas 23.7% of urban elderly have a high school education or higher (NSO, 2012). In addition, the previous study revealed that the majority of poor older people are living in rural areas. The surveys in 2009 and 2010 showed that 14.52% and 13.80% of the rural elderly were living in poverty, respectively. At the same time, the urban elderly were in poverty only 5.09% and 4.60%, respectively (TGRI, 2013: 21-22).

In addition, rural communities are facing declines in the co-residence of the elderly with their children and an increase in the number of elderly who are living alone in rural areas. Because the children of rural elderly people tend to migrate from their hometown to urban areas more often than the children of elderly people already living in urban areas (TGRI, 2012: 17)<sup>2</sup>.

***The northern Thailand and its challenges related with aging society:*** The northern region (according to the four-region grouping system commonly used in Thailand) refers to seventeen provinces located in the northern part of Thailand (Chiang Rai is one of these provinces in the northern region). Northern Thailand has several important problems that unavoidably affect the aging society of the region. For instance, ***it has become a rapidly aging society faster than other regions.*** The population and housing census survey in 1960 revealed that number of older people in the northern part of Thailand was 268,592 (4.6% of the total population in the region). In 1990, the elderly population had increased to 887,989 people (8.3%). Since 1990, the old age population in the northern region has increased dramatically, such that in 2000 it reached 1,278,965 people (11.2%). Additionally, the population projector has revealed that in 2025 the number of elderly in northern Thailand is expected to be 3,013,000 or 24.2% of the entire population in the region. Important factors that have affected the population structure in the northern region have been the success of the birth control scheme that since 1993 has had a direct effect in decreasing fertility. Moreover, the development of health care services and facilities has also been a factor (Tangyongthakun, 2010).

Moreover, ***northern Thailand is the region with the highest aging rate.*** In 2008, the survey of Thai older persons by the National Statistical Office (NSO) revealed that the northern region had the highest rate of elder population when compared with other regions. The aging population rate in northern, northeastern, central, and southern regions were 12.6%, 10.7%, 10.3%, and 10.0%, respectively (NSO, 2008). ***Highest elderly household rate also exists in northern region.*** The “elderly households” mean to households in which elderly people are either living alone or living only with a spouse. The study has revealed that the northern region of Thailand had the highest percentage of elderly members within the household, at 8%. Furthermore, the statistics from 2000-2009 showed that the percentage of elderly households in the north was increasing more than in the other regions of Thailand (Poapongsakorn & et al., 2013).

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<sup>2</sup> The result from the national survey showed that in 2013, 62.5 % of emigrants were people who lived outside municipal areas (i.e., in rural areas), whereas 37.5% are people who live in municipal areas (i.e., urban areas). Considered by age group, the national survey found 32.4% of emigrants are 15-24 years old, 28.0% are 25-34 years old, and 25.2% are 35-59 years old (NSO, 2014). However, not living in the same household as their children do not always mean that the elderly literally live independently. In Thai society, especially in rural areas, it has been found in many cases that elderly parents and their children live next door to each other or within the same village (TGRI, 2012:17).

Furthermore, *the ratio of poverty within the region is higher than that of the national level* (second in rank next behind the northeastern region). In 2008, the northern region had a poverty rate of 13.3%, while at the national level was 8.9% (NRCT, 2010). When considering health aspects, *northern residents have the highest rate of problems with their health status* (27.3%), especially respiratory diseases, mental health problem, and suicide. Moreover, the highest rate of HIV-infected patients exists within this region (NRCT, 2010). Therefore, the aging society in northern Thailand will present a critical situation when combining these conditions.

#### **1.6 Age-friendly community development in rural northern Thailand is needed**

In this study “age-friendly community” is realized as one community-based model for tackling Thai aging society. As age-friendly cities/communities concept in Thailand, the concept seems to be a new idea as stated previously.

However, the concept, especially those age-friendly communities focusing on elderly people’s social participation, do not distinguish from Thai experiences, particularly, at local level. In contrast, it seems to conform to the Thai local community’s movement. Former studies in Thailand (Wichawut & Tanawiriya, 2009; Takunwaranon et al., 2011; Sasiwongsaroj et al., 2011.) demonstrate the movement of local communities, which in turn illustrates the power of the local communities in terms of solving the aging society problem by using social capital. This process does not depend solely on a budget from the government, but is also trying to build up the social process. Even though there are several activities and programs that show age-friendliness in Thailand, the initiatives that establish the social processes necessary to tackle an aging society in holistic view seem to be lacking. Employing an age-friendly community concept to Thai society will encourage local communities to raise awareness on the aging society and foster local communities in Thailand to be friendlier towards the elderly and other age groups.

With awareness of the Thai aging situation, therefore, the present study is focusing on the development of an age-friendly community in rural Thailand with the important assumption that the age-friendly community concept has the potential to be one model for community-based welfare for Thai elderly in rural areas. Such a concept can lead to a rural development process, which does not benefit only the elders themselves, but members of the community of all ages as well.

## **2. Objectives of the Study**

### **1) To conduct a needs assessment to analyze the Thai aging situation**

There are two sub-objectives of this main research objective, including; studying the overall picture of the situation of the Thai aging society, and studying the aging situation at the sub-district level, focusing on rural communities in northern Thailand. The 1<sup>st</sup> research objective aims to achieve an understanding of the Thai aging situation both at the national and at the sub-district level.

### **2) To construct an AFC development model from good practices (GP) study**

There are two sub-objectives of the 2<sup>nd</sup> research objective, including; studying age-friendliness within Hua-Ngum sub-district and the development of the Hua-Ngum age-friendly community. The 2<sup>nd</sup> research objective aims to explain the features and characteristics of the age-friendly community, the process of developing age-friendly communities in rural northern Thailand, and the AFC development model.

### **3) To generalize the AFC development model into guidelines to develop an AFC**

The main research aims to establish guidelines that make suggestions for implementing age-friendly community structures in other rural communities in northern Thailand.

### 3. Research Question

As stated above, the present study aims to introduce an age-friendly community development in Thai communities where it will be used to tackle the critical aging situation. Therefore, the important research question in the study is, *“How to develop and implement age-friendly communities in Thai rural community, particularly in northern region?”* From this main research question, there are three sub-questions as follows: what is an age-friendly community in rural northern Thailand context?; how to develop age-friendly community in rural northern Thailand?; and how to implement age-friendly community in rural northern Thailand?

### 4. The Definition of Terms

- 1) Thai older people: The Thai population who are 60 years old and over.
- 2) Age-friendly community: WHO's age-friendly community consists of eight domains that are fundamental age-friendly cities and/or communities. These domains are 1) outdoor spaces and buildings; 2) transportation; 3) housing; 4) respect and social inclusion; 5) social participation; 6) civic participation and employment opportunities; 7) communication and information; 8) community support and health services<sup>3</sup>.
- 3) The age-friendly community development model means diagrams that summarize and explain the features and processes of developing age-friendly rural communities. In this study, the age-friendly community development model consists of three sub-models, as follows:
  - (1) The logic model of age-friendly community development represents a model that depicts assumed causal connections of input, output, and outcome of age-friendly community development.
  - (2) The process model of age-friendly community development at the community level indicates a model that depicts the stages of development of an age-friendly community divided into three stages, including: the beginning stage, the stage of establishing core values and community spirit, and the stage of focusing on age-friendliness.
  - (3) The process model of development of age-related activities signifies a model that depicts the process of developing age-related activities based on a cycle of community assessment, planning, implementation, and evaluation. Established age-related activities will lead to age-friendliness within the community.
- 4) Rural community: The study defines rural community by using the type of local government as criteria<sup>4</sup>. In the Thai local government system, the Sub-district Administrative Organizations (SAO) refers to local government in rural areas, while other local governments such as city municipalities, town municipalities, and sub-district municipalities refer to the local governments in urban areas. Moreover, the study defines “community” as a territorial unity according to Thai local administrative system by focusing on “sub-district” level<sup>5</sup>
- 5) Northern Thailand: this study defines the northern region according to the four-region grouping system where refers seventeen provinces are divided into two sub-regions,

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<sup>3</sup> Regarding the result of this study, age-friendly community means the community which establishes opportunities to social participation of the elderly. Those opportunities are based on participation of local people and regarded to community's social capital. Such opportunities will foster social connectivity both among active and isolated older people. Opportunities to social participation will encourage the older people to achieve the quality of life.

<sup>4</sup> In each Sub-district, Sub-district Administrative Organization (SAO) is a local government office that has important duties regarding community development and the improvement of quality of life of the residents.

<sup>5</sup> There are several villages located in a sub-district such, in case of Hua-Ngum sub-district; in consists of thirteen villages.

upper and lower northern Thailand. The study has selected three provinces in the northern region as research sites including Chiang Rai; Lampang; and Uttaradit.

6) Thai Aging Society: A Thai society that has a percentage of 10% or more of the entire population of Thai older people.

## **5. Significance of the Study**

1) Academic significance: Because of lack of research focused on age-friendly rural communities and remote areas (Menec & Nowicki, 2014; Lui & colleague, 2009: 119). In Thailand, moreover, the age-friendly community concept has not yet been introduced widely and deeply. Therefore, the present study will lead to extending the knowledge boundary of age-friendly communities both in academic concept and social movement<sup>6</sup>. Thus, the study will be the pioneering study that introduces and establishes the age-friendly community concept and movement in Thai academic society.

2) Policy and practical significance: At the local community level, the study strengthen the community process on elderly care and development, especially in Hua-Ngum sub-district, where it is the main research field. Moreover, the study encourages other sub-districts in northern Thailand to be aware of aging issues and age-friendly community development. In other words, the research methodology will support the learning process of the local community and stakeholders and is directly related to strengthened community development. The research process does not only lead to the improvement of the quality of life of older people, but also aims to establish a supportive community for other age community members. From a policy perspective, the study will establish political guidelines for tackling the crucial issue of an aging society in Thailand where it affects directly the existence of rural communities.

## **6. Structure of the Dissertation**

This dissertation contains nine main chapters are as follows:

1. Chapter 1: Introduction
2. Chapter 2: Literature Review
3. Chapter 3: Research Methodology
4. Chapter 4: Thai Aging Society and Introduction of Hua-Ngum Sub-district
5. Chapter 5: Need Assessment of Hua-Ngum Elderly
6. Chapter 6: Process to Develop an Age-friendly Community in Hua-Ngum Sub-district
7. Chapter 7: Building the 1<sup>st</sup> Age-friendly Community Development Model
8. Chapter 8: Revising and Establishing Age-friendly Community Development Guideline
9. Chapter 9: Discussion and Conclusion

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<sup>6</sup> The study has introduced such concept in local communities and encouraged key stakeholders related to being aware and consider in their own aging situation through community workshop where it is one research method in the study.

## **Chapter 2**

### **Literature Review**

The age-friendly community concept has been acknowledged widely since “the Global Age-Friendly City Project” was introduced by WHO (World Health Organization) with its publication of “Global Age-friendly Cities: A Guide” that provides the age-friendly feature checklist as a tool for a city’s self- assessment and a map to chart its progress (WHO, 2007). After that WHO project, there has been considerable interest on the part of policy-makers in the concept and movement to establish cities and communities as better places for older people (Menec & Nowicki, 2014). Especially in the West - the United States, Canada, England, and Europe - the concept has flourished. In the United States, for example, Scharlach et al., (2012) indicate that there are 292 age-friendly community initiatives. In the case of Thailand, age-friendly community concepts seem to be a new idea. According to the ThaiLIS database<sup>1</sup>, there are only four studies that have used the words “age-friendly,” most of which are in a field of public health. The age-friendly built-environment, including specially designed age-friendly buildings, was launched by the Ministry of Social Development and Human Security in 2012, and last April (2014), the first project on age-friendly cities was introduced in Thailand by the Department of Health, Ministry of Public Health.

#### **1. The Age-friendly Community: Definition and the Shift of Paradigm**

Several definitions of age-friendly community are identified depending on the viewpoints or framework that the scholars employed. Age-friendly community is considered as social interaction and independence of older people (Clark& Glicksman, 2012), as a community designed that promote and ensure healthy, security and participation among older people (Everingham et al., 2009), as processes to promote positive health behaviors and physical health (Cherry et al, 2011), as a way to promote healthy aging that identified by life satisfaction and self-perceived health (Menec&Nowicki, 2014), age-friendly cities as processes to ensure healthy aging in terms of raising awareness of older people as a resource to society, personal and community empowerment, accessibility of the full range of services; and supportive physical and social environments (Green, 2012).

Additionally, the age-friendly community concept is viewed as a new discourse on gerontology. The concept views the elders as significant contributors to society and their communities, rather than as passive, dependent recipients of benefits and services (Austin et al., 2009). This marks a shift in the discourse about population aging from viewing aging as a problem towards the viewpoint that considers older people as those who can flourish (Eales et al., 2008:109). Moreover, the age-friendly community regards older people as productive and contributing members of society, as opposed to the negative perspective, which sees elders as passive and powerless older people (Alley et al., 2007; Lui et al., 2009). This shift of paradigm lends itself towards a positive perspective of the elderly that emphasizes their values and abilities.

#### **2. The Age-friendly Community: Concept and Characteristics**

Literature suggests that various perspectives are proposed for describing the characteristics of the age-friendly community: the lifespan and developmental psychological perspective; the ecological perspective; and the concept based on the approaches identified.

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<sup>1</sup> Thai Library Integrated System (ThaiLIS) is the database that gathers research reports, research and review articles, Masters theses, and Doctoral dissertations from the network. The ThaiLIS’s network refers to university libraries and other organizations that are connected and working in cooperation.

## **2.1 Age-friendly community based on the lifespan and developmental psychological perspective**

The age-friendly community that is based on the lifespan and developmental psychology perspective consists of five concepts: **1) Continuity** refers to the ability to maintain established patterns of social behavior and social circumstances for maintaining internal psychological structures and health-promoting activities, **2) Compensation** refers to the availability of products and services to meet the basic health and social needs of older people, e.g. adequate and affordable in-home care and rehabilitation services, **3) Connection** refers to opportunities for meaningful social interaction that promotes and supports connectedness between older people and others in social life, **4) Contribution** refers to the positive meaning and impact that older people contribute to others, and **5) Challenge** refers to age-appropriate opportunities for stimulation, such as in the form of physical exercise, intellectual demands, or social engagement. (Scharlach, 2012: 28-29)

## **2.2 Age-friendly community based approaches identified**

Scharlach (2012) conducted documentary research aimed at describing the types of community age-friendly initiatives in the United States, using a national internet-based survey with 292 identified age-friendly community initiatives. Scharlach (2012: 30-34) proposes four types of age-friendly communities in the U.S., using the approaches identified: **1) Community planning initiatives** (e.g., initiatives that have a need assessment and strategic planning effort designed to identify the problems faced by older residents), **2) System coordination and program development** (e.g., initiatives based on cross-sector collaboration and other innovative capacity-building processes to enhance the ability of local institutions to provide programs and services needed by the elderly in communities), **3) Co-location of services** (e.g., initiatives involving collaborations between service providers and naturally-occurring retirement communities (NORCs), which are geographic locations such as housing developments, neighborhoods not originally designed for seniors but at present have high concentrations of older residents), **4) Consumer associations** (e.g., initiatives that represent consumer mutual-aid associations according to the “village” model).

## **2.3 Age-friendly community based on ecological perspective**

The age-friendly community that is based on the ecological perspective seems to be widespread and deeply investigated because it illustrates a holistic view for tackling an aging society (WHO, 2007; Federal/Provincial/Territorial Ministers Responsible for Seniors, 2007; Eales et al., 2008; Menec et al., 2011). Ecological theory provides a general framework for understanding human behavior, health, or well-being, depending on the context to which it has been applied (Menec et al., 2011:418).

Eales et al., (2008:110-113) propose two approaches for understanding age-friendly communities: the “resources” and “best fit” approaches. The **resources approach** explains the characteristics of age-friendly communities, especially in rural areas where they refer to the **natural environment**, such as good air and water quality, climate, and geography; the **human-built environment**, such as appropriate housing, accessible goods and services, barrier-free and enabling interior and exterior spaces, and accessible public and private transportation; and the **social environment**, with opportunities to maintain relationships with family members and friends, and inclusive opportunities for civic, cultural, educational and voluntary engagement. The identification of resources that derives from the natural, human-built, and social environments is an important first step in conceptualizing age-friendly communities because it provides a contextual view of older people. This is interdependent with living environments, including the natural, human-built and social contexts in which older people live (Wahl and Weisman, 2003 in Eales et al., 2008:112).

Age-friendly cities and/or communities reported by WHO (2007) can also be considered under the ecological perspective resource approach. WHO (2007) indicates ***eight domains that are fundamental age-friendly cities and/or communities***. These domains are: 1) outdoor spaces and buildings; 2) transportation; 3) housing; 4) respect and social inclusion; 5) social participation; 6) civic participation and employment opportunities; 7) communication and information; 8) community support and health services (WHO, 2007; Plouffe & Kalanche, 2010). WHO presents the concept of age-friendly cities and/or communities as one approach to promote an active aging framework that refers to the processes that optimize opportunities for health, participation, and security in order to enhance quality of life as people age. Alley et al., (2010:7) propose elderly-friendly community characteristics from a Delphi study that contains fifteen characteristics. Those fifteen characteristics are categorized into six main categories, including the ***built environment*** (e.g., accessible public and service buildings, adequate pedestrian and traffic controls, age-appropriate exercise facilities); ***transportation*** (e.g., accessible and affordable transportation); ***community support and health services*** (e.g., available in-home long-term care service, responsive health and long-term care, the ability to obtain services within reasonable travel distances, caregiver support services, a wide selection of services); ***housing*** (e.g., a wide variety of appropriate housing options, supportive zoning for senior housing), ***safety*** (e.g., personal safety and low crime rates), and ***social respect and involvement*** (e.g., elders considered vital part of community, elder-relevant issues present in local agenda, recognition of and response to unique need of seniors). Their conclusion refers to the ***“social environment”*** and the ***“built environment”*** for those several characteristics (Alley et al., 2010:13).

The ***“Best fit” approach*** is a realization and understanding of the diversity among older adults. Some older adults are outgoing, while others are more private. Rural communities are also diverse. Some are services rich, while others are services poor. Some communities are able to maintain a well-developed infrastructure, such as roads, sidewalks, and building access, while others may struggle. In expanding the conceptualization of age-friendly rural communities, it is essential to consider the diversity among both older adults and rural communities, and the interdependent relationship between people and their environments (Eales et al., 2008:112). Thus, age-friendly communities are viewed within a perspective that implies ***the best fit*** between the preferences and needs of older adults and the resources of the community in which they live (Kahana et al., 2003 in Eales et al., 2008, 113).

Eales and colleagues (2008) studied two cases in rural communities in Canada that included two different groups of older people who identified age-friendly communities according to differences in their preferences, needs, and lifestyle. The first group was ***community active older adults***, while the second group was ***stoic older adults***, who embody the values of rural culture like self-reliance, practicality, and the importance of hard work and religion. Community active adults and stoic older adults have quite different experiences of aging, even while living in the same rural community. For instance, the ***social environment*** (e.g. availability of family and friends, inclusive opportunities for engagement, activities that promote well-being), of age-friendly communities occurs when stoic older people are proximate to their family, close friends, and good neighbors - familiar people with whom they can interact in the course of their everyday routines. Interestingly, opportunities to be engaged socially and participate in community organizations and events are not salient among stoic older people who have little interest in community participation. Contradictorily, age-friendly communities for community active older adults occur when they have opportunities to be socially active, volunteer, and keep busy. Proximity to family and friends is not necessary for active older people within the community who have the resources to

maintain relationships, even across distances (Eales et al., 2008:114). This view challenges the idea that there cannot be one model or guide to developing an age-friendly community. **“Fit” is dynamic**; it varies depending on the personal preferences and resources of older adults and those of their communities at a particular point in time (Eales et al., 2008:120).

**In conclusion**, this study has focused on the age-friendly community based on ecological perspective. Social environment age-friendly community, especially social participation domain is emphasized. As the definition of age-friendly community in this study, moreover, is defined as the community which establishes opportunities to social participation of the elderly. Those opportunities are based on participation of local people and regarded to community’s social capital. Such opportunities will foster social connectivity both among active and isolated older people. Opportunities to social participation will lead to improving of the quality of life of the elderly.

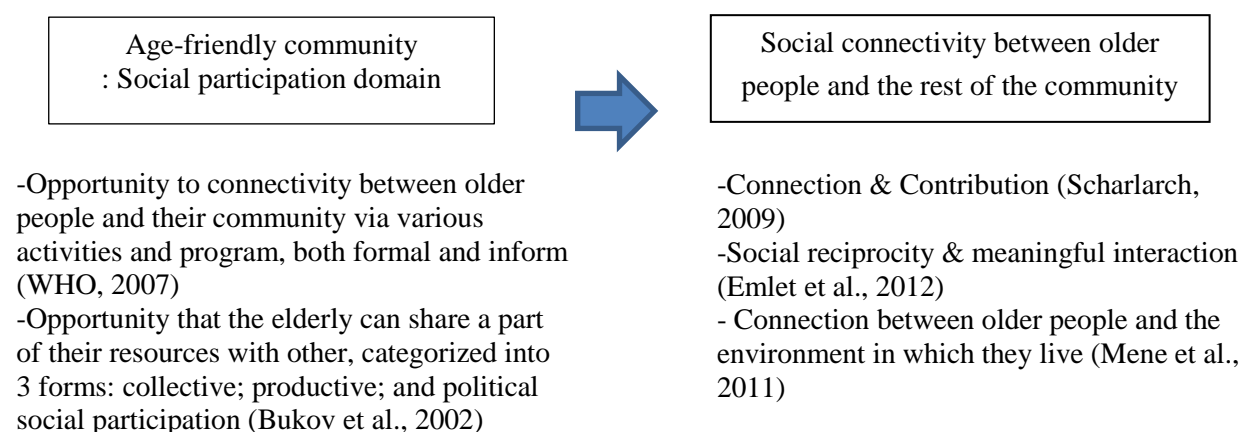


Figure 2-1: Age-friendly community and social connectivity between older people and their social life

### 3. Age-friendly Community Development: Models, Processes, and Principles

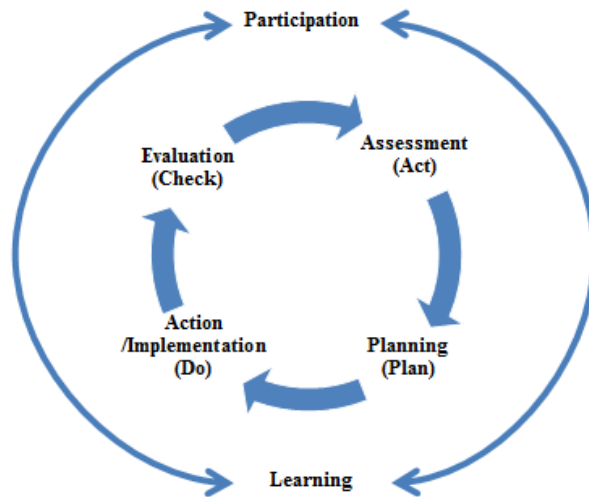
#### 3.1 Community Development Concept

**1) Community development process:** The development of age-friendly community is considered as one community development model in this study. Walaisathien et al. (2000:2) suggest that community development is “everybody’s mission” and the real development should aim to enhance a people’s ability and encourage them to have freedom for determining their own way of life; in order to achieve such goals, the relationship of community development had to be changed to “everybody is a partner in the development process”, so that community development become everybody’s mission and each of them can determine changes and shape the relationship between one another.

Walaisathien et al. (2000) also propose the model of community development (Figure 2), which aims to empower and encourage the community to initiate any actions on its own decision. Participation and learning are both the process (means) and ends of the community development and also key factors in every step of community development (Walaisathien et al., 2000:5). Community development generally start with “community assessment” means a study of the target community, getting to know and analyzing each part of the community to create knowledge and understanding in order to determine problems and assess potential of the community, which would lead to project and development activity planning, community problem solving, and community empowering. In the community assessment step, not only the community would be analyzed by community development workers (CDW) but community members would also be encouraged to participate in such process.

After knowing situation, needs, and problems of the community, CDW and community members would make a plan and put it into action. Finally, they would follow up and evaluate the consequence of the plan. Based on participation and learning of the stakeholders, the evaluation process would encourage participation and learning among them and create new knowledge from their own view. Consequently, the results gained from such process can be really benefited for all member of the community.

Figure 2-2: Participation and learning in community development process



Source: Revised from Walaisathien et al. (2000)

Therefore, participation is important goal of community development that does not only provide opportunity for citizens to play a part in the development but also gives them back their rights and power to determine their own future and maximizes their ability on community resources control and management. This reflects political implication of participation, which is a change in community development idea from a top-down approach to a bottom-up approach, where citizens play an important role in development work while the public sector only provides necessary supports (Walaisathien et al., 2000:6). In terms of learning, people learn from other and through the discussion. Community learning, moreover, is groundwork for instilling public consciousness and sense of belonging among the citizens (Walaisathien et al., 2000: 6-7).

## **2) People participation in community development process**

Regarding participation of people in community development, most studies described the participation on a basis of community development process. Villagers took part in finding problems, considering problems, prioritizing problems, identifying causes of problems, seeking and considering solutions to problems, conducting activities to solve problems, and evaluating development results (Rabibadhana, 1988; Pinthong, 1983; Walaisathien et al., 2000). The participation was also explained in terms of resource supports. A study of Thongrod (1986:97) studied participation of rice farmers in community development projects in rural areas and found that the sample group took part in every process of the development, respectively from the most participation to the least participation as follows: giving money, giving hands, joining the meeting, giving appliances and equipment needed, taking part in planning, giving opinions, persuading other villagers, being responsible or supervising the operations, and following up on the operations. Moreover, Parichart et al. (2010:146)

explained the participation based on the people's roles in the community, which were the leaders, the committees, and the members.

Arnstein (1969) explains the meaning and characteristics of participation in community development by proposing "a ladder of citizen participation." The ladder contains eight degrees of participation, with each rung of the ladder indicating the degree of participation: 1) manipulation; 2) therapy (rungs 1-2 describe levels of "non-participation"); 3) informing; 4) consultation; 5) placation (rungs 3-5 progress to levels of "tokenism" that allow the stakeholders to hear and to voice, however they still have less power to address their views because they are dominated by the power holders); 6) partnership; 7) delegated power; 8) citizen control (rungs 6-8 at the top of the ladder indicate the power degree in the decision-making process). In Arnstein's concept, key words of participation give power to citizens to address their views and needs and can describe their lives in terms of having power in decision-making. Therefore, social participation must lead people to be active citizens who have power in negotiation, engagement, and decision-making.

Walaisathien et al.,(2000:152-153) suggested that the factors encouraging people to participate in community development include 1) state mechanisms to urge participation, e.g. a democratic society and public hearing, 2) the people themselves, 3) developers, and 4) motivation.

In addition, Walaisathien et al. (2000:156) emphasized the socio-psychological conditions that affected people's participation in community development, which included people having common interest and concern, people agreeing to change the community to the direction they want, people seeing benefits from participating in development activities, people having freedom and time to participate, and people having motivation from the success of the group. A study of Hoonpayon (1983:137-139) indicated that in order to encourage the poor and the disadvantaged to participate in the development, they should be provided with allowance and necessary appliances as the supports.

### ***3) Learning in community development process***

Learning is a lifelong process in the community development and consists of four major points: 1) learning for knowing, 2) learning for doing, to achieve various objectives such as career training, 3) learning for being such as to have capability and freedom to design their own ways of living, and 4) learning to live together by understanding others' cultures, traditions, and minds (Walaisathien et al., 2000:172). Prukongsawalee (1998:99-125) suggested that the goal of creating learning in the community was to make the citizens know "how to think, how to talk, and how to do". The methods of creating learning and providing education included promotion via media such as posters, public relation, provision of practicing such as career training, provision of alternative schools, provision of libraries and resource centers, demonstration, training, field trips, seminars, and meetings to exchange knowledge, skill, and experience.

Meanwhile, Songkrawsook (1998:113-114) described the suitable learning process in community development as follows: 1) holding a stage to analyze situations of the village to create understanding and collaborative learning on various issues, 2) holding a stage for exchanging experience of organizations within the community and between communities, 3) conducting an observing study, inviting experts to exchange experience, 4) putting the learning into action, and 5) interpreting the experience and concluding lesson to find a better work process.

The above suggestions of Songkrawsook (1998) clearly reflected the relation between learning process and community development process, indicating that learning must be created in every process of community development (community assessment, planning, implementation, and evaluation. In other words, every process of community development

shall lead to learning of people in the community. Moreover, Walaisathien et al. (2000:176) asserted that in learning, community citizens must not only listen to suggestions and information but also needed to understand what others suggested and could exchange their opinions.

#### **4) *Leader as key factor contributing to success of community development***

A number of community development studies stated that a leader was one important factor, which is usually first and frequently mentioned, to the success in propelling development in the group and community levels. For example, a study of Wongprom (1993) showed that a reliable leader led to a successful cooperative activity of the community. Likewise, Wong-apai (1990:2) discussed characteristics of a leader that were conditions to a success of community development, which included being sincere and honest, listening to opinions of community's members, being an advisor, and being able to convince others. In addition, Walaisathien et al. (2010:156) suggested that a leader who would contribute to successful community development must have a history of working for the public, be sincere and determined in working, be accepted and respected by the villagers, and be able to urge the villagers to see the problems. At the same time, the study discussed leader characteristics that could impede the development, e.g. a weak leader who lost trust and faith from the villagers, a leader who dominated the opinions of the villagers, and a leader who sought benefits for themselves.

### **3.2 Age-friendly Community Development**

As the age-friendly community model, there are several models that have been proposed by former studies. The age-friendly community is a community process based on needs and problems of older people in each community, with those needs and problems related to the communities where they are living and growing older. Moreover, the age-friendly process focuses on participation among key stakeholders, such as the older people, local governments, health care providers, caregivers, and so on, and is based on a community's social capital. Thus, its process often utilizes a "bottom up" approach, taking advantage of an age-friendly community's diversity. However, at this point there is no universally accepted definition as to what constitutes an age-friendly/elder-friendly community (Lui et al., 2009).

The Elder Friendly Communities Project (EFCP) in Calgary has established a model based on three foundational principles: 1) vital involvement, 2) capacity building through neighborhood-based community development, and 3) collaborative advantage (Austin et al., 2009:87). ***Vital involvement of older people*** refers to three dimensions that relate to the enhancement of the quality of life of older adults: being (in physical, psychological, and spiritual terms); belonging (the fit between a person and the physical, social, and community environment); and becoming (the activities pursued to achieve personal hopes or goals) (Raphael et al., 1999 in Austin et al., 2009:87). ***Capacity building through community development at the neighborhood level*** is viewed as a useful approach to promote vital involvement and to create sustainable change by applying empowerment, a focus on strength community control, orientation to process and outcome, and motivated participants, etc. (Austin et al., 2009:87). The EFCP incorporates ***a shared model of collaborative planning, service delivery, and community-based research*** among major service providers and the University of Calgary, Faculty of Social Work. It established the Elder Friendly Community Program Steering Committee as a mechanism to drive the program and its processes while maintaining partnership and collaboration (Austin et al., 2009:88).

The Age-friendly British Columbia (AFBC) initiative (Gallagher & Mallhi, 2010) aims to enhance the activity and independence of elderly people living throughout British Columbia in order to improve their well-being. Three main goals to lead the process for

developing and driving the AFBC were proposed: *1) enhancing community capacity*, such as having a champion in the community, having strong local partnerships that are inclusive of older people and other stakeholders, and establishing good relationships with the local media, *2) facilitating multi-section engagement* by creating a “leadership network” consisting of leaders of business, finance, profession, government, service, community, ethno-cultural, and seniors’ organizations, *3) providing education, training and communication* through working with a specific “Age-friendly Community Implementation Team” to deliver presentations, conduct workshops, and producing a variety of age-friendly resources and materials for distribution.

The study of Alley et al., (2010), illustrates the process of achieving an elder-friendly community. First was *to address the needs of older people and define the elder-friendly community*. Older people and key stakeholders, such as practitioners and researchers, participated in the process. Second was *to conduct a needs assessment* by using both qualitative approaches, such as focus groups or in-depth interviews, and quantitative approaches, such as surveys of target groups. The needs assessment contained both general community assessment and specific content on elder-friendly community assessment. In this second step, it was named the “age-prepared” community. Communities can and do work toward elder-friendliness by becoming age-prepared, assessing current resources, and projecting future needs, then responding to these needs through planning (Alley et al., 2010:8). The third step was *to develop elder-friendly community initiatives*. Building elder-friendly communities requires a more integrated perspective that coordinates health, housing, and transportation services, and bridges the gap between social services and the built environments. They emphasized that creating policies to encourage elder-friendly community planning and development requires a paradigm shift, integrating the aging network with the disability network, bringing planners and service providers together, and opening and sustaining dialogues between public agencies and private businesses.

Age-friendly Philadelphia (AFP) (Clark & Glicksman, 2012) is viewed as having new initiatives focusing on improving both the physical and social environments that surround elders to facilitate independence and neighborhood cohesion. It starts with a formal model called “Supportive Age-Friendly Environments (SAFE).” SAFE has four important principles that include: *social capital* (older people are active and connected in the neighborhood); *flexible and accessible housing* (having the option to support older people to remain in their home and community); *mobility* (having access to public transportation and a walk-able environment); *eating healthy* (having fresh fruits, vegetables, and other nutritious foods available)<sup>2</sup>. The SAFE model and its principles are based on popular urban trends: social capital, flexible and accessible housing, improving mobility, and healthy eating. Thus, it can be applied in other cities (Clark & Glicksman, 2012:133).

From the examples of age-friendly community models, it can be inferred that situation, basic belief or principle, structure, processes or activity, and goal are important component for developing age-friendly communities.

- **Situation** means the originating problem, or issue, set within a complex of sociopolitical, environmental and economic circumstances. The situation is the beginning points of model development. For instance, there is high aging rate in the city or community, the city or community needs to improve quality of life or well-being of the older people.

- **Basic belief/Principle** refers the standpoints of age-friendly community initiatives and models, such as emphasizing views of older people as the center of movement and processes, respecting the voices of the elderly and encouraging them to voice their, utilizing a

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<sup>2</sup> The example cited is community gardens at senior centers and housing complexes.

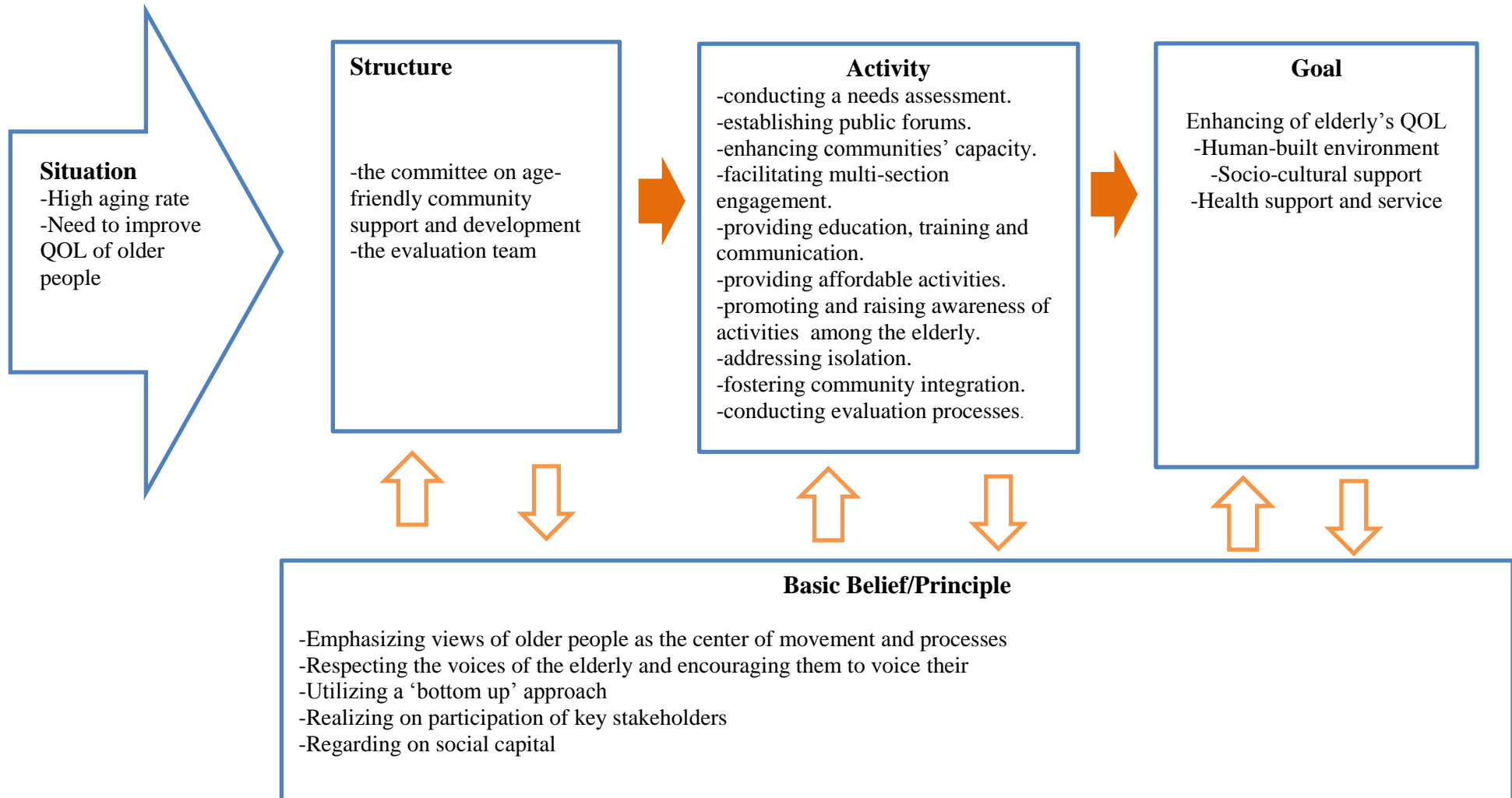
‘bottom up’ approach, realizing on participation of key stakeholders, regarding on social capital

- **Structure** refers a driven mechanism, such as the committee on age-friendly community support and development, the evaluation team.

- **Process/Activity** refer actions and activities are constructed for driving age-friendly community, such as addressing the need of older people and define the elder-friendly community, conducting a needs assessment, establishing public forums that create public space for addressing residents’ viewpoints on related issues, developing elder-friendly community initiatives, facilitating multi-section engagement, providing education, training and communication, and conducting evaluation processes.

- **Goal** refers expected result of the driving process that is the enhancing of quality of life (QOL) or will-being among the older people. The study has founded that three main aspects were presented as important components leading to the enchantment of elderly’s QOL including appropriate human-built (e.g. housing, road, outdoor space, building); diversity and accessibility of socio-cultural support for the older people (e.g. volunteer, recreation activity, cultural events) ; and appropriate health support and service.

Figure 2-3: Model of building age-friendly city/community: The result from literature review



#### 4. Social Participation of the Older Persons and Age-friendly Community

Social participation of elder people is considered one essential part of the age-friendly community (WHO, 2007; Kadoya, 2013). Social participation (in several forms, e.g. volunteering, caring for someone, involvement in community activities) can benefit good health and well-being throughout life (WHO, 2007; Richard et al., 2008; Wu et al., 2005; Zaninotto et al., 2012; Cherry et al., 2013). Moreover, participation in leisure, social, cultural, and spiritual activities in the community and families allows older people to continue to exercise their competence, to enjoy respect and self-esteem, and to maintain or establish supportive and caring relationships (WHO, 2007:38).

##### 4.1 Social participation of older people: the definition and characteristics

According to WHO's age-friendly concept, social participation of older people refers to connectivity between older people and their community via various social processes and programs, both formal and informal. WHO also indicates the checklist on social participation that provides a guideline for establishing social participation in the context of age-friendly city development. The *age-friendly social participation checklist* contains seven disciplines, including: 1) *accessibility of events and activities*; 2) *affordability* e.g., no hidden or additional costs to participate in events and activities; 3) *range of events and activities* e.g., a wide variety of activities is available for diverse older people; 4) *facilities and settings* e.g., activities occur in a variety of community locations and facilities are accessible to enable participation by people who require care and support; 5) *promotion and awareness of activities*; 6) *addressing isolation* e.g., personal invitations are sent to promote activities and encourage participation, making efforts to engage isolated seniors; 7) *fostering community integration* (WHO, 2007:38-44).

Bukov et al., (2002) define social participation in the field of gerontology as socially oriented sharing of individual resources. In more detail, they explain that social participation occurs in the process of conducting actions in which individuals share a part of their resources with others. The sharing of resources among older people being both “*socially oriented sharing*” (i.e. older people contribute to the community and society) and “*self-oriented sharing*” (i.e. older people receive some resources from the environment that are shared by others) (Bukov et al., 2002:510). Bukov and his colleagues categorize social participation of older people into three types, with respect to content, context, and resources required to participate. These three types of social participation are: 1) *Collective social participation* activities, defined as the common actions of group members, whereby the intention is directed towards the group itself and not toward reaching an outside goal. The main resource that is shared among the group member is time; 2) *Productive social participation* is defined as the contribution of services, goods, and benefits for others. The resources shared include time and special abilities and competencies (e.g., volunteer work); 3) *Political social participation* consists of acts of decision making about social groups and the allocation of resources. The resources that are shared in this type of social participation include time, special skills, social knowledge, and social competence (Bukov et al., 2002:510-511)

Conforming to Bukov et al.'s concepts, Scharlach (2009) proposes that elder-friendly communities lead to connections and contributions among older people. Connection refers to opportunities for meaningful social interaction that fosters connectedness between older people and others in social life (Scharlach, 2009:29), while contribution describes a positive meaning and impact that older people contribute to others. This is an important adult developmental task of generativity (Zucker et al., 2002 in Scharlach, 2009:29). In addition, Emlet et al., (2012) indicates that social reciprocity and meaningful interaction are important for social connectedness in building an age-friendly community. Social reciprocity refers to

the equality of giving and receiving. Volunteering is the obvious example because volunteers can provide benefits to the community while simultaneously receiving benefits from their work, such as gaining the respect of the younger generation. For meaningful interaction, older people express the need to participate and be involved in activities which provide them support and value.

Menec et al., (2011) focuses on social connectivity and considers it a basic benefit of an age-friendly community environment. Fundamentally, age-friendly communities create connections between older people and the environment in which they live, and vice versa (Menec et al., 2011:484). The environment that surrounds the older people includes family, friends, the community environment (including the physical environment, housing, social environment, opportunities for participation, transportation options, informal and formal community support and health services, and communication and information), and the policies of the environment.

WHO's age-friendly social participation checklist emphasizes social participation from the *agency's views*. Agencies refer organizations and groups that become involved and take responsibility to promote and develop an age-friendly community, such as local older people's groups, governments, and key stakeholder organizations. For example, local governments and their partners should provide various events and activities that accommodate the diversity of elderly needs and encourage older people to participate in community life. In other words, WHO's concept stresses the *structural aspect and policy response* of elderly social participation within the establishment of an age-friendly community.

Bukov et al., (2002), Scharlach (2009), Menec et al., (2011), and Emlet et al., (2012) present social participation from the *elderly person's standpoint and actions*. Particularly, according to Bukov et al., the concept of social participation explains the characteristics and degree of social participation of older people. Besides the understanding of elderly people's social participation, the trend to promote and enhance social participation among older people is also viewed. For instance, how to promote and encourage older people who participate in collective social activities to contribute benefits to their families and communities in productive social participation activities.

#### **4.2 Factors and Conditions Related to Social Participation of the Older People**

The previous literature illustrates that *socio-demographic factors and conditions*, such as age, education, financial status or income, and marital status have a relationship with the social participation of the elderly. Bukov et al., (2002:513) indicate that the level of social participation decreases with age, and that after the age of 90, more than 30% of older people were socially inactive. Chen & Gao (2012) reveal that the elderly who graduated from higher education levels have a greater willingness for social participation because they have more resources available to sharing. Additionally, willingness and behavior in social participation among married older people is much higher than that of unmarried older people. Similar trends occur for older people with higher pensions, who are more likely to participate in social activities (Chen & Gao, 2012:21). *Physical (infrastructural) environment factors and conditions* are also affected by elderly social participation. Transportation is a prime example. Older people often express that a lack of available public transportation is a barrier to social connectedness (Emlet, 2012).

Moreover, the *social environment's factors and conditions*, such as neighborhood, satisfaction of dwelling place, and co-habitation are considered significant factors related to the elderly people's social participation. Richard and his colleagues (2008) discovered the relationship between social participation among the elderly with housing and social environment variables (such as satisfaction in their dwelling), and a strong sense of belonging

to their neighborhood, to having a social network. Kadoya (2013) illustrated that co-habitation encourages older people to interact with society. Buffel et al., (2013) studied social participation of the elderly in the terms of social activity and formal participation and discovered that neighborhood involvement, frequency of contact with neighbors, and the availability of activities for older people are statistically related with social participation among older people. Additionally, *health factors* are also important factors related to social participation among older people. Previous studies show that younger and healthier persons were more likely to participate in social activities (Bukov et al., 2002: 513), and that mobility among older people fosters their social participation (Kadoya, 2013).

## **5. Conceptual Framework**

This study makes the research assumption that the process of developing an age-friendly community is one model of community development in rural areas, of which importance has been paid to the elderly as the “center” of community development. The process of establishing an age-friendly community will lead to opportunities for social participation of the elderly. Such opportunities will lead to increased connectivity with the rest of the community. Connectivity between the elderly and other age groups in the community will lead to obtaining greater meaning later in life, which indicates an enhanced quality of life for the elderly. Those older persons who achieve more meaning in later life will have greater self-esteem and dignity. Moreover, they will be key stakeholders in driving the community development process as a whole.

The age-friendly community concept leads to a positive view towards the elderly of this study. According to the social participation concept in the field of gerontology, three types of elderly social participation are proposed, including: 1) collective social participation; 2) productive social participation; and 3) political social participation. These three types of social participation among the elderly indicate the different types of social participation, with productive and political social participation seeming to lead the elderly to achieve more meaning in later life than collective social participation.

For connectivity between the elderly and other residents in the community, opportunities for social participation established in the community lead to achieving connectedness and meaning through contribution. Such positive meaning leads the elderly to be valued and respected people with human dignity, implying an improved quality of life for the elderly.

Regarding age-friendly community development, the community development process is adopted as a framework to study and analyze the development of the age-friendly community. The cycle of community assessment, planning, implementation, action, and evaluation indicates the dynamic nature of age-friendly community development. Moreover, according to such processes, participation and learning are emphasized as both means and ends to community development.

## Chapter 3

### Research Methodology

This study has taken a research standpoint as an academic process, which leads to a learning process between the researcher and members of local communities where the research fields are located. Therefore, participation of the local residents in the research process is understood to be a key factor that leads to the achievement of the learning process expected. The study mainly adopts qualitative research as the main methodology; however, both qualitative and quantitative methods are used to investigate the empirical evidence. This Chapter explains how the researcher accesses, involves, collects, and analyzes the data.

#### 1. The Overview of Research Process

The research process contains three main research steps. The 1<sup>st</sup> step is the study of the concept of the age-friendly community concept (AFC) and Hua-Ngum's experiences on the age-friendly community. The 2<sup>nd</sup> step is the possibility of studying the implementation of the AFC development model. The 3<sup>rd</sup> step is establishing the guidelines for developing an age-friendly community in northern Thailand. In each step, several research activities were conducted and important outputs from each step were also expected (Figure 3-1).

The 1<sup>st</sup> step aims to gain knowledge on the age-friendly community concept, particularly the international age-friendly city/community concept and the aging society in Hua-Ngum sub-district, the location of the main research site. This data was used to construct *“the 1<sup>st</sup> AFC development model,”* an important goal of the 1<sup>st</sup> research step. Seven main research activities were conducted as follows: 1) Documentary study on the concept of age-friendly cities/communities and related theories and concepts; 2) Documentary study on Thai aging society and related issues; 3) Workshop to introduce the study and obtain basic information; 4) Documentary study to obtain issues related to Hua-Ngum sub-district; 5) Interviewing of key informants to better understand issues related to Hua-Ngum sub-district; 6) Participatory and non-participatory observation in community events; 7) Survey research to understand the real situations, needs, and problems of the Hua-Ngum elderly.

The 2<sup>nd</sup> step aims to discuss the 1<sup>st</sup> AFC development model as it is constructed. The key output of this research step is *“the final AFC development model,”* which aims to be implemented in other rural northern Thai communities (2<sup>nd</sup> model). The data is obtained from 1) Workshops in the Hua-Ngum sub-district; 2) Workshops in 4 selected sub-districts in northern Thailand; and 3) Interviewing Thai experts.

Finally, the 3<sup>rd</sup> step aims to achieve *“the guideline to implementation.”* This is a goal of this dissertation as well. The guideline was explained the processes to develop age-friendly communities in other rural communities in northern Thailand (Figure 3-1).

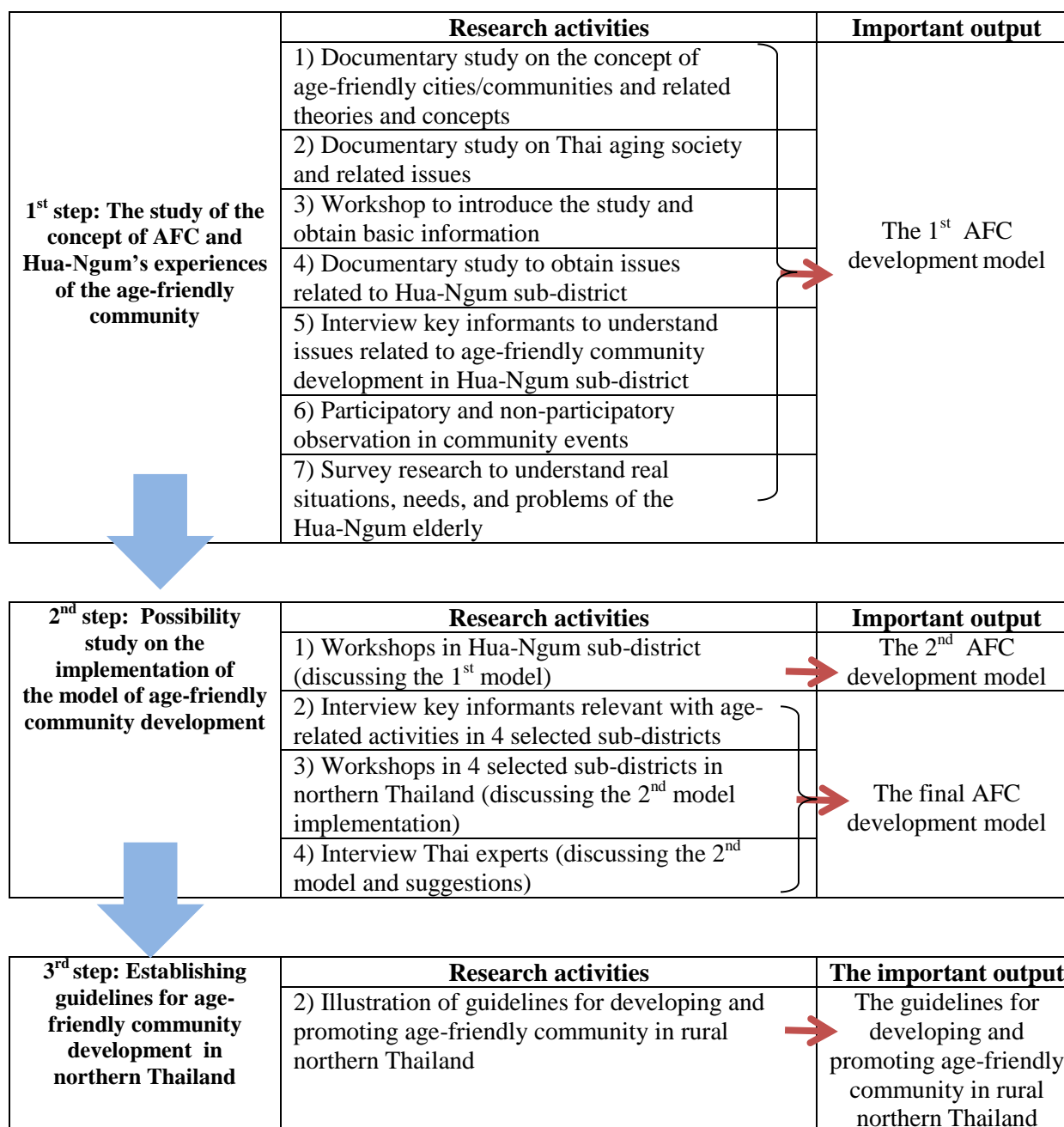


Figure 3-1: Overview of the research process, activities, and outputs

## 2. Research Field: Why Select Hua-Ngum Sub-district?

According to the research standpoint, which respects the participation of local people and the learning process between the researcher and the local people involved in the research process, the researcher considered and selected the local community that has had experiences in the community development process based on community participation. Moreover, the local community should express the willingness to become involved in the study. Furthermore, the study should be necessary according to the viewpoint of the local community. Therefore, in

accordance with these reasons, the researcher has selected Hua-Ngum sub-district as the research field.

**Hua-Ngum as ordinary sub-district:** In preliminary studies, the researcher found that Hua-Ngum Sub-district shares many characteristics with other rural Thai communities. Hua-Ngum sub-district is faced with many limitations that seem to be general problems or limitations in Thai communities, particularly in rural areas that are faced with many changes.

For example, before 2007, Hua-Ngum had been faced with a **lack of participation** from local people in the community's development processes. In the sub-district, the Hua-Ngum SAO<sup>1</sup> is a local government, which has the important role of developing the communities and improving the quality of life of the residents. The SAO is a small size local government with **limited finances and manpower**. In FY 2011, for example, the SAO had a total income 28,640,004.18 THB<sup>2</sup>, with a total expenditure was 24,640,004.18 THB. In more detail, Table 3 reveals that 17.33% of the total budget was the expenditure of salary, or 35.87% of routine expenditures / fixed charges.

This information shows the financial limitations of the SAO. According to Table 3-2, as compared with other local governments, especially in urban areas in the same province, the Hua-Ngum SAO has the smallest budget, leading to a limitation on finances for community development. Moreover, the SAO is also facing the limitations of manpower. There are only four administrators and thirty-six staff who work in the Hua-Ngum SAO to provide services and support to 6,570 residents. Thus, the SAO is experiencing similar situations as other local governments in Thailand, especially in rural areas where they are dealing with limitations on budgets and manpower.

Table 3-1: The Budget of Hua-Ngum Sub-district Administrative Organization, FY 2011

<b>Fiscal Year (FY) : 2011</b>	<b>Budget (Baht)</b>
<b>Total Income</b>	<b>28,640,004.18</b>
1. Revenue	13,266,011.55
2. Non-tax revenue	139,542.12
3. General subsidies from the government	6,831,631.00
4. Specific subsidies from the government	8,402,819.51
<b>Total Expenditure</b>	<b>24,269,242.58</b>
1. Routine expenditure/ fixed charges <i>(48.34% of total income)</i>	13,843,233.07
-Politicians' compensation ( 2,297,860.00 Baht) <i>(16.60% of total routine expenditure)</i>	
-Officers' compensation (2,667,104.50 Baht) <i>(19.27% of total routine expenditure)</i>	
2. Developmental expenditure	2,023,190.00
3. Expenditure of specific government subsidies	8,402,819.51

Source: Hua-Ngum SAO, 2011<sup>3</sup>

\* 1 THB = 3 Yen, approximately.

<sup>1</sup> SAO = Sub-district Administrative Organization

<sup>2</sup> 1 THB = 3 JY, approximately.

<sup>3</sup> Hua-Ngum SAO, <http://www.huangom.net/>

Table 3-2: Comparison between Hua-Ngum SAO and other local governments in urban areas

	Hua-Ngum SAO	MueangPhan Sub-district Municipality	ChiangRai City Municipality
Administrators	4	4	6
Staff (people)	36	84	1,078
Income	28,640,004.18 (FY 2011)	39,400,733.04 (FY 2011)	353,875,385.55 <sup>4*</sup> (FY 2010)
Expenditure	24,640,004.18 (FY 2011)	28,291,132.88 (FY 2011)	322,302,475.21 (FY 2010)
Number of Local Government's Council (people)	26	12	24
Number of citizens	6,570	7,135	70,151
Number of communities	13	6	62
Territory/area (square kilometers)	62.1	4.74	60.85
Density	105.80	1,505.27	1,152.85

Sources: Hua-Ngum SAO<sup>5</sup>; MueangPhan Sub-district Municipality<sup>6</sup>; ChiangRai City Municipality<sup>7</sup>

***Hua-Ngum and the critical aging situation:*** In addition, Hua-Ngum Sub-district is facing a particular aging situation, wherein the percentage of older people is higher than the national average. In 2012, the percentage of people in Hua-Ngum 60 years old and over was 19.3% (1,264 people) of the entire population in the sub-district (6,570 people), higher than the national level of 15.4%<sup>8</sup> in 2014.

***Hua-Ngum as an interesting community development model:*** Among those limitations and the high rate of an aging population, Hua-Ngum has paid attention to the situation and developed working processes to tackle them. The “Goodness Bank” is an example. It is a community development processes that is based on Buddhist ideology. The Goodness Bank as a community development process and model is based on Buddhist ideology and refers to the capacity for implementation of the process and to serve as a model to other communities. In Thailand, 94.6% of the total population (NSO, 2012) is Buddhist.<sup>9</sup> Therefore, the processes and model conform to the way of life of local Thai people, especially in the rural areas and among older people. Furthermore, Hua-Ngum Sub-district has had many experiences in support and development for the elderly in the local community, such as the School for the Elderly and the “TanTod” social assistance program for the disadvantaged elderly, i.e. poor elderly or elderly with disabilities.

***Hua-Ngum and excellent SAO:*** Moreover, the Hua-Ngum Sub-district Administrative Organization (SAO) is a local government that has important roles and duties in the community's development. It has good experience and practice in community development based on community participation. The evidence of this is the prizes and awards in recognition of work

<sup>4</sup> does not include specific subsidies from the government

<sup>5</sup> Hua-Ngum SAO, <http://www.huangom.net/> (Retrieved, September 24<sup>th</sup>, 2014)

<sup>6</sup> MueangPhan Sub-district Municipality, <http://www.nmt.or.th/chiangrai/mueangphan/default.aspx> (Retrieved, September 24<sup>th</sup>, 2014)

<sup>7</sup> ChiangRai City Municipality, <http://www.chiangraicity.go.th/> (Retrieved, September 24<sup>th</sup>, 2014)

<sup>8</sup> <http://www.thailandometers.mahidol.ac.th/> (Retrieved, September 24<sup>th</sup>, 2014)

<sup>9</sup> NSO (2012). The Survey on Social and Cultural Status 2011. Bangkok: Cabinet Publishing and Gazette Office (Retrieved, September 24<sup>th</sup>, 2014).

well done from many organizations, such as awards on developmental innovation, awards for good governance, awards for organizational excellence in cultural support, among others.

***Hua-Ngum and the willingness to be involved in the study:*** Moreover, from the preliminary study, the local people, especially community leaders such as the chief executive of the SAO and director of the Tambon Health Promoting Hospital (THPH), have expressed their willingness to participate in the research.

*“Your research will benefit our Tambon (Sub-district). Thank you for coming. We think our Tambon is very lucky, and I would like to invite you to be the consultant on elderly development in our Tambon”*

*Chief Executive of the Hua-Ngum SAO,  
Workshop, August 27<sup>th</sup>, 2014*

Furthermore, they need academic support in order to improve the quality of life and social well being of the elderly, especially to strengthen the community’s capacity based on their social capital and participation.

*“We need academic support. Sometimes we do routine work that is already planned according to the annual schedule. Almost every month we have activities and projects. We always go ahead and follow the schedule. It is a lack of evaluation and lessons-learned summary that we are facing. Maybe you (the researcher) can support us to get new ideas for working and learning”*

*Director of Tambon Health Promoting Hospital (THPH)  
and deputy to the chief executive of the Hua- Ngum SAO,  
Interview, March 21<sup>st</sup>, 2014*

In conclusion, the experiences of the Hua-Ngum Sub-district will be valuable for other Thai communities, particularly in rural areas of the northern region. Hua-Ngum’s experiences are established according to the limitations of the community’s social capital and are based on people’s participation. Therefore, the ***“age-friendly community development”*** that is developed based on Hua-Ngum’s experiences has the potential to be learned and implemented in other communities.

### **3. Data Collection Procedures**

#### **3.1 Phase of preparation**

This study takes the important viewpoint that it would like to create a research process which regards participation of the "the knowledge owner" (the local people at the research site) by encouraging them to participate in the research process. Not only is the data gained from the people the aim of this research, but also establishing a learning process between the knowledge owners and the researcher is an important issue. Therefore, this study has adopted qualitative research as the main research methodology based on the idea that respects the local people as the knowledge owners with dignity.

The willingness of the local people living in the target research site to be involved in the research process is the first priority considered when the researcher prepares to select the main

research field. Without the willingness of the knowledge owners, abundant data and good learning processes would be difficult to achieve.

The researcher started by searching for local communities in the northern region that exhibit good practices in terms of elderly care and development, focusing on the local communities where there is experience in elderly care and development based on the social participation of local residents with regards to community social capital. Searching from the relevant documents and via the internet were important sources. Local communities in Lampang province and Chiang Rai province were considered. Local communities in Lampang, which has the highest percentage of elderly residents in Thailand, have established good practices of taking care and developing elderly support in rural communities, e.g. good voluntary caregivers at the village level, an effective system to promote good health among the elderly, etc. The core leaders of this good practice are the health staff in community hospitals, which work closely with the SAOs and other stakeholders in the community. Another community is Hua-Ngum sub-district, in Chiang Rai, where there have been good experiences with elderly care and development based on community social capital and emphasizing the participation of the elderly and other residents in the sub-district. Both target sites were awarded prizes by government organizations recognizing their efforts in good elderly care and development.

In contacting the target organizations, the researcher sent official letters to the community hospitals and the SAO in both districts. Subsequently, the researcher selected Hua-Ngum sub-district as the main research field because the Hua-Ngum SAO, as representative of the local residents and key stakeholders, organized the elderly care and development in the sub-district and expressed the willingness to be involved in this research (the other organization did not). As mentioned previously, such willingness is truly needed for establishing the research process that leads to the learning process between the researcher and the local residents.

### **3.2 Phase of getting in**

This phase aims to establish trustworthiness among the local residents living in the research site. After making the decision to select Hua-Ngum sub-district as the main research field, the researcher consulted the administrators of Hua-Ngum SAO (especially, the chief administrator of the SAO) about the way to gain the trust of the local residents. The community workshop was created as the tool for such an aim; therefore the researcher cooperated with the SAO to conduct the first community workshop on August 27<sup>th</sup>, 2014. The SAO facilitated the workshop as organizer by writing the official letters to invite key stakeholders related to the process to provide care and develop the elderly in the sub-district, e.g. Buddhist monks, the administrators and staff of the SAO, the health staff of the Tambon Health Promoting Hospital (THPH), the representatives of the elderly, the community leaders (both village headmen and members of the SAO Council), schoolteachers, and village health volunteers (VHVs), to participate in the workshop. A total of 55 participants attended the workshop.

The important goal of the workshop was a meeting in order to introduce the researcher to the local people, explain the research process and goal, and introduce the idea of an age-friendly community concept (in August 27<sup>th</sup>, 2014). The researcher spent approximately 2 hours at the workshop. In the beginning of the workshop, the researcher introduced herself as the lecturer of Thammasat University and Ph.D student of Japan College of Social Work by focusing on the study of social welfare for the elderly. Next, the researcher explained about the research objectives, the research standpoint of respect to the learning process between the researcher and the local residents as the knowledge owners (the knower), and provided an overview of the

research process, encouraging the participants to discuss the possibility of conduct such research in the sub-district.

The concept of the age-friendly community was also presented and explained with the aim to inform the general ideas of such a concept to the local people, leading them to understand the research more fully. Basic information related with the work with the elderly in the sub-district, moreover, was discussed with the participants, such as what are the age-related activities currently established in Hua-Ngum and who are the key informants of each activity.

This community workshop, as a formal starting point, contributed toward a good relationship between the researcher and the local people. Not only is such a workshop an important tool to gain the trust of the local people, but certain advantages the researcher has are also taking place. First, the researcher was born in the northern Thai region and can speak the local northern dialect of the language, known as “*Kham Mueang*.” Thus, it is easier to be considered an “insider” within the community because the researcher and the Hua-Ngum people share much of the same culture and spirit. As a lecturer at Thammasat University, moreover, it is considered an advantage of the researcher. Being a lecturer in the university conveys good and high social status in Thai society, particularly in rural areas where the people basically have less opportunity to graduate at higher education levels. Therefore, the local people have positive views and attitudes towards the researcher as someone who can support the development process in the community. With such a positive view from the locals, the researcher benefitted from good cooperation from key stakeholders during the research process.

### **3.3 Phase of data collection**

Due to the workshop during the entry phase, the researcher was able to connect with the community and the key people who could facilitate the process of data collection at the grassroots level (village level). In this phase, the researcher started by sending official letters to request the facilitation when doing research in the sub-district to the Chief of the Hua-Ngum SAO. Consequently, the staff of the Hua-Ngum SAO and relevant local people actively supported the research activities. Acquiring the telephone numbers of the target group was important and made reach the participants easier and more convenient. Before interviewing, the researcher was able to call the participants to arrange suitable times and locations for interviews. In the case of the participants who did not have telephones, the staff at the SAO and/or community leaders brought me to their home to set up appointments and interviews.

For survey research that required the collection of data from many participants, the administrator of the SAO facilitated the researcher by contacting the community leaders (e.g. village headmen, the members of the SAO Council, village health volunteers) in each village with requests for them to support the research. Those community leaders assisted me in collecting data from the target participants according to the research-sampling frame conducted.

Doing data collection based on strong support from the SAO and community leaders contributed to the positive cooperation from the elderly who were the research targets because they knew those community leaders well. Thus, when the community leaders introduced me as a researcher, Ph.D. student, and lecturer doing research related to social welfare for the elderly, they (the elderly) trusted me and were willing to be involved in the research activity.

### **3.4 Phase of withdrawal**

The researcher took advantage of the community workshop to present the 1<sup>st</sup> AFC development model on May 3<sup>rd</sup>, 2016 for withdrawal. The workshop’s aims were to present and

discuss the 1<sup>st</sup> model with the key stakeholders in the sub-district - the administrator of the Hua- Ngum SAO, Buddhist monks, the director of the Tambon Health Promoting Hospital (THPH), schoolteachers, community leaders, the committee of the elderly club, village health volunteers, and others. The important information to revise and improve the model was the expected result of the workshop. Furthermore, this was a good opportunity to express my thankfulness towards the local people and inform them that the research activities in Hua-Ngum sub-district were finished according to the research design. Although the researcher has finished the research activities in the sub-district, the researcher and the community still share strong support and maintain a positive relationship. The SAO has already appointed the researcher to be the academic consultant to the Hua-Ngum SAO, which indicates the trust gained by the researcher.

#### **4. Research Process and Method for Data Collection<sup>10</sup>**

##### **4.1 The 1<sup>st</sup> step: The study on the concept of AFC and Hua-Ngum's experiences on age-friendly community**

This research step aims to obtain the data for achieving the first object of this study, which are, *“to conduct need assessment to analyze Thai aging situation”*.

Furthermore, the important output and goal in this step is *“the 1<sup>st</sup> AFC development model”*. For obtaining such output and goal, the researcher has conducted several research methods are as follows:

##### **1) Documentary study on concept of age-friendly cities/communities and related theories and concepts.**

This research activity aims to study the definitions and experiences of an age-friendly community through an international perspective, using the documentary study method. The relevant documents, such as WHO's guidebook on age-friendly cities, age-friendly cities in Canada, the United States, and Japan, will be investigated and analyzed (e.g. analyze to the definition, characteristics, process, factors that related with age-friendly community development, and so on)

##### **2) Documentary study on the Thai aging society and related issues**

This research activity aims to study the situation of the Thai aging society and related issues, using the documentary study method.

##### **3) Workshop to introduce the study and obtain basic information**

The researcher has conducted this workshop in August 27<sup>th</sup>, 2014 at meeting room of Hua-Ngum SAO, with total fifty two participants. The workshop aims 1) to present the idea and process of age-friendly community concept; 2) to introduce the researcher formally toward the community members; to obtain basic information about needs and problems of older people and the previous experiences of the communities on older people support and development; and to obtain the ideas of local people on questionnaire improvement. The duration of workshop is two hours.

##### **4) Documentary study to obtain issues related Hua-Ngum sub-district**

This research method aims to obtain basic information of Hua-Ngum sub-district such as geography, population profile, historical context, the communities' natural resources, social and cultural context, economy, political context, and the health context.

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<sup>10</sup> Further detail will be explained in each Chapter.

### **5) Interview key informants to obtain issues related age-friendly community development in Hua-Ngum sub-district**

Interview of key informants who related with aged relevant activities in Hua-Ngum sub-district is main research methodology. This research method aims to obtain data which express the benefits of the five significant activities toward the community and the elderly. Thirty five key informants are interview. Thirty-five key informants were interviewed. These interviews were mainly conducted in September and October of 2015.

### **6) Participatory and non-participatory observation in community's events**

This present study, the researcher has both participatory and non-participatory observation in August - September, 2014; February, March, August and October, 2015; May, 2016. As participatory observation, the researcher participates as facilitator in community workshop, to take action as voluntary teacher at School for the Elderly, and so on. Regarding the non-participatory observation, the researcher attends in meetings held by Hua-Ngum SAO, meeting of Hua-Ngum elderly club, classes of School for the Elderly, training of Little Doctors, community festivals and ceremonies, etc.

### **7) Survey research to understand real situation, needs and problems of Hua-Ngum elderly**

The survey research aims to obtain the data of quality of life, needs, limitations and social participation of the elderly to understand the real situation of the Hua-Ngum elderly. The survey study, using questionnaires (close and open-ended questions), and face-to-face interviews which was conducted in September-October, 2015. Additionally, probability and systematic sampling techniques are adopted in the study. The population of the study is the older people, aged 60 years old and over, in the Hua-Ngum Sub-district - a total of 1,226<sup>11</sup> people. The researcher categorizes the elderly population into 3 groups, as follows:

- The early-old elderly group refers to elderly people who are 60-69 years old.
- The middle-old elderly group refers to elderly people who are 70-79 years old.
- The old-old elderly group refers to elderly people who are 80 years old and over.

As sample size, the researcher calculates the sample size using a simplified formula for proportions that have been provided by Yamane (1967).<sup>12</sup> According to Yamane's formula, the study requires the collection of data from 175 elderly people in Hau-Ngum sub-district. Afterwards, the researcher categorizes the elderly population into the three groups as mentioned above and calculates the sample size in each group and village. As sampling technique, The study adopts probability sampling, using the systematic sampling technique. The simplified formula is used to create a sampling interval: (K) is " P/n" (P= the number of cases in the population, n= the desired sample size). The sampling frame of each village/community also is conducted by age ranking, from oldest to youngest. Actually, the researcher can collect the data with total 188 research participants or samples.

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<sup>11</sup> Hua-Ngum SAO. (2014). Database of monthly allowance for older people in Hua-Ngum Sub-district. (August, 2014)

<sup>12</sup> 
$$n = \frac{N}{1 + N(e)^2}$$

n= the sample size, N= the population size, e= the acceptable sampling error (0.07)

Table 3-3: Elderly population and sample categorized by age group

Age Group	Population	Sample
Early-old elderly group: 60-69 years old	663	101
Middle-old elderly group: 70-79 years old	350	48
Old-old elderly group: 80 years old and over	213	39
<b>Total</b>	<b>1,226</b>	<b>188</b>

#### 4.2 The 2<sup>nd</sup> step: Possibility study on the implementation of the model of age-friendly community development

This the 2<sup>nd</sup> step, the researcher attempts to achieve the second objective is, *“to construct AFC development model from good practice (GP) study”*. Therefore, the 1<sup>st</sup> AFC development model was presented to, and discuss with other selected four SAOs in northern Thailand and with scholars/ researchers/ practitioner who related in gerontology and community development field in Thailand.

##### 1) Workshop in Hua-Nung Sub-district

The workshop was conducted in May 3<sup>rd</sup>, 2016 with total thirty five participants. The 1<sup>st</sup> model of Hua-Num age-friendly community development is presented to, and discuss with the key stakeholders in the sub-district.

##### 2) Interview the key informants in 4 selected SAOs in northern provinces

As stated above, this study defines the northern region according to the four-region grouping system. Therefore, the northern Thailand refers seventeen provinces which located in the northern part of Thailand and usually is divided to two sub-regions that are upper and lower-northern Thailand.

Aging index is adopted as first criteria to select the target provinces. The ageing index is calculated as the number of persons 60 years old and over per hundred persons under age 15<sup>13</sup>. Because the index can indicate two important information that are information about the children and the elderly. Thus, it can explain more detail compared with percentage of the elderly of entire population, consequently it can lead to big concern among the local communities when the researcher has conducted workshop. Such index indicates the situations of society are as follows<sup>14</sup>:

- Young society : Aging Index is lower than 50 (< 50)
- Aged society : Aging Index is 50-119.9
- Completed aged society : Aging Index is 120-199.9
- Supper aged society : Aging Index is 200 and over (> 200)

The provinces where they have highest aging index in each sub-region is chosen, one sub-region, one province (Table 3-4). At provincial level, two districts were selected based on aging index criteria, by selecting the districts where are the 1<sup>st</sup> and 2<sup>nd</sup> rank of aging index in each province (Table 3-5). In each district, therefore, the researcher applies purposive sampling to select one SAO (Table 3-6). The possibility to conduct the workshop and willingness to involve in this study were important concern.

<sup>13</sup>Population Division, DESA, United Nations:

<http://www.un.org/esa/population/publications/worldageing19502050/pdf/95annexi.pdf> (13-11-2015).

<sup>14</sup> Ministry of Social Development and Human Security (2014) [https://www.m-society.go.th/article\\_attach/13225/17347.pdf](https://www.m-society.go.th/article_attach/13225/17347.pdf) (Retrieved , September 12<sup>th</sup>, 2015).

Table 3-4: The number of SAOs and the aging index in northern Thailand

No.	Provinces	Aging Index <sup>15</sup>
<b>Upper-Northern Thailand</b>		
1	Chiang Rai	98.6
2	Chiang Mai	107.6
3	Mea Hong Son	53.6
4	Lampang	143.8
5	Lamphun	142.9
6	Phayao	120.0
7	Phrae	139.9
8	Nan	100.4
<b>Lower-Northern Thailand</b>		
9	Uttaradit	121.4
10	Sukhothai	112.2
11	Tak	53.8
12	Kamphaeng Phet	86.7
13	Phichit	110.4
14	Phitsanulok	100.0
15	Phetchabun	91.6
16	Uthai Thani	105.0
17	Nakhon Sawan	112.8

Table 3-5: Aging index at district level in Lampang and Utaradit

Area	Number of Population 15 years old and lower	Number of Population 60 years old and over	Ageing Index
<b>Upper-Northern Region</b>			
<b>Lampang Province: Aging Index= 143.8: the 1<sup>st</sup> rank of upper northern region</b>			
Meuang	12,448	15,429	123.95
Maemoh	4,144	3,362	81.13
Kokha	4,898	7,572	154.59
Semngam	3,151	4,141	131.42
Ngao	7,829	8,698	111.10
Chae Hom	4,748	6,543	137.81
Wangnua	5,433	6,563	120.80
Thoen	4,714	7,181	152.33
Maephrik	1,412	2,066	146.32
Maetha	3,532	6,760	191.39
Sopprap	3,047	4,526	148.54
HangChat	6,116	8,697	142.20
MeuangPan	4,863	5,542	113.96

<sup>15</sup> NSO, 2014 <http://service.nso.go.th/nso/nsopublish/themes/files/elderlyworkPdf57-1.pdf> 1(Retrieved , September 12<sup>th</sup>, 2015)

Table 3-5: Aging index at district level in Lampang and Uttaradit (continued)

Area	Number of Population 15 years old and lower	Number of Population 60 years old and over	Ageing Index
<b>Lower-Northern Region</b>			
<b>Uttaradit Province: Aging Index= 121.4: the 1<sup>st</sup> rank of lower northern region</b>			
Meuang	6,947	8,764	126.16
Tron	4,622	5,855	126.68
Tha Pla	4,986	4,748	95.23
Nampad	5,850	6,076	103.86
Faktha	2,225	2,836	127.46
Bankhok	1,976	1,388	70.24
Phichai	12,632	13,323	105.47
Laplae	4,879	7,017	143.82
Thongsaenkhan	4,297	4,477	104.19

Table 3-6: Number of local government and research sample in each district

Target Areas	Number of the SAOs*	Sample (the SAO& the sub-district)
<b>Upper-Northern Region</b>		
Kokha District, Lampang Province	2	1
Maetha District, Lampang Province	5	1
<b>Lower-Northern Region</b>		
Laplae District, Uttaradit Province	6	1
Faktha District, Uttaradit Province	4	1

\*Sub-district Administrative Organizations, local government in rural area

The researcher has selected four SAOs in Lampang and Uttaradit provinces, as follows:

- 1) Donfai SAO, Donfai sub-district, Maetha district, Lampang province.
- 2) Banmaipattana SAO, Banmai-Phattana sub-district, Kokha district, Lampang province.
- 3) Nanokkok SAO, Nanokkok sub-district, Laplae district, Uttaradit province.
- 4) Bansiao SAO, Ban-Siao sub-district, Faktha district, Uttaradit province.

As interview, it was conducted in April- May, 2016 with total thirty key informants in four selected sub-districts. This interview aims to obtain the important data indicates community's experiences related with care and development of the older people in the sub-districts.

### 3) Workshop with 4 SAOs in 4 northern provinces

In the 4 selected SAO, the key stakeholders in the sub-district as mentioned above are invited to participate in the workshop. This research activity aims to discuss on the 2<sup>nd</sup> AFC development model and guideline to implementation in their sub-district. The result from this research method is *"the final AFC development model"* which has a potential to implement in rural northern Thai communities. Four workshops were conducted in May, 2016.

#### **4) Interview with Thai experts who are in gerontology and community development field.**

To achieve “*the final AFC development model*”, interview of Thai experts related with gerontology and community development field was conducted. The experts came from three main related sectors include academic, government organizations (GOs), and non-government organizations (NGOs) or civil society. Ten experts were in three main sectors, are selected (purposive sampling) as key informants. The research method was conducted in May-March, 2016.

#### **4.3 The 3<sup>rd</sup> step: Establishing the guideline of age-friendly community development in northern Thailand**

In this step, the researcher has been analyzed and synthesized all of acquired data and illustrates “*the final AFC development model*”. Such model is the “tool” which depicts the guideline to implement and develop age-friendly community in other rural communities, especially in northern region.

### **5. Research Instruments**

Three types of research instruments were used for data collection. The first one is questionnaire for survey research, the second one is interview guide for qualitative research and the last one is discussion guide for community workshop.

First, *questionnaire to survey quality of life, needs and social participation of Hua-Ngum older persons* contains of seven parts are as following: Part 1 General Information of the Elderly; Part 2 Health Status and Access to Care of the Elderly; Part 3 Elderly Housing Conditions; Part 4 Informative Learning and Needs of the Elderly; Part 5 Employment and Income of the Elderly; Part 6 Social Participation and Social Connectivity of the Elderly; and Part 7 other Suggestions, with total 27 main items (Appendix No.1).

Second, *interview guide*, there are six interview guides for different research targets.

- Interview guide for the leaders of the activities (the administrators of Hua-Ngum SAO, Buddhist Monks, the committees of the activities, Hua-Ngum THPH director, related schoolteachers of Padaeng Wittaya School, related SAO's staffs, community leaders at village level) (Appendix No.2).

- Interview guide for the older people who participated in the activities (Appendix No.3).

- Interview guide for volunteer in age-related activities ( e.g. voluntary teachers in Hua-Ngum School for the Elderly, village health volunteers (VHVs), junior high school students who participate as the little doctors) (Appendix No.4).

- Interview guide for family members of the elderly (Appendix No.5).

- Interview guide for key leaders in the sub-district ( the administrators of the SAO, Buddhist monks in the community, head of the elderly Club, THPH director, schoolteachers, Community Leaders)<sup>16</sup> (Appendix No.6).

- Interview guide for Thai experts related with gerontology and community development field (Appendix No.7).

Third, *discussion guide* used for the community workshop contains the guide for workshop with the representatives of Hua-Nung sub-district (Appendix No.8) and workshop with key community leaders in four selected SAOs/sub-district in two northern provinces (Appendix No.9).

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<sup>16</sup> Interview in four selected SAO in other sub-districts

## 6. Ethical Considerations

Interview guides, questionnaire, and discussion guide were approved by the Research Ethics Committees of Japan College of Social Work (No.15-0304, Date 6-8-2015 and No.15-1203, Date 20-4-2016).

The “participant’s agreement form” was used as a tool to obtain the consent of research participants. All of the participants were informed about the objectives and processes of the study. The information and participant’s agreement form were explained and distributed to each participant. The northern language, or “*Kham Mueang*,” which is the language used in everyday life among the local residents in Hua-Ngum sub-district, was used in the explanation and interview. Using familiar language led them to a clear understanding in the explanation and aims to support a relaxing and comfortable feeling among the interviewees. Furthermore, written consent from the participants were collected before starting the interview or conducting research activities. The participants have the right to skip and stop or refuse to respond at any time without risk or punishment.

## 7. Data Analysis<sup>17</sup>

As qualitative data, the main technique was content analysis. The description of each interview and workshop were conducted. Regarding the quantitative data, descriptive statistic was used to explain the data gained from survey research such as percentage and S.D.

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<sup>17</sup> Further detail will be explained in each Chapter.

## **Chapter 4**

### **Thai Aging Society and Introduction of Hua-Ngum Sub-district**

#### **1. Introduction of the Chapter**

##### **1.1 Objective of the Chapter**

This Chapter aims to present and discuss the overall look of the Thai aging society and the situation in Hua-Ngum sub-district, which was the main research site of the present study.

##### **1.2 Data collection**

1) The study of the Thai aging society: This research activity aims to study the situation of the Thai aging society and related issues, using the documentary study method. The relevant documents, such as a national survey on Thai older people and the annual report of the government and related NGOs, will be analyzed to interpret the knowledge of a Thai aging society. The contents will include trends in the total population of Thai older people, particular characteristics of Thai older people, Thai older people in rural communities, certain specific characteristics, Thai aging society and the challenges, policies, plans, measurements and programs on aging in Thailand, and important community-based social welfare for Thai older people.

2) The study of introduction of the Hua-Ngum sub-district: This study aims to obtain basic information, which leads to an understanding of the Hua-Ngum context. Several research methods are conducted, as follows:

- Documentary study to understand issues related to Hua-Ngum sub-district: This research method aims to interpret data on key age-related activities established in Hua-Ngum sub-district. The relevant documents are studied and analyzed, such as a Basic Minimal Needs (BMS) survey of Hua-Ngum sub-district, the community plan of the Hua-Ngum SAO, the website of Hua-Ngum SAO, etc.

- Interview of two key participants, who are experts on local culture (February 16<sup>th</sup>, 2014)

- Participatory and non-participatory observation in community events: In this present study, the researcher conducted both participatory and non-participatory observation in August and September, 2014, February, March, August, and October, 2015, and in May, 2016. As participatory observation, the researcher participated as facilitator in community workshops, taking action as a voluntary teacher at the School for the Elderly. Regarding non-participatory observation, the researcher attended meetings held by the Hua-Ngum SAO, meetings of the Hua-Ngum elderly club, classes at the School for the Elderly, training sessions for the Little Doctors program, community festivals, and local ceremonies.

#### **2. Overview of Thai Aging Society**

Thailand covers an area of 514,000 km<sup>2</sup> and is located in Southeast Asia. It shares long borders with several neighboring countries: with Myanmar to the west and the north; Lao P.D.R to the north and the northeast; Cambodia to the east; and Malaysia to the south. According to the four-region grouping system, it is divided into four regions, which include Northern, Central, Northeastern, and Southern Thailand. At present, Thailand consists of 77 provinces, including the Bangkok Metropolis.

##### **2.1 Change of Thai population structure**

Thai population pyramids (Figure 4-1) imply a change in the Thai population structure. In 1990, for instance, the population pyramid had a broader base shape, with the

bottom bars of the pyramid (the age-sex distribution of the youth) wider than the upper part of the pyramid (the age-sex distribution of the elderly).

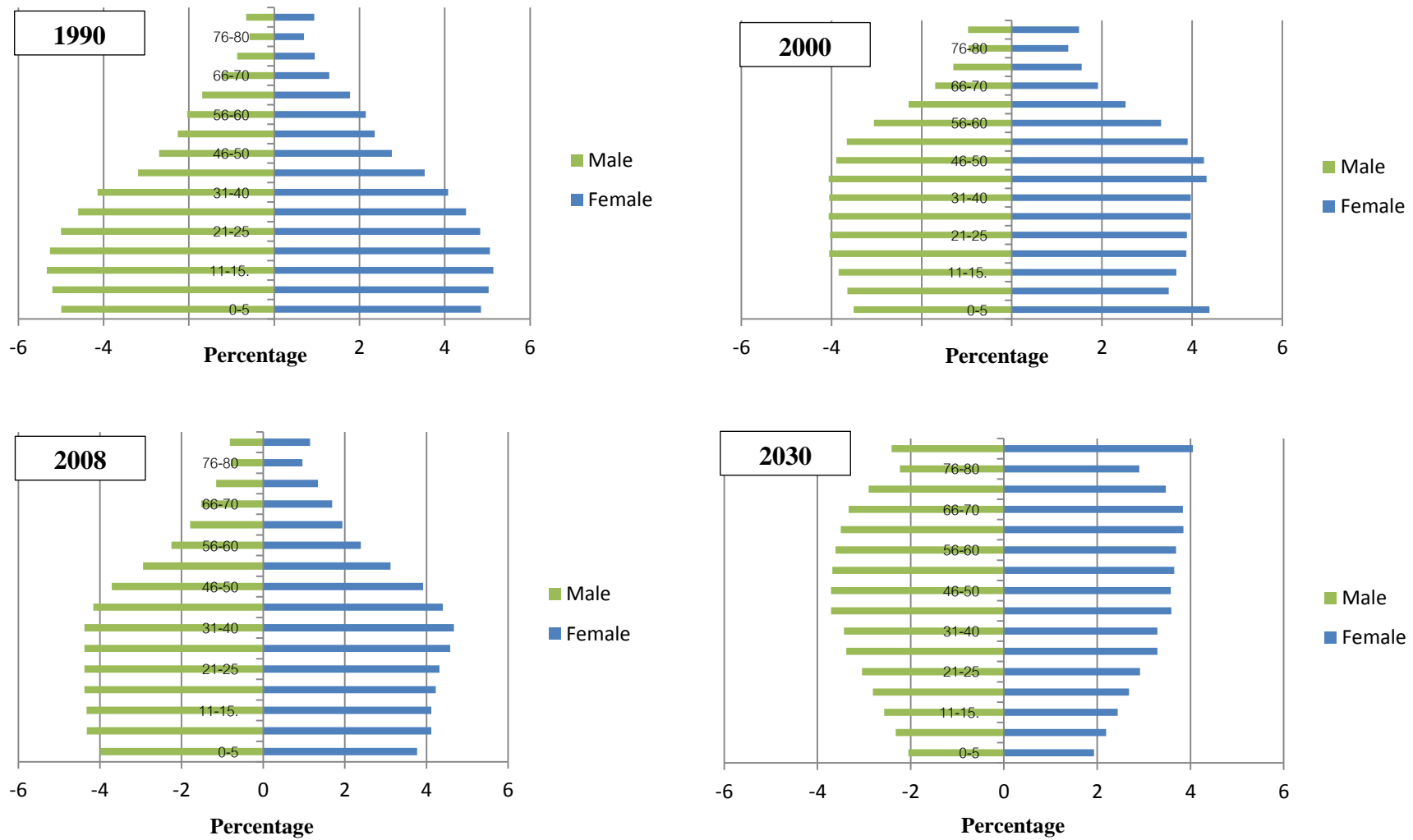
Due to a decline in the fertility rate and lower mortality of the elderly (Figures 4-3 to 4-4), the pyramid has changed and is predicted to be a “bee hive” shape by 2030 (TGRI, 2009: 28). Such a pyramid shows the narrow width in the bottom bar, while the upper bar trends to be broader than in the past. In other words, the pyramids indicate the decline in the ability of the working age group to support the youth and the elderly.

Figure 4-2 shows the decline in the percentage of working age people and the number of youth who will become working age in the future, while the percentage of the elderly increases progressively. By approximate 2020, it is predicted that for the first time in Thai history, older people will outnumber children. Furthermore, by 2030, approximately one in four Thais will be considered “older persons.”

Figure 4-3 shows that fertility rates decreased sharply, from 6.39 in 1960 to 2.0 in 1990, and then more gradually to 1.83 in 2000 and up slightly to 1.85 in 2010. Furthermore, fertility rates are predicted to remain constant at 1.85 until 2030.

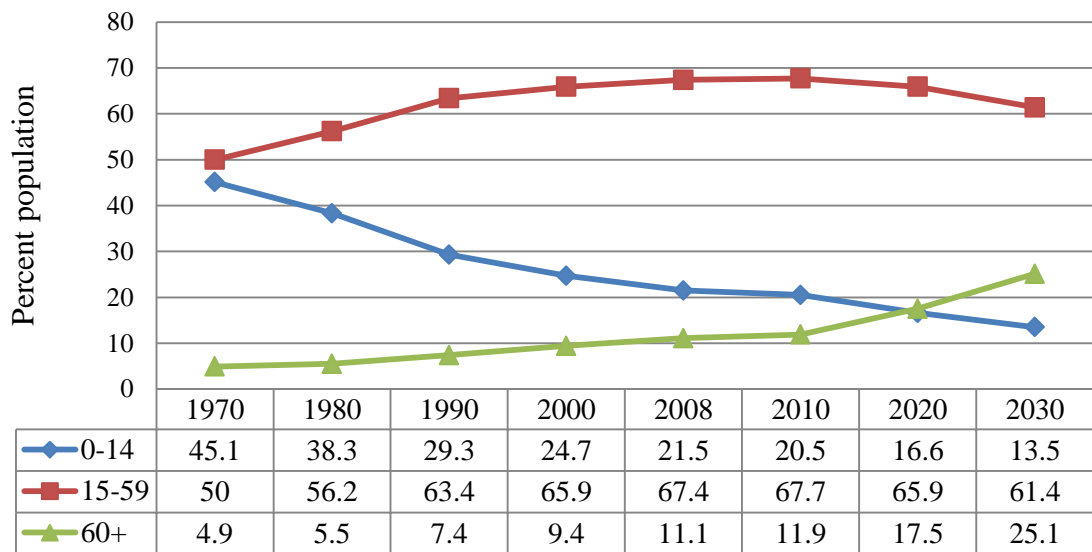
Life expectancy at birth, shown in Figure 4-4, indicates longevity or low mortality among the Thai elderly. From 2005-2010, older Thais had a life expectancy at birth of 71.7 years of age. By 2025-2030 and 2045-2050, the life expectancy at birth of the Thais is predicted to be 76.4 years of age for men and 79.1 years of age for women. Regarding gender issues, women tend to have greater life expectancy at birth than men, approximately 5-6 years in difference.

Figure 4-1: Population pyramids for Thailand in 1990, 2000, 2008, and 2030



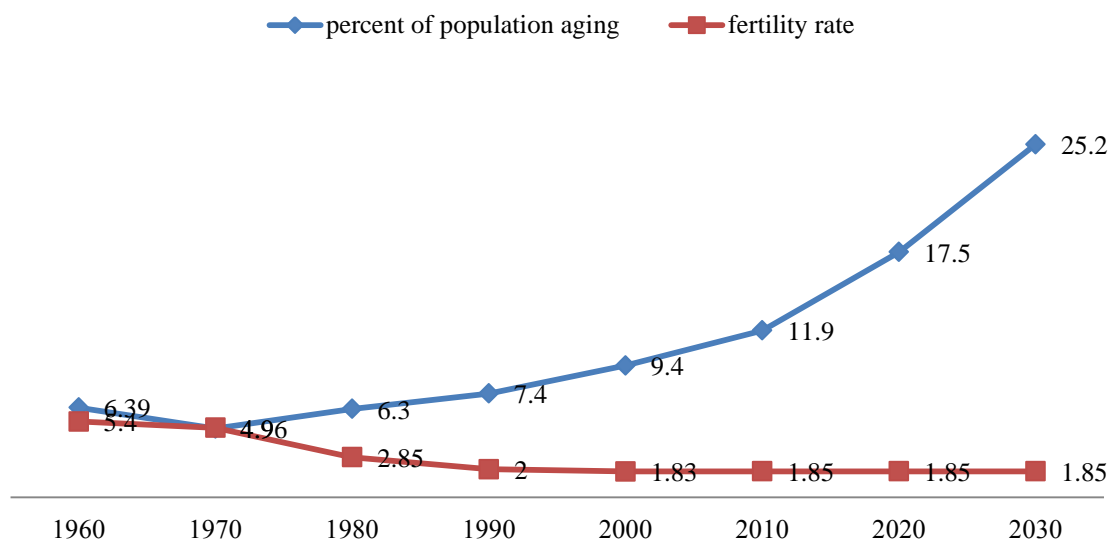
Source: TGRI. Situation of the Thai Elderly 2008, page 29.

Figure 4-2: Percent population by three generational age groups from 1970-2030



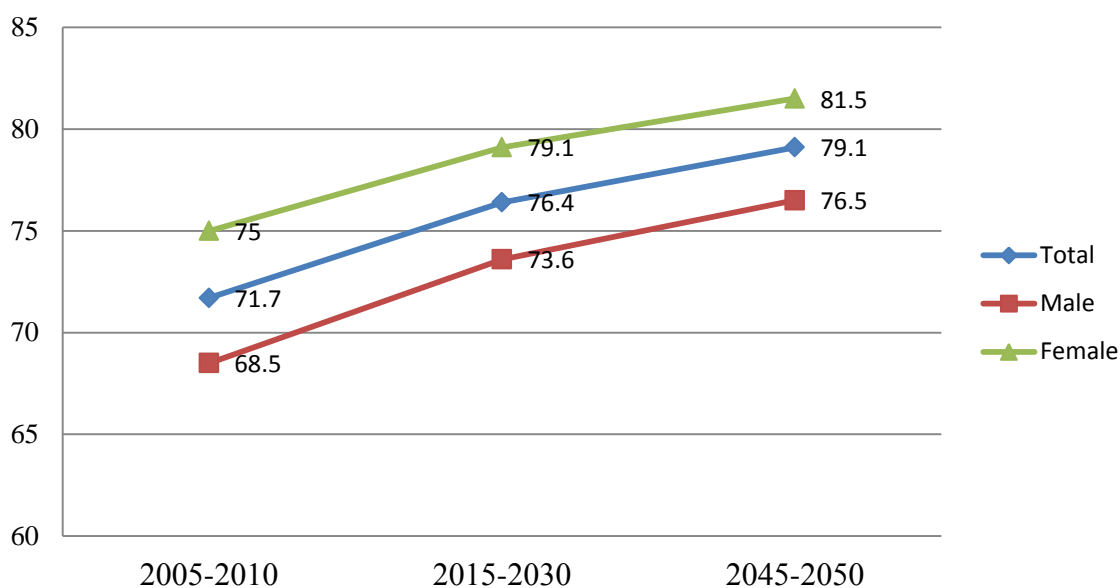
Source: TGRI. Situation of the Thai Elderly 2008, page 30.

Figure 4-3: Total fertility rate and percent of the population aging from 1960-2030



Source: TGRI. Situation of the Thai Elderly 2008, page 26.

Figure 4-4: Thai life expectancy at birth

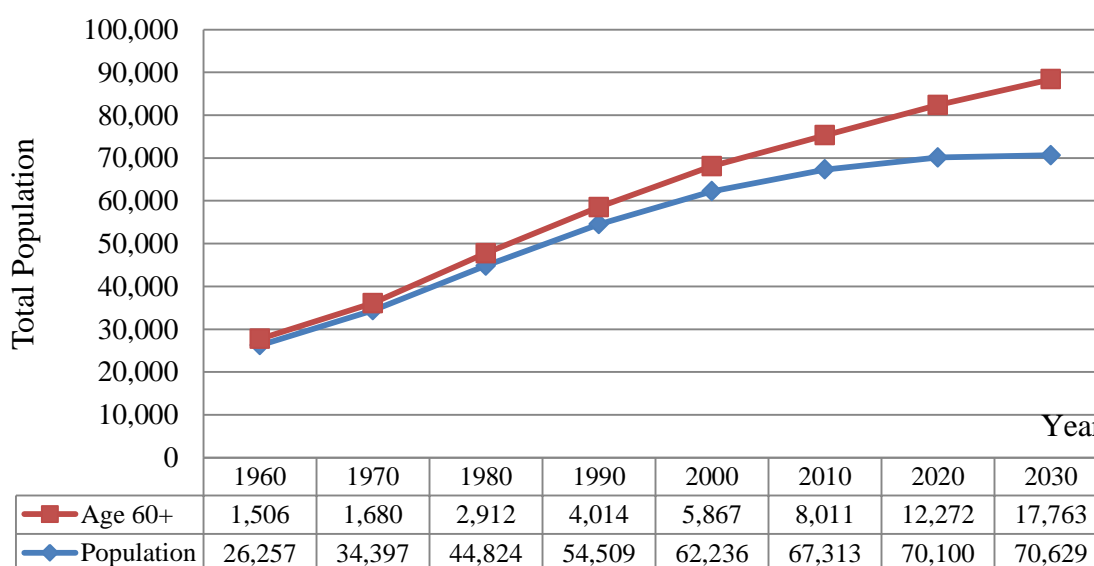


Source: TGRI. Situation Thai Elderly 2008, page 27.

## 2.2 Trends of the Thai aging population

The data from Figure 4-5 implies that the Thai population increased from 1960 to the present, from a total of 26.2 million approximately in 1960 to 67.3 in 2010, and will exceed a projected 70 million by 2020. The population that is 60-years-old and over increased from 1.5 million in 1960 to 8 million in 2010 and will reach approximately 17.7 million by 2030. This data indicates that the total Thai population and the population aging trend are increasing steadily

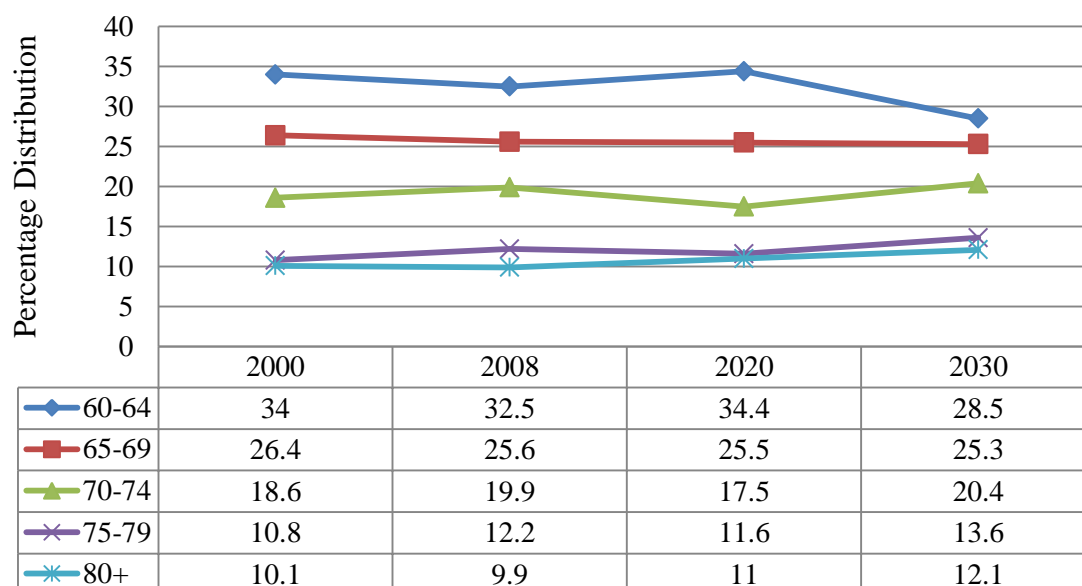
Figure 4-5: Number of total population and population age 60 years old and over (per 1,000) from 1960-2030



Source: TGRI. Situation of the Thai Elderly 2008, page 23.

Dividing the aging population into five age groups shows that the youngest elderly group (60-64 years of age) is declining sharply, from 34 percent in 2000 to a predicted 28.5 percent by the year 2030, while the oldest group (80+ years of age) seems to be gradually increasing, from 9.9 percent of the overall population in 2008 to 11 and 12.1 percent predicted by the years 2020 and 2030, respectively (Figure 4-6).

Figure 4-6: Percentage distribution of the population by age group



Source: TGRI. Situation of the Thai Elderly 2008, page 25.

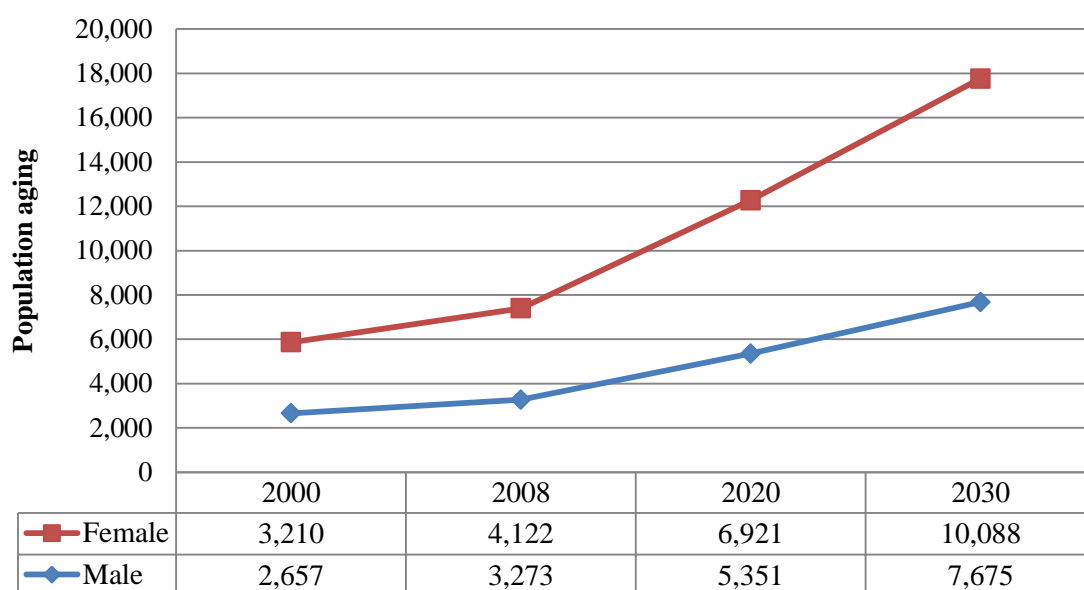
### 2.3 Thai aging and gender issues

As stated above, gender issues in the aging population (Figure 4-4) show that women are more likely to live longer than men. Female elderly tend to live longer than their male counterparts, which indicates a phenomenon of feminization (Jitapunkul, et al., 2008:5).

Regarding Figure 4-7, it shows that the number of female elderly is higher than their male counterparts in every point of time. Recently (2008), the number of older women in the Thai population was approximately 4.1 million, while the number of older men was 3.2 million. By 2030, it is predicted that the number of older women will reach 10 million approximately, while their male counterparts will be 7.6 million.

Longer life spans among older women sometimes leads to them becoming more vulnerable in later life. The elderly will experience increased suffering from chronic health conditions without lack of care by family members.

Figure 4-7: Population aging (per 1,000) by gender



Source: TGRI. Situation of the Thai Elderly 2008, page 25.

## 2.4 Thai aging index

The aging index is another way to indicate the situation of an aging society. The percentage of aging over the entire Thai population can explain the overview situation of Thailand. The aging index can provide specific information because it is a measure of the change in the population (60 years old and over) by comparison with the childhood population (under age 15) (TGRI, 2008:31). It illustrates two important details - the situation of the elderly and of the children. The index is calculated by dividing the number of people 60 years old and over by the number of people under age 15, then multiplying by 100.

As stated in Chapter 3, the aging index indicates the situation of society, as follows<sup>1</sup>:

- Young society: Aging Index is lower than 50 ( $< 50$ )
- Aged society: Aging Index is 50-119.9
- Completed aged society: Aging Index is 120-199.9
- Super aged society: Aging Index is 200 and over ( $> 200$ )

In the case of Thailand, the aging index tends to increase steadily. Table 4-1 shows that from 1970-2000, Thailand was a young society, where the index rose from 10.8 to 38.2. In 2008, it became an aged society, with an aging index of 51.7. At the present (2016), the Thai aging index is approximately 81.8<sup>2</sup>. The index, moreover, is predicted to exceed 186.3 by 2030, which indicates a completed aged society.

<sup>1</sup> Ministry of Social Development and Human Security (2014) [https://www.m-society.go.th/article\\_attach/13225/17347.pdf](https://www.m-society.go.th/article_attach/13225/17347.pdf) (Retrieved, October 15<sup>th</sup>, 2015)

<sup>2</sup> Official Statistics Registration Systems: [http://stat.dopa.go.th/stat/statnew/upstat\\_age\\_disp.php](http://stat.dopa.go.th/stat/statnew/upstat_age_disp.php) (Retrieved, October 15<sup>th</sup>, 2015)

Table 4-1: Thai Aging index from 1970-2030

Year	Aging Index
1970	10.8
1980	14.2
1990	25.2
2000	38.2
2008	51.7
2010	58.0
2020	105.3
2030	186.3

Source: TGRI. Situation of the Thai Elderly 2008, page 31.

## 2.5 Particular characteristics of Thai older people

Thai older people are not a homogeneous population. In contrast, they have various characteristics which depend on their sociocultural and economic positions. However, the overview information reveals some particular characteristics among the Thai elderly.

***The Majority of the Thai elderly (68.9%) graduated at a primary education level.*** Only 8.4% graduated at higher level than primary education (NSO, 2008). Additionally, ***more than half of the Thai elderly population are currently married and live with a spouse.*** However, the proportion of the elderly who never married or are divorced or separated is rising modestly (TGRI, 2012: 15). The increasing trend of unmarried or single status among Thai women will affect both the fertility rate and later life situations (Jitapunkun, et al., 2008: 9).

***Overall, the majority of Thai elderly are in good or excellent health.*** The self-perceived health status of the Thai older population reveals the percentage of the population aged over 60 who rate themselves as having good or excellent health in 2007 and 2011 were 46.8% and 42.7%, respectively (TGRI, 2013: 16). Additionally, the number of older people with disabilities and dementia in the future who will need some form of long-term care has been projected to be more than 700,000 by the year 2020 (Jitapunkun et al., 2008:17).

Moreover, ***older people were the poorest among the Thai population*** (TGRI, 2009: 105). In 2010, approximately 8% of all people in Thailand lived in poverty. However, for every one hundred elder persons, eleven of them were in poverty (TGRI, 2012: 21). In addition, a national survey by the NSO in 2007 revealed that the majority of Thai older people had no work (64.3%). Among those older people who did work, 57.6% were in the agricultural sector. These statistics imply economic dependence among Thai older that they could not work or did not have access to work, thus resulting in their income being dependent on their children or the government. The same survey presented information on the income resources of the Thai elderly. The main source of their income was their children (52.3%), while income from work was 28.9 %. Interestingly, only 2.8% of Thai older people identified a monthly allowance was the major income resource (NSO, 2008).

## 3. The Responses of the Thai Government to Population Aging

### 3.1 Overall reaction

Since the political transformation from monarchy to democracy in 1932, Thailand has faced many changes in socio-cultural and economic contexts because of the political revolution. Policies on aging were introduced by the 3rd Prime Minister of Thailand, Field Marshal Plaek Phibonsongkhram (1938-1944, 1949-1961). On January 28th, 1942, his

government released “a Series of Cultural Mandates or State Decrees” (Thai: ราชูปถัมภ์), one of which was social assistance and protection for children, the elderly, and people with disabilities (Kasetsiri, 1995).

The “*turning point*” on aging policies and plans in Thailand occurred in 1982. In that year, the United Nations (UN) and the World Health Organization (WHO) held the first World Assembly on Aging, in Vienna, Austria. Thailand was one of the member countries that participated in the world assembly. Before participating in the assembly, the Thai government appointed committee members to head the “National Committee on the Elderly” (NCE). The committee took action as a specific national mechanism to drive the work on aging in Thailand.

After participating in the first world assembly, the government released a myriad of policies and programs on aging; including prescribing National Elderly Day (April 13th of each year) and starting the process to establish a 20 year plan, entitled “The First National Plan for Older Persons” (1982-2001).

Four years after the Sub-district Administrative Organizations (SAOs) was introduced (in 1995), the Thai government released the Decentralization Plan and Process Act of 1999<sup>3</sup>. According to the Act, local governments were granted authority over social welfare affairs and plans to improve the quality of life for older people, children, women, and disadvantaged persons in the communities. Therefore, all levels of local government in Thailand became significant organizations to provide services and support to older persons, based on the concept that local governments are the closest organizations to the way of life of local people.

In 2002, the Second National Plan for Older Persons (2002-2021) was released and revised. It received cabinet approval in 2009. The objectives of this plan were to promote older people to achieve their well-being through leading valuable lives with dignity, autonomy, and stable security. Moreover, its aim was to encourage Thai society to recognize the elderly as valuable contributors to society and encourage and integrate valuing the elderly into social development (MoSDHS, 2012:13).

In 2003, the government released the Act on the Elderly B.E. 2546<sup>4</sup> as the first act on aging in Thailand. The Act provides rights, benefits, and support for Thai older people in several aspects, such as socio-cultural aspect (e.g. exemption from entrance fees at government parks and facilities, providing protection for those who are abused and/or illegally exploited and/or abandoned), economic support (e.g. employment, vocational training), and health services (e.g. providing convenient and expedient medical and health service) (Knodel, J. and et al., 2013:11).

Consequently, the Nation Committee on the Elderly (NCE) and the Elderly Fund are established. According to Section 9, several authority and responsibility of NCE are described/assigned, such as (1) to set up policies and principal plans on protection, promotion and support of status, roles and activities of the elderly under the Cabinet’s approval. To this end, family shall be promoted and supported to take part in the elderly care-giving; (9) to propose to the Cabinet the recommendations and observations on promulgation or revision of legislation on protection, promotion and support of status, role and activities of the elderly; and (10) to present to the Cabinet the Situation of Thai Elderly at least once a year. As the Elderly Fund, it aims to be a budget resource for the protection, promotion, support and provision of welfare for the elderly in accordance with the Elderly Act.

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<sup>3</sup> The Local Administrative Organizations (LAOs) were introduced explicitly in 1995 (B.E. 2538), according to The Tambon Council and Tambon Administrative Organization Act of 1994 (B.E.2537) [www.kpi2.kpi.ac.th](http://www.kpi2.kpi.ac.th) (Retrieved, January 15<sup>th</sup>, 2016)

<sup>4</sup> The Act on the Elderly, B.E.2546 (2003 A.D.) [http://www.dop.go.th/upload/regulation/regulation\\_th\\_20160807155130\\_1.pdf](http://www.dop.go.th/upload/regulation/regulation_th_20160807155130_1.pdf) (Retrieved, October 20<sup>th</sup>, 2015)

According to Section 11, the elderly shall have the right to access the following protection, promotion, and support: (1) Medical and public health services, particularly provided by taking account of convenience and rapidness for the elderly; (2) Education, religion, and useful information and news for their lives; (3) Appropriate occupations or occupational training; (4) Self-development and participation in social activities, grouping together as a network or community; (5) Facilities and safety directly rendered to the elderly in buildings, locations, vehicles, or other public services; (6) Appropriate support for transport fares; (7) Exemption from entry fees to government locations; (8) Assistance for any elderly person facing danger of torture or unlawful exploitation or abandonment; (9) Provision of advice and consultation on other proceedings in connection with a case or the remedy of family problems; (10) Extensive provision of housing, food and clothing where necessary; (11) Assistance in holding traditional funerals; (12) Other matters stipulated by the Committee in an announcement. This act expresses Thailand's efforts to encourage security and rights protection to older persons in the form of law (MoSDHS, 2012:13).

### **3.2 Social service and long-term care**

In 1942, the Department of Public Welfare (Thai: กรมประชาสงเคราะห์) was established by the Ministry of Public Health (MoPH) (WhangMahaphon, 2011:23) and was the core organization to provide social services for their target groups. In 1953, the first home for the elderly, "Ban Bang Kae" (Thai: บ้านบางแค), was launched in Thailand to provide services for the low-income elderly who could not stay with their families or have no relatives to stay with (Jitapunkul et al., 2008:32). The following year, the Faculty of Social Administration was established at Thammasat University as an academic school to respond to the government's policy on public welfare and social security.

Over the last decade nationally, there were a total of twenty residential homes (homes for the elderly) in Thailand; eight of them were supervised by MoSDHS, and the other twelve homes were run by local authorities. Important criteria for admission to such facilities is that the target elderly are homeless, have no relatives or are unable to live happily with their families, are physically healthy with no communicable diseases, or are living in poverty or difficult situations with their own families. The services provided in the homes include lodging and food, clothes, other necessary consumer goods, religious activities, physical exercise, therapeutic activities for physical rehabilitation, occupational therapy, recreational activities, traditional therapy, traditional activities, medical services, social work services, and traditional funeral services. For the residents whose health is deteriorating, such as the elderly with dementia and frailty, services also include care for daily activities, e.g. bathing, meal and bathroom services, and basic nursing (Jitapunkul, et al., 2008:35).

In 2006, eight homes for the elderly run by the MoSDHS were renamed "Social Welfare Development Centers for the Elderly" (Jitapunkul, et al., 2008:35). They were extended to include training, social welfare promotion, institutional care, social services, counseling, and information management. Furthermore, four more sites covering four main regions across Thailand were opened. Consequently, there are now twelve social welfare development centers nationwide (Jitapunkul, et al., 2008:35).

For home and community-based care, which is the significant source of care for Thai elderly, the Thai government introduced several policies and programs that express awareness of a community-based approach for encounters with a Thai aging society, with financial support from the United Nations Population Fund (UNFPA) (TGRI, 2013: 86). In 2007, the Bureau of Empowerment for Older Persons within the Ministry of Social Development and Human Security conducted a pilot project to establish eight MSCCs in eight provinces covering four regions of Thailand. MSCC serves as a center to organize activities for all ages. The main idea of MSCC establishment was to create social space for

older people in the communities, by starting with development of the physical environment, especially by building centers that are public areas for local people of all ages. Social spaces for older people include several activities that aim to support older people to be active, valuable, and productive people (Bureau of Empowerment for Older Persons, 2008). Activities involve health, socialization, arts, culture, education, learning, occupational support, income strengthening, and recreational activities. (MoSDHS, 2012:30). At present, the concept of multipurpose centers has been expanded through cooperation with the local governments in many areas across the country (TGRI, 2013: 87). However, expansion seems to be limited. In a study published in 2008, only 14.4% out of a total 2,110 sub-district had MSCCs in their communities (Prachuabmoh, et al., 2008: 127).

In 2002, the Ministry of Social Development and Human Security (Bureau of Empowerment for Older Persons) initiated and carried out “*home care service volunteers for the elderly program.*” The main objective was to establish community-based elderly care and protection systems. A pilot project was introduced in 2003-2004, by training<sup>5</sup> community members to volunteer as home caregivers. This project was not only directly useful towards the well-being of the elderly, but also encouraged family and community members to realize and raise awareness of providing proper care for older people in families and communities (Ministry of Social Development and Human Security, 2012:30). The project was also adopted by the Cabinet in 2007 for extension into all sub-districts throughout the country by the end of 2013 (MoSDHS, 2010). In 2011, there were 31,272 elderly home care volunteers<sup>6</sup> who provided care to 568,966 older people and covered 3,532 participating local administrative organizations (LAO) (TGRI, 2013).

In 2003, the Ministry of Public Health launched “*the project of health promotion temples,*” with targets in each of the total 875 districts in 75 provinces across the country. Its aim was to have one health promotion temple per each sub-district (MoSDHS, 2012:27). As of 2008, there were 1,593 temples that passed the evaluation criteria, classified into 416 as distinguished temples and 1,176 as good temples. 2,138 Buddhist monks were leaders in health promotion nationwide (TGRI, 2009:76).

### 3.3 Health service

Briefly, the overall picture of the Thai health care system consists of two main sectors, the first one being the public sector and the second one a private sector. The primary health services in Thailand are provided through networks of health care centers, namely “*Tambon Health Promoting Hospitals*” (THPHs), operated by the MoPH and “*public health centers*” run by the Bangkok Metropolitan Administration (BMA). The THPHs are usually located in rural areas of the other provinces and are mainly staffed by new types of community health workers, namely “*primary health workers.*” Professional nurses also work at those health care centers, but there are no regular medical doctors at THPHs. The major role of THPHs is to emphasize preventive care. Community hospitals are the first referral centers in rural areas and provide primary health care services for people living in their responsible areas. These primary health care facilities - THPHs and Community Hospitals - offer sufficient services in term of health care activities but not curative and rehabilitative care (Jitapunkul, et al, 2008:29). General hospitals, regional hospitals, and university hospitals are the upper referral levels, i.e. secondary and tertiary level hospitals, respectively.

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<sup>5</sup> The training took three days, wherein the contents of the training were of fundamental knowledge in both theory and practice of servicing as home care service volunteers for the elderly.

<sup>6</sup> The financial support from the government for each elderly home care volunteer was initially 300 THB per month and was later increased to 600 THB per month in 2011 (Foundation of Thai Gerontology Research and Development, 2013, pp.88)

These bigger hospitals take a large share of the public health budget (Jitapunkul, et al, 2008:29). The private sector is another sector that plays an important role in the Thai health care system. Usually, clinics and/or private hospitals refer the patients to the second or the third referral hospitals of the public sector (Figure 4-8).

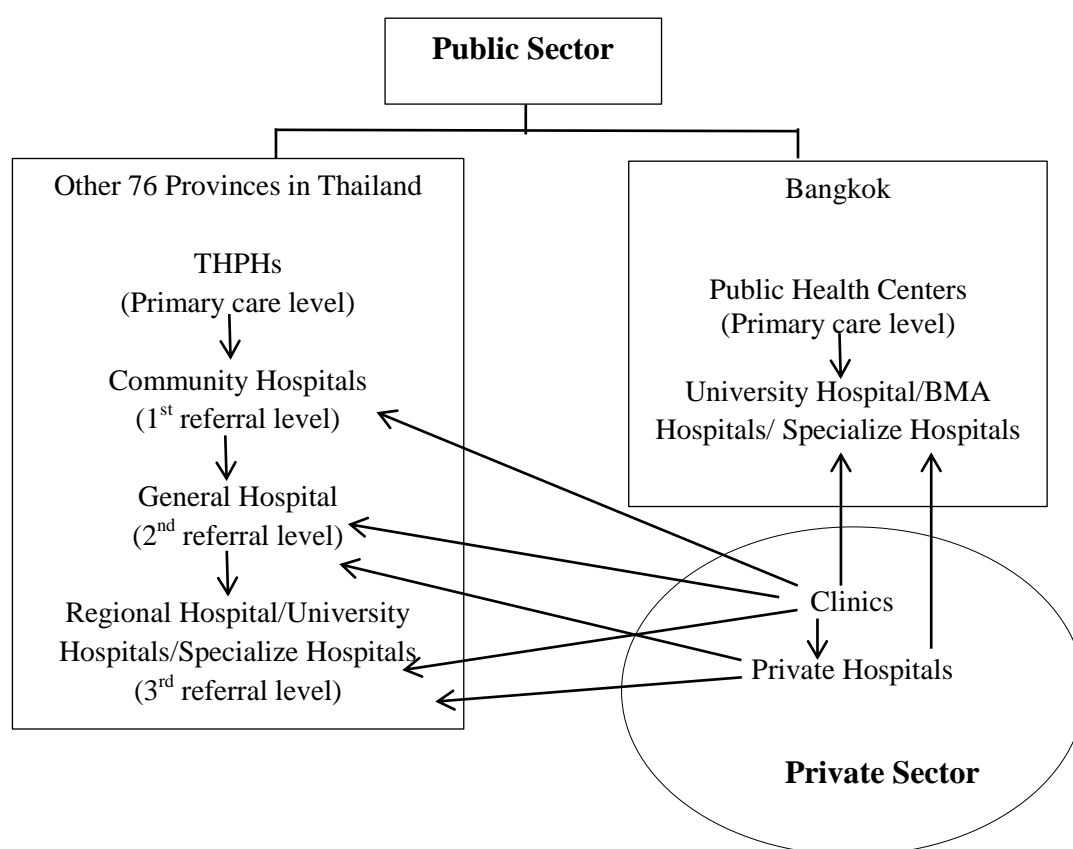


Figure 4-8: Thai health care system

Source: Revised from Jitapunkul, et al., Age Profile- Health System and Long-term Care in Thailand : Fact and Policy Response, 2008, page 29

The “Universal Health Care Scheme for All Thai Citizens” is an important health care scheme for the majority of the Thai population, and has been available since 2007. This scheme was developed progressively from very low cost universal health coverage, introduced in 2001. Thai people with no other form of existing public health protection schemes are now eligible to receive almost all medical and health services from government medical facilities with a 30 THB co-payment (Jitapunkul, et al, 2002:199). The package is comprehensive and includes general medical care and rehabilitation services, high-cost medical treatment, and emergency care (ILO, 2013:1). This scheme was enacted in order to ensure universal coverage of health care services by providing Thai citizens with better access to health care (TGRI, 2012: 60). However, the Thai elderly had been eligible for free government medical services since 1992 (Knodel, J. and et al., 2013:11).

In 2013, the Thai government provided 100,699 million THB for 48 million Thai citizens under this scheme (NHSO, 2013). However, only half of the older people used the government health care welfare services (Jitapunkul, et al., 2008:40). This reflects the barriers to health care accessibility, in which many facilities are concentrated in urban areas, while the majority of Thai older people live in rural areas. Additionally, transportation

barriers, knowledge barriers, and financial barriers also exist (Jitapunkul, et al., 2002; Jitapunkul, et al., 2008).

### **3.4 Old age allowance**

Another example is the “Monthly Allowance Scheme for Thai Older Persons,” which was introduced in 2009 and developed from means-testing based on the universal welfare system for Thai elder citizens, or rights-based scheme. Any Thai person 60-years-old or older, who has no pension or any other form of income, was granted the right to register and receive a monthly allowance of 500 THB (Knodel, J. and et al., 2013; ILO, 2013).

Since 2011, the monthly allowance scheme has transformed into a “ladder model” for all Thai older people, which provides multiple rates of allowance related to the age range of the elderly, as follows.

Age Range	Amount (THB) per month
60-69	600
70-79	700
80-89	800
90 and over	1,000

Regarding the report of TGRI (2012:20), in 2011, the majority of Thai elderly (81.4%) had access to this welfare system, especially in rural areas, where 86.9% of rural elderly received the monthly allowance. In 2011, the government provided 36,008 million THB for the Thai elderly and will exceed 100,000 million THB by 2017 (TDRI, 2013). The budget for the elderly monthly allowance is the biggest governmental welfare expenditure at present and moving into the future. Additionally, 2.8% of Thai elderly people identified the governmental monthly allowance as being their main income resource, especially for those people living in rural areas (NSO, 2007).

### **3.5 Pension and retirement benefits**

The pension system that is referred to as a social security system for the population, particularly for older people, was introduced in 1951, according to the “Gratuity and Pension Act B.E. 2494” (Thai: พระราชบัญญัติบำเหน็จบำนาญข้าราชการ พ.ศ. 2494). Mainly, it benefited only governmental officers. At that time, government officers meant people who were in high social status in the Thai socio-cultural context, thus the pension system applied to social security benefits for high social status elderly and not for ordinary older citizens. In 1999, the Old Age Pension was set up for central government employees within the national social security system and mandates contributions by employees, employers, and the state for all workers in private sector enterprises. To receive a pension, members must have contributed for at least 15 years, therefore, the first pension payouts according to this system started recently, in 2014 (Knodel, et al., 2013:12).

For self-employed and informal sector workers the Nation Savings Fund Act was passed in 2011. Both the person participating and the government contribute to the fund, and when the members reach the age of 60, they are entitled to receive a pension.

### 3.6 The elderly clubs

In 1983, the first initiative to form an elderly club was established by the Department of Medical Services within the MoPH (WhangMahaphon, 2011:45). Subsequently, the Department of Public Welfare, Ministry of Interiors (MOI) was appointed as the core organization to establish and develop older person clubs across the country (WhangMahaphon, 2011:45). In 1984, the government launched the policy of “within one province, at least one older persons club” (WhangMahaphon, 2011:46). This project aimed to establish older person clubs in each sub-district, with collaboration from network associations such as local governments and the National Older Persons Council Association of Thailand (TGRI, 2009:76). The primary object of the clubs was to promote the gathering of older people for regular activities, as well as to improve the quality of life of older people. In 2011, there were more than 20,000 older persons clubs nationwide (MoSDHS, 2012:26).

### 3.7 Sub-district Administrative Organizations (SAO) and the role for improving quality of life of Thai elderly in rural areas

According to the Administrative Law of 1933 (since the political transformation from monarchy to democracy in 1932), there have been three layers in the Thai administrative structure - the central/national administration, the provincial administration, and the local administration (Sopchokchai, 2001:1). At the central administration level, the ministries and departments (under supervision and direction of the Cabinet) have important roles in policy formulation and implementation. As implementation at the provincial administration level (at the province and district level), the regional offices of ministries and departments play major roles as policy implementation mechanisms, such as the Ministry of Interior (MOI), the Ministry of Agriculture and Cooperative, the Ministry of Education, and the Ministry of Public Health, which have their branch offices at provincial halls and district offices (Nagai, et al, 2008:4). At the provincial administration (in each province, except Bangkok), moreover, the governors, who are permanent civil servants under the Ministry of Interior, are appointed to facilitate and coordinate public programs of various government agencies (Sopchokchai, 2001:2).

The local administration contains sub-districts (*Tambons*) and villages (*Mooban*). One sub-district usually contains 3-13 villages, depending on the size of the population. The *Kamnan*, or sub-district headman, and the *Phuyai ban*, or village headman, are the formal community leaders; a village headman is elected by popular vote in each village, while the sub-district headman is elected by the village headmen within the sub-district<sup>7</sup>. According to the 2008 Local Administration Law (the 11<sup>th</sup>), the sub-district and village headman can work until the 60-year-old retirement age. They are influential people at the grassroots level who play important roles as agents of the central government to communicate and implement the central government's policies at the village level, for which they are paid monthly allowances by the MOI (Nagai et al, 2008:6). The monthly allowance is 10,000 THB for sub-district headmen and 8,000 THB for village headmen, respectively. Nowadays, there are 7,016 sub-district headmen, and 67,449 village headmen across Thailand (The Secretariat of the House of Representatives, 2016)<sup>8</sup>.

Local government is another important political system in Thailand. There are five types of local government in Thai society - Provincial Administrative Organizations (PAOs), Municipalities (city, town, and sub-district municipalities), Sub-district Administrative

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<sup>7</sup> There have been no sub-district headman and village headman in Bangkok since 2000.

([http://library2.parliament.go.th/ejournal/content\\_af/2559/jan2559-2.pdf](http://library2.parliament.go.th/ejournal/content_af/2559/jan2559-2.pdf))

<sup>8</sup> [http://library2.parliament.go.th/ejournal/content\\_af/2559/jan2559-2.pdf](http://library2.parliament.go.th/ejournal/content_af/2559/jan2559-2.pdf) (Retrieved, February 20<sup>th</sup>, 2016)

Organizations (SAOs)<sup>9</sup>, the Bangkok Metropolitan Administration (BMA), and the City of Pattaya. The head of those local governments are elected by popular vote, and the members of those local government councils are also elected positions. The PAOs are the local authorities at the provincial level. The Municipalities represent the local governments in urban areas, while SAOs are the local governments in rural sub-districts. At the district level, there is no local government or any other kind of popular representation (Nelson, 2001:8).

Such information mentioned above shows that at the sub-district level, there are two overlapping systems (Chart 4-1). The first system (local administration - *kamnan* and *phuyaiban*) was established four hundred years ago, while the new one (local government - the SAO) was introduced in 1996. The two local systems are under the same ministry (MIO), but are in different departments; the *kamnan* and *phuyaiban* system is under the Department of Provincial Administration, the SAO belongs to the Department of Local Administration. The SAO, although a new system, is a key important agency in community development at the sub-district level. It has its own duties, budgets, staff, and offices. The Chief Executive of the SAO is head of the organization and is elected by popular vote at the sub-district level. He or she can appoint two deputies as an administrative team of the SAO. As a member of the Council of the SAO, the team contains representatives who are elected by local residents in each village, two representatives per village (approximately). All of them serve four-year terms. In 2014, there were 76 PAOs, 30 City Municipalities, 176 Town Municipalities, 2,234 Sub-district Municipalities, and 5,335 SAOs (Department of Provincial Administration, 2557)<sup>10</sup>.

As mentioned earlier, the present study focuses on rural area and defines rural communities through types of local government. Consequently, this study emphasizes the role of the SAOs in the development of age-friendly communities in rural areas. The SAOs have been given a wide range of duties that are divided into three categories. Firstly, general duties are to develop the sub-district's three main community aspects, which include economic, social, and culture areas (Article 66). Secondly, mandatory duties include nine duties covering provisions and maintenance of waterways and roads; preventive health services; control of contagious diseases; prevention and relief regarding public hazards; promotion of education, religion, and culture; promotion of the development of women, children, youth, the elderly and the disabled; and protection, care-taking, and preservation of natural resources and the environment (Article 67). Thirdly, voluntary duties (Article 68) include 13 duties such as tourism, city planning, commercial affairs, industry, sports complexes, and parks (Nelson, 2000:17; the Sub-district Council and Sub-district Administrative Organization Act B.E 2537 (1994) revised on B.E.2552) (2009).

Moreover, accordance with the Decentralization Plan and Process Act of 1999 (B.E 2542), every type of Local Government has been given a duty to provide public services for the citizens within their own local community. There is a total 30 duties, one of which is "social assistance and development of quality of life of children, women, the elderly, and disadvantaged persons." An important section of the Act is the support of the local authorities to act as central and regional government offices in public service to enhance the quality of life of the residents in local communities.

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<sup>9</sup> Another word is Tambon Administrative Organizations (TAOs).

<sup>10</sup> <http://www.zcooby.com/thailand-information-number-statistics-year-2558/> (Retrieved, February 20<sup>th</sup>, 2016)

Chart 4-1: Administrative structure in Thailand

Territorial Level	State Administration		Local Government
Nation	At the central administration, the <b>ministries and departments</b> (under supervision and direction of the Cabinet) have important roles in policy formulation and implementation ↓		
Province (76 provinces, except Bangkok)	There are regional offices of ministries and departments play major role as policy implementation mechanism e.g. Provincial Public Health Office (by the MoPH), Community Development Provincial Office ↓	Provincial governor----- who are permanent civil servant under the MOI, are appointed to facilitate and coordinate public program of various government agencies ↓	----- Provincial Administrative Organization (PAO) 1) elected provincial council led by a chairman and his deputies 2) Chief Executive of PAO is elected by the residents in the province (direct election)
District (878)	There are some branch offices of the ministries at district offices e.g. District Public Health Office (by the MoPH), Community Development District Office (by the MOI) ↓	Chief district officer ↓	District levels do not have local governments or any other kind of popular representation.
Sub-district or Tambon (7,255)	1) Some offices that come under the district e.g. Tambon Health Promoting Hospital (THPH) by the MoPH ←-----	2) Sub-district headman “ <i>Kamnan</i> ” is elected by the people (in-directed election).←----- ↓	Sub-district Administrative Organizations (SAOs) -----
Village/Community (74,965)	Village headman “ <i>Phuyaiban</i> ” or Head of the community in urban areas (e.g. City Municipality) is elected by the residents (direct election). ←-----	-----	Village representatives who are the member of SAO Council

Source: Revised from Nelson (2001)

———— Direct supervision  
----- Coordinate and/or directly advise

Table 4-2: Overview of Thai government responses to population aging

Year	Important Response
1942	To release “a Series of Cultural Mandates or State Decrees”, one of which was social assistance and protection for children, the elderly, and people with disabilities The Department of Public Welfare was established by the Ministry of Public Health (MoPH).
1951	The pension system for older people was introduced in 1951 according to “the Gratuity and Pension Act B.E. 2494 (for the elderly who used to be governmental officers, not for ordinary older citizens)
1953	The first home for the elderly, “Ban Bang Kae” was launched.
1954	The Faculty of Social Administration was established at Thammasat University as an academic school to respond to the government's policy on public welfare and social security.
1982	To participate in the first World Assembly on Ageing, in Vienna, Austria To prescribe National Elderly Day (April 13th in every year). To start the process to establish a 20 year plan entitled “the First National Plan for Older Persons” (1982-2001).
1983	The first initiative to form the Older Persons Club was established by the Department of Medical Services within the MoPH.
1984	To launch the policy of “within one province, at least one elderly club”.
1995	The Sub-district Administrative Organizations (SAOs) was introduced.
1998	A Multipurpose Senior Citizen Center (MSCC) has been initiated.
1999	To release the Decentralization Plan and Process Act 1999. According to the Act, local governments were granted authority over social welfare affairs and plans to improve the quality of life older people, children, women, and disadvantage persons in the communities. The Old Age Pension was set up for central government employees within the national social security system and mandates contributions by employees, employers and the state for all workers in private sector enterprises.
2001	The very low cost universal health coverage was introduced by the MoPH
2002	The Second National Plan for Older Persons (2002-2021) was released and revised and received cabinet approval in 2009 The MoSDHS by Bureau of Empowerment for Older Persons initiated and carried out “home care service volunteers for the elderly program”.
2003	To release the Act on the Elderly B.E.2546 as the first act on aging in Thailand. The MoPH has launched “the project of health promotion temples”.
2006	Homes for the elderly by the MoSDHS were changed to be called “Social Welfare Development Center for the Elderly”.
2007	The “Universal Health Care Scheme for All Thai Citizens” has been available.
2009	“Monthly Allowance Scheme for Thai Older Persons” was introduced (the universal welfare system for Thai elder citizens)
2011	The monthly allowance scheme was transformed to “ladder model” for all Thai older people. The Nation Saving Fund Act was passed (for self-employed and informal sector workers)
2015	Department of Older Person (DOP), Ministry of Social Development and Human Security was established.

#### 4. Introduction of Hua-Ngum Sub-district

Data from Hua-Ngum three-years community development plan (2015) implies that Hua-Ngum is an ancient sub-district in Phan District, officially established as “Hua-Ngum Sub-district” in 1915 by “Phraya Jai Chuamueangphan.” The sub-district was obviously named after Hua-Ngum Hill, which is its most outstanding landscape. In the past, Hua-Ngum was a one big Sub-district. Hence, 10 years ago some communities of the Sub-district were separated to new Sub-districts, DoiNgum and WeangHaw Sub-district. At present, Hua-Ngum Sub-district is located in Phan District, Chiang Rai Province and consists of 13 villages while Hua-Ngum Sub-district Administrative Organization (i.e. Hua-Ngum SAO) is responsible for improving the quality of life of Hua-Ngum villagers. The slogan of Hua-Ngum Sub-district can reflect its outstanding points best, that is, “*Abundant Land of Nong Hang, Great Culture of Hae Khae Traditon, Sources of Tilapia Fish, and Best Quality Rice*” and this slogan will be exemplified in details next.



Photo4-1: Hua-Ngum Hill  
Source: the researcher

##### 4.1 Size, location, geography, and climate

Data from Hua-Ngum three-years community development plan (2015) indicates that Hua-Ngum Sub-district has the total area of 61.2 square kilometers. Most of the areas in Hua-Ngum Sub-district are low lands with sandy loose soil and clay, which is very suitable for agriculture. In this sub-district, there is the important water source called “Nong Hang,” namely, the spacious natural water source (approximately, 1,400 rais), which is used for local agriculture.

Hua-Ngum sub-district (Hua-Ngum SAO) is located in the northern region, approximately 739 kilometers far from Bangkok Metropolis, the capital of Thailand; approximately 43 kilometers far from Mueang Chiang Rai District, the economic and social center of Chiang Rai Province (the location of big-sized hospitals, universities, large commercial centers, and so on); and also approximately 5 kilometers far from Phan District Office (i.e. the city center of Phan District), and about 8 kilometers far from Phan Hospital,

the district-level community hospital, respectively. The Sub-district is bordered to the north by Suntisuk and DoiNgam Sub-district, to the east by Tantawan, and Mongkum (Sub-district, to the west by WeangHaw Sub-district, and to the south by MeangPhan Sub-district.

The most important natural resource of Hua-Ngum Sub-district is located in Nong Hang, covering the areas of Hua-Ngum Sub-district and other two neighboring sub-districts. Nong Hang is the spacious water source consisting of three small swamps, Hang River low lands, and paddy fields with the total area of 7.36 square kilometers (4,600 rais). Physically, Nong Hang is large like a medium-sized lake and Hua-Ngum villagers primarily use the water from this water source in their agriculture and inland fishery. People in Hua-Ngum Sub-district grow rice twice a year due to these abundant water resources.

In term of climate, there are 3 seasons in Hua-Ngum Sub-district. In winter (November-February), the average temperature is 15°C. So, it is quite cold and highly foggy in the morning. This period is the season of harvesting. Later, in summer (March-June), it is quite humid and very hot especially in April with the average temperature of 32°C. This season is suitable for growing field crops and succession plants like corns. Then, in rainy season (July-October), the paddy farming i.e. ploughing the fields, sowing, and transplanting, begins since there are a lot of rains. The average temperature of this season is 27°C.

Table 4-3: Climate in Hua-Ngum sub-district

Seasons	Period of time	The average temperature
Summer	March – June	32 °C
Rainy season	July – October	27 °C
Winter	November – February	15 °C

Source: Hua-Ngum SAO, 2015

Figure 4-9: Mapping of Hua-Ngum Sub-district



Source: Hua-Ngum SAO, 2014

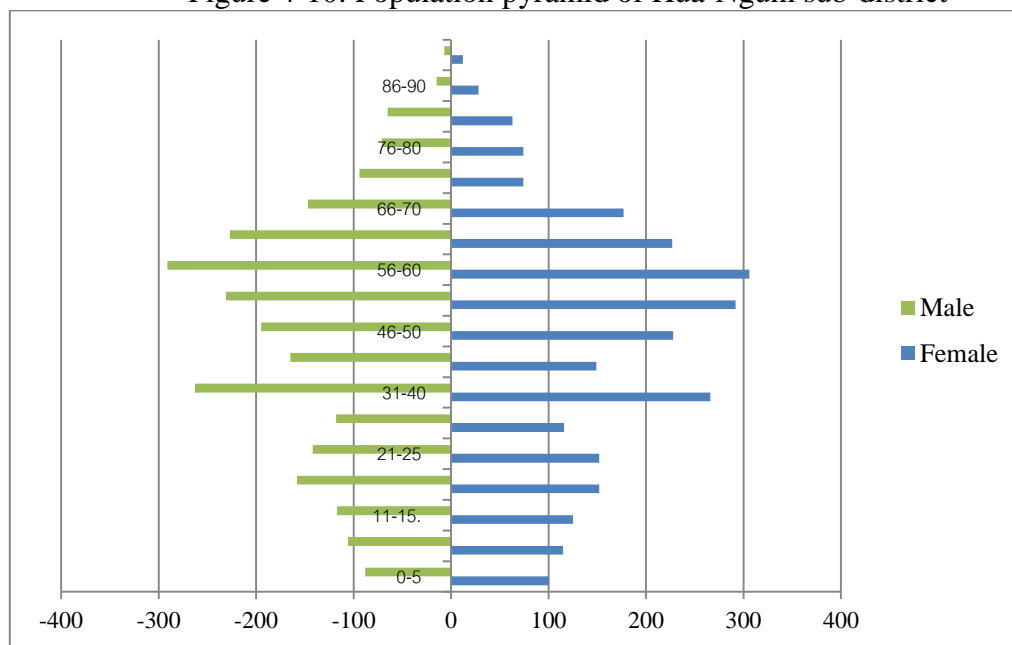
## 4.2 Population and population structure

As aforementioned above, there are currently 5,156 residents (on the actual survey date) i.e. 2,500 men and 2,656 women with the total of 1,823 households in Hua-Ngum Sub-district (Hua-Ngum Basic Minimal Needs (BMN) survey, 2016) It is obviously noted that the proportion ratio between male and female residents is quite close. When considered in details based on ages, most of residents (63.52%), aged 15-60 years old, are in the workforce age. However, among the elderly (aged over 60 years old), the percentage is 24.84%, which is higher than the national statistics where the percentage of the elderly to the total population is 16.65% (There are 65,375,651 residents in Thailand. Among these, 10,887,152 are the elderly (aged over 60 years old)<sup>11</sup>. When considered the sex difference, the proportion ratio between male and female residents in each age is alike.

From this population structure, it is expected that the amount of the elderly aged over 60 years old will be double increased in the next 10 years. Therefore, the amount of the elderly in Hua-Ngum Sub-district might be increased about 40%, resulting in the super aged society in the near future.

In addition, as the aging index of Hua-Ngum Sub-district is 213.5 (Hua-Ngum BMN survey, 2016), Hua-Ngum Sub-district is inevitably facing the becoming of super aged society as the national aging index is only 81.82<sup>12</sup> or regarded just as the aged society. So, the situation of aged society in Hua-Ngum Sub-district is explicitly more intense than the national one. Therefore, the working experience to handle such aged society situation in Hua-Ngum Sub-district is very useful for Thai society as it reflects the public participation in the local community and the use of its social capital in managing the problems whereas SAO is responsible for supervising and coordinating with other stakeholders in the sub-district.

Figure 4-10: Population pyramid of Hua-Ngum sub-district



Source: Survey of Basic Minimal Needs (BMN) 2016, Hua-Ngum SAO

<sup>11</sup> The data as of 25 September 2016 from [www.thailandometers.mahidol.ac.th](http://www.thailandometers.mahidol.ac.th) (Retrieved, March 25th, 2016)

<sup>12</sup> The data of nationwide sex-categorized population as of December from the Official Statistics Registration Systems; Source: [http://stat.dopa.go.th/stat/statnew/upstat\\_age\\_disp.php](http://stat.dopa.go.th/stat/statnew/upstat_age_disp.php) (Retrieved, March 20<sup>th</sup>, 2016)

### 4.3 Education

According to the survey data of BMN in Hua-Ngum sub-district in 2016, most of Hua-Ngum villagers (48.58%) gained the primary education; while some villagers (13.83% and 12.65%) gained the lower secondary education and upper secondary education, respectively. Only a few residents were graduated or are studying in the bachelor's degree or higher (8.28% and 0.48%, respectively). When compared among men and women, women (11.48%) are more illiterate than men (7.29%).

Table 4-4: Percent of education level of Hua-Ngum people

Educational Level	Sex				Total	
	Male (people)	%	Male (people)	%	Male (people)	%
Never enrolled to school	198	7.92	305	11.48	503	9.76
Kindergarten	65	2.60	86	3.24	151	2.93
Lower than primary education ( i.e. Grade 4)	50	2.00	53	2.00	103	2.00
Primary education (Grade 6)	1,223	48.9	1,282	48.27	2,505	48.58
Lower secondary education (junior high school, Grade 7-9)	384	15.36	329	12.39	713	13.83
Upper secondary education (high school, Grade 10-12)	341	13.64	311	11.71	652	12.65
Diploma	44	1.76	33	1.24	77	1.49
Bachelor's degree	181	7.24	246	9.26	427	8.28
Higher than bachelor's degree	14	0.56	11	0.41	25	0.48
<b>Total</b>	<b>2,500</b>	<b>100.0</b>	<b>2,656</b>	<b>100.0</b>	<b>5,156</b>	<b>100.0</b>

Source: Survey of Basic Minimal Needs (BMN) 2016, Hua-Ngum SAO

In terms of educational institutes in Hua-Ngum Sub-district, for the primary level, there is the Child Development Center of Hua-Ngum SAO under the management of the Division of Education, Religion, and Culture of Hua-Ngum SAO. According to the data in 2014, there were totally 130 students, aged 2-5 years, studying in four classes; the first class is for children aged 2-2.5 years old, the second class is for children aged 2.5-3 years old, the third class is for children aged 3-4 years old, and the fourth class is for children aged 4-5 years old, respectively. All children were taken care by 8 teachers, one janitor, and one cook. The Child Development Center is located near Padaeng Wittaya School and has been mainly supported for budgets by Hua-Ngum SAO<sup>13</sup>.

In addition, there are also other three schools under the affiliation of the Ministry of Education as follows: 1) Padaeng Wittaya School (established in 1924) provides the

<sup>13</sup>SAO has approved the initial budget for the construction of the Child Development Center in the amount of THB 1,440,000; a part of this budget was derived from the winning award of Best Management Local Administrative Organization for 2007.

education from kindergarten to Grade 9 (this is regarded as the opportunity extension school in Thai society context). There are totally 209 students and 18 teachers; 2) Nong Hang San Luang School (established in 1939) provides the education from kindergarten to Grade 6. There are totally 18 students and 3 teachers; and 3) Pa Kha School (established in 1958) provides the education from kindergarten to Grade 6. There are totally 33 students and 4 teachers.

At present, the amount of students studying at these three schools has been continuously reduced when compared with the past. Since parents have better economy potential, they preferably bring their children to study in the city e.g. in Phan District and Mueang Chiang Rai District because they believe that the education in the city is more qualified than the one in the remote areas.

#### 4.4 Occupation, income and expenses of Hua-Ngum people

*1) Occupation in Hua-Ngum Sub-district:* According to the data survey of BMN on the occupation of Hua-Ngum villagers, most of the residents have different occupations like rice farming, gardening for longans, fishery of Tilapia fish, working as government officials, state enterprise employees, private company employees, general workers, merchants, business owners e.g. small factory of plastic ropes, etc. Most of the villagers (34.27%) do the agriculture i.e. paddy farming while the others (20.97%) are general workers e.g. construction workers carpenters or agricultural laborers. Some villagers (18.25%) are students whereas 10.40% of residents are unemployed. When considered the sex dimensions, the occupational percentage between men and women is not much different. However, the unemployment percentage of women is higher than the one of men (12.09% for women and 8.60% for men).

Table 4-5: Percent of occupation of Hua-Ngum people

Occupations	Sex				Total	
	Male (people)	%	Female (people)	%	People	%
Rice farming	961	38.44	806	30.35	1,767	34.27
Gardening	12	0.48	19	0.72	31	0.60
Fishery (inland fishery)	3	0.12	1	0.04	4	0.08
Government officials	88	3.52	58	2.18	146	2.83
State enterprise employees	3	0.12	1	0.04	4	0.08
Private company employees	5	0.20	3	0.11	8	0.16
General workers e.g. carpenters, construction workers	541	21.64	540	20.33	1,081	20.97
Merchants/ shopkeeper	178	7.12	293	11.03	471	9.13
Business owners e.g. small factory of plastic ropes	27	1.08	34	1.28	61	1.18
Other	22	0.88	84	3.16	106	2.06
Students	445	17.80	496	18.67	941	18.25
Unemployed	215	8.60	321	12.09	536	10.40
<b>Total</b>	<b>2,500</b>	<b>100.0</b>	<b>2,656</b>	<b>100.0</b>	<b>5,156</b>	<b>100.0</b>

Source: Survey of Basic Minimal Needs (BMN) 2016, Hua-Ngum SAO

Obviously, most of Hua-Ngum villagers have the agricultural occupation especially paddy farming which has been inherited from their ancestors. In Hua-Ngum Sub-district, the villagers can do the rice farming two times a year due to the abundance of Nong Hang, the

important water source for agriculture among villagers both in Nong-Ngum Sub-district and other neighboring sub-districts (This is the outstanding point of Nong-Ngum Sub-district because most of agriculturists in the northern region can do the paddy farming only once a year). Apart from rice farming, Hua-Ngum villagers also grow longans, annual crops like peanuts, and vegetables in particular in Village No. 8, in Ban Buak Khon Village (i.e. the location of Hua-Ngum School for the Elderly). Several vegetables are grown both for household consumption and sale for more earnings.

In addition, Hua-Ngum villagers also raise Tilapia fish which help the villagers gain much income. Due to the abundance of Nong Hang, the Tilapia fish can be ideally raised. According to the Chief Executive of SAO, during the time of Tilapia fish season, over THB 20 million is circulated in Hua-Ngum Sub-district. Apart from agricultural occupation, Hua-Ngum villagers also work as general workers; for instance, some villagers work as construction workers in Mueang Chiang Rai District or merchants. This reflects the general characteristics of Thai agriculturists who have to do many occupations for their living. For example, after the paddy harvestings, the villagers prefer growing short-term plants, raising animals, or working as general workers or merchants.

As local business, there are several small size of local business in the sub-district such as petro station/gas station (small size), rice mill, Industrial factories (small size), repair shops for motorcycle, auto repair shop, auto repair shops, barbershops, shops for coffin and Lanna traditional castle for the dead, groceries, repair shop for electric appliances, and fresh market

Table 4-6: Local Business in Hua-Ngum Sub-district

Local Business	Number
1. Petro station/Gas station (small size)	2
2. Rice mill	10
3. Industrial factory (small size)	2
4. Repair shop for motorcycle	10
5. Auto repair shop	5
6. Barbershop	11
7. Shop for coffin and Lanna traditional castle for the dead	5
8. Grocery	41
9. Repair shop for electric appliances	1
10. Fresh market	5

Source: Survey of Basic Minimal Needs (BMN) 2016, Hua-Ngum SAO

The other outstanding point of living in Hua-Ngum Sub-district is that most of households in the sub-district usually grow home-grown vegetables for household consumption to reduce their expenses, save income, and promote good health since the vegetables are organically grown without using pesticides. When the researcher has surveyed the data in the community and visited Hua-Ngum villagers, it was obvious that most of the households have grown vegetables even among the elderly who have grown and sold their vegetables in the community market. Although they gained just a little money, this money is very significant to them. For example, the elderly might gain THB 40-50 per day or THB

1,200-1,500 per month. When summed with the monthly allowance, they will even totally gain THB 2,000. So, growing household vegetables or doing small agriculture can support the living of the elderly in some extent. Although the vegetables cannot be sold for income, such vegetables can be consumed in the households to reduce the daily expenses whereas the monthly allowance can be used for other purposes,

*“I’ve lived with my wife. We don’t have any child. We don’t work and just receive the monthly allowance for the elderly from the government authority. We obtain THB 1,300 per month. I gain THB 700 while my wife gains THB 600. We grow vegetables for household consumption. This can reduce our expenses. My nephew also gives me rice. So, we use the monthly allowance for medical fee, merit making, electricity and water bills. Since we have just a small income, we have to save as much as we can.”*

(An elderly man, Village No. 6, Interview, October 9<sup>th</sup>, 2015)

**2) Income and Expenses:** Regarding the overall income and expenses, the average household income of Hua-Ngum villagers in 2016 is THB 175,241 per year (THB 14,603 per month) whereas their average individual income is THB 61,960 per year (THB 5,163 per month). The villagers’ income has been derived from their primary occupation (occupation leading to main income), secondary occupation (occupation leading to less income when compared with the primary one), other earnings such as dividend gained from financial institutes, including agriculture, animal raising, foods from natural resources.

For the expenses, the average household expenses are THB 106,739 per year (THB 8,895 per month) whereas the average individual expenses are THB 37,739 per year (THB 3,145 per month). The main expenses have been paid for production costs such as fertilizers for paddy farming, daily living and consumption, and debt payment.

From these data, it can be noted that the income of Hua-Ngum villagers is higher than the expenses. This is a good sign and reflects the economical stability. When compared these data with the poverty line of communities in remote areas (outside the municipalities) in the northern region and national level, it can be noted that in 2016, the poverty line<sup>4</sup> of the northern region was THB 2,333/person/month. For Hua-Ngum Sub-district, the villagers have the average income of THB 5,163/person/month, which is over two times higher than the poverty line. Again, when compared these data with the poverty line of national level which is THB 2,417/person/month, the average income of Hua-Ngum villagers is still over two times higher. As a result, since the average income of Hua-Ngum villagers is higher than these two poverty lines, it might be said that there are no poor people in Hua-Ngum Sub-district. However, in fact, the average income of some villagers in Hua-Ngum Sub-district is still lower than these two poverty lines especially among the elderly. It can be observed that some elderly do not gain any income except the monthly allowance in the amount of THB 600-1,000 per month. That’s why the conclusion that there are no poor people in Hua-Ngum Sub-district is not true.

#### 4.5 Religion, tradition and culture

All Hua-Ngum villagers are Buddhist and there are totally 10 temples in Hua-Ngum Sub-district. For Hua-Ngum villagers, temples are the sacred places where the villagers can not only present their faith but also use for common benefits. For example, Wat Sri Mueang Mool, located in Village No. 8, Ban Buak Khon Village, has been used to establish Hua-Ngum Elderly School. Sometimes, the villagers hold the funeral at the temple if their homes are too small for the religious rituals. Community's meetings and payment of elderly allowance are also held at the temple. Therefore, it can be obviously noted that temples and Hua-Ngum villagers are very close to each another (this close relationship can be observed in other Buddhist remote areas).

From interview two key informants who are experts on local culture (February 16<sup>th</sup>, 2014) and data from document of Hua-Ngum SAO<sup>14</sup> indicate that Hua-Ngum villagers have continuously inherited the northern-style tradition and cultural. Throughout the year, several significant traditional and cultural activities have been held in Hua-Ngum Sub-district as show in Table 4-7.

Table 4-7: Cultural and community activities from January –December

Month	The example of cultural and community activities
January	<b>“Than Khao Mai”</b> refers to the ceremony that the newly-harvested rice is offered to the monks because the villagers believe that this will give merit to their ancestors who passed away. In addition, this is also the merit-making for the new-year prosperity based on universal calendar.
February	The outstanding traditional activity in this month is <b>“Poi Look Kaew”</b> <sup>15</sup> where the villagers encourage and celebrate the ordination of their male children so that these new novices and monks can religiously study the Buddhism.
March	The traditional event of <b>“Poi Luang”</b> <sup>16</sup> might be held in some years (not every year) to celebrate the temples and Buddhism e.g. the new Buddhist monastery or Buddha image hall might be built.
April	Thai New Year tradition or <b>“Pi Mai Mueang”</b> <sup>17</sup> will be held during 13-16 April. During this period or in April, Hua-Ngum SAO usually holds the traditional activity called <b>“Hua-Ngum Best Products Fair,”</b> which has been initiated since 2007. In this fair, the elderly representatives from 13 villages will be paid respect whereas each village will present its “outstanding products” in the enjoyable atmosphere and funny music. In addition, the SAO also confers the certificate of <b>“Hua-Ngum Goodness Bank”</b> to the villagers who win the highest points of goodness and also to the ones providing benefits for the sub-district.

<sup>14</sup> Unprinted documents

<sup>15</sup> The ordination is performed during February – May). However, **“Poi Look Kaew”** has not been currently held every year because for some years there have not been boys or men willing to be ordained due to the educational limitations as they prefer to study in the educational system (secular education) rather than the Buddhism (religious education).

<sup>16</sup> In **“Poi Luang,”** all villagers have to pay importance, attention, and cooperation since, as the word implies, **“Poi”** means the tradition or meeting whereas **“Luang”** means big or great.

<sup>17</sup> On the 15<sup>th</sup> April, called as **“Phaya One Day,”** the villagers will offer foods to the monks in the morning to give merit to their pass-away ancestors and relatives, which is known as the **“Than Khan Khao.”** Then, in the late morning, the villagers will pay respect and ask for forgiveness from the elderly for their intended and non-intended acts. They also pay respect to the elderly with worship offerings like flowers, candles and joss sticks, new clothes, desserts and money. This is called “Rod Nam Dam Hua” ritual. By this ceremony, the elderly will give good words and wishes to their children for prosperity. This day is devoted to the elderly and it is the day that the elderly are happy as their children visit them and make good things to them.

Table 4-7: Cultural and community activities from January –December (continued)

Month	The example of cultural and community activities
May	The important religious tradition in this month is Visakha Puja Day which is a public holiday which commemorates the occasion of the Buddha's birth, enlightenment and passing away. The northern Buddhist will offer foods and “Than Khan Khao” <sup>18</sup> to the monks to give merit to their passed-away relatives.
June	Worship offerings to Nong Hang faerie ritual is the ritual that pay respect to the sacred spirits taking care of and providing abundance for Nong Hang water source. This ceremony also provides good hope and morale for the villagers before beginning their annual rice farming as it is believed that the sacred spirits of Nong Hang will give them smooth, successful, and productive paddy farming.
July	This is the beginning of the Buddhist Lent period <sup>19</sup> which covers three months (July-September). During the Buddhist Lent period, several relevant activities are held e.g. Buddhist Lent Candle Parades. During the Buddhist Lent period, Hua-Ngum SAO has usually held the meetings on each Buddhist holy day to encourage the villagers to participate in religious activities for achieving the great spirit. These meetings were initially held in 2007. The villagers are invited to listen to the Dhamma teachings on the Buddhist holy day that held in 10 Buddhist temple in the sub-district.
August	There is no outstanding activity in village or sub-district levels. The villagers are busy with the paddy farming. However, the farming-related ritual e.g. the “Buffalo Blessing Ceremony” is held because buffaloes are important and useful in farming. Unfortunately, this ceremony becomes disappeared more and more as Hua-Ngum farmers preferably use machines instead of human labor and buffaloes.
September	: The important event in this month in Hua-Ngum Sub-district is called “ <b>Than Salak</b> .” In this ceremony, the villagers will recall to their passed-away ancestors and offer “ <b>Kuay Salak</b> ,” namely, the small cylinder-shaped baskets containing fruits, rice and dry foods, and necessary items like medicine, toothbrush, toothpaste, notebooks, pencils, flowers, and joss sticks, to their passed-away ancestors. At present, Hua-Ngum SAO has modified this tradition to be more consistent with the sub-district development emphasizing the human development. So, the “ <b>Than Salak for Education</b> ” have been given to students since 2010.
October	This period is the end of Buddhist Lent and also the end of the three-month stay of the monks. On this day, the villagers will offer foods to the monks at the temple. In some years, the yellow-robe offering or “ <b>Thod Kathin</b> ” ceremony will be held after the Buddhist Lent Day.
November	“ <b>Hae Khae</b> ” is so outstanding that this activity is stated in the slogan of Hua-Ngum Sub-district. “ <b>Khae</b> ” is made from small wooden pieces or a bundle of bamboo (like a torch). In the ancient time, there was no electricity, so “ <b>Khae</b> ” was used to provide lighting. Hua-Ngum Sub-district, by Hua-Ngum SAO, has first reintroduced this tradition in 1996 to unite all Hua-Ngum villagers and to conserve the original tradition of the ancestors because “ <b>Hae Khae</b> ” tradition becomes nearly disappeared in the northern region. The “ <b>Hae Khae</b> ” contest among the 13 villages will be held with joyful celebration and in some years the “ <b>Khae Angel</b> ” beauty contest might be also held.
December	Dharma practice activity is done at the end of year in accordance with universal calendar. Moreover, some Hua-Ngum villagers join the new-year celebration in the events held in a district and provincial levels.

<sup>18</sup> Ceremony that villagers offer foods to the monks in the morning to give merit to their pass-away ancestors and relatives.

<sup>19</sup> It is the period in which the monks have to stay at any temple for three months. Since the Buddhist Lent Day is recognized as the “**Big Sila Day** or **Big Buddhist Holy Day**,” Hua-Ngum villagers preferably offer foods to the monks at the temple.

This data reveals abundant of local cultural in Hua-Ngum sub-district. Those cultural activities include both traditional and creative activities. “*Than Salak for Education*”, for example, it shows new ideas based on old social capital that be more consistent with the sub-district development emphasizing the human development. The villagers willing to join in this ceremony will prepare their “**Kuay Salak for Education**” and students picking up such “**Kuay Salak**” will obtain that one for their education budget. With this strategy, young children are more enthusiastic in joining the cultural activities of the sub-district. So, this refelects the vision of Hua-Ngum SAO that is based on the cultural basis well.

#### 4.6 Health status and primary health care center

According to Hua-Ngum THPH information, diabetes and high blood pressure are specific monitored diseases among local people ( e.g. there was 1,011people with high blood pressure in 2015). As fertility rate, it was 3.84 in 2015. Cancer, emphysema, renal or kidney failure were top-three important diseases which were cause of death of Hua-Ngum people in 2015.

As health status of the elderly, Hua-Ngum THPH had assessed elderly people’s capability by using an “Activity Daily Living Older Index” (ADL Index). The result of the assessment revealed that the majority of older adults in Hua-Ngum sub-district were healthy, with most of them (99.2%) in the group of independent and societal elderly people. Only 0.8% of them were in the group of dependent or bedridden.

Table 4-8: “Activity Daily Living Older Index” (ADL Index) of Hua-Ngum elderly

No. of Village	1 <sup>st</sup> Group of independent & societal elderly people		2 <sup>nd</sup> Group of moderate independent elderly people		3 <sup>rd</sup> Group of dependent /bedridden elderly people		Total	
	People	%	People	%	People	%	People	%
1	79	100.0	0	0	0	0	79	100.0
2	85	97.7	2	2.3	0	0	87	100.0
3	96	96.0	1	1	3	3.0	100	100.0
4	124	98.4	1	0.8	1	0.8	126	100.0
5	44	97.8	1	2.2	0	0	45	100.0
6	91	100.0	0	0	0	0	91	100.0
7	96	100.0	0	0	0	0	96	100.0
8	123	98.4	2	1.6	0	0	125	100.0
9	87	96.7	1	1.1	2	2.2	90	100.0
10	96	97.0	2	2.0	1	1.0	99	100.0
11	79	97.5	2	2.5	0	0	81	100.0
12	88	97.8	0	0	2	2.2	90	100.0
13	72	98.6	0	0	1	1.4	73	100.0
Total	1,160	98.2	12	1.0	10	0.8	1,182	100.0

Source: Hua-Ngum THPH, 2015.

In the sub-district, there is one primary health care center, namely Hua-Ngum Tambon Health Promoting Hospital (THPH), providing services from Monday to Friday, during 8.00 – 16.00 hrs., with the closed hours on Saturday and Sunday during 8.00 – 12.00 hrs. THPH is located in Village No. 3 approximately 4 kilometers far from Hua-Ngum SAO. There are 4 permanent officers and 4 temporary workers at THPH. Moreover, there are

totally 174 VHV (Village Health Volunteers) in 13 villages who play the great role as the main mechanism in a village level.

The THPH is the policy that is paid much importance by the government with the main emphasis on health and disease prevention. THPH focuses on the operation as the “**Health Manager**” to encourage the stakeholders in the local health problem management. THPH has 5 missions as follows: 1) health promotion, 2) nursing, 3) disease control and prevention, 4) rehabilitation, and 5) consumers’ protection. All of these missions aim to achieve the “**Good Health Conditions**” physically, mentally, and socially. In general, THPH is divided into 3 sizes, that is, the small THPH for 3,000 population, the medium THPH for 3,000-7,000 population, and the large THPH for over 7,000 population, respectively. Overall, there are at least 4 positions (excluding supporting workers such as cleaners, data entry workers, and so on) for the THPH (i.e. single hospital), that is, the chief executive of hospital, physician or practitioner or professional nurse, public health technical officer, dentist or pharmacist or Thai traditional physician.

Concerning the services provided for the elderly, THPH does not only diagnose or provide treatment but it also tries to reduce and prevent the possible disability. The services must be diverse; for instance, the database of the elderly / carers should be provided with the coordination with the SAO for continuous management and development, development of home health care / home service, emphasis on using home as a bed for patients, providing of consultants giving advice for physical, mental, social, and environmental problems, cooperation with the SAO and the community for improving the residential environment for the safety of the elderly, providing of necessary medical supplies and equipment to support the elderly care at home, including the activities and trainings related to the elderly care, families, VHVs, and volunteers.

In terms of the services in family / community, the health of the elderly should be examined at least once a year whereas the examination results should be recorded in the health record of the elderly. In addition, the risky elderly should be screened in accordance with diseases such as falling, memory, depression, and so on. They should be also rehabilitated after their sickness / disability in association with the SAO and other organizations in the community. Furthermore, the elderly club or elderly health activity group should be established for the elderly.

With the policy emphasizing the health promotion and disease prevention, which are the major role of THPH, the Hua-Ngum THPH director has paid much importance on working with other organizations in the sub-district e.g. Hua-Ngum SAO, monks, and schools. Having realized that all organization aim to improve the quality of life of the elderly but also the limitations of budgets and personnel, THPH therefore holds the opinion that cooperating with other parties in the community can lead to the better performance under the encountering limitations.

*“For me, all organizations and working units in our sub-district i.e. SAO, temples, schools, and so on, all want to see the elderly to be happy and healthy with improved quality of life. On behalf of Hua-Ngum THPH, we’ve realized that we don’t have money and personnel. So, I have to emphasize working with other parties like SAO that has money and personnel. And then, we just provide our knowledge, information, and workforce for other parties. Finally, we can provide the best benefits for the elderly. So, THPH should seriously cooperate with all sectors in the sub-district.”*

(Hua-Ngum THPH Director, interview, October 12<sup>th</sup>, 2015 )



Photo 4-2: Hua-Ngum Tambon Health Promotion Hospital (THPH)  
Source: the researcher

In Hua-Ngum, moreover, traditional medicine and treatment still exist in the communities through a variety of treatments, such as herbal medicine, Thai massage, blowing treatment, and spiritual treatment. Those forms of treatment are applied by various health practitioners in the communities, such as masseuses (traditional Thai massage), herbalists, fortune-tellers, and monks.

## **5. Discussion and Conclusion**

### **5.1 Discussion**

From the review on Thai aging society (mentioned in Chapter 1 and 4), it implies many limitations that Thai society is faced. Increasing of dependency ratio, for example, it infers the difficult situation that the working age, older people, and the government will encounter, such as increasing health care costs and other social and economic support costs. Thus, individuals, families, and the government cannot tackle this situation by individually. The welfare system that supports the collaboration between individuals, families, and a representative government is needed, especially in a community or village-based model.

Additionally, Thailand also is experiencing with many situations related with social changes, such as increasing number of “skip-generation households”, decreasing in the co-residence of the elderly with their children, and increasing of the number of elderly who are living alone, especially in rural areas. These social changes imply to limitation of Thai households on elderly care and support. Therefore, the welfare system at community level is needed for supporting the elderly and their families. The welfare system for older people at the community level will be a system that conforms to social changes in Thailand. Because it will address aging issues as “public issues,” responsibility will be not only with family members but also with other community members. The community as a whole should be aware and participate in the process of achieving social well-being among older people and other members of their community.

### **5.2 Conclusion**

This Chapter explains the situation of Thai aging society, the government’s responds toward the aging society, and the basic information which describes socio-cultural and economic context of Hua-Ngum sub-district. Next Chapter, it will explain about aging situation in Hua-Ngum sub-district and needs and problem of the elderly which lead to the understanding of real situation of Hua-Ngum elderly. Moreover, in Chapter 6, it will describe

age-friendliness within Hua-Ngum sub-district through five age-related activities- TanTod activity, the One-day One-baht community welfare fund, the Goodness Bank, the Little Doctors program, and the School for the Elderly. These five age-directed activities were mentioned as outstanding age-relevant activities in the sub-district by participants who participated in workshop held on August 27<sup>th</sup>, 2014.

## **Chapter 5**

### **Needs Assessment of Hua-Ngum Elderly**

#### **1. Introduction of the Chapter**

##### **1.1 Objective of the Chapter and the study**

This Chapter aims to present and describe a needs assessment of the Hua-Ngum elderly. In the Thai context, a lack of database information at the sub-district and community level is a critical limitation. To understand such a limitation, the research conducted a needs assessment of the elderly in Hua-Ngum. Furthermore, the study of the needs and problems of the elderly led to a better understanding of the real situation of the elderly at the time that the study was conducted. Additionally, it exposed the “voices” of the elderly at the grassroots level as well. Therefore, this need assessment benefitted the study as well as the local community.

In terms of the benefits towards the community, this needs assessment provides a database of the elderly, which in turn leads to more age-friendliness in the Hua-Ngum sub-district. It contributes useful information for the SAO and its partner to develop more age-friendliness within the community. As stated in Chapter 3, this study takes an important standpoint to create a research process that emphasizes participation of the “the knowledge owners” (local people at the research site) by encouraging them to participate in the research process. Not only is it the data gained from the people that is the aim of this research, but also importance is establishing the learning process between the knowledge owners and the researcher. Therefore, a workshop to disseminate feedback of results to the local community was conducted on May 3<sup>rd</sup>, 2016.

One benefit of the study is the source of data that indicates the real situation of the elderly in Hua-Ngum sub-district. Moreover, it illustrates the aging situation in the sub-district, which is one component of the AFC development model.

##### **1.2 Data collection**

This needs assessment employed survey research as the research method, using questionnaires as the research instrument. The assessment was conducted in September - October 2015. Furthermore, 188 elderly people in Hua-Ngum sub-district were the research participants. The survey research aimed to obtain data on quality of life, needs, limitations, and social participation of the Hua-Ngum elderly. The survey study used questionnaires (close and open-ended questions), and face-to-face interviews as the main research method. Additionally, probability and systematic sampling techniques were adopted in the study. The population of the study is elderly people, aged 60 years and over, in the Hua-Ngum sub-district - a total of 1,226 people. The researcher categorized the elder population into three groups<sup>1</sup>. Additionally, the study adopted probability sampling, using the systematic sampling technique. The simplified formula was used to create a sampling interval: ( $K$ ) is “ $P/n$ ” ( $P$  = the number of cases in the population,  $n$  = the desired sample size). The sampling frame of each village/community was conducted by age ranking, from youngest to oldest.

##### **1.3 Data analysis and outline of explanation**

This Chapter mainly has used descriptive statistics to describe and analyze the data - percentage, mean, and S.D. The Chi-square test was employed to describe and analyze the relationship between independent variables (e.g. sex, age, education, etc.) and elderly social participation. The result of this survey research is divided into three sections, as follows:

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<sup>1</sup> 1) The early-old elderly group (60-69 years of age); the middle-old elderly (70-79 years of age); and the old-old elderly group (80+ years of age)

The first section indicates basic information, which highlights the identity of the Hua- Ngum elderly. Based on research method fundamentals of probability sampling, the results from the respondents have the potential to explain the majority of the elderly in Hua- Ngum sub-district. The results in this section are data related to the quality of life of the elderly, such as health, economics, informative acknowledgement, and housing and living conditions.

The second section is an explanation of social participation among the Hua- Ngum elderly, focusing on the five aged-directed activities. Furthermore, the attitudes of the elderly towards the benefits of these five activities are also described. Such benefits are part of the outcome model, which is explained in Chapter 6. In other words, this result (the attitude towards the results of the five activities) confirms the outcomes with explicit statistical evidence.

Additionally, the types of the elderly residents social participation are also studied. According to Bukov et al (2002), the elderly residents social participation is divided into three types, including: collective, productive, and political social participation. This concept is emphasized in the study of social participation within the gerontology field. Therefore, it is suitable for this research, which studies the social participation of the elderly in the Hua- Ngum sub-district.

As a social participation study, it is not specific only to the five activities; in contrast, it covers participation in cultural activities and social roles at the family and community level as well. The benefit of the elderly residents' social participation study leads to certain important points that need to be developed in order to enhance age-friendliness within Hua- Ngum sub-district and provide suggestions for other sub-districts or communities in the form of implementation guidelines.

The third section presents data on factors related to the elderly residents social participation. It reveals data needed for improving age-friendliness within the community in the sub-district. It also serves to illustrate guidelines for implementing the age-friendly community in other sub-districts, with concepts such as the "watched group," those community members who need special support to access opportunities to participate in the community.

## 2. General Information of the Elderly

This study mainly collects data on the elderly (96.8%), with only a small amount of data (3.2%) collected from the relatives of the elderly. More than half of the samples (53.7%) are the early-old elderly group, followed by the middle-old elderly group (25.5%) and the old-old elderly group (20.8%), respectively. 53.7% of the research participants are female. Almost three-fourths of them (70.2%) graduated at an elementary education level, followed by those participants that never enrolled in formal education (27.7%). The majority of the samples (64.9%) are married or living together, while more than one-fourth of them (29.8%) are widowed (Table 5-1).

Table 5-1: Percentage of general information of the elderly

Items	N	%
<b>Informant</b>		
1. The elderly	182	96.8
2. The relatives	6	3.2
Total	188	100.0
<b>Age</b>		
Early-old elderly group: 60-69 years old	101	53.7
Middle-old elderly group: 70-79 years old	48	25.5
Old-old elderly group: 80 years old and over	39	20.8

Table 5-1: Percentage of general information of the elderly (continued)

Items	N	%
<b>Age</b>		
Early-old elderly group: 60-69 years old	101	53.7
Middle-old elderly group: 70-79 years old	48	25.5
Old-old elderly group: 80 years old and over	39	20.8
Total	188	100.0
<b>Sex</b>		
1. Male	87	46.3
2. Female	101	53.7
Total	188	100.0
<b>Education</b>		
1. Never enrolled in formal education	52	27.7
2. Elementary school	132	70.2
3. Junior high school/middle school	3	1.6
4. High school or vocational school	1	0.5
5. High vocational school/Associate degree	-	-
6. Bachelor's degree	-	-
7. Master's degree	-	-
8. Doctoral degree	-	-
9. Other	-	-
Total	188	100.0
<b>Marital status</b>		
1. Married/living together	122	64.9
2. Widowed	56	29.8
3. Divorced/ Separated	4	2.1
4. Unmarried	6	3.2
Total	188	100.0

### 3. Health Status and Access to Care of the Elderly

For access to primary health care services, the majority of the participants (99.5%) access yearly health examinations, e.g. blood examinations to measure diabetes, cholesterol levels, and blood pressure. Moreover, all of them (100.0%) access care and treatment when they are ill and no have limitations to access care and treatment (100.0%) However, almost three-fourths of them (73.4%) have health problems, such as hypertension (48.4%) or diabetes (10.6%). For exercise, more than half of them (61.2%) exercise at least 3 days a week (Table 5-2 to 5-3).

Table 5-2: Percentage of health status and access to care for the elderly

Items	Yes % (N)	No % (N)
1. Access to health examinations in the past year (e.g. blood checks for diabetes, cholesterol levels, blood pressure, urine and stool examinations)	99.5 (187)	0.5(1)
2. Access care and treatment when ill in the past year	100.00 (188)	-
3. Exercise <sup>2</sup> at least 3 days per week in the past year	61.2 (115)	38.8 (73)
4. Current health problems	73.4 (138)	26.6 (500)
5. Limitations to access of care and treatment	-	100.0 (188)

<sup>2</sup> Engaging in motions or exercise to moderate tiredness at least 3 days per week / 10-30 minutes each time.

Table 5-3: Percentage of health problems of the elderly

Health problems of the Elderly	N	%
High blood pressure/ Hypertension	91	48.4
Diabetes	20	10.6
Eye disease e.g. blind, cataracts	8	4.3
Heart disease	7	3.7
Other: osteoporosis, emphysema, kidney disease, prostate disease	63	33.5

#### 4. Elderly Housing Conditions

Most of the Hua-Ngum elderly (89.9%) live with their families. Only 10.1% of them live alone. In the group of elderly living alone, all of them (100.0%) stay nearby their children's and/or relative's houses (Table 5-4).

However, the majority of them have small families (*“nuclear families”*) that are “1-generation families” or “the 2-generation families” (73.6%). A *“1-generation family”* refers to a family in which only a spouse, sister, or brother are living together (36.5%), while a *“2-generation family”* refers to a family in which the elderly live with their children or grandchildren (37.1%) (Table 5-4).

Furthermore, one-third of the respondents (33.3%) have two children, followed by four children and over (20.2%), and only one child (19.1%), respectively. This data shows that almost three-fourths of the respondents have at least two children, which implies the potential for care by family members toward the older people in the Hua-Ngum sub-district (Table 5-4).

Table 5-4: Percentage of the elderly living alone, size of the family, and number of children of the elderly

Items	N	%
Do you live alone?		
Yes	19	10.1
No	169	89.9
Size of family		
1 Generation, e.g. spouse, sister, brother	62	36.5
2 Generations, e.g. the elderly and their children, the elderly and their grandchild or grandchildren	63	37.1
3 Generations, e.g. the elderly, their children and grandchildren	45	26.5
Number of children		
No children	17	9.4
1	35	19.1
2	61	33.3
3	33	18.0
4 and over	37	20.2

As a condition of the current residence or house of the elderly, the majority of the respondents stated that they have good conditions for living. The top three housing conditions as stated by the respondents include having enough lighting, at 98.4%, followed by having non-slippery flooring, at 95.7%, and having safe staircases, at 86.1%. In contrast, very few respondents said that they have handrails inside the house (0.5%) or inside the bathroom/toilet area (3.2%) (Table 5-5).

Table 5-5: Percentage of conditions of current residence/house of the elderly

Conditions of Current Residence/House	N	%
1. Safe staircases	136	86.1
2. Enough Lighting	185	98.4
3. Handrail inside the house	1	0.5
4. Handrail inside the bathroom/toilet area	6	3.2
5. Non-slippery floor	180	95.7
6. Non-step floor	137	72.9
7. Flushing toilets/western toilets	111	59.0
8. Other e.g. buzzer/bell	1	0.5

### 5. Informative Learning and Needs of the Elderly

More than three-fourths of the respondents (77.7%) attended trainings, seminars, meetings, or any educational activities that were held by the organizations in the community last year. Seminars and meetings are important channels of acknowledgement that support the rights and social welfare of the elderly (74.5%). In contrast, other channels seem to have lower potential to support such acknowledgement among the elderly, e.g. books/newspapers/magazines (1.1%), television (0%), radio (0%), and volunteers (0.5%) (Table 5-6).

Table 5-6: Percentage of informative learning of the elderly and media supported the elderly rights/welfare

Items	Yes	No
Last year, did you attend trainings, seminars, meetings, or any educational activities that were held by the organizations or senior citizen club?	77.7 (146)	22.3 (42)
Last year, did you access news or information on elderly rights or social welfare through the following media channels?		
1. Books, newspapers, magazines	1.1 (2)	98.9 (186)
2. Television	0.0 (0)	100.0 (188)
3. Radio	0.0 (0)	100.0 (188)
4. News broadcasting tower in community	0.0 (0)	100.0 (188)
5. Seminars /meetings	74.5 (140)	25.5 (48)
6. Volunteers	0.5 (1)	99.5 (187)
7. Other	0.0 (0)	100.0 (188)

N = 188

### 6. Employment and Income of the Elderly

More than one half of the elderly (59.6%) have no paid work. In this group, 85.5% of them say they are “not sure” in answer to the question, “Do you desire to work and successfully get employment?” They have no idea as to what work would be suited to their abilities. AS to the concept of forming an occupational group, e.g. craft group, some of them worry about the way to contribute their products for sale (Table 5-7).

Almost all of the respondents (98.9%) had sufficient income to meet their expenditures last year. Some of them explained that although they only receive a small amount of money each month, they try to stretch their budget by planting vegetables to save on their cost of living. Furthermore, many of them say that because their children support their three main meals and other necessary costs, (e.g. electric and water bills), they can manage their own small income and have no need to borrow money (Table 5-7).

A majority of the respondents (93.6%) have savings. Only 6.4% of them have no savings (Table 5-7). Qualitative data shows that the respondents mainly save their money in

financial institutions in the community, such as village banks (or “Thanakarn Mooban,” in Thai) or microcredit groups. These financial institutions are located close to the homes of the elderly, thus they feel more familiar with these institutions than with commercial banks run by the government or the private sector, which tend to be located outside the community and may not be easy to access. Therefore, community financial institutions operated by locals are considered to be a means of social support that promotes economic security for the rural elderly.

There are three main sources of income for the elderly. These include a monthly allowance by the Thai government which, all elderly citizens receive (100.0%), work by the individual (59.0%), and financial support from their children (31.4%). The average income of the elderly per month is 3,620.21 THB (Table 5-8). Compared to the national level<sup>3</sup>, half of the Hua-Ngum elderly (50.0%) have an average income per month lower than is below the poverty line (Table 5-9).

Table 5-7: Percentage of employment, sufficient income, and savings of the elderly

Items	N	%
Are you working (paid work)?		
Yes	112	59.6
No	76	40.4
Total (N)	188	100.0
If no, do you desire to work and successfully get employment?		
1. Yes	9	11.8
2. Not desire to work	2	2.7
3. Other: not sure	65	85.5
Total (N)	76	100.0
Last year, did you have sufficient income to meet your expenditures?		
Yes	186	98.9
No	2	1.1
Total (N)	188	100.0
Do you have savings?		
Yes	176	93.6
No	12	6.4
Total (N)	188	100.0

Table 5- 8: Percentage of main sources of income and average income per month of the elderly

At present, what is your main source of income?	Yes (%)	No (%)	$\bar{X}$	SD.	Max.	Min	Total (N)
Monthly Government Allowance for the Elderly	100.0	0.0	668.62	95.482	1,000	600	100.0 (188)
Monthly Allowance for People with disability	6.4	93.6	51.06	196.082	800	0	100.0 (188)
Children	31.4	68.6	673.67	1,272.124	5,000	0	100.0 (188)
Work	59.0	41.0	2,236.97	3,808.266	27,200	0	100.0 (188)
Average Income			3,620.21	3,770.504	27,800	600	100.0 (188)

\*Unit: Thai Baht (1 THB = 3 JPY, approximately)

<sup>3</sup> Poverty line at national level shows that the people who have income lower than 2,412 THB per month can be defined as poor or people who are in poverty. Office of the National Economic and Social Development Board [http://social.nesdb.go.th/SocialStat/StatReport\\_Final.aspx?reportid=854&template=2R1C&yeartype=M&subcatid=59](http://social.nesdb.go.th/SocialStat/StatReport_Final.aspx?reportid=854&template=2R1C&yeartype=M&subcatid=59) (Retrieved , November 25<sup>th</sup>, 2015)

Table 5-9: Percentage of the average income of the elderly compared to the poverty line at the national level

<b>Average Income</b>	<b>N</b>	<b>%</b>
Lower than poverty line at national level	94	50.0
Higher than poverty line at national level	94	50.0
<b>Total</b>	<b>188</b>	<b>100.0</b>

## 7. Aging and Gender Issue

When considering the gender issue, the study found that older women have higher “risks” of vulnerability than older men in every aspect (Table 5-10). Demographic aspects show that the percentage of women 80 years old and over, unmarried, widowed, never enrolled in formal education, with no children, or living alone, to be at a higher number than older men in every variable.

Older women seem to be a “risk group” that is more vulnerable than older men. Women have a higher percentage of the “risks” compared to older men. A higher percentage of elderly women are unmarried (male 2.3%, female 4.0%), widowed (male 13.8%, female 43.6%), had no opportunity to enroll in formal education (male 16.1%, female 37.6%), have no children (male 5.9%, female 12.2%), live alone (male 8.0%, female 11.9%), are low income (male 40.2%, female 58.4%), have no paid work (male 21.8%, female 56.4%), have no savings (male 4.6%, female 7.9%), get no exercise (male 29.9%, female 46.5%), and/or have health problems (hypertension and diabetes (male 66.7%, female 79.2%). Combined with the longer life spans of women, they become more vulnerable as they get older. Women are more likely to suffer from chronic disease without support from family members.

Table 5-10: Older women and the “risk” of becoming a vulnerable older person

<b>Risks</b>	<b>Male</b>	<b>Female</b>
<b>Demographic Aspect</b>	<b>%</b>	<b>%</b>
1. Percentage of age 80+	16.1	24.8
2. Percentage of unmarried	2.3	4.0
3. Percentage of widow	13.8	43.6
4. Percentage of never enrolled in formal education	16.1	37.6
5. Percentage of no children	5.9	12.2
6. Percentage of living alone	8.0	11.9
<b>Economic Aspect</b>	<b>%</b>	<b>%</b>
7. Percentage of low income (lower than poverty line)	40.2	58.4
8. Percentage of unpaid work	21.8	56.4
9. Percentage of no saving	4.6	7.9
<b>Health Aspect</b>		
10. Percentage of no exercise	29.9	46.5
11. Percentage of having health problem	66.7	79.2
12. Percentage of having hypertension	46.0	50.5
13. Percentage of having diabetes	9.2	11.9

## 8. Social Participation of the Hua-Ngum Elderly

### 8.1 Social participation in five age-related activities

This survey mainly focuses on five key significant age-related activities (which promote social participation and quality of life of the Hua-Ngum elderly<sup>4</sup>). These key significant activities include the Goodness Bank, the School for the Elderly (at the sub-district and village level), the TanTod social assistance for elderly with difficulties, the One-day One-baht community welfare fund, and the Little Doctors program for the bedridden elderly.

Most of the participants (96.8%) participate in the “One-day One-baht” Community Welfare Fund by donating into the fund. More than four-fifths (88.8%) participate in the Goodness Bank as members. Furthermore, 81.9% of them participate in the “TanTod” activity, mainly as donors or participants, i. e. attending the activity on the day it takes place, donating both in kind and in cash for the target elderly in “TanTod.” Moreover, 77.1% of them participate in the School for the Elderly at the village level (a total of 13 villages on “pay-day”).

At the School for the Elderly at the sub-district level, almost one-fourth (23.9%) of them participate as students, attending the School every Thursday. Finally, only one of the respondents (a bed-ridden patient) (0.5%) participates in Little Doctors activity, receiving care from the youth (Table 5-11).

Table 5-11: Percentage of participation of the elderly in significant age-related activities

Significant age-related activities in Hua-Ngum Sub-district	Participation	
	Yes	No
1. “TanTod” activity	81.9	18.1
2. “One-day One-baht” community welfare fund	96.8	3.2
3. Goodness Bank	88.8	11.2
4. “Little Doctors” activity	0.5	99.5
5. School for the Elderly at sub-district level		
5.1 School for the Elderly at sub-district level	23.9	76.1
5.2 School for the Elderly at village level	77.1	22.9

N = 188

Regarding the attitude of the respondents who participate in those activities and the results they obtained, the findings indicate the following (Table 5-12):

<sup>4</sup> In 2006, “Tan Tod” social assistance for disadvantaged persons (the older people with difficulties are the main target group, e.g. poor, living alone, bedridden) was introduced to assisting the elderly who are in a difficult situation. In the same year, the “One day, One baht” community fund for disadvantage persons was launched to encourage local people to participate in, and be aware of, assistance and support for people in difficult living situations in the sub-district. In 2007, a significant community development process - the “Goodness Bank” - was introduced with two main reasons: 1) to encourage local people to participate in community affairs; and 2) to establish and strengthen the community’s social capital. In 2009, the “Little Doctors” program was started by Padaeng Wittaya School. The “little doctors” visit elderly people’s homes on weekends, providing basic care for the elderly as well as assisting with house cleaning. In 2010, the Hua-Ngum Elderly School was established with the aim to respond to age-related problems, including physical and mental health problems, abandonment, loneliness among the elderly, and especially suicide of Hua-Ngum’s elderly, along with providing a social contact and promoting the learning process and capability for development among older people. As well as increasing accessibility to the Elderly School and University, in 2014 they initiated another activity, namely the Elderly School, at the village level. This activity was launched in every village in the sub-district – a total of 13 villages. Staff members at the Hua-Ngum SAO are volunteer teachers who provide interesting and useful information to the older people. (Please see further detail in Chapter 6)

The Goodness Bank: More than four-fifths of the respondents (84.0%) indicate that the Bank plays a supporting role in contributions, followed by supporting social participation (71%), and supporting valuing and respecting the elderly (57.0%)

The School for the Elderly at the sub-district level: The vast majority of the respondents (93.0%) state that the school supports their learning process, followed by the school's support of their social participation (89.0%), and supporting valuing and respecting the elderly (40.0%).

The School for the Elderly at village level: The majority of the respondents say that the school supports their learning process (90.0%), supports their social participation (41.0%), and supports them in other ways (14.0%) (e.g. providing opportunities for exercise and laughter).

The “TanTod” activity: 89.0% of the respondents (who mainly participate as donors) mention that the TanTod activity supports their contribution role, followed by supporting the connectivity between the isolated elderly and the community (55.0%), and other support (25.0%) (e.g. making merit, expressing kindness towards friends in the community).

The “Little Doctors” activity: 100% of the respondents (only one case) indicate that the activity supports the integration with the younger generation and the valuing and respecting of the elderly.

The “One-day One-baht” community welfare fund: Most of the respondents (92.0%) state that the Fund supports their contribution role, followed by supporting the connectivity between the isolated elderly and the community (41.0%), as well as other means of support (25.0%) (e.g. making merit, express kindness towards friends in the community, providing opportunities to collect goodness points).

Table 5-12: Percentage of the attitude of the participants on the results of the activities toward the elderly

Significant age-related activities in Hua-Ngum Sub-district	Results of the activities toward the elderly: To support							N
	learning	participation	contribution role	integration with younger generation	being valued and respected	connectivity with isolated elderly	Others	
1. “TanTod” activity	0	1.9	89.0	0	9.7	55.0	25.0 <sup>5</sup>	154
2. “One-day One-baht” Community Welfare Fund	0	3.8	92.0	0	9.9	41.0	25.0 <sup>6</sup>	182
3. Goodness Bank	3.6	71.0	84.0	0.6	57.0	0.6	40.0 <sup>7</sup>	167
4. “Little Doctors” activity	0	0	0	100.0	100.0	0	0	1
5. School for the Elderly								
5.1 at sub-district	93.0	89.0	16.0	8.9	40.0	4.4	38.0 <sup>8</sup>	45
5.2 at village	90.0	41.0	2.1	0	0.7	0.7	14.0 <sup>9</sup>	145

<sup>5</sup> “Tan Tod” activity provides opportunities for making merit and doing good deeds in the community.

<sup>6</sup> The One-day One-baht Fund provides opportunities to make merit among the elderly that makes them feel happy, as well as providing opportunities to collect goodness points.

<sup>7</sup> The Bank provides opportunities to collect goodness points and make merit.

<sup>8</sup> The School at the sub-district level provides opportunities for exercise.

<sup>9</sup> The School at village level provides opportunities to exercise, make merit, etc.

## 8.2 Participating in important cultural activities

The study shows that almost of the participants (98.9%) indicate last year they participated in important cultural activities in their communities (Table 5-13)

Table 5-13: Percentage of the participation of the respondents in important cultural activities

Items	N	%
Last year did you participate in important cultural activities (e.g. community festivals) in the community?		
Yes	186	98.9
No	2	1.1
<b>Total</b>	<b>188</b>	<b>100.0</b>

## 8.3 Social roles of the elderly

**1) Social roles of the elderly at the family level.** More than four-fifths (85.6%) of the respondents perform the role of giving advice to family members, followed by supporting the family by providing food, e.g. fishing, vegetable planting (50.0%), taking care of family members (30.3%), and providing financial support for the family members (12.8%), respectively (Table 5.14).

**2) Social role of the elderly at the community level.** There are fewer participants performing these roles at the community level. 10.6% of the participants act as community leaders, followed by contributing to others in the community (excluding contributions to those age-related activities such as the Goodness Bank and TanTod), giving advice to community organizations (6.9%), and other political roles (0.5%), respectively (Table 5-14).

Table 5-14: Percentage of the social roles of the respondents

At present, do you perform these social roles?	Yes	No	Total
<b>At the family level</b>			
1. Giving advice to family members	85.6	14.4	100.0(188)
2. Taking care of family members	30.3	69.7	100.0(188)
3. Supporting the family by providing food (e.g. fishing, vegetable planting)	50.0	50.0	100.0(188)
4. Providing financial support	12.8	87.2	100.0(188)
<b>At the community level</b>			
1. Contributing to others in the community	6.9	93.1	100.0(188)
2. Giving advice to community organizations	6.9	93.1	100.0(188)
3. Performing as community leaders	10.6	89.4	100.0(188)
4. Other political roles	0.5	99.5	100.0(188)

## 8.4 Type and level of social participation of Hua-Ngum elderly

Bukov and his colleagues categorize social participation of older people into three types, with respect to content, context, and resources required to participate. These three types of social participation are: *1) Collective social participation* activities, defined as the common actions of group members, whereby the intention is directed towards the group itself and not toward reaching an outside goal. The main resource that is shared among the group members is time; *2) Productive social participation*, defined as the contribution of services, goods, and benefits for others. The resources shared include time and special abilities and competencies (e.g., volunteer work); *3) Political social participation* consists of acts of decision making about social groups and the allocation of resources. The resources that are shared in this type of social participation include time, special skills, social knowledge, and social competence (Bukov et al., 2002:510-511).

Regarding Bukov et al.'s concept, the research has divided 14 items into 3 types of social participation by using the definition of each type of social participation as a guide (Table 5-15). Each type of social participation is then divided into 3 levels: low, moderate, and high levels of social participation.

The finding shows that in two of the types of social participation, collective and productive social participation, the majority of respondents have moderate levels of social participation, 55.3% and 79.8%, respectively, while in the political social participation type, more than three-fourths of them (78.7%) have low levels of social participation (Table 5-16).

Table 5-15: Type and explanation of social participation of the older people according to Bukov et al's concept (2002)

Type of Social Participation of Older people	Explanation	Activities and Social Roles in Hua- Ngum Sub-district
1) <i>Collective social participation</i>	It is defined as the common actions of group members, whereby the intention is directed towards the group itself and not toward reaching an outside goal. The main resource that is shared among the group members is time	- Participating in the School for the Elderly at the village level - Participating in School and University for the Elderly at the Sub-district level
2) <i>Productive social participation</i>	It is defined as the contribution of services, goods, and benefits for others. The resources shared include time and special abilities and competencies (e.g., volunteer work)	- Participating in Goodness Bank - Participating in One-day One-baht Community Welfare Fund - Participating in TanTod - Having a social role at the family level by giving advice to family members - Having a social role at the family level by taking care of family members - Having a social role at the family level by supporting the family by providing food - Having a social role at the family level through support
3) <i>Political social participation</i>	It consists of acts of decision making about social groups and the allocation of resources. The resources that are shared in this type of social participation include time, special skills, social knowledge, and social competence	- Having a social role at the community level by contributing to others in community  - Having a social role at the community level by giving advice to community organizations  - Having social role at the community level by performing as community leaders  - Having a social role at the community level through other political roles

Table 5-16: The level of social participation of the Hua-Ngum elderly according to Bukov et al.'s concept (2002)

Type of Social Participation of Older People (Bukov et al., 2002)	Level of Social Participation		
	Low	Moderate	High
Collective Social Participation	21.8	55.3	22.9
Productive Social Participation	5.9	79.8	14.4
Political Social participation	78.7	17.6	3.7

## 9. The Factors Related to Social Participation of the Elderly

The Chi-square test is adopted to determine the significant relationship between variables or factors of social participation among older people.

The results of the chi-square test indicate that there are relationships between age, education, work, and collective and productive social participation. There are main four variables (sex, age, education, work and poverty) that have a significant relationship with political social participation.

### 9.1 Collective social participation

**1) Age:** The younger elderly group (60-79) tends to have higher collective social participation than the old-old elderly group (80+).

**2) Education:** The elderly people who have been enrolled in formal education tend to have higher collective social participation than those who have never been enrolled in formal education.

**3) Working:** The elderly who are working (paid work) tend to have higher collective social participation than those who have no paid work.

### 9.2 Productive social participation

**1) Age:** The younger elderly group (60-79) tends to have higher productive social participation than the old-old elderly group (80+).

**2) Education:** The elderly people who have been enrolled in formal education tend to have higher productive social participation than those who have never been enrolled in formal education.

**3) Working:** The elderly who are working (paid work) tend to have higher productive social participation than those who have no paid work.

### 9.3 Political social participation

**1) Sex:** Older men tend to have higher political social participation than older women.

**2) Age:** The younger elderly group (60-79) tends to have higher political social participation than the old-old elderly group (80+).

**3) Education:** The elderly people who have been enrolled in formal education tend to have higher political social participation than those who have never been enrolled in formal education.

**4) Marital status:** The elderly who are married or living together tend to have higher political social participation than those who do not have a spouse (widowed, divorced, separated, unmarried).

**5) Working:** The elderly who are working (paid work) tend to have higher political social participation than those who have no paid work.

**6) Poverty:** The elderly who are not in poverty tend to have higher have political social participation than those who are in poverty.

(Table 5-17)

Table 5-17: Chi-square test of variables and types of elderly social participation

Variables	Collective Social Participation		Productive Social Participation		Political Social participation	
	Pearson Chi-Square	p-value	Pearson Chi-Square	p-value	Pearson Chi-Square	p-value
Sex	1.685	0.431	2.422	0.298	18.995	0.000**
Age	18.789	0.001**	20.547	0.000**	12.786	0.012*
Education	13.546	0.01*	7.745	0.021*	16.101	0.000**
Having Health Problems	2.492	0.288	0.447	0.800	1.375	0.503
Poverty	0.048	0.976	3.199	0.072	16.777	0.000**
Marital status	6.480	0.372	10.469	0.106	15.023	0.020*
Living alone	0.143	0.931	3.640	0.162	0.935	0.627
Working (paid work)	7.809	0.020*	20.575	0.000**	11.125	0.004**

\* p &lt; 0.05

\*\* p &lt; 0.01

## 10. Discussion and Conclusion

### 10.1 Discussion

**1) The Hua-Ngum elderly have the same general characteristics as the elderly in other communities:** Compared to the rest of the nation, the aging issue in the Hua-Ngum sub-district is quite similar. In terms of education, at the national level, the Majority of elderly Thais (68.9%) graduated at a primary education level, though only 8.4% graduated at level higher than primary education (NSO, 2007). Similarly, almost three-fourths of the elderly in the Hua-Ngum sub-district (70.2%) graduated at a primary education level, though only 2.1% graduated at a higher education level, and 27.7% never enrolled in formal education at all. This comparison indicates that the “general characteristics” of the Hua-Ngum elderly compares similarly with the national population. Marital status is another example. More than half of the Thai elderly population is currently married and lives with their spouse (TGRI, 2012: 15). In the Hua-Ngum sub-district, 64.9% of the respondents are married or living together.

**2) Lifelong learning and personal media are needed for informative learning among the elderly in rural areas:** Education is very important and directly influences the quality of life of older people. For instance, those elderly who never enrolled in formal education or who graduated at primary education have had limitations on accessibility to informative learning. In Hua-Ngum, results from the survey research reveals that only 1.1% of the respondents accessed the news, information on elderly rights, or social welfare through books, newspapers, or magazines. Thus, informal education and lifelong learning are needed for the elderly in rural areas. Furthermore, informative learning through personal media also needs to be established because it can help to meet the needs and problems of the elderly. Survey research shows that 74.5% of the respondents accessed news, information on elderly rights, or social welfare through local seminars, meaning the activities that take place on “pay-day,” when the elderly gather to receive their monthly government allowance distributed by the SAO at the School for the Elderly in each village.

**3) The aging situation in Hua-Ngum nowadays will be the future of Thai society in the next 20-30 years:** The aging situation in the sub-district seems to be more critical than on the national level when considering the aging index. In 2010, the Thai aging index was 58.0 and will reach 186.3 by 2030 (TGRI, 2008). In the case of Hua-Ngum, currently the aging index is 213.5. This reveals that the situation happening in Hua-Ngum at present is the future of Thai society in roughly the next 20-30 years. The percentage of the aging rate also has the same trend, where the percentage is 24.84% at the sub-district level. It is higher than the

national statistic, which shows the percentage of the elderly to the total population to be 16.65%. This data also conforms to the situation at the regional level, which indicates that the northern region has become a rapidly aging society faster than other regions (Tangyongthakun, 2010) and is the region with the highest aging rate (NSO, 2008). Therefore, the experience of Hua-Ngum on age-friendly community development is valuable for other communities because the current situation in Hua-Ngum will be the future in those communities in next 20 -30 years. Other communities would be wise to prepare early.

**4) Village health volunteers (VHVs) is a key mechanism on health promotion in rural communities:** According to survey research, it shows that a majority of the elderly (99.5%) access yearly health examinations, e.g. blood examinations to find diabetes, checking cholesterol levels, and the measurement of blood pressure. Moreover, all of them (100.0%) access care and treatment when they are ill and no have limitations to access care and treatment (100.0%). This information indicates that most of the Hua-Ngum elderly have access to primary health care, (PHC) both preventive care and treatment. Because preventive care includes access to basic yearly health examinations, VHVs are a very important mechanism to support such basic health care services. The VHVs system was established with the concept of community involvement and considered as the backbone of this health care delivery system<sup>10</sup>. The Ministry of Public Health first introduced the VHVs system in 1977 (during the period of the 4<sup>th</sup> National Economic and Social Development Plan 1977-1981)<sup>11</sup>. Therefore, the VHVs have been a regular part of Thailand's health system since the 1970s<sup>12</sup>. VHVs have an important role as the primary interface between the formal health care system and the community (WHO, 2007). There are several activities run by the VHVs, such as physical fitness, anti-smoking, prenatal care, and immunization programs, as well as traffic safety campaigns.

One VHV has to look after 5-15 families (WHO, 2007). In Hua-Ngum, there are 174 VHVs<sup>13</sup> who cover 13 villages, with a total of 1,823 households. The average length of work for a VHV is 19.88 years<sup>14</sup>, with the longest serving being 31 years and a minimum requirement of 1 year. In addition, those VHVs are local residents who are relatives of or familiar with the older persons, therefore they can meet with their patients easily.

100% of the elderly have access to health care services or treatment when they are ill. The Universal Health Care Policy set forth by the Thai government is an important policy that supports such access. The Thai government began to provide a budget to assist low-income people with health care costs in 1975. In 1989, the government introduced the policy that provided free of charge health care services for older persons. The important turning point was in 2001, at which time the government, led by then Prime Minister Thaksin Shinawatra, launched the “Universal Health Care Policy,” or “30 Baht for all diseases” policy. This program was continued and amended in 2006 by the new government (led by General (Ret.) Surayud Chulanont) to include free of charge health care services for all Thais who have the 13 digit National Identification Number and are not in the medical welfare

<sup>10</sup> Kauffman KS, Myers DH. Int J Nurs Stud. The changing role of village health volunteers in northeast Thailand: an ethnographic field study. 1997 Aug; 34(4):249-55. <http://www.ncbi.nlm.nih.gov/pubmed/9306159> (Retrieved, January 20<sup>th</sup>, 2016).

<sup>11</sup> [http://www.nakhonphc.go.th/history\\_asm.php](http://www.nakhonphc.go.th/history_asm.php) (Retrieved, January 20<sup>th</sup>, 2016).

<sup>12</sup> J Community Health. 2015 Aug; 40(4):780-8. doi: 10.1007/s10900-015-9999-y. Community Health Workers as Agents of Health Promotion: Analyzing Thailand's Village Health Volunteer Program. Kowitt SD, Emmerling D, Fisher EB, Tanasugarn C. <http://www.ncbi.nlm.nih.gov/pubmed/25744815> (Retrieved, January 20<sup>th</sup>, 2016).

<sup>13</sup> <http://www.thaiphc.net/phc/phcadmin/administrator/Report/OSMRP00011.php> (Retrieved, January 20<sup>th</sup>, 2016).

<sup>14</sup> <http://www.thaiphc.net/phc/phcadmin/administrator/Report/OSMRP00002.php> (Retrieved, January 20<sup>th</sup>, 2016).

system according to the Social Security Scheme (SSS), the medical welfare for Government or State Enterprise Officers, or other medical welfare projects provided by the government. Furthermore, in 2008, the Thai government led by Abhisit Vejjajiva, launched a policy that required only a Thai ID Card for access to free of charge health care services across the nation. In 2011, the Government then led by Yingluck Shinawatra, went back to the “Universal Health Care,” or “30 Baht for all diseases” policy<sup>15</sup>.

The sub-district of Hua-Ngum is located not far from the Phan Community Hospital (8-12 kilometers, approximately), allowing older people to access the facility by motorcycle or car. These reasons help to illustrate why the Hua-Ngum elderly have access to health care services in such high percentages.

**5) Significance of elderly monthly allowance for the elderly in rural areas:** According to Thai government policy, the “*Monthly Allowance Scheme for Thai Older Persons*” was launched in 2009, and was transformed to the “ladder model” for all Thai older people in 2011. This government scheme included the universal welfare system for Thai elder citizens. Although the allowance is not much per month, only 600-1,000 THB (1 USD = 35 THB, approximately), in rural areas it is one of the main sources of income for the elderly.

Additionally, the Hua-Ngum SAO has emphasized community development based on the king’s philosophy of the sufficiency economy. In Hua-Ngum Sub-district, villagers are encouraged to grow vegetables for household consumption. Although the money saved on produce is seemingly not much, for the elderly it can make a big difference. For example, the elderly might save 40-50 baht per day, or 1,200-1,500 baht per month. This combined with the monthly allowance can add up to 2,000 baht per month, a not insignificant amount to elderly people living on limited income. Therefore, growing household vegetables or doing small agriculture can help support the lives of the elderly to some extent. Although the vegetables cannot be sold for income, such vegetables can be consumed in the households to reduce the daily expenses, leaving the monthly allowance to be used for other purposes,

**6) Social participation of Hua-Ngum elderly in age-friendly community development**

A quantitative study showed that senior citizens in Hua-Ngum subdistrict participated in One-day One-baht Fund by 96.8%, Goodness Bank by 88.8%, and TanTod by 81.8% (by donating necessary appliances and things for elders in the TanTod activity). Those top three activities had clear operation processes and were consistent with religious belief of the elderly, so participating in such activities could answer their demands. Plus, given the concrete and continuous operations of the three activities, they had gained trust and faith among the elderly to participate. However, the School for the Elderly project, especially in a sub-district level, could gain only 23.9% participation, which is relatively low when compared with other activities even though the activity likely answered the need and demands of the elderly directly. A field study showed various reasons why the elderly could not participate in such an activity, which included their children not wanting them to participate from concern of possible accidents such as falling over, their children not seeing the necessity of them going to school, their children wanting them to stay and keep an eye on the house while they were away for work, some elders living far away and not being able to travel to school on their own without the children’s help, and some elders having health problems such as back pain and thus not being able to sit for a long time to do activities.

It became apparent that there are a number of conditions to the elderly’s participation. One important condition emphasized by WHO (2007:44) was an accessible opportunity. A limitation of the School for the Elderly project in a sub-district level was that the elderly who lived far way might not be able to participate, so operations of the activities in a branch level

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<sup>15</sup> [http://kpi.ac.th/media/pdf/M7\\_194.pdf](http://kpi.ac.th/media/pdf/M7_194.pdf) (Retrieved, January 20<sup>th</sup>, 2016).

would help increase their accessible opportunity. Additionally, creating awareness of the activities was another key to building age-friendly community in social participation domain. Whereas WHO (2007:44) focused on providing information to the elderly, Hua-Ngum case showed clearly that communicating with their children was a pivotal factor. In an overseas context, especially in developed countries, senior citizens had freedom of thought and high individuality, but senior citizens in Thailand, especially in rural communities, were mostly dependent on their children, so the children's thought had a significantly effect on the elderly's level of participation.

## **10.2 Conclusion**

The results seen in Chapter 5 benefit the establishment of guidelines to the implementation of age-friendly community development as follows:

- 1) More explanation of the aging situation in Hua-Ngum sub-district.
- 2) Gender issues should be addressed because older women are more likely to be at risk than older men. Age-friendly communities need to have a process to decrease the likelihood among older women (and females of other ages) to be at risk, such as providing opportunities to participate in lifelong learning or education activities, particularly those who have had fewer opportunities in formal education.
- 3) Village health volunteers (VHVs) are an important local mechanism that can support age-friendly community development. They should be considered key stakeholders who represent important human capital to drive the development process.
- 4) Lifelong learning, particularly learning through personal media, is very important to age-friendliness in rural areas. Therefore, age-related activities that promote informative learning, e.g. the School for the Elderly, are needed to indicate friendliness towards the elderly in rural communities.
- 5) The results from the Chi-square test direct attention to "watched groups" who need special support in social participation including: elder women, elderly with low education level groups; unemployed or unpaid work groups; single, divorced, widowed individuals; and elderly with poverty.

## **Chapter 6**

### **Process to Develop an Age-friendly Community in Hua-Ngum Sub-district**

#### **1. Introduction of the Chapter**

##### **1.1 Objective of the Chapter**

This Chapter aims to describe data indicated age-friendliness in Hua-Ngum sub-district. This data is an important source to build the 1<sup>st</sup> age-friendly community development model.

##### **1.2 Data collection**

There are three main research results presented in this Chapter. Each result was based on several research methods, as follows:

*1) Key age-related activities established in Hua-Ngum sub-district:* This research result based on the data from several research methods, as follows:

(1) Workshop to introduce the study and obtain basic information: The researcher conducted this workshop on August 27<sup>th</sup>, 2014, in the meeting room of the Hua-Ngum SAO, with a total of fifty-two participants. The workshop aims were 1) to present the idea and process of the age-friendly community concept; 2) to introduce the researcher formally to the community members; 3) to obtain basic information about the needs and problems of older people in the community and the previous experiences of the community in their efforts to support and develop older people; and 4) to obtain the ideas of local people on questionnaire improvement. The duration of the workshop was two hours.

(2) Documentary study to obtain issues related Hua-Ngum sub-district: This research method aims to obtain data related key age-related activities established in Hua-Ngum sub-district. The relevant documents are studied and analyzed, such as a Basic Minimal Needs (BMS) survey of Hua-Ngum sub-district, the community plan of the Hua-Ngum SAO, pocket books of the Goodness Bank and School for the elderly, stories of the Goodness Bank and School for the Elderly published via YouTube, unprinted documents of the Hua-Ngum SAO, the website of Hua-Ngum SAO, etc.

(3) Interview key informants to obtain issues related to age-friendly community development in Hua-Ngum sub-district: Key informants experienced with age-relevant activities in Hua-Ngum sub-district are interviewed. This research method aims to obtain data related to the processes of elderly care and development in Hua-Ngum sub-district, which indicates age-friendliness in the sub-district. Thirty-five key informants were interviewed. These interviews were mainly conducted in September and October of 2015. The majority of the interviewees were female (60%, to 40% male). 22.9% of them had graduated in elementary school, junior high school (grade 7-9), follow by Masters' degrees (20%), 11.8% Bachelor's degree (14.2%), high school (grade 10-12) (11.4%) and finally those not attending school (8.6%). The average age was 51.45 years old (the eldest was 90 years old, the youngest 14 years old) (please see further detail in Chapter 6).

(4) Participatory and non-participatory observation in community events: In this present study, the researcher conducted both participatory and non-participatory observation in August and September, 2014; February, March, August, and October, 2015, and in May, 2016. As participatory observation, the researcher participated as facilitator in community workshop, taking action as a voluntary teacher at the School for the Elderly. Regarding non-participatory observation, the researcher attended meetings held by the Hua-Ngum SAO, meetings of the Hua-Ngum elderly club, classes of the School for the Elderly, training of the Little Doctors program, community festivals, and local ceremonies.

**2) History of development of Hua-Ngum age-friendly community:** This research result based on the data from research methods, as follows: (1) documentary study to obtain issues related Hua-Ngum sub-district; (2) interview key informants to obtain issues related to age-friendly community development in Hua-Ngum sub-district; (3) participatory and non-participatory observation in community events:

**3) Process to develop an age-friendly community in Hua-Ngum sub-district:** This research result based on the data from research methods, as follows: (1) documentary study to obtain issues related Hua-Ngum sub-district; (2) interview key informants to obtain issues related to age-friendly community development in Hua-Ngum sub-district; (3) participatory and non-participatory observation in community events.

### **1.3 Framework of analysis**

As stated earlier, this study makes the research assumption that age-friendly community development is one model of community development, particularly in rural communities. It is a community development process where the elderly people are viewed as the “center” of the development process, namely “elder-centered community development.” Older persons are seen as the main beneficiaries of the community development process and recipients of development results; they also receive the opportunity to participate as key stakeholders driving community development processes through opportunities to participate in activities constructed within the community. The result of “elder-centered community development” can lead the elder persons to maintain personal meaning and self-worth in later life that can improve their quality of life, and community development as a whole.

The construction of age-friendly community development model<sup>1</sup> is based on the concept idea through the study of five key age-related activities, namely social innovation activities to tackle the aging population in the sub-district. The words “social innovation activities” imply new ideas and/or new patterns to respond to the needs and problems of the aging population. A study of five age-related activities can lead to a better understanding of aged-friendliness within the sub-district. In other words, these five activities are the evidence of age-friendliness in Hua-Ngum sub-district. Furthermore, explanation of the five activities can indicate the key organizations involved in age-friendly community development.

With an understanding of the dynamic of community development, a development history is also studied and described. It leads us to the overview understanding of the processes necessary to establish age-friendliness within the sub-district. This understanding is needed to explain that this study is focusing on age-friendly community development, which is realized as a community development process.

Afterward, explanation of the process of each age-related activity is presented, which shows the development process from a practical viewpoint. Five activities mentioned previously are key practical processes to build age-friendliness in Hua-Ngum. The concept of the community development process (assessment, planning, implementation, and the evaluation process) is employed as a framework for description. Important results gained from such explanation will lead to the understanding of key conditions in each step of development, which focus on the dynamics of the development process.

Eventually, data from this Chapter will lead to key components of the age-friendly community development model based on Hua-Ngum’s experience, which includes situation, inputs, outputs, assumption, and external factor.

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<sup>1</sup> This study utilizes “a logic model” as analysis framework for constructing age-friendly community model. This study adopts “the Wisconsin Model” which is developed by the University of Wisconsin-Extension, Cooperative Extension, Program Development and Evaluation (Taylor-Powell&Henert, 2008). According to the Wisconsin Logic Model, it consists six important components: 1) “situation”; 2) “input”; 3) “outputs”; 4) “outcomes”; 5) “assumption”; and “external factors”.

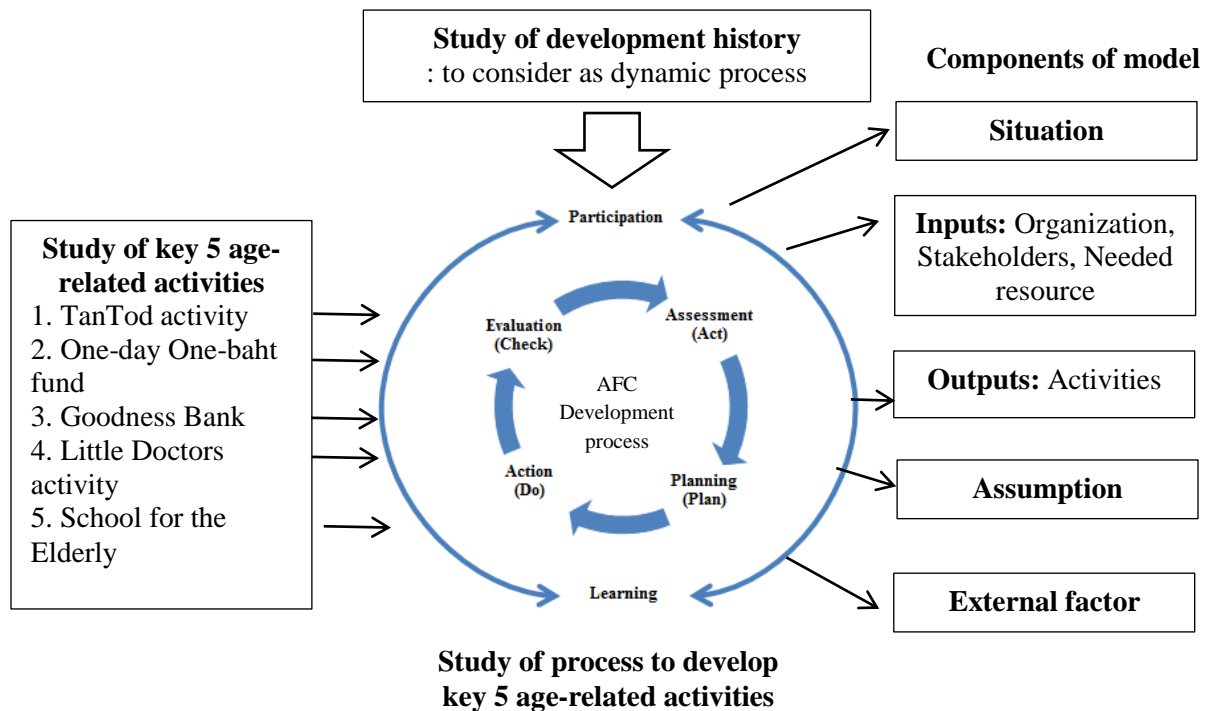


Figure 6-1: Process to develop the 1<sup>st</sup> AFC development model

## 2. Key Age-related Activities Established in Hua-Ngum

According to the results from the workshop on August 27<sup>th</sup>, 2014, it was revealed that several age-related activities had been established in Hua-Ngum sub-district. These were an occupation group (e.g. crafts group, agricultural group), a cremation assistance fund, a club for the elderly, and recreation groups (e.g. traditional drumming, folk musicians, and traditional dance).

However, the participants mentioned that there were five outstanding age-relevant activities in the sub-district. These were the TanTod activity, the One-day One-baht community welfare fund, the Goodness Bank, the Little Doctors program, and the School for the Elderly. These activities demonstrated continuous operation (every day, every week, and every month), integration (e.g. One-day One-baht, School for the Elderly, and Little Doctors activities are integrated under the Goodness Bank umbrella), and the demonstration of new ideas and/or new processes to deal with aging society within the sub-district (e.g. Hua-Ngum sub-district is a pioneer that established the famous Goodness Bank and School for the Elderly in Thailand). Therefore, these five age-related activities are emphasized in this study.

This topic aims to describe information of the five age-relevant activities established in Hua-Ngum sub-district, using five key questions to explain the “what, when, where, why, and who” of the activities. Results are based on analysis of five age-related activities in Hua-Ngum sub-district – a Goodness Bank, a School for the Elderly, TanTod social assistance for elderly with difficulties, a One-day One-baht community welfare fund, and a Little Doctors activity for the bedridden elderly. The study shows that over nearly a decade, the Hua-Ngum SAO and its partners have introduced significant age-related activities.

## 2.1 “TanTod” Activity

**Background of the activity:** In 2006, the “TanTod” social assistance program for the elderly and people with difficulties, e.g. elderly and/or people living in poverty, living alone, or bedridden, was introduced to assist that target demographic (mainly focused on the elderly) who were in a difficult situation.

*“About 2006 we have started this activity. First, a monk perceived numbers of abandoned elderly who were left in poverty and ailments. He later informed his abbot (Phrakhru Sujina Kanlayanadham), who is considered a spirit leader of the community, of the problem. The clergy then raised this issue with our chief of the SAO and relevant leaders, i.e. the director of the THP, the elderly, and schoolteachers. For resolution, we advocated that the TanTod tradition be revived. Mainly, TanTod is aimed to provide assistance to the elderly and other persons who experience difficulties, such as those who are solitary, living in poverty, and bed-ridden patients.”*

*(The Chief Executive Deputy of Hua-Ngum SAO,  
Interview, October, 9<sup>th</sup>, 2015)*

The process to deliver services introduced the SAO as the main administrator to oversee the activity, coordinates with the head of each village (*phuyaiban*, in Thai), select three qualified elder persons to join the activity, and subsequently deliver assistance to the selected participants in each village (a total of 13 villages). Such activities provide social assistance for three chosen elderly people every month to receive both cash (at least 1,000 THB per person) and in-kind support. The SAO, moreover, coordinates with Buddhist temples for supporting goods for target participants, e.g. rice, dried foodstuffs, UHT milk, blankets, and other necessary items. These goods are usually donated by local people in important Buddhist ceremonies. On the day the TanTod activity is performed, the village headman announces and invites the villagers to participate in the activity, some of whom donate money or other basic goods, most notably rice.

Mainly, the activity is conducted at the houses of the elderly or at public spaces within the village. On that day, monks, the administrators of SAO, the director of the THPH, schoolteachers, the elderly, the village headman and his/her team, the members of SAO council, village health volunteers (VHVs), and local residents participate in the activity. From 2012 to 2016, there have been 195 elderly people who have benefited from the activity (thirty-six recipients per year, three participants each month).



Photo 6-1: Phrakhru Sujina Kunlayanadham (Buddhist monk and important spiritual leader) and the Chief Executive of the Hua-Ngum SAO visit the house of an elderly resident in TanTod activity

Source: website of the Hua-Ngum SAO



Photo 6-2: TanTod activity

Source: website of the Hua-Ngum SAO

**Definition of success of the TanTod activity:** The result shows that key participants related with the TanTod activity define the success of TanTod as relating to these four points, including: 1) TanTod can create a system wherein participants help each other (ID<sup>2</sup>. 19, 27, 29); 2) it can establish connectivity between the isolated elderly with the rest of the community (ID. 19, 27, 29); 3) it can run continuously for a decade (ID. 27); and 4) it can assist the target elderly every month (ID. 19).

**Factors contributing to the success of the TanTod activity:** There are several factors mentioned by key participants that are related to the success of TanTod, as follows:

(1) Good leadership of the chief executive of the Hua-Ngum SAO, e.g. good vision on

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<sup>2</sup> ID refers to the codes of the interviewees, who are key participants related to the age-friendly community development in Hua-Ngum sub-district (please see further information in Table 7-1: Basic information of key participants in Chapter 7).

aging, earnestness regarding elderly needs and problems (ID. 23, ID. 24), and good leadership of Buddhist monks (ID. 27, ID. 29).

(2) Good cooperation of community leaders at the village level (ID. 27).

(3) Strong partnerships between the SAO, Buddhist temples, THPH, and schools (ID. 19, ID. 27, ID. 29).

(4) TanTod conforms to religious and local culture, e.g. donations as a way to make merit in accordance with Buddhist ideology. This traditional activity for helping each other in northern communities has been in practice for many years (ID.19, ID27, ID.29)

(5) The SAO acts as main administrator/host and facilitator to promote and operate this activity (ID.19).

(6) Local residents have good participation by donating money and necessary things for the TanTod activity (ID.19, ID. 27, ID. 29).

(7) The One-day One-baht fund is a significant factor because it is an important source of budgetary supply to launch the activity independently, without needing to wait for assistance from the government or other organizations outside the sub-district (ID. 29).

**Significant limitations of TanTod activity:** Since the TanTod activity is recognized as a relief or rescue activity and the urgent aid serves a maximum of three people per month (one person at a time), the major limitations and weak points of this activity are inevitably involved with the sustainable support provided for the elderly. The Hua-Ngum SAO has plans to improve such support. For example, apart from supporting money and necessary utilities, vegetable seeds or animals, such as chickens, should be provided for the elderly so that they can have food and earn money from growing vegetables or raising animals. However, limitations are also found because some of the elderly cannot plant vegetables or raise animals (Chief administrator of the SAO, interview, October 12<sup>th</sup>, 2015).

## **2.2 One-day One-baht Community Welfare Fund**

**Background of the activity:** In the same year (2006), the “One-day One-baht” Community Welfare Fund for disadvantaged persons was launched to encourage local people to participate in, and be aware of, assistance and support for people in difficult living situations in the sub-district. This fund is one source of the budget for the “TanTod” activity.

*“This problem we found when we did the TanTod activity for an elderly person in Nong Hang village (one of 13 villages in the sub-district). He has some health problem. At the end of the activity, he expressed his kind words “khob kun (thank you)” to everybody, and told us some words in his mind. He said he is living with his two grandchildren while their parents work in Bangkok. They (his grandchildren) will enroll in grade 7 next year. So he has a big worry about his grandchildren because he is a patient with kidney disease. Even though he has kidney disease, he cannot go to the hospital because he wants to save his money for his grandchildren. Finally, he said he realizes that in the near future he will die. Moreover, he said he did not fear to face death but he has a big concern about the future of his grandchildren, so we need to consider heavily on this new found problem.” (Phrakhru Sujina Kanlayanadham, Interview, March 11th, 2015)*

*“After we launched the TanTod activity for a few months, we realized that the SAO had a limitation on their budget. Thus, how could we encourage the local*

*residents to participate in TanTod to both solve the budget problem and enhance the helpfulness among the residents. Finally, we established the “One-day One-baht Community Welfare Fund.”*

*(The Chief Executive Deputy of the Hua-Ngum SAO,  
Interview, October, 9<sup>th</sup>, 2015)*

The statements mentioned above imply new problems that need to be overcome. Due to the budget constraint, leaders from the sub-district advocate that the district should have its own fund on the basis of participation (donations from villagers). Its objective is to prompt people to take part in giving support to those in need. At the beginning, the SAO purchased 300 alms bowls and announced to those interested in the project to take them, fill them with money (each day donate at least one baht) and return to the bowls to the SAO once they are full.

Later, the SAO placed the alms bowls in community festivals and other important events to facilitate those who want to make merit (give donations). Alms bowls are also placed in SAO premises for those who conduct study visits. Interestingly, the SAO also have placed alms bowls on “pay-day,” the day on which almost 80 percent of the elder population participate in the activity of receiving a monthly allowance from the government. Consequently, money is donated continuously into the fund every month.

The fund is distributed to TanTod activity participants (3 recipients a month) as well as to students for their scholarship (Elementary school to Higher Education). The balance of the fund’s account is reported at the monthly meeting at the sub-district on the 7<sup>th</sup> of every month).



Photo 6-3 to 6-4: money donated into alms bowl for One-day One-baht Community Welfare Fund

Source: the researcher

**Definition of success of One-day One-baht fund:** The success of the One-day One-baht fund refers to having a community fund that shows self-reliance (ID. 27, ID. 29), including donations every month (ID. 19, ID. 27, ID. 29); and continuation of the activity for a decade (ID. 27, ID. 29).

**Factors contributing to success of One-day One-baht fund:** There are several factors mentioned by key participants that are related to the success of the One-day One-baht fund, as follows:

(1) Good leadership, e.g. the chief executive of the Hua-Ngum SAO has good vision and pays attention to the establishment of community welfare with residents helping each other (ID. 27, ID. 29) and good leadership of Buddhist monks (ID. 27, ID. 29).

(2) Good cooperation from community leaders at the village level, e.g. they encourage their own villagers to donate into the fund (ID. 19, ID. 27, ID. 29).

(3) One-day One-baht fund conforms to Buddhist beliefs and local culture, e.g. donations as a way to make merit in accordance with Buddhist beliefs. (ID. 27, ID. 29).

(4) Good participation by the elderly that donate into the fund every month (on “pay-day”) (ID. 27).

(5) Good participation of villagers that donate into the fund (ID. 27)

**Significant limitations of One-day One-baht fund:** Although money is continuously donated into the One-day One-Baht fund each month, the sum is still minimal. However, the fund has to be allocated to the target groups every month. As a result, the Hua-Ngum SAO plans to raise funds by organizing a robe offering ceremony, (i.e. Buddhist fundraising) to increase income for the fund so that there will be more money to be allocated to the target groups (Chief executive deputy of Hua-Ngum SAO, Interview, October, 9<sup>th</sup>, 2015).

### **2.3 Goodness Bank**

**Background of the activity:** In 2007, a significant community development process - the “Goodness Bank” - was introduced with three main goals: 1) to encourage local people to do good deeds; 2) to promote community participation; and 3) to establish and strengthen the community’s social capital.

Before the year 2007, people from Hua-Ngum sub-district had low voluntary participation and involvement in community development processes, needing to be forced to join in. In 2006, the SAO cooperated with a partnership to ask the question, “What are the causes of the problems?” (e.g., low participation in public and community affairs). They concluded that declining moral and public consciousness among community members were the main causes. Thus, they created a community development process integrated with “Dharmic principles.” Eventually, they introduced the “Hua-Ngum Goodness Bank” for all members in the sub-district.

The Hua-Ngum Goodness Bank, located at the SAO office, was started on December 28<sup>th</sup>, 2007. It led to many activities, such as reducing or stopping the consumption of alcohol, and tree planting in honor of one's ancestors. Furthermore, the SAO and its partner have considered integrating previous activities - the TanTod activity and the One-day One-baht fund - into the Goodness Bank umbrella. These activities were accepted and responded to well by local people. Additionally, the activities encouraged the local people to realize the importance of good behavior. Consequently, the Goodness Bank is considered to be a core driving mechanism for community development based on Buddhist principles (workshop, August 27<sup>th</sup>, 2014)

As of September, 2015, the Hua-Ngum Goodness Bank had an estimated total of 2,304 members (44% of the total population, approximately), though the exact number of elderly people who are members of the Goodness Bank cannot be exactly determined because of the limitations of the SAO’s database. However, the data from the SAO’s staff in charge of the Goodness Bank, implies that older people are the main group of bank members, with at

least approximately 270 older people involved in the Hua-Ngum School for the Elderly who are also members of the Goodness Bank (SAO staff interview, March 3<sup>rd</sup>, 2015).

Regarding goodness points, in September of 2015, the goodness points savings totaled 1,524,434 points, most of which were points acquired through participation and involvement in community activities (1,461,461 points), followed by monetary donations (26,323 points), and reduction in alcohol consumption (20,450 points), respectively. During this period, there were 52,340 points withdrawn (Goodness Bank report on September, 2015).

As a management system, the SAO and its partner have applied general banking management systems to their own processes. The Goodness Bank provides goodness savings and withdrawal. When members make “goodness,” they can record the points in their account and withdraw those points for credit when they are in need. Goodness withdrawal means exchanging goodness points for necessities.

For example, Uncle A exchanges his goodness points for “Pha Bangsukul” to use in a Buddhist funeral ceremony, students (Little Doctors) may exchange their points for certain types of food (e.g., canned food, milk, dried food, rice). When the “home visit” activity is implemented, those foods will be delivered as gifts for older people and bedridden patients. Consequently, those people who have exchanged their goodness points and who have delivered the food will receive new goodness points for their participation in the activity.

At the Goodness Bank office, which is located at the SAO, there are several goods for which the members can exchange their points. For instance, 20 goodness points can be exchanged for a pack of UHT milk and a pack of dried noodles in cups, or one piece of Pha Bangsukul, whereas 500 points can be exchanged for a blanket or a set of goods to be used as an offering dedicated to Buddhist monks.

The Goodness Bank has several “goodness menus,” which refer to programs that promote and encourage local people in specific objectives. On the menu, the list of activities and points are presented. For example, the **“Goodness menu on social and civic participation,”** promotes and encourages local people to participate and get involved in community affairs, such as receiving 15 points per time when participating in monthly community meetings, meetings held by the SAO or other community organizations, or participating in activities, programs, projects, events, and festivals held by the SAO. Members will receive 30 points per time when participating as committee board members, such as in the committee on monitoring and evaluating the SAO’s plan or the committee on other affairs that are administered by the SAO.

Another example is the **“Goodness menu on health”** that fosters and encourages local people to decrease the risk factors that affect their health and well-being. Individuals will receive 50 points when they reduce their waistline by 1 inch. They will receive 300 and 500 points if they stop drinking alcohol and smoking, respectively, during the Buddhist Lent Day period (a total of 3 months). They’ll receive 300 points for controlling their diabetes and blood pressure for six months continuously, and they will receive one point per CC of blood donated. Moreover, they can get 1 point when they donate 5 THB to the “One day One-baht” community welfare fund.



Photo 6-5: Goodness Bank passbooks of elderly students  
Source: the researcher



Photo 6-6: An elderly student and his Goodness Bank passbook  
Source: the researcher



Photo 6-7 to 6-10: Items that can be exchanged for Goodness points in the Goodness Bank Office

Source: the researcher

**Definition of success of Goodness Bank:** The success of the Hua-Ngum Goodness Bank is evident through the strong partnerships (ID. 25) and the increase in local participation among the villagers (ID. 25). Moreover, it establishes positive social capital, such as a volunteering spirit and good cooperation in Hua-Ngum sub-district (ID. 32). The Goodness Bank has built community spirit, which refers to doing good deeds for their own sake, not for exchange (ID. 33).

**Factors contributing to the success of the Goodness Bank:** There are several factors mentioned by key participants that are related to the success of the Goodness Bank, as follows:

- (1) Good leadership of the chief executive of the Hua-Ngum SAO (ID. 25)
- (2) Good leadership of Buddhist monks (ID. 25)
- (3) Good cooperation of community leaders at the village level (ID. 25, ID. 27)
- (3) Strong partnerships between the SAO, Buddhist temples, and THPH (ID. 27)
- (4) Reaching public acceptance, e.g. winning national prizes, publicity via various media (ID. 25).
- (5) Conformity with religious and local culture, e.g. based on Buddhism, to conform with the idea of helping each other and sacrifice (ID. 25, ID. 27)
- (6) Having monthly meetings in the sub-district as a strategy to enhance social participation and communication (ID. 27, ID. 29)

**Significant limitations of the Goodness Bank:** The limitations of the Goodness Bank are as follows:

1) The database of Goodness Bank members has some limitations and problems because it was not designed for deep analysis. Since only the goodness scores, types of goodness scores, and number of village numbers are recorded, the database cannot identify the gender, amount, or age group of the members. As a result, the Hua-Ngum SAO cannot use its current database to analyze for the development of the working process (SAO staff in charge of the Goodness Bank, interview, October 13<sup>th</sup>, 2015; Chief executive deputy of the Hua-Ngum SAO, Interview, October 9<sup>th</sup>, 2015).

2) Concerning the operation of the Goodness Bank at the village level, the community leaders in some villages may not pay much attention to or give importance to the Goodness Bank. In some cases, since some community leaders have numerous missions in support of all dimensions of development, they do not have much time to record and report the goodness scores to the SAO, resulting in incomplete goodness score data every month (SAO staff in charge of the Goodness Bank, interview, October 13<sup>th</sup>, 2015).

3) Although the age range and amount of the Goodness Bank members cannot be exactly classified, it can still be roughly determined that the members at the workforce age are few in number. Having realized this limitation, the SAO has tried to encourage increasing participation among this group in the Goodness Bank. However, the achievement is still limited because these people have to earn money for their family. So, they primarily place greater importance on economic activities (Chief executive of Hua-Ngum SAO, interview, Mach 2<sup>nd</sup>, 2015; Chief executive deputy of Hua-Ngum SAO, Interview, October 9<sup>th</sup>, 2015).

#### **2.4 Little Doctors Activity**

**Background of the activity:** In 2009, the “Little Doctors” activity was started by Padaeng Wittaya School (an elementary and junior high school). At first, the activity aimed to raise awareness on public consciousness and volunteerism among junior high school students. The aim was in accordance with the Ministry of Education’s policy to encourage students to have public awareness and volunteer spirit. Once the activity was accomplished, teachers and students agreed to continue the activity in order to constantly provide assistance to the elderly. Nowadays, the activity aims to raise public awareness and volunteer spirit of the students and to create a system to support bed-ridden elderly patients.

The process of this activity is such that the school provides healthcare training by professional nurses and public health officers to junior high school students. After that, the students learn and practice healthcare services at the Hua-Ngum Tambon Health Promoting Hospital (THPH) on Saturday mornings and do fieldwork in the afternoon. The actual sessions provide good opportunities for learning such skills as blood pressure measurement, dressing wounds, Thai massage, and other health care concerns. The next step has the students deliver the service to the target group (the elderly) by setting up a name list of elderly bed-ridden patients and making a home visit schedule. Service is provided on Sundays (5 students per group). Each group is responsible for taking care of 5 patients at a time for 24 weeks. Their service includes measuring blood pressure, providing physical therapy, giving foot massages, Dharma storytelling, and doing house cleaning and other household chores. The activity receives their budget from Padaeng Wittaya School and the SAO.



Photo 6-11 to 6-15: The work of “Little Doctors”  
Source: Padeang Wittaya School

**Definition of success of Little Doctors activity:** The success of the Little Doctors activity is that it can enhance the volunteer spirit among students who are Little Doctors (ID. 26) and it can establish connectivity between the target elderly and the younger generation (ID. 26). Moreover, from the point of view of the Little Doctors themselves, they have mentioned that they can change their own attitude from a negative to positive point of view towards the elderly and have more understanding for the elderly's needs and problems (ID. 14, ID. 16).

**Factors contributing to success of Little Doctors activity:** There are three factors mentioned by key participants that are related to the success of the Little Doctors activity, as follows: 1) having support from the SAO (budget support) and THPH (skill and knowledge of basic health care) (ID. 26); 2) earnestness and good cooperation by the Little Doctors (ID. 26); and 3) support from school administrators (school principles) (ID. 26).

**Significant limitations of Little Doctors:** Regarding the Little Doctors activity, since the Little Doctors are junior high school students, they have to spend their time both at school

and at the volunteer activity. Some guardians of the Little Doctors worry that the children go out every day - namely, going to school Monday to Friday and providing care for the elderly on weekends. As a result, the Little Doctors have little time to spend with their own families, do housework, study, or relax (junior high school student “Little Doctors” Interview, September 20<sup>th</sup>, 2015; (Schoolteacher at Padaeng Wittaya School, supervisor of the “Little Doctors” activity, Interview, October 12<sup>th</sup>, 2015).

Therefore, the Little Doctors activity is performed in the evenings after school so that the Little Doctors can have more free time. Apart from the limitation of time among the Little Doctors, the budget of the Little Doctors activity is also limited. However, since some elderly are poor and bed ridden, they require the use of diapers because they cannot go to the toilet. The Little Doctors activity has tried to provide these necessary supplies but the budget is insufficient. As a result, the activity supervisor has asked for the diapers from the temples in Phan District to solve this problem (Schoolteacher at Padaeng Wittaya School, supervisor of the “Little Doctors” activity, Interview, October 12<sup>th</sup>, 2015).

## 2.5 Hua-Ngum School for the Elderly

**Background of the activity:** In 2010, the School for the Elderly was established. From the viewpoint of the local people, Hua-Ngum had many age-related problems, including physical and mental health problems, abandonment, and loneliness among the elderly. In 2006, 2008, and 2010, there were three cases of elderly people in the community committing suicide. This phenomenon was irregular and critical from the local people’s viewpoint. Community leaders, led by Phrakhrū Sujina Kanlayanadham, a senior Buddhist monk who is one of the significant spiritual leaders, cooperated with the SAO and THPH in conducting discussion meetings to investigate the causes of the problems and to seek solutions. They concluded that loneliness and health problems among older people were the significant causes. Ideas on the establishment of a “Hua-Ngum School for the Elderly” were proposed as the solution.

*“The problems of the elderly in Hua-Ngum sub-district were initially signaled in 2006. In that year, an elderly woman hurt herself and successfully committed suicide. From the data of the THPH, the woman was 76 years old, residing in Village No. 12. On 12 August<sup>3</sup> 2006, this grandmother decided to kill herself by hanging. It was assumed that she committed suicide because she felt lonely and depressed since she lived alone as some of her children worked in other provinces. So, as that day was Mother’s Day, she felt neglected and depressed and this led unfortunately and sadly to her decision to commit suicide.*

*In 2007, no elderly in Hua-Ngum sub-district hurt themselves. So, we felt relieved and hoped that nothing would happen to the elderly. However, in 2008, the nightmare was back. This time, an elderly male, 75 years old, residing in Village No. 7, hurt himself and successfully committed suicide by hanging on 22 June 2008. It was then assumed that this grandfather was bored and tortured by his chronic diseases. After these two sad incidents occurred to the elderly in Hua-Ngum Sub-district, we (the monks, THPH director, chief executive of the SAO) thought that the elderly*

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<sup>3</sup> It is Thailand's Mother’s Day, where children bring jasmine flowers to their mothers to show their love. In rural areas, as this is a public holiday, many people studying or working in other provinces return home to spend time with their mothers.

*committed suicide every other year, so we prepared the close surveillance. As expected, there was no suicide of the elderly in 2009. So, before the arrival of 2010, the THPH in association with Hua-Ngum SAO and community leaders from all sectors held progressive campaigns for the elderly, such as club dancing exercises, pétanque games and competitions with prizes, and yoga classes. Nevertheless, the nightmare finally came to us on 16 July 2010 when an elderly woman, 73 years old, committed suicide by jumping into a pond. From the discussion, the cause of suicide of this grandmother was totally different from the previous two cases. This grandmother was quite rich and had not suffered from disease. When talking with her relatives and friends, it was found that she might kill herself because she felt lonely and depressed as she has lived alone for a long time.”*

*(Phrakhru Sujina Kanlayanadham, Interview, March 11<sup>th</sup>, 2015)*

From such discussion and analysis, community leaders found that they had never thought heavily about loneliness and isolation before; they mainly focused on the health promotion of the elderly and since they thought that poverty was the main cause of suicide, they provided the elderly with occupational promotion. However, from the suicide of third elderly person, the community leaders had to rethink their ideas and realized that their activities were not sufficient. They came to the conclusion that caring for the elderly is very delicate and complicated. Previously, they saw the elderly sick or poor and thought that the elderly might commit suicide due to these reasons. However, if a wealthy grandmother in good health would commit suicide due to loneliness, they concluded that they could not judge from only external or physical observations and should look for answers as to what the real cause is.

*“So, we analyzed the data of this grandmother more in detail because she was totally different from the other two cases. From the data we gained, this grandmother was strong, unambitious, simple, and non-talkative. She seemed to compromise with everything. Obviously, she did not have any financial problems because she had her own home and money for living. However, during these years, her children moved to live in other locations while her nephews and nieces went to study. She had to stay alone and waited for the visits of her children, nephews, and nieces. When being asked by her children if she was fine or if she could live alone, she always said “Yes, I can. Don’t be worried about me.” For this grandmother, she was patient and did not talk about anything because she did not want her children to be worried. The longer she lived, the more depressed she felt, until finally, she decided to end her loneliness and sufferings with suicide.”*

*(Phrakhru Sujina Kanlayanadham, Interview, March 11<sup>th</sup>, 2015)*

From the aforementioned information, the community leaders learned that being poor or sick can be less torturous than being alone or abandoned without any care from any one. When people are poor or sick, they may even feel better when they are encouraged by their beloved persons. However, being lonely and abandoned, even with money, is more painful. The core leaders hoped that the death of this grandmother in 2010 would be the last case of

suicide, because elderly people can provide many benefits to their children and society. They will then be able to feel valued and not live alone with their depression.

*"So, what we simply thought is that the elderly should not be left alone for a long time. They should be encouraged to meet other people, do activities, share their experience and ability, and feel relaxed. Upon analysis of our previous programs, however, what we did might not be "right." It is like when we do not give the right medicine for the treatment. So, we studied more about depression and held discussions with doctors (i.e. the THPH director). We also analyzed the statistics of mental health among the elderly that we researched from Internet sources. All of us now realized that depression is related to mind rather than body. So, the pétanque games and competitions, the club dancing exercises, and the yoga might improve physical health but possibly not the mental health of the elderly. Like Buddhist teaching advising us to find the root cause of problem, we re-considered about this matter again."*

*(Phrakhru Sujina Kanlayanadham, Interview, March 11th, 2015)*

Finally, the community leaders came to the resolution to establish the School for the Elderly (which was inspired when Phrakhru Sujina Kanlayanadham saw a 70-year-old Japanese man wearing a student uniform in the Shinjuku, Tokyo). The community leaders thought that the elderly in Hua-Ngum sub-district might enjoy their lives more if they could be the students again.

The Hua-Ngum School for the Elderly was started on July 29<sup>th</sup>, 2010, by using the SAO meeting room as a classroom, with 143 old age students initially attending. In 2011, the School moved from the SAO office to Sri-Mueang Mun temple (in Village No. 8) due to the increasing number of students. In 2013, the administrative committee of the secondary school decided to extend the school to "***the School and University for the Elderly***," to respond to increasing student enrollment. Moreover, the university could continue to work with the elderly students after finishing the School course (a 3-year-curriculum) to continue their involvement in School activities for as long as possible. Currently (as of 2016), there are 267 elder students both in School and at the University level. The School and University for the Elderly aims to provide social space, to promote social participation and learning, and to enhance the capability of older people.

**Management system:** The school is managed by committees that include the school advisory committee, the board of directors, and the administrative committee, the latter of which is led by senior Buddhist monk Phrakhru Sujina Kanlayanadham. The School and University provide weekly classes every Thursday, from 8.30 a.m. – 4.00 p.m., taught by 10 volunteer teachers. These teachers include retired government officers, schoolteachers, Buddhist monks, the THPH director, the chief executive deputy of the SAO, and the chief administrator of the SAO

**School Schedule:** The schedule is divided into morning and afternoon sections. At the School level, the elderly study three main subjects: Buddhist knowledge, health care knowledge, and social science and cultural knowledge. Meanwhile, the elderly at the University level study mainly specific issues on Buddhist principles, such as the 4 elements, and health from the Buddhist perspective (Earth, Water, Air, and Fire).

During the afternoon session, all of the students, both at the School and at the University level, participate in activities of individual interest, including cooking, crafts, yoga, Thai massage, academic skills (e.g., Thai language, English, computer training),

traditional drumming, folk singing, musical groups, traditional dancing, and sports (petanque, Thai traditional sports).



Photo 6-16 to 6-17: Hua-Ngum elderly students do exercises before classes  
Source: the researcher



Photo 6-18 to 6-20: The elderly students in the graduation ceremony  
Source: Facebook of the Chief Executive of Hua-Ngum SAO

As well as increasing accessibility to the Elderly School and University, in 2014 they initiated another activity, namely the School for the Elderly at the village level. This activity was launched in every village in the sub-district – a total of 13 villages. Due to the fact that only 20 percent of elderly in the sub-district participate in the School and University for the Elderly at the sub-district level, the Hua-Ngum SAO and its partner seek to expand its coverage to other parts of the community. The school activity operates once a month on the “pay-day” (lasting approximately 2 hours), which is a day for paying a monthly allowance to older people, according to the government’s policy. Staff members at the Hua-Ngum SAO are volunteer teachers who provide interesting and useful information to the elderly. This activity covers 70-80 percent of the elderly in the sub-district (Chief Administrator, interview, October 12<sup>th</sup>, 2015).



Photo 6-21 to 6-22: Activities at the School for the Elderly at the village level on “pay-day”

Source: the researcher

**Definition of success for the School for the Elderly<sup>4</sup>:** Key participants have mentioned that the success of the school can be identified by the non-incidence of elderly suicide since the school was introduced in 2010 (ID. 27). Moreover, there has been an increase in social participation among the elderly (ID. 27, ID. 16) and social participation of all age groups in general (ID. 27).

Additionally, the school has increased self-confidence the elderly resident’s confidence to express their opinions in public forums (ID. 27). The school has achieved public acceptance, which is indicated by the number of visitors, the winning the national prizes, and through publicity of mass media (ID. 20). Additionally, operating the School for the Elderly at the village level has improved accessible opportunities for schooling for the majority of the elderly in Hua-Ngum sub-distict (ID. 27, 29).

**Factors contributing to the success of the School for the Elderly:** There are several factors mentioned by key participants that are related to the success of the School for the Elderly, as follows:

(1) Good leadership by core administrative members, especially the chief executive of the Hua-Ngum SAO, and Phrakhur Sujina Kanlayanadham, both of whom are earnest in working for the aging population (ID. 23, 24)

(2) Strong partnerships among the SAO, Buddhist monks, THPH director, and the school (ID.16)

<sup>4</sup> Main focus is on the School for the Elderly at the sub-district level.

- (3) Good management system, e.g. concrete curriculum (ID. 19), concrete management committee, having volunteer teachers, explicit goals and visions (ID. 21)
- (4) Strong support of the SAO, e.g. support budget, staff (ID. 19)
- (5) Strength of the Elderly Club, e.g. active participation, good cooperation (ID. 19)
- (6) Strong support from the elderly, e.g. paying attention to the School, providing good cooperation (ID. 16, ID. 21)
- (7) Having retired civil servants act as volunteer teachers (ID. 19)

**Significant limitations of the School for the Elderly:** The main problem of the School for the Elderly is related to the curriculum for the students studying at a university level, i.e. the ones who have graduated from school for three years, which is not so explicit. The school committee has tried to design activities or programs to encourage the elderly to have a role in community development. However, this cannot be concretely achieved due to the limitations of the body of knowledge and lack of academic support or knowledge from other relevant units outside the community (School committee, interview, October 20<sup>th</sup>, 2015; SAO staff who take responsibility for the school, interview, October 9<sup>th</sup>, 2015).

For the School for the Elderly at the village level, the significant limitation is involved with the reliability of the volunteer teachers and lecturers, (i.e. SAO officers). Since some volunteer lecturers are still young, the elderly have the opinion that they are “too young” to teach them and do not pay attention to the lecture. However, if the SAO executives provide the lecture, the elderly pay more attention and cooperate more freely. Additionally, as some volunteer lecturers do not have much skill in doing the activities with the elderly, the elderly might not pay attention to them. Apart from these limitations, the elderly might feel inactive due to the lack of interesting learning materials. So, if the elderly are provided the lessons via modern media, such as the internet or through the use of videos, they might be more interested in the learning. However, all problems and limitations have to be solved gradually due to insufficient budgets (SAO volunteer teacher, interview, October 13<sup>th</sup>, 2015; School committee, interview, October 20<sup>th</sup>, 2015; SAO staff responsible for the school, interview, October 9<sup>th</sup>, 2015).

**In conclusion,** in one year, approximately 80 percent of the entire older population in the sub-district can benefit from these five age-related activities (Chief Administrator of the SAO, interview, October 12<sup>th</sup>, 2015). These age-directed activities establish opportunities for social participation for the elderly that reflects the friendliness toward the older people in the community, which in turn foster social connectivity between the elderly and the community as a whole.

Table 6-1: Summary of basic information of the five key age-related activities in Hua-Ngum sub-district

Activities	Since	Reasons for establishment	Key relevant organizations	Main target group
1. “TanTod”	2006	-To assist the elderly and people who are in difficult situations.	Temple; SAO; THPH; school; the elderly club; community leaders at village level	Older people with difficulties
2. “One-day One-baht” Community Welfare Fund	2006	-To encourage local people to participate in work processes to support people with difficult situations in the Sub-district.	Temple; SAO; THPH; school; the elderly club; community leaders at village level	General local people

Table 6-1: Summary of basic information of the five key age-related activities in Hua-Ngum sub-district (continued)

Activities/Programs	Since	Reasons for establishment	Key relevant organizations	Main target group
3. Goodness Bank	2007	-To encourage local people to do good deeds -To promote community participation - To establish and strengthen the community's social capital.	Temple; SAO; THPH; school; the elderly club; community leaders at village level	General local people
4. "Little Doctors" activity	2009	-To raise awareness on public consciousness and volunteerism among junior high school students at Padaeng Wittaya School.	Padaeng Wittaya School; THPH; SAO; Temple, VHVs	Bedridden or elderly with illness
5. School for the Elderly (at the Sub-district level)	2010	-To respond to age-related problems, including physical and mental health problems, abandonment, and loneliness among the elderly, especially suicide, in Hua-Ngum elderly.	Temple; SAO; THPH; school; the elderly club; community leaders at the village level	All older people
(at the village level - 13 villages, activity on "pay-day")	2014	-To extend the coverage service toward the majority of the elderly.		All older people

### 3. History of Development of Hua-Ngum Age-friendly Community

This topic aims to describe the development history of the age-friendly community establishment in Hua-Ngum sub-district. The study has divided the historical data into three periods, starting from the year that the Hua-Ngum SAO was established in 1996. This study is emphasizing the role of the SAO, the local authority in the rural community, as the key facilitator to develop age-friendliness in Hua-Ngum sub-district. Key age-related situations and activities that apply to the starting point or turning point are considered as criteria to distinguish each period.

Early in the development of the age-friendly community, particularly the first half decade, working on the aging issue in the sub-district seemed to be routine, low priority work, infrequently attempted. However, in the latter half of the first period, two age-related activities - the TanTod activity and the One-day One-baht fund, were introduced which encouraged both the community leaders and the residents to realize the increasing importance of the aging situation in the sub-district.

The positive results contributed by the two age-related activities led to period of establishing core values and community spirit, wherein the Goodness Bank became a significant age-related activity these values. In the local community's view, the Goodness Bank has subsequently changed the sub-district from the *"worst sub-district"* to a *"sub-district of goodness"* (Phrakhru Sujina Kanlayanadham, Interview, March 11<sup>th</sup>, 2015).

During the most recent period, the local community has realized the importance of proactively addressing a specific critical aging situation, potential suicide among elderly community members. The Hua-Ngum SAO and its partner have established the School for the Elderly to meet this problem among the community's elderly. Since starting the school in

2010, there have been no elderly who have committed suicide in the sub-district. The third period, therefore, suggests a beneficial outcome of age-related activities, which illustrate age-friendliness within Hua-Ngum.

This development history demonstrates that the age-friendly community development in Hua-Ngum is part of whole community development process in the sub-district. It is not spontaneous nor is it accidental; in contrast, it is a learning process over two decades of local community involvement in the rural area.

### **3.1 Period of starting**

The Hua-Ngum SAO was established on March 30<sup>th</sup>, 1996, in accordance with a Notification from the Ministry of the Interior. At that time, the SAO seemed to be a new system of local administration. Thus, people did not understand the roles and duties of the SAO clearly. Moreover, there were some conflicts and problems between the old local administration system (Khumnan and Phuyaiban system) and the new system. In 1999, the government's Decentralization Plan and Process Act 1999 was released. According to the Act, local governments were granted authority over social welfare affairs and plans to improve the quality of life older people, children, women, and disadvantage persons in their communities. This law made the roles and duties of the SAO more clearly defined and indicated the significance of the SAO (and other types of local government) as the local authority organization closest to the way of life of the local people.

During that time, Mr. Vinai Khruangchai (the present chief executive of the Hua-Ngum SAO) was elected as a member of the SAO council (the sub-district headman would automatically act as chairman of the SAO). During the next term, the recruitment process of the chairman of the SAO was redefined such that the chairman of the SAO should be voted on by the members of the SAO council. Mr. Khruangchai was elected chairman of the SAO during that period. In 2003, the position of chairman of the SAO changed to become the chief executive of the SAO.

The end of 2003 was a time of great change in the history of Thai local government, with the changing of laws such that the position of chairman of the SAO became the chief executive of the SAO. In addition, the chief executive of the SAO (and all types of local government in Thailand) would now be directly elected by the people<sup>5</sup>.

Mr. Khruangchai said at first that he did not have much interest in local politics. However, many Hua-Ngum villagers persuaded him to run for the position because he was known as a person who helped the locals when he opened his construction hardware store. Mr. Khruangchai said that at the beginning of his work, like other villagers, he paid greater importance to the development of infrastructures in the sub-district because the village needed improved and safer roads. It took more than half a decade for this development due to the limitation of the SAO budgets. Mr. Khruangchai further explained that becoming the beloved and respected chief executive of the SAO, which he is today, is not easy.

*“It is not that easy. I began my political career at the age of 32-33. At the beginning, I was not much accepted by local leaders (sub-district chiefs and village headmen) and government officers. However, I’m always sincere and never afraid of any obstacles. It took a long time until I was accepted. I’ve listened to everyone and I never think that I’m the most important person. This is a reason why I have created monthly meetings in the sub-district on the 7<sup>th</sup> of each month. We need to learn from each other because we have the same goals, that is the improvement in the quality of*

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<sup>5</sup> Phwng-Ngam, Kowit (2011), Thai Political Database, King Prajadhipok’s Institute  
<http://kpi2.kpi.ac.th/wiki/index.php/>

*life of the Hua-Ngum people. I prefer encouraging all stakeholders from villagers to monks to work together so that all persons, i.e. monks, doctors (THPH director), deputy chief executives of the SAO, or any other persons can work instead of me if I'm not available."*

*(Chief executive of Hua-Ngum SAO, interview, Mach 2<sup>nd</sup>, 2015)*

In the latter portion of the period of establishment (2004), the Hua-Ngum SAO changed its vision of community development from focusing on infrastructure to development in human resources once the infrastructure felt stabilized. The result of this change in the development vision led to the SAO winning the prize of the "Local Government with Good Government" in 2006, distributed by the Department of Local Administration, Ministry of the Interior, for its innovation on self-reliance economic project.

In 2004-2005, the SAO cooperated with primary health care (currently the THPH), Buddhist monks, and community leaders to take better care of the elderly. The SAO introduced age-related activities for the elderly such as practicing Dharma, field visits outside the community, and ceremonies respecting the elderly during the SongKran New Year festival. The Hua-Ngum primary health care center, moreover, provided health-promoting activities to the elderly, e.g. bicycling, club dancing exercises, pétanque games and competitions with prizes, yoga, and lectures on health. These aged-relevant activities were held infrequently, such as once or twice a year, or just for short periods of time, such as one or two months. These activities provided opportunity to gather for the elderly. They had a chance to do activities together continuously. Therefore, in 2006, they formally established the Hua-Ngum Elderly Club.

In the same year (2006), the Hua-Ngum SAO and its partner introduced two age-related activities that were different from their previous work, namely the TanTod social assistance for the elderly and people with difficulties and the One-day One-baht community welfare fund. These two activities took place daily (people could donate into the One-day One-baht fund every day) and monthly (the TanTod activity was held once a month) (Chief executive deputy of the SAO, interview, February 3<sup>rd</sup>, 2015).

### **3.2 Period of establishing core value and community spirit (2007-2009)**

After being awarded the prize from Ministry of the Interior in 2006, the Hua-Ngum SAO and its partner and the villagers were very active. They realized that their efforts could contribute positive attention for their own sub-district, because winning the national prize implied formal public acceptance (Chief executive deputy of the SAO, interview, February 3<sup>rd</sup>, 2015).

However, core community leaders (Buddhist monks, the chief executive of the SAO and his deputies, the chief administrator of the SAO, the head of the primary health care center) realized that there were still several problems in Hua-Ngum that needed to be addressed, e.g. conflict, drug use, alcohol, gambling, lack of participation, and selfishness. Thus, they needed to establish a more livable community where people actively helped one another.

Moreover, the positive results from the TanTod and One-day One-baht fund that encouraged Hua-Ngum people to participate in community activities likewise gave the core leaders encouragement to establish other community activities.

*"In the past, Hua-Ngum was a livable community where people loved to help each other. As society change, people seemed to change also. Therefore, many social problems occurred in our home (Hua-Ngum), e.g. conflict, drugs, alcohol, gambling, lack of participation, selfishness. People were ashamed to be from Hua-Ngum... However, when we started the TanTod and One-day One-baht fund, we found good*

*cooperation from the residents. They needed the chance to do good things, goodness. So that was a good time for us to create new activities to encourage the residents to be good people and do deeds. Moreover, good cooperation in these two activities gave us encouragement to begin new work.*

*(Phrakhru Sujina Kanlayanadham, interview, March 11<sup>th</sup>, 2015)*

In 2007, the Hua-Ngum SAO changed the community development vision to be a “moral-based development” to respond to social problems in the sub-district. This new vision conformed to the national agenda (moral-based development) put forth by the Thai government. In the same year, the SAO and its partner introduced age-related activities that encouraged the elderly to participate in community development work by cleaning the Buddhist temple in sub-district. The elderly in every village (total of 13 villages) were encouraged to clean the temple before Buddhist's Day (once a week). This activity provided an opportunity for the elderly to gather and develop closer bonds with the temple (Phrakhru Sujina Kanlayanadham, interview, March 11<sup>th</sup>, 2015).

However, the social problems mentioned above still occurred. Thus, the SAO and its partner tried to come up with a solution. They conducted community meetings in every village to discuss the problems with villagers. Consequently, they found that each village had both good social capital and problems or adverse conditions that destroyed the strength of the community. The core leaders discussed these findings and concluded that they needed to enhance positive social capital as their solution. To this end, they introduced the “Hua-Ngum Goodness Bank” at the end of 2007.

*We have changed our development vision by focusing on “moral-based development.” The villagers have been supported for the community development policies so that Hua-Ngum villagers would be both smart and ethical. Buddhist principles have been applied in the community's development. The Goodness Bank became the heart in developing the community, based on morality, so that Hua-Ngum villagers will be valuable human resources of the sub-district.*

*(Chief executive of the Hua-Ngum SAO, interview, Mach 2<sup>nd</sup>, 2015)*

The Goodness Bank has contributed good results in terms of community development because it encourages Hua-Ngum people to participate actively in community affairs. About 2 years after its inception (2009-2010), the working processes of the bank won two prize contests - the prize on health promoting innovation from the Ministry of Public Health, and the “Local Government with Good Government Prize” distributed by the Office of Decentralization to the Local Government Organization Committee (in 2010). Moreover, the story of the Goodness Bank was published via several media outlets - television, radio, newspapers, Youtube, etc. - both on the local and the national level. Such public acceptance gained influence to increase the social participation of residents, such as increasing the number of bank members and the prevalence of goodness points (Chief executive deputy of the SAO, interview, February 3<sup>rd</sup>, 2015).

Regarding age-related activities established in that time they included health promoting activities e.g. riding bicycle, club dancing exercise, pétanque and pétanque competition with prizes, yoga, and lecture on health; Dharma practicing; field visit outside the community; respected ceremony in SongKran festival; TanTod; One-day One-baht community welfare fund; cleaning the temple activity; and Goodness Bank.

Furthermore, in 2009, Padeang Wittaya School has introduced Little Doctors activity. At the beginning, the activity aimed to raise awareness on public consciousness and volunteerism among junior high school students. This aim was in accordance with the

Ministry of Education's policy to encourage students to have public awareness and volunteer spirit. Once the activity accomplished in 2009, teacher and students agreed upon to continue the activity in order to constantly provide assistance to the elderly.

In term of national policies, that time the "Universal Health Care Scheme for All Thai Citizens" has been available in 2007. In 2009, an important policy affected to quality of life of Thai elderly, particularly in rural areas, the "Monthly Allowance Scheme for Thai Older Persons" was introduced (the universal welfare system for Thai elder citizens).

### **3.3 Period of focusing on age-friendliness (2010-present)**

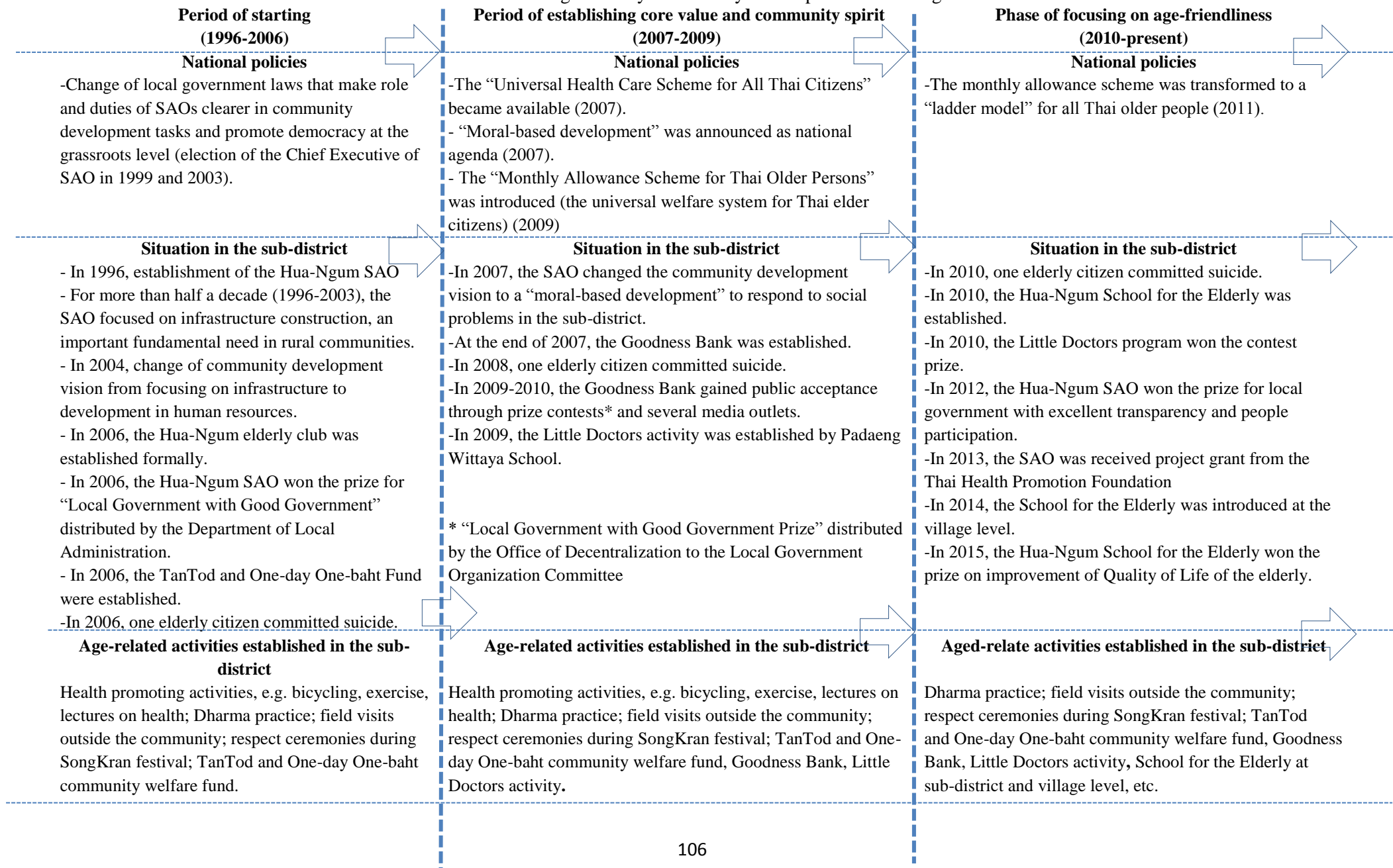
In 2010, the community's core leaders established the School for the Elderly. One year after the school opened, the story of the school was shown on television programs because it demonstrated a new idea and process to tackle problems associated with aging. In order to make the program inter-generational, every Thursday students from the Little Doctors program came to the School for the Elderly to assist and participate with the elderly people at the school, playing games and doing recreation activities together. In 2010, the Little Doctors program won the national prize for moral promotion, distributed by the Ministry of Education.

In 2012, the Hua-Ngum SAO was awarded the prize for the local government with excellent transparency and community participation. In 2013, the SAO was recognized by the Thai Health Promotion Foundation. The story of the Hua-Ngum School for the Elderly was published across the country. Each year, there are several organizations nationwide that visit and learn from the school. Several times those visiting organizations questioned the overall effectiveness of the school because only an approximate 20 percent of the total elderly population of the sub-district participated in the school.

Therefore, in 2014, the SAO launched the School for the Elderly at the village level. The school was then able to reach approximately 70-80 percent of the entire elderly members in the sub-district (Chief administrator, interview, October 12<sup>th</sup>, 2015).

In 2015, Hua-Ngum School for the Elderly won the prize for improvement of Quality Of Life of the elderly according to the "Local Government with Good Government Prize," distributed by the Office of Decentralization to the Local Government Organization Committee.

Chart 6-1: Period of Age-friendly Community Development in Hua-Ngum Sub-district



#### **4. The Process to Develop an Age-related Activities in Hua-Ngum Sub-district**

The analysis of this topic is based on the previous results in topics 2 and 3, which were gained from various research methods mentioned earlier in the beginning of this Chapter, including workshops, documentary study, interviews, participatory and non-participatory observation, and survey research. This topic aims to explain the development of age relevant activities using community development process (community assessment, planning, implementation, and evaluation or PDCA cycle) as a framework. These activities are fundamental and evidence of age-friendly community in Hua-Ngum sub-district.

##### **4.1 TanTod Activity and One-day One-baht Community Welfare Fund**

These two activities are closely related because the main source of cash assistance in TanTod comes from the One-day One-baht fund.

##### **1) Getting started: Steps of assessment (2006)**

1.1) A monk perceived numbers of abandoned elderly who were left in poverty and suffering from assorted ailments. He later informed his abbot (Phrakhru Sujina Kanlayanadham), who is considered as spiritual leader of the community, of this problem. The clergy then raised this issue with the chief of the SAO.

1.2) The SAO as host invited key community leaders (i.e. Buddhist monks, the THPH director, schoolteachers, and the elderly), namely “core leaders,” to discuss the solutions. They concluded that those elderly with difficulties needed some support from the community and decided to resurrect an old traditional activity called “TanTod.” This community welfare activity had supported the poor in rural northern communities and Hua-Ngum sub-district for a long time. It provides a way to show kindness between community members. Due to the changing socio-cultural and economic context in Hua-Ngum, the activity had recently been overlooked. Consequently, the core community leaders made the decision to revive this activity to assist those elderly in need.

##### **2) Steps of planning**

2.1) To set the objective of TanTod as primarily to assist the elderly who were experiencing difficulties such as poverty, living alone, and being bed-ridden.

2.2) To create guidelines to implement the assistance were created that included the following activities:

(1) To provide social assistance for one to two chosen elderly people every month in the form of both cash and in-kind support;

(2) To coordinate with Buddhist temples to provide goods for target participants, e.g. rice, dried foodstuffs, UHT milk, blankets, etc.

(3) To coordinate with village headmen and members of the SAO Council, namely community leaders at the village level, in each village to choose the target elderly people.

2.3) Core leaders were selected by the SAO as representatives to present implementation guidelines at the Hua-Ngum monthly meetings at the sub-district level (held on the 7<sup>th</sup> of each month). About 70-90 people were invited to participate in such meetings, including village headmen and the head of the elderly club in every village (13 villages), SAO Council members (13 villages), representatives of women's groups, village health volunteers (VHVs), the THPH director and staff, schoolteachers and Buddhist monks. The monthly meetings at the sub-district level provide remarkable strategy benefits to participation and learning among key stakeholders<sup>6</sup>.

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<sup>6</sup> The monthly sub-district meeting was conducted since 2006 with the idea that participation of community members is needed for establishing working with good governance. SAO acts as facilitator of such meetings. Meeting agendas include routine work of SAO, initiative idea, problems (voices) from the villagers, news from other organizations both within sub-district and outside.

2.4) The members of the monthly meeting discussed and approved such ideas and implementation guideline.

### **3) Steps of implementation**

3.1) To coordinate with Buddhist temples to support goods for target participants, e.g. rice, dried foodstuffs, UHT milk, blankets, etc.

3.2) To coordinate with village headmen and members of the SAO Council, namely community leaders at the village level in each village to choose the target elderly people.

3.3) Social assistance is provided for one to two chosen elderly people each month (as chosen by community leaders at the village level).

3.4) On the day each month to perform the TanTod activity, the village headman announces and invites the villagers to participate in the activity, some of whom donate money, while others provide basic goods, especially rice.

3.5) The activity takes place at the houses of the elderly or at public spaces within the village. Those who participate are core leaders, community leaders at village level, the elderly, neighbors, and the SAO staff.

### **4) Steps of evaluation and Re-assessment**

4.1) Approximately 3 - 4 months later, new problems were discovered, which was the need of tuition scholarship for children among poor families.

4.2) A meeting among core leaders was conducted to discuss this new found problem and concluded that a community welfare fund was needed to support poor children and the elderly, as well as all disadvantaged persons in the sub-district. The fund was based on the idea of *“giving with value and receiving with dignity.”*

4.2) From such core ideas, it was concluded to establish the “One-day One-baht” community welfare fund to assist all disadvantaged persons in Hua-Ngum sub-district, based on the participation of local residents.

### **5) Re-planning**

5.1) Core leaders discussed guidelines to establish the fund.

(1) To set the objectives of the fund: 1) to promote quality of life for the Hua-Ngum elderly, particularly those who are faced with difficulties, and other disadvantaged persons; 2) to promote the value of the elderly to the local residents; and 3) to create participation- based community development in order to tackle social problems within the sub-district.

(2) To construct the fund management committee, consisting of Buddhist monks, the deputy of the chief executive of the SAO, the chief administrator of the SAO, the SAO staff, and the elderly citizens of the community.

(3) To promote broad people participation by encouraging them to donate into the fund.

(4) To grant the budget of the fund to the TanTod activity and create a scholarship for needy children.

5.2) Core leaders of the SAO serving as representatives presented the guidelines at the monthly meetings at the sub-district level.

5.3) The members of the monthly meetings discussed and approved the idea and the guidelines.

## **6) Re-implementation**

6.1) With concern about the level of participation among community members, the SAO purchased 300 alms bowls and announced to those interested in the project to take the bowls, fill them with money (each day donate at least one baht), and return the bowls to the SAO once they are full (mainly on the 7<sup>th</sup> of each month when the monthly meeting at the sub-district level is held).

6.2) The SAO acted as host to launch the activity. It utilized local media, such as community radio stations, to encourage the residents to participate and donate into the fund.

6.3) The SAO granted the budget from the fund to the TanTod activity and the scholarship for needy children (elementary school to university level).

6.4) The SAO opened a bank account, namely a “One-day One-baht fund” account, with a commercial bank outside the sub-district.

## **7) Evaluation and Re-assessment**

7.1) Every month, the SAO reports the results of both activities, the TanTod and One-day One-baht fund, such as who received assistance, the amount of money donated, the balance of the fund’s account, and any limitations, to the members of the monthly meeting.

7.2) The SAO improved the target number of elderly to be assisted from one to two people per month to three people per month because there was enough funding from the One-day One-baht fund.

7.3) The SAO improved the variety of ways in which donations could be made.

7.4) In 2007, the Hua-Ngum Goodness Bank was introduced. The management committee of the One-day One-baht fund integrated such funds under the Goodness Bank umbrella with the idea that it is one kind of action indicating goodness or merit in accordance with Buddhist ideology.

## **8) Re-planning**

8.1) New guidelines to implement the activities (TanTod and One-day One-Baht fund) were established by the management committee:

(1) To increase the number of the target group to three participants per month.

(2) To increase channels of donation, e.g. placing alms bowls in community festivals and on “pay-day,” the day on which almost 80 percent of the elderly population participates in the activity to receive their monthly allowance from the government.

(3) To integrate the fund with the Goodness Bank. People who donate into the fund earn goodness points. Donating 5 THB earns 1 goodness point.

8.2) The committee presented the guidelines at the monthly meeting at the sub-district level.

8.3) The members of monthly meeting discussed and approved the ideas and the guidelines.

## **9) Re-implementation**

9.1) The SAO coordinated with community leaders at the village level to choose the three elderly people to be helped each month.

9.2) The SAO provided social assistance for three chosen elderly people, in one village per month (three target elderly).

9.3) The SAO publicized that people who donated into the fund they would get goodness points. Donating 5 THB can earn 1 goodness point. This communication was conducted via community radio stations, advertising boards, and community leaders at the village level.

9.4) The SAO placed alms bowls at community festivals and other important events to facilitate those who want to make merit (donation). Alms bowls were also placed in SAO premises for those who conduct study visits.

#### 10) Re- evaluation

Every month, the SAO reports results of both activities, the TanTod and One-day One-baht fund, to members at the monthly meeting. From 2012 to 2016, there have been 195 elderly persons who have benefited from the fund, or 36 recipients per year (three people per month).

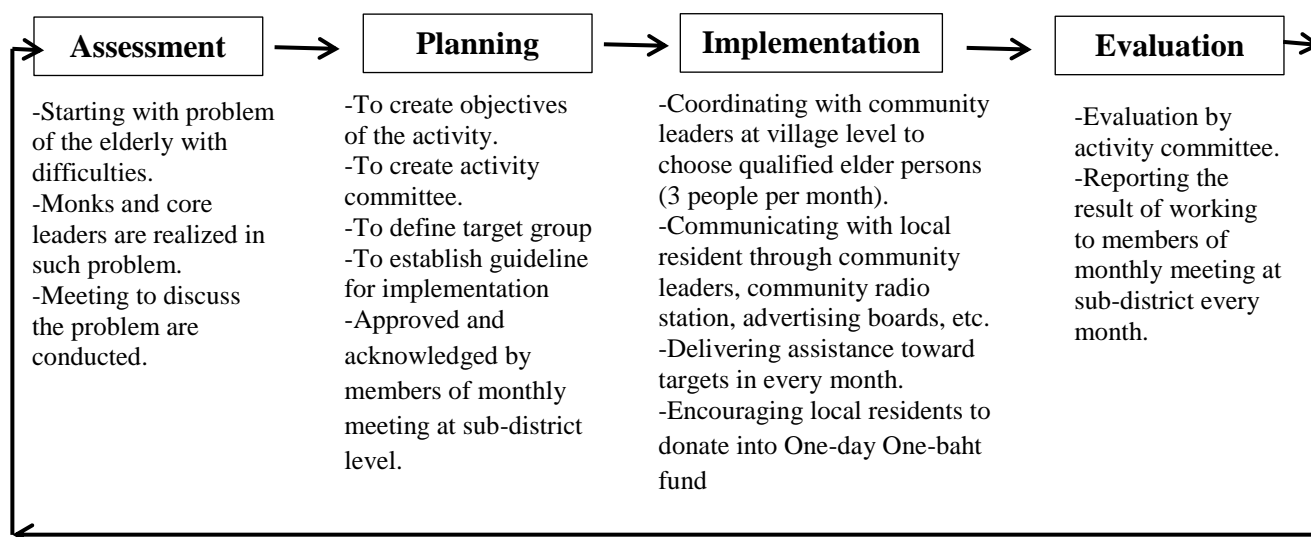


Figure 6-2: Summary of process to develop TanTod activity and One-day One-baht community welfare fund

## 4.2 Goodness Bank

### 1) Getting started: assessment steps (before 2007)

1.1) The core leaders realized that although the TanTod and One-day One-baht fund could contribute positive results for the elderly and for community development, many problems still existed in Hua-Ngum sub-district, such as conflicts, drugs, and gambling.

1.2) Core leaders, led by Phrakhru Sujina Kanlayanadham, tried to answer these questions and analyzed the possible causes of these problems. They concluded that declining moral and public consciousness among community members were the main causes.

1.3) The SAO conducted community meetings in every village to discuss the problems with villagers. Moreover, they heard important questions from the villagers, such as, *"What is goodness?" "Does it exist?" "What are the benefits of goodness?"*

### 2) Planning

2.1) Core leaders, led by Phrakhru Sujina Kanlayanadham, set the objectives for the Goodness Bank to include 1) encouraging local people to do good deeds, 2) improving the participation of residents, and 3) establishing and strengthening the community's social capital.

2.2) The Goodness Bank established a committee that included a chief advisor (the head of the Buddhist monks at the provincial level); executive directors (Phrakhru Sujina Kanlayanadham, chief executive of the SAO and chief of the sub-district); a bank manager (the chief executive deputy of the SAO); an academic and networking (the THPH director); a secretary (the chief administrator of the SAO); and an assistant to the secretary (an SAO staff)

2.3) The guidelines to implement the activity were created, as follows:

(1) To apply general banking management systems. The Goodness Bank provides goodness savings and withdrawals. The Goodness passbook is used as a tool to record the goodness points of the bank members. When members do “goodness,” they can record the points into their account and withdraw those points for credit when they are in need. Goodness withdrawal means exchanging goodness points for necessities.

(2) To measure abstract goodness and concrete goodness through a “goodness menu” and divide goodness into 2 types

-Oath saving means goodness that cannot be seen in immediately and cannot be monitored, such as the intent to stop smoking, drinking, and gambling.

-Collection saving means goodness that participants can accomplish immediately. For example, bank members receive goodness points when they participate in community meetings and/or community affairs.

(3) To employ the bank slogan and symbol to build reliability and goals of the Goodness Bank. The slogan of the bank is ***“making goodness to enhance the value of humanity with exchange when in need”***.

(4) To create a goodness code based on Buddhist disciplines.

- 001 Abstaining from butchery
- 002 Abstaining from burglary
- 003 Abstaining from sexual misconduct
- 004 Abstaining from lying
- 005 Abstaining from alcohol
- 006 Abstaining from gambling
- 007 Forgiveness
- 008 Sacrifice (time)
- 009 Money donation
- 010 Faithfulness
- 011 Blood donation

(4) To define members as two types: 1) an honorary member includes Buddhist monks, SAO administrators and staff, community leaders at village level (village headmen and members of the SAO Council). Honorary members can save points but cannot withdraw them in order to be good role models for villagers; 2) an ordinary member is defined as general residents in Hua-Ngum sub-district.

(5) To create bank rules, such that ordinary members must be Hua-Ngum residents. They are entitled to withdraw their own goodness points when they have at least 250 points. After withdrawal, bank members should have a balance of at least 100 points in their account. Honorary members cannot withdraw their goodness points.

(6) To plan to operate the Goodness Bank office at Hua-Ngum SAO because it is the center of the community and has staff working Monday - Friday.

(7) To cooperate with several organizations, both within the sub-district, e.g. Buddhist temples, and outside the sub-district, e.g. commercial banks and the private sector, to donate supplies to the Goodness Bank.

2.4) Core leaders, led by Phrakhru Sujina Kanlayanadham, act as representatives at the Hua-Ngum monthly meeting at the sub-district level to present the implemented guidelines.

2.5) The members of the monthly meeting discussed and approved the ideas and guidelines for implementation.

### **3) Implementation**

The Goodness Bank committee launched activities in accordance with the implementation guidelines for operating the bank at the end of 2007 (December 28<sup>th</sup>), during which time the “Hua-Ngum Best Product Fair” was performed. Residents were encouraged to apply as bank members.

### **4) Evaluation and Re-assessment**

4.1) Only 70 people initially applied to be members of the Goodness Bank, even though almost 2,000 people participated in the “Hua-Ngum Best Product Fair.” The bank committee concluded that this situation was caused by a “failure of communication.”

4.2) It was determined that local residents needed more explanation to understand the idea and the banking system.

### **5) Re-planning**

5.1) The bank committee created two guidelines to communicate with local residents.

(1) To take advantage of the monthly village meetings launched by the SAO in order to better explain the details of the Goodness Bank to the residents.

(2) To compose a theme song for the Goodness Bank.

### **6) Re-implementation**

6.1) The bank committee explained in detail the idea and system of the bank to the residents in every village by taking advantage of the meetings held by the SAO.

6.2) A Goodness Bank song was composed and played on the local community radio station.

6.3) The committee cooperated with community leaders at the village level to promote the Goodness Bank song in the villages.

### **7) Re-evaluation and Re-assessment**

The bank committee evaluated the results of its work. They found that people were more familiar with the bank better than at the start, but the number of bank members and the number of goodness points was still limited. Therefore, they needed to increase motivation among the residents.

### **8) Re-planning**

The committee created a “goodness menu” to encourage local residents to participate in the bank and do good deeds to get goodness points.

- **The “Goodness menu on social and civic participation”** promotes and encourages local people to participate and get involved in community affairs, such as receiving 15 points per time when participating in monthly community meetings, meetings held by the SAO or other community organizations, or participating in activities, programs, projects, events, and festivals held by the SAO. Members receive 30 points per time when participating as committee board members, such as in the committee on monitoring and evaluating the SAO’s plan or the committee on other affairs that are administered by the SAO.

- The ***“Goodness menu on health”*** fosters and encourages local people to decrease the risk factors that affect their health and well-being. Individuals receive 50 points when they reduce their waistline by 1 inch. They receive 300 and 500 points if they stop drinking alcohol and smoking, respectively, during the Buddhist Lent Day period (a total of 3 months). They receive 300 points for controlling their diabetes and blood pressure for six months continuously, and they receive one point per CC of blood donated.

- The ***“Goodness menu on money donation”*** encourages local residents to donate into the One-day One-baht community welfare fund. The members receive 1 point when they donate 5 THB to the fund.

## **9) Re-implementation**

9.1) The Goodness Bank committee publicized the goodness menu to encourage the residents through several channels - the community radio station, advertising boards, booths at important community events where people could register for the bank, and cooperation with the community leaders at the village level to encourage their own villagers.

9.2) The bank operated Monday-Friday from 8.30 a.m.-16.30 p.m.

## **10) Re-evaluation and Re-assessment**

10.1) The committee evaluated results of the bank's work. They found that the number of members and goodness points increased. Many members withdrew their own goodness points in exchange for items they needed.

10.2) The committee interpreted this situation as a positive first step towards the success of the bank because the situation answered three important questions the villagers had asked: 1) *What is goodness?*, 2) *Does it exist?*, and 3) *What are the benefits of goodness?* However, the goal of the bank, ***“making goodness to enhance the value of humanity with exchange when in need,”*** was not achieved.

## **11) Re-planning**

The bank committee planned to encourage local residents to do good deeds for goodness sake, not for items in exchange. “Making Goodness for the King’s 84<sup>th</sup> Birthday Project” was introduced as a tool to encourage the residents to do good deeds with a voluntary mind and for goodness itself. Goodness points of the bank members who would like to participate in this project would be offered to the King, meaning that the members would not withdraw their own points. Moreover, they created a “goodness menu for the King,” as follows:

- Tree planning for the King - 1 tree planted earns 10 goodness points.
- Decreasing plastic bag use - 1 day earns 1 goodness point.
- Participating in holy days (Dharma practice) - 1 day earns 10 goodness points.
- Doing Buddhist prayers before bedtime - 1 time earns 3 goodness points.
- Money donation into the One-day One-baht fund - 5 THB earns 1 goodness points.
- Refraining from eating meat - 1 day earns 10 goodness points.
- Refraining from buying lottery tickets - 1 time earns 30 goodness points.

## **12) Re-implementation**

The bank committee cooperated with community leaders at the village level to publicize and encourage the residents to do good deeds for the King.

### **13) Re-evaluation and Re-assessment**

13.1) The bank committee determined that there were good results from the “Doing Good Deeds for the King’s 84<sup>th</sup> Birthday Project,” such as goodness points withdrawal decreased because members chose to keep their own goodness points for the King. Furthermore, the number of members and goodness points increased continuously. People were asking, “How can I get my Goodness account?” to the bank committee. To facilitate the residents, the bank committee had to extend bank staff working in each village. Moreover, working with youth also was proposed.

### **14) Re-planning**

14.1) The committee presented the idea in the sub-district monthly meeting to be approved. The members of the meeting made a commitment to operate the bank in villages, namely the Goodness Bank at the village level (bank branches).

14.2) Guidelines to implementation were as follows:

(1) To operate the Goodness Bank at the village level in a total of 13 villages. Village headmen or members of the SAO Council act as managers at the village level.

(2) To operate the Goodness Bank in every school in the sub-district (a total of 3 schools). Schoolteachers act as bank managers (they create their own processes and activities to suit their school's context).

(3) To operate a “Goodness Bank Mobile Booth” at important community events to provide registration opportunities for new members, along with goodness points savings and withdrawals.

### **15) Re-implementation**

The bank committee launched activities in accordance with implementation guidelines. They have operated the bank branch in 13 villages and 3 schools.

### **16) Re-evaluation and Re-assessment**

The bank committee evaluated that the Goodness Bank progressed steadily. In 2009, Phrakhru Sujina Kanlayanadham, as representative of the bank committee, was invited to explain the idea of the Hua-Ngum Goodness Bank on a national television program. After the bank story was publicized via the well-known television program, several organizations across the country chose to visit and learn from the Hua-Ngum Goodness Bank.

Moreover, Hua-Ngum SAO received a letter from the government to invite the SAO to submit the working process/story of the Goodness Bank for the “Local Government with Good Government Prize.”

### **17) Re-planning**

The bank committee planned to participate in the prize contest to which it had been invited by the government. Moreover, the SAO created the system for field visits in Hua-Ngum sub-district to produce a VCD (video disc) to explain the Goodness Bank concept and management and to establish a set of rules for Goodness Bank study visits (every week people across the nation made study visits to the Hua-Ngum sub-district) for organizations that wanted to visit and learn from the Hua-Ngum SAO. The fee was set at 1,000 THB per visit. This fee was donated to the One-day One-baht fund.

### **18) Re-implementation**

The Hua-Ngum SAO submitted the working process of the Goodness Bank to the national prize contest and provided study visits for organizations across Thailand. The bank also operated every working day.

## 19) Re-evaluation

The Hua-Ngum Goodness Bank won the “Local Government with Good Government Prize” in 2010. This was evidence of good results produced by the bank. Moreover, the bank committee found that the bank achieved its own goal of encouraging local people to do good deeds for goodness sake, wherein bank members chose not to withdraw their goodness points. Members often kept their own points, saying they were proud to be Hua-Ngum Goodness Bank members.

Furthermore, every month, the committee reported results of bank activities to bank members at the monthly meetings, detailing numbers of bank members, points saved and withdrawn, the balance of the total number of points, and any limitations faced.

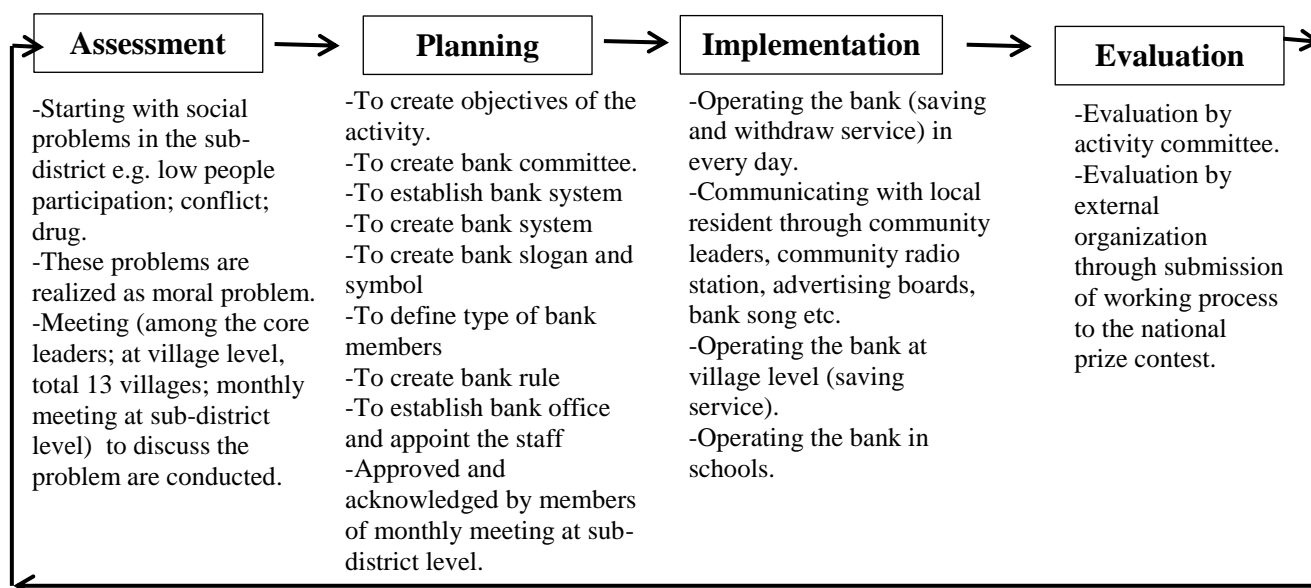


Figure 6-3: Summary of process to develop Goodness Bank

## 4.3 Hua-Ngum School for the Elderly

### 1) Getting started: Assessment (in 2010)

1.1) Suicide of the elderly in 2006, 2008, and 2010 was a serious concern for Phrakhru Sujina Kanlayanadham and the THPH director, which they discussed the chief executive of the SAO.

1.2) The SAO invited relevant parties, namely core leaders, to attend and analyze the situation. They simply thought that the elderly should not be left alone for long periods of time. The elderly should be encouraged to meet other people, do activities, share their experience and abilities, and feel relaxed. Upon analysis of the previous situation, however, they determined that they might be mistaken in their assessment, equating it to a doctor prescribing the wrong medicine to a patient. (Phrakhru Sujina Kanlayanadham, Interview, March 11<sup>th</sup>, 2015)

1.3) The core leaders studied more about depression. They also analyzed the statistics of mental health among the elderly gained from Internet sources. They realized that depression is related to the mind rather than the body. Therefore, playing pétanque, club dancing exercises, and yoga might improve physical health but not the mental health of the elderly.

1.4) Eventually, the SAO came to the conclusion to build the School for the Elderly (which was inspired when Phrakhru Sujina Kanlayanadham saw a 70-year-old Japanese man wearing a student uniform in Shinjuku, Tokyo, Japan; It was thought that the elderly in Hua-Ngum Sub-district might enjoy their life more if they could be the students again).

1.5) The SAO discussed this concept in meetings several times (the working group consisted of monks, the deputy chief executive of the SAO, the chief administrator of the SAO, the THPH director, and schoolteachers from Padaeng Wittaya school). Many questions were raised, for example, how would the school's curriculum be acquired, what would the style of learning be, where would staff be found and how would they be paid,. All of these questions had to be answered before the school could be opened.

## **2) Planning**

2.1) Core leaders, led by Phrakhru Sujina Kanlayanadham, met to answer these questions and create guidelines for school implementation, as follows:

(1) To create the school's vision and slogan. It was decided that the school's vision would be ***"Hua-Ngum elderly will be knowledgeable persons who can take care of themselves and can contribute their own abilities toward community and society."*** The school's slogan was ***"Getting older with elegance and quality."***

(2) To create a school committee that would include three types of board members. The first was the advisory committee, which included the head of the Buddhist monks at the provincial level, the head of the cultural council of Chiang Rai province, the secretary of the Chiang Rai elderly club, and the head of the Chiang Rai health assembly. The second group, the board of directors, included the chief of the sub-district, the chief executive of the SAO, and the head of the cultural council of Hua-Ngum sub-district. The third group was the administrative committee, consisting of Phrakhru Sijun Kanlayanadham (school principle), the deputy to the chief executive of the SAO (assistant principle), Phrakhru Upatphamworakit (head of Buddhist subjects), the THPH director (head of health promoting subjects), schoolteachers of Padaeng Wittaya School (head of social and cultural subjects), the chief administrator of the SAO (head of activities), the division director of religious education and culture (head of academics), and SAO staff (assistant to academics).

(3) To identify the target elderly, which included every elderly person in Hua-Ngum sub-district who would like to participate, even those who could not read or write. Moreover, the school was open for elderly living in other sub-districts as well.

(4) To create a school curriculum (3-year curriculum) that focused on the gathering of the elderly, and different activities that the elderly prefer to do and can be done all the time. The school's plan was to give "Mental Nourishment" to the elderly to prevent depression. For the elderly, the most suitable mental nourishment is "Dharma and Merit (or goodness) Making." The school would teach the elderly with religious teachings and self-care (generally, the elderly in the rural areas do not pay much attention to self-care; for example, they might not take a bath, brush their teeth, or cut their nails or hair. As a result, their children do not want to reach out to them or touch them) to enhance the "Charm of the Elderly."

(5) To create activities, the elderly should be gathered in the place determined. They should participate in the class one day per week. The elderly should be willing to come to school, and the activities should be fun and inviting, so that the elderly feel happy and want to do these activities again after returning home.

(6) To use all personnel available, such as Buddhist monks, the deputy chief executive of the SAO, the chief administrator of the SAO, and the THPH and SAO staff. It was thought that if the outcome was good, other personnel or staff would come to work with them (for example, when people see their progress, other organizations would support the budgets for the school and more volunteers would work with school).

(7) To use the budget available. The SAO did not concern themselves with money because they believed that if they did good deeds, money would come to their school. However, it was thought that if they repeatedly asked for money before any work was done, the work would lose its interest and charm and the project operators would lose their work spirit. The elderly did not need much money, but what they really needed was love and care from their children. Therefore, money was not the main concern for the school.

(8) To publicize information of the Hua-Ngum School for the Elderly through the community radio station and to cooperate with community leaders at the village level to encourage elderly citizens to participate in the school.

(9) To compose a Hua-Ngum School for the Elderly theme song and promote it in the sub-district.

2.3) Core leaders, led by Phrakhru Sujina Kanlayanadham, acted as representatives to present implementation guidelines at the Hua-Ngum monthly meetings at the sub-district level.

2.4) The members of monthly meetings discussed and approved the ideas and implementation guidelines.

### **3) Implementation**

3.1) The school committee promoted song of the school to encourage the elderly through several channels, e.g. the community radio station, advertising boards, and cooperation with community leaders at village level to encourage their own villagers.

3.2) The school committee (administrative committee) opened the Hua-Ngum School for the Elderly first time on September 5th, 2010, using the SAO meeting room as its class room. There were 134 elderly students in the first year.

3.3) The school operated weekly every Sunday for 6 months.

### **4) Evaluation and Re-assessment**

4.1) There was a problem about working on Sunday. Staff was being asked to work almost every day, and Sunday is considered a day off for families. Consequently, the elderly students proposed to change the class to every Thursday, which is “teacher's day” in the Thai context.

4.2) As the school approached the end of the first year, there were some problems. Almost half of the elderly students said they did not want to participate in the school any longer because their children wanted them to stay at home, feeling that the school was not benefitting their parents.

4.3) Some elderly students stated that they were happy to be in school and wanted to participate in the school the next year. Consequently, although the number of students decreased dramatically (half of them), the school continued to operate.

### **5) Re-planning**

5.1) The school committee made the second year implementation plan as follows:

(1) To register new elderly students in the second year, the SAO took action towards this task. Elderly citizens who wanted to participate in the school were instructed to go to the Hua-Ngum SAO to register.

(2) To extend the school to 2 semesters per year, like the standard school system.

(3) To revise the curriculum. The schedule was divided into morning and afternoon sections. The elderly students course of study included three main subjects: Buddhist knowledge, health care knowledge, and social science and cultural knowledge.

During the afternoon session, all of the students participated in activities according to their individual interest, including cooking, crafts, yoga, Thai massage, academic skills (e.g., Thai language, English, computer training), traditional drumming, folk singing, musical groups, traditional dancing, and sports (petanque, Thai traditional sports).

Table 6-2: Curriculum of Hua-Ngum School for the Elderly

Year/Grade	1 <sup>st</sup> semester	2 <sup>nd</sup> semester
1 <sup>st</sup> year: Basic class	<ul style="list-style-type: none"> <li>-History of Buddhism 1</li> <li>-Important places 1</li> <li>-Important persons 1</li> <li>-Principle of Dharma 1</li> <li>-Civic duty 1</li> <li>-Public speaking 1</li> <li>-Health care knowledge 1</li> <li>-Traditional Thai manners 1</li> <li>-Democratic studies 1</li> <li>-ASEAN studies 1</li> </ul>	<ul style="list-style-type: none"> <li>-History of Buddhism 2</li> <li>-Important places 2</li> <li>-Important persons 2</li> <li>-Principle of Dharma 2</li> <li>-Self-sufficiency agriculture</li> <li>-Civic duty 2</li> <li>-Principle of the sufficiency economy</li> <li>-Public speaking 2</li> <li>-Health care knowledge 2</li> <li>-Traditional Thai manners 2</li> <li>-Democratic studies 2</li> <li>-ASEAN studies 2</li> </ul>
2 <sup>nd</sup> year: Intermediate class	<ul style="list-style-type: none"> <li>-History of Buddhism 3</li> <li>-Belief principles 1</li> <li>-Important places 3</li> <li>-Important persons 3</li> <li>-Family law 1</li> <li>-Public speaking 3</li> <li>-Health care knowledge 3</li> <li>-Traditional Thai manners 3</li> <li>-Democratic studies 3</li> <li>-ASEAN studies 3</li> </ul>	<ul style="list-style-type: none"> <li>-History of Buddhism 4</li> <li>-Belief principles 2</li> <li>-Important places 4</li> <li>-Important persons 4</li> <li>-Family law 2</li> <li>-Public speaking 4</li> <li>-Health care knowledge 4</li> <li>-Traditional Thai manners 4</li> <li>-Democratic studies 4</li> <li>-ASEAN studies 4</li> </ul>
3 <sup>rd</sup> year: Advanced class	<ul style="list-style-type: none"> <li>-Buddhist religious customs 1</li> <li>-Speaking 1</li> <li>-Important places 5</li> <li>-Important persons 5</li> <li>-Development of sufficiency agriculture 1</li> <li>-Law of succession 1</li> <li>-Public speaking 5</li> <li>-Health care knowledge 5</li> <li>-Traditional Thai manners 5</li> <li>-Democratic studies 5</li> <li>-ASEAN studies 5</li> </ul>	<ul style="list-style-type: none"> <li>-Buddhist religious customs 2</li> <li>-Speaking 2</li> <li>-Important places 6</li> <li>-Important persons 4</li> <li>-Development of sufficiency agriculture 2</li> <li>-Law of succession 2</li> <li>-Public speaking 6</li> <li>-Health care knowledge 6</li> <li>-Traditional Thai manners 6</li> <li>-Democratic studies 6</li> <li>-ASEAN studies 6</li> </ul>

## 5) Re-implementation

There were only 30 new elderly students in the second year (2011) initially, but by the end of the first semester, new elderly students participated continuously. Finally, in the second year, there were 147 elderly students. In the same year the school moved from the SAO office to Sri-Mueang Mun temple (in Village No.8) due to the increasing number of students.

## **6) Re-evaluation and Re-Assessment**

The school generated interest by the media. The story of the Hua-Ngum School for the Elderly was publicized through several media outlets, both nationally and on the local level. Moreover, several organizations made study visits to learn from the school. The interest from others contributed both benefits and limitations to the school. On the plus side, public acceptance led the elderly to be very proud of their school, while other local residents took pride in the elderly themselves. One disadvantage, however, was that classes were affected by groups visiting the school almost every week.

## **7) Re-planning**

The school committee, volunteer teachers, and the elderly students tried to solve the problem together. The solution decided upon was that before visiting the school, study groups had to attend a lecture about the school first, then visit the school to observe classes and activities in the school.

## **8) Re-evaluation and Re-assessment**

In 2013, the school committee decided to extend the school to “*the School and University*,” to respond to increasing student enrollment. Moreover, the university could continue to work with the elderly students after those students completed their initial school program to continue their involvement in school activities for as long as possible.

## **9) Re-planning**

The school committee created a school curriculum both at the school and university level. At the school level, the elderly study three main subjects: Buddhist knowledge, health care knowledge, and social science and cultural knowledge.

Meanwhile, the elderly at the university level study mainly specific issues on Buddhist principles, such as the four elements, and health from the Buddhist perspective (Earth, Water, Air, and Fire).

## **10) Re-implementation**

The school and university held classes every Thursday and provided classrooms in accordance with the curriculum that was created.

## **11) Re-evaluation and Re-assessment**

The school committee was frequently asked by visiting organizations the number of students enrolled in the school relative to the elderly population of the sub-district. Because only approximately 20 percent of the total number of elderly residents in Hua-Ngum participated in the school, the school committee, led by the chief administrator of the SAO, introduced the idea to extend the school to village level.

## **12) Re-planning**

In order to increase the coverage of the school, the Hua-Ngum SAO decided to open the School for the Elderly at the village level. The SAO, led by the chief administrator of the SAO, cooperated with SAO staff to create the following two guidelines to offer School for the Elderly classes at the village level:

- (1) To appoint SAO staff as volunteer teachers at the school - a total of 13 pairs of teachers to cover the 13 villages in the sub-district.
- (2) Each pair of volunteer teachers were tasked with preparing their own lessons which they considered to be useful and necessary information for the elderly, covering such topics as suitable exercise, elderly rights and welfare, basic laws, disaster preparation, Thai culture and manners, and Thai herbs.

- (3) The teaching pairs rotated to new villages every month in order to limit the amount of lesson preparation necessary for the teachers.
- (4) To operate the activity on “pay-day” (the day for paying a monthly allowance to older people, according to the government’s policy) every month, approximately 2 hours in length.
- (5) The school at the village level started each day by singing the national anthem, followed by prayer, exercise, lectures by volunteer teachers, and then receiving the government allowance.

### 13) Re-implementation

The SAO, as host, operated the School for the Elderly in every village, in accordance with the implementation guidelines created.

### 14) Re-evaluation

Since the Hua-Ngum School for the Elderly was introduced in 2010, there have been no suicides amongst the elderly in the sub-district. Moreover, the school at the village level provides services to more than 70 percent of the total elderly in Hua-Ngum (chief administrator of the SAO, interview, October 12<sup>th</sup>, 2016).

However, several challenges still remain for the Hua-Ngum SAO to overcome, including improving the quality of the school at village level and establishing a more substantial curriculum for the elderly students at the university level (Workshop in Hua-Ngum sub-district, May 3<sup>rd</sup>, 2016)

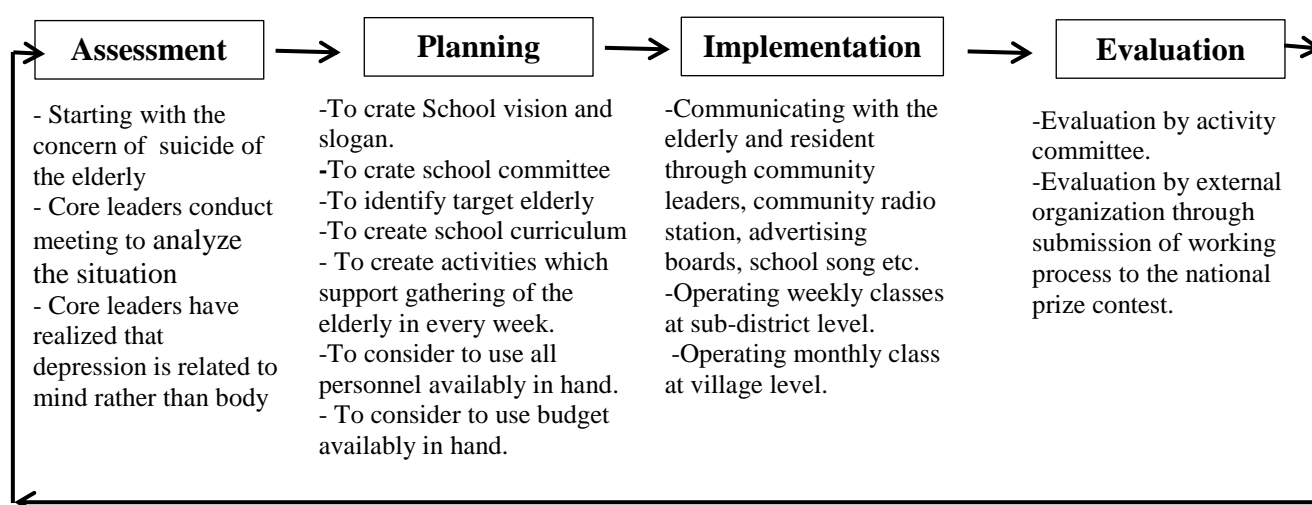


Figure 6-4: Summary of process to develop School for the Elderly

## 4.4 Little Doctors Activity

### 1) Getting started: Assessment (2009)

1.1) The teachers of Padaeng Wittaya School, led by Ms. Aunchalee, realized that their students had a low level of public consciousness and volunteerism. This was particularly true among junior high school students (Grades 7-9).

1.2) The teachers encouraged their students to create a volunteer project to operate within the sub-district.

1.3) A meeting between the students and the teachers was held to explain the details of the activity.

## **2) Planning**

2.1) The students in each group created their own activities and guidelines to implement, advised by their teacher (Ms. Aunchalee). Projects included efforts related to environmental conservation and voluntary activities with the elderly.

## **3) Implementation**

3.1) Each student group implemented their own activities.

3.2) After completing the project, each group presented the results of their work to the other groups.

## **4) Evaluation and Re-assessment**

4.1) The teachers realized that this activity could enhance public consciousness and volunteer spirit among the students; therefore, they encouraged the students to continue the activity.

4.2) The students chose the project in which they worked with the elderly to be continued.

## **5) Re-planning**

5.1) The student leaders studied more about the situations and problems of the aging members of their community. They found that the bed-ridden elderly needed more care because only the THPH provided care for this elderly group. Thus, they needed to work with the bed-ridden elderly.

5.2) The students and teachers concluded together that they wanted to continue the voluntary activity to provide care to the bed-ridden elderly, namely the “Little Doctors” project.

5.3) The teachers created guidelines to implementation as follows:

(1) To create an objective for the activity that includes raising public awareness and volunteer spirit of the students and to create a system to support bed-ridden elderly patients.

(2) To provide healthcare training for junior high school students by professional nurses and public health officers. The students had to learn and practice healthcare service at the Hua-Num THPH on Saturday mornings and do fieldwork in the afternoons.

(3) To deliver the service to the target elderly by setting up a name list of elderly bed-ridden patients and implementing a home visit schedule.

## **6) Re-implementation**

Little Doctors delivered the service to the target elderly by setting up a name list of elderly bed-ridden patients and implementing a home visit schedule. They provided the service on Sundays, with 5 students per group. Each group was responsible for taking care of 5 patients at a time for 24 weeks. Their service included measuring blood pressure, doing physical therapy, giving foot massages, Dharma storytelling and doing house cleaning. The activity received its budget from Padaeng Wittaya School and the SAO.

## **7) Re-evaluation**

Each semester, the Little Doctors and teachers discussed the results of the activity as well as the limitations of the working process. Moreover, teachers conducted satisfaction evaluations of relevant stakeholders, such as students and their parents, family members of the target elderly, and community leaders.

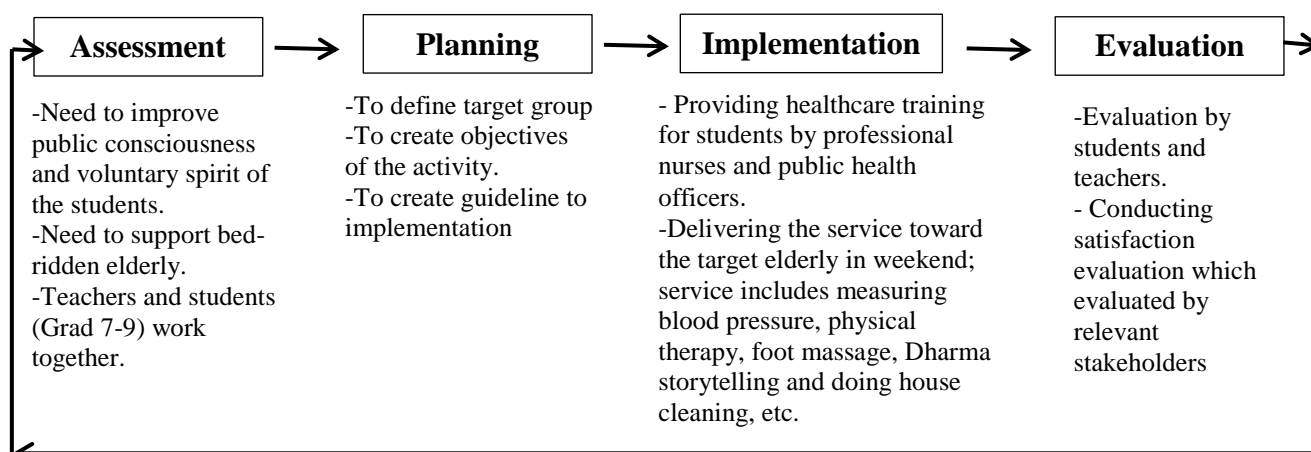


Figure 6-5: Summary of process to develop Little Doctors activity

## 5. Discussion and Conclusion

### 5.1 Discussion

#### 1) *The limitation of age-friendly community development based on Hua-Ngum's experience.*

Although, Hua-Ngum's experience is considered as good practice of age-friendly community development. However, it does not mean that it is absolutely perfect without limitation; in contrast, the results from key informant interview imply some key limitations of age-related activities established in Hua-Ngum sub-district which can summarize as follows:

(1) Limitation on sustainability of the activity: Some activities, TanTod activity, for example, it is recognized as the relief activity. Thus the major limitations and weak points of this activity are inevitably involved with the sustainable support provide for the elderly. Because the target elderly mainly receive assistance only one time, not continuously. Therefore, the vulnerable elderly still are in the risk or difficult situation. Additionally, due to the "leadership" is emphasized as a key factor contributing to success of age-friendly community development in Hua-Ngum. Consequently, the question is "if the leaders are changed, the process to develop age-friendly community in Hua-Ngum is performed continuously or not?" Therefore, the word "partnership" is very important and influence directly to sustainable age-friendly community development.

(2) Limitation on database: This limitation is seen as a general and important limitation of almost all local communities in Thailand because they usually think that data collection and database construction are difficult and complicated process. In case of Hua-Ngum sub-district, uncompleted database of Goodness Bank seems to be important limitation. Lack of up-to-date and comprehensive information leads to some limitations such as database of the Goodness Bank members is not designed for the deep analysis. Since only the goodness scores, types of goodness scores, and number of village numbers are recorded, the database cannot tell about the sex, amount, or age group of the members. As a result, Hua-Ngum SAO cannot use its current database to analyze for the development of working process systematically.

(3) Limitation on working of volunteer/staff: Due to several activities established in Hua-Ngum sub-district are based on the continuation of the activity. Therefore, every week the relevant volunteers and staffs have to launch the activities such as the SAO staffs have to operate classes for the elderly students in every week, the Little Doctors have to launch their activity almost every week. Consequently, they have been faced with overloaded work. For instance, the Little Doctors had to spend their time both for the school and the volunteer activity. So, sometimes their guardians were worried as their children had to go out every day; namely, going to school from Monday to Friday and providing care for the elderly on weekend. As a result, the Little Doctors did not spend time for the family, house works, lesson review, or relaxation. In case of the SAO staff, they have to respond to routine duties accordance with their position and assigned work like being volunteer lecturer in School for the Elderly at village level which might make them so busy. Furthermore, some of them are seen as “too young people”, thus the elderly sometimes do not pay much attention for their lecture (it is lack of acceptance).

(4) Limitation on the process to support the elderly to achieve productive and political social participation: The result from quantitative research indicates obviously that there is low level of productive and political social participation among Hua-Ngum elderly. Such two types of elderly's social participation are key points which lead to meaningful in later life of the elderly, thus, Hua-Ngum sub-district should pay much attention on this point. The School for the Elderly at sub-district level seems to be key activity which can enhance productive and political social participation of Hua-Ngum elderly. However, it has faced with the problem on the curriculum of students studying in a University level (i.e. the ones graduated from school for three years), which is not so explicit. Although, the school committee are trying design the activities or programs that encouraged the elderly to have a role in the community development. However, this cannot be concretely achieved due to the limitations of body knowledge and lack of academic support or knowledge from other relevant units outside the community.

## **2) The 1<sup>st</sup> logic model of age-friendly community development**

**2.1) Situation:** it means the originating problem, or issue, set within a complex of sociopolitical, environmental and economic circumstances. The situation is the beginning points of logic model development (Taylor-Powell&Henert, 2008). The result in this Chapter 5 reveals important aging situations in Hua-Ngum sub-district such as: 1) elderly's suicide; 2) lack of social participation in community development activities of the elderly and other community members; 3) elderly with poverty; 4) loneliness among the elderly; 5) Lack of care for the bedridden elderly by the community; and abandoned elderly.

**2.2) Input** refers what goes into the program (Taylor-Powell&Henert, 2008). In Hua-Ngum sub-district, important inputs invested into the activities are as follows:

(1) Key relevant organizations in the sub-district which have significant role in process of age-friendly community development in Hua-Ngum sub-district include: 1) SAO (Local Autonomy); 2) Buddhist temple; 3) THPH (primary health care center); 4) Padaeng Wittaya School (primary-junior high school); and 5) Elderly club

(2) Key Stakeholders who have important role in Hua-Ngum age-friendly community development include: 1) Buddhist monks; 2) administrators of SAO and staff; 3) THPH director and staffs; 4) schoolteachers; 5) the elderly people ; 6) students

(3) Needed resource

- Budget can divide into two sources. Firstly, there is the budget from the source within the community, such as support by the SAO, school, Buddhist temples, and donation of local residents. Another source of budget is external organization, such as budget from Thai Health Promotion Foundation, money from prize winning, and donation by people are not local residents (e.g. fee of study visit).

- Staffs; SAO staff who take responsibility in each activity and voluntary teachers in Hua-Ngum School for the Elderly

- Places mean public spaces where support the operation of the activity such as Buddhist temple, total 10 temples, office of the Hua-Ngum SAO, public space in 13 villages, and school in the sub-district, total 3 schools.

**2.3) Output** mean what we do and whom we reach e.g. activities, services, events, products and the people reached (Taylor-Powell&Henert, 2008). In this study refers five age-related activities which include 1) TanTod activity; 2) One-day One-baht community welfare fund; 3) Goodness Bank; 4) Little Doctors activity; and 5) School for the Elderly.

**2.4) Assumption** means the beliefs we have about the program, the people involved, and how we think the program will work (Taylor-Powell&Henert, 2008). Several key point are seen as beliefs of age-friendly community development in Hua-Ngum sub-district are as follows: cooperation of local residents; mutual assistance of community members; believing in religion that support people to do good things and help each other

**2.5) External factors** refers external to the program that influence the way the program operates, and are influenced by the program (Taylor-Powell&Henert, 2008). In case of Hua-Ngum sub-district changes of demography, socio-cultural, economic context are considered as external factors.

(Figure 6-6)

**3) The 1<sup>st</sup> process model of age-friendly community development at community level**

The process to develop age-friendly community development refers the stage of development which implies the process to establish age-friendly community in overview process. It consists of three significant stages as follows:

**3.1) Starting stage:** This stage is the vital beginning. The main principles of this stage were paying importance to the simple and concrete activities that should not be too complicated. Such activities should explicitly satisfy the needs of the elderly whereas the public participation can be widely raised. For example, the Tan Tod Activity and the One-day One-Baht Fund organized in Hua-Ngum sub-district for the vulnerable group of the elderly such as the poor elderly, the abandoned elderly, and the bedridden elderly. Working with the weak elderly recognized as the marginal people in the community will help the activities touch the “Heart” of people. It is obvious that the elderly has faced many problems. So, when the money is donated and such money is spent for helping the elderly, people donating such money will be glad that they can actually help the elderly.

Additionally, the driving procedures in the initial stage should be paid importance with the inclusive services. For instance, the activities should be continuously organized in all villages every week or every month. Such activities should be provided based on the religious and local cultural belief whereas the performance results of such activities should be reported to the public or community. Furthermore, all activities should be transparent and can be inspected. With these significant principles, the driving procedures in the initial stage will be accepted with the access to the participation among the stakeholders, resulting finally in the faith and reliability toward the overall working procedures and direct impact to the second stage.

**3.2) Stage of establishing core value and community spirit:** : This stage aims to create and develop the community spirit to which all community members should adhere for the contexts related to the age-friendly community development, the generous and interdependent community the community persisting in doing good things for oneself, other people, and the overall community. This community spirit is the important fundamental of the age-friendly community development because when people are interdependent, the elderly will be helped and also encouraged to have more roles. For this end, the Goodness Bank is the vital mechanism and procedure. From the direct experience of Hua-Ngum Sub-district, it is obvious that the elderly plays the great role in successfully driving the Goodness Bank resulting in the fruitful goodness.

So, the main working principles of this stage comprise the working processes based on the religious and local cultural belief providing the chance for all people to participate in the development of the community spirit with the equal access to the relevant procedures. For example, by the procedures of the Goodness Bank, people of all sexes and ages including the poor and abandoned elderly can be the members and participate in developing the cozy community of Hua-Ngum Sub-district. In addition, the importance should be paid to the tangible and concrete operations. More than that, all activities should be transparent and can be inspected whereas the performance results should be continually reported to the public or community.

**3.3) Stage of focusing on age-friendliness:** The procedures of this stage emphasize the works specifically involved with the elderly e.g. the establishment of the School for the Elderly, care provided for the bedridden elderly, and assistance provided for the elderly in need. With the results gained from the first two stages related to the age-friendly community development, the driving of this stage is more distinct.

The main principles of this stage are that the activities should be created to satisfy the needs of the elderly explicitly and systematically. For example, the School for the Elderly should be established whereas the activities should be continuously organized every week or every month. These activities should enhance the potential of the elderly so that they can have the role in driving the age-friendly community development. That the new/ creative ideas of the activities should satisfy the needs of the elderly based on the social capital, this is very challenging for the SAO and the sub-district partners have to re-think and re-design the inclusive services with the importance paid to the report of the performance results to the public or community. Apart from this, all activities must be transparently performed and can be inspected in all aspects.

(Figure 6-7)

#### **4) The 1<sup>st</sup> process model to develop age-related activity**

**4.1) Community Assessment step:** This step starts with elderly's needs and problems such as suicide of the elderly; elderly with difficulties; lack of participation of the elderly. Meeting in various form are conducted to discuss and analyze e.g. meeting among the core leaders, meeting at village level, monthly meeting at sub-district level.

**4.2) Planning step:** This step emphasizes on construction of implementation guideline where several issues should be planned, as follows:

- To create objectives of the activity.
- To create slogan and vision of the activity (e.g. slogan of Goodness, School for the Elderly; One-day One-baht fund)
- To define target group
- To create activity committee.
- To create management system (e.g. Goodness Bank and One-day One-baht fund system; School curriculum; guideline to assist elderly in TanTod and Little Doctors activity)

- To consider to use all personnel available in hand.
- To consider to use budget available in hand.
- To establish guideline for implementation

At the end of this step, the implementation guideline established is approved and acknowledged by members of monthly meeting at sub-district level.

**4.3 Implementation step:** Age-related activities designed are implemented accordance with implementation guideline. Communication is needed to communicate with target group and the resident through local mechanism such as community leaders at village level; community radio station; advertising boards, bank song etc. Afterward, the SAO and its partner operates the activity at village level to enhance accessible opportunity e.g. to operate Goodness Bank and School for the Elderly at village level.

**4.4) Evaluation step:** Several forms of evaluation are conducted e.g. evaluation by activity committee, reporting the result of working to members of monthly meeting at sub-district every month, conducting satisfaction evaluation which evaluated by relevant stakeholders, and evaluation by external organization through submission of working process to the national prize contest

(Figure 6-8)

Figure 6-6: The 1<sup>st</sup> logic model of age-friendly community development  
(Inputs, Outputs, Assumption, and External Factors)

**Situation:** Hua-Ngum sub-district has faced with many crucial aging situations such as, 1) high aging rate (higher than national level), 2) health problem among older people, 3) elderly's suicide, 4) loneliness among the elderly, 5) Lack of care for the bedridden elderly by the community

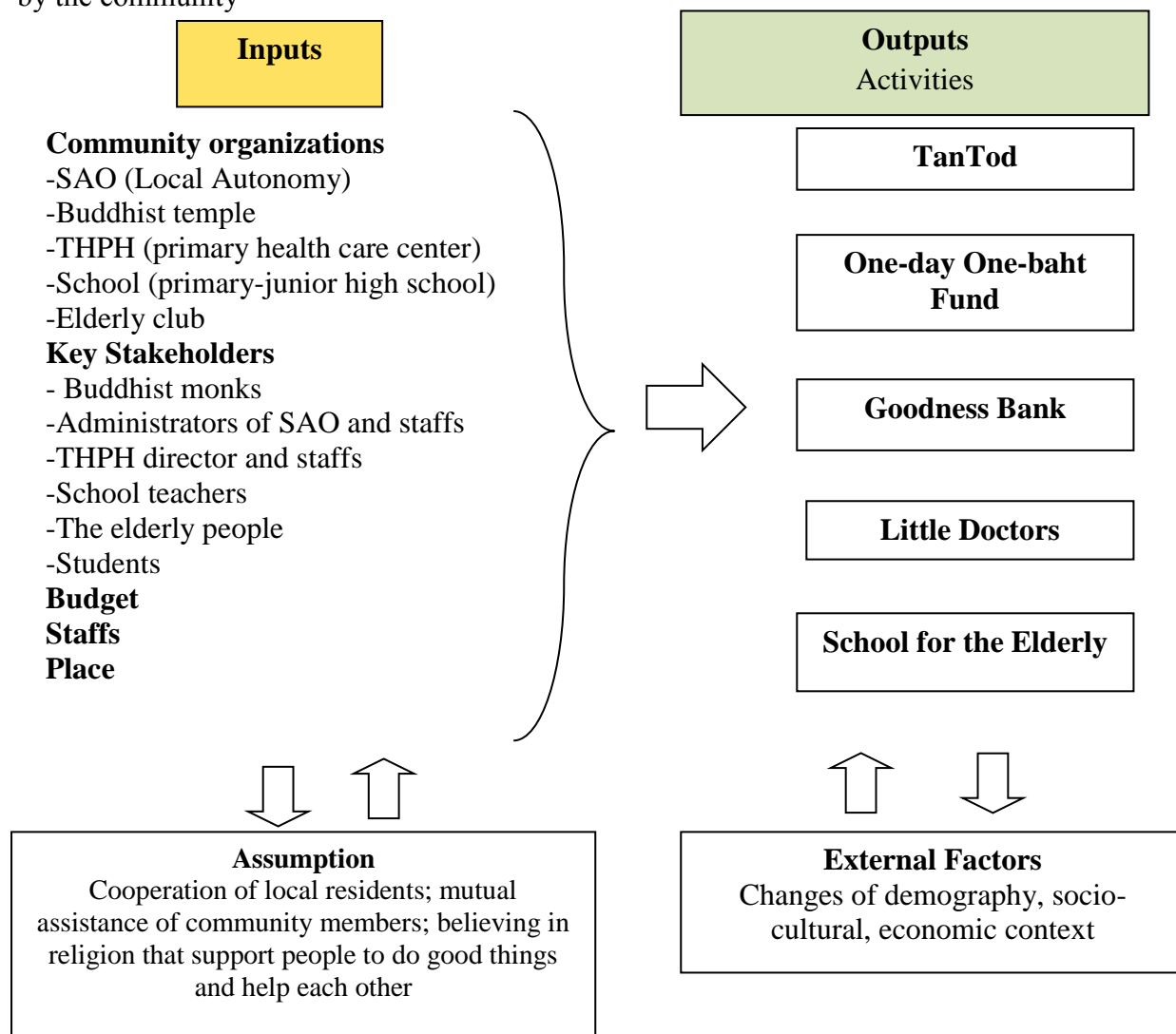


Figure 6-7: The 1<sup>st</sup> process model of age-friendly community development at community level

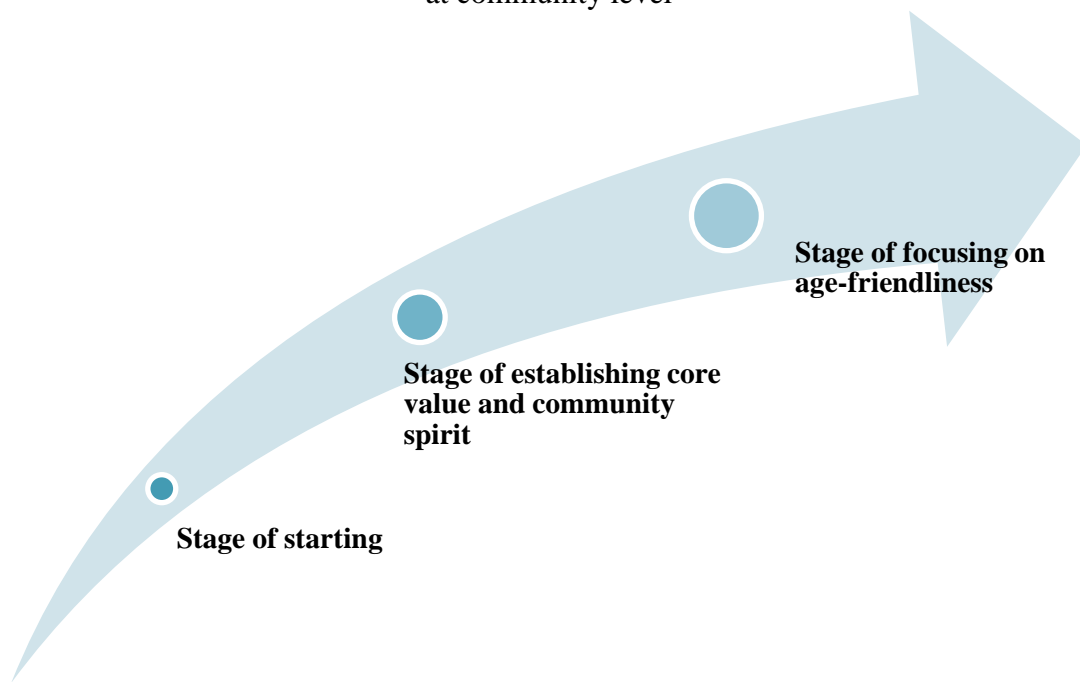
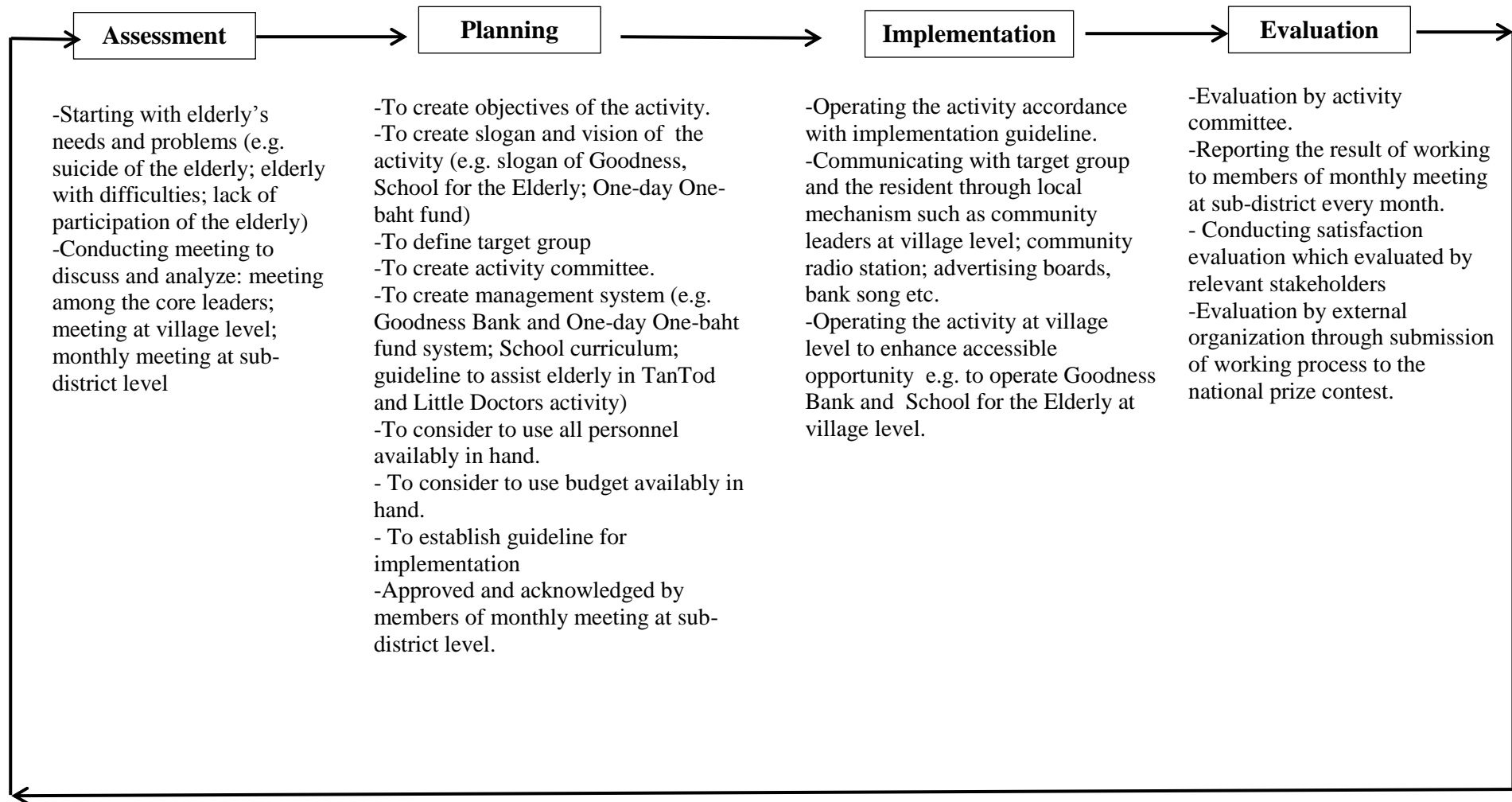


Figure 6-8: The 1<sup>st</sup> process model to develop age-related activity



### ***3. Key factors contributing to the success in creating age-related activities***

Results of each aged-activity reveals key factors contributing to the success in creating age-related activities which mentioned frequently by the key informants, as follows:

**(1) Good leadership both formal and informal leaders:** As formal leader, leadership of chief executive of Hua-Ngum SAO is mentioned by key informants e.g. he has good vision, pay attention on establishment of community welfare to help each other, have good vision on aging, have earnestness on elderly needs and problems. The chief executive of the SAO is a significant policy maker in Hua-Ngum. He was born in Hua-Ngum and has spent his life in the sub-district. He won elected office and has worked as the Chief Executive of the SAO since 1996, thus he has opportunities to continue his community development policy and processes. He graduated with a Master's degree in social development, so he is considered as someone of the younger generation with high education within the rural context by the local residents. Combining the good relationship between the two key leaders, the Buddhist monk and the chief executive of the SAO, new ideas related with age-friendly community development (and other aspects of community development affairs) are usually accepted more easily by the local people. The monk is often the first person to introduce new ideas, followed and supported by the chief executive of the SAO. With a good vision on age-friendly community development by the chief executive, consequently there is strong support from the Hua-Ngum SAO. The SAO is the core organization to drive the age-related activities at the sub-district level and plays an active role in the whole process. It supports both policy and practical application, such as location, budgets, staff, supplies, and transportation.

In term of informal leader, Buddhist monk, Phrakhru Sujina Kunlayanadham, is important spiritual leader is mentioned as another key leader who leads to success of several age-related activities established in Hua-Ngum such as Goodness Bank, One-day One-bath fund and TanTod activity. Phrakhru Sujina Kunlayanadham is Buddhist monk who is a significant spiritual leader and has community development in mind. He does not play only the important role of relaying Buddhism, which is his core duty, but also leads development in the sub-district. At the present time, he is studying in a doctoral program in social development to obtain further academic knowledge, which will in turn benefit community development in Hua-Ngum. By being in an important position among local people, he can reach to the faith and trust of the residents. Therefore, when he introduces new ideas, the residents are likely to cooperate, particularly among the elderly.

However, leadership can be strength and weakness in the same time. Walaisathien and her colleague (2000:17) have mentioned that community leaders can have both positive and negative influence on development work; they can be a creator or destroyer of the community strength. In a society where there is no democracy and social inequality prevails, leaders are usually considered as a key to success of development work. Moreover, the relationship between leaders and community members is usually communal, where leaders are the minority of the society but have higher power and position and more properties than other groups of the society. In this kind of society, the stronger are the leaders, the weaker is the community. In contrast, if the community leaders are good people, who might not be powerful or rich, e.g. opinion leaders who are accepted by the community, those leaders can play a role in raising citizen collaboration to execute development work and share experience and resources to bring about good life and good living of people in the community (Walaisathien et al., 2000)

Therefore, leadership itself is not enough for sustainable community development because leaders can change anytime. Thus, sustainable age-friendly community development should lay on other key factors such as people participation and partnership. In term of implementation, leadership seems difficult to follow by other communities because it implies personnel characteristic e.g. education, way of thinking, appearance, and so on.

**(2) Strong partnership:** Strong partnership is mentioned by key informants refers two level of partnership, village and sub-district level. In term of village level, there is a good cooperation of community leaders at village level. In Hua-Ngum, there are at least 65 formal community leaders (which include village headpersons and two of his or her assistants and two members of the SAO Council, or five formal community leaders in each village). The monthly meeting at the sub-district level (on the 7<sup>th</sup> of each month) is a strategy to enhance the mechanism of community leaders. Community leaders play important roles in promoting and encouraging local residents to become involved and participate in the age-related activities by using the monthly meetings at the village level to inform the residents of relevant information, as well as listening to residents' voices and receiving feedback from the residents to the SAO and other organizations. This data indicates the important role of the community leaders to drive community development at grassroots level because they are closest with the local residents. Therefore a good cooperate of such community leaders can lead to success of age-friendly community establishment directly.

As partnership at sub-district level, strong partnership among various organizations in community, moreover, is mentioned as key factor contributing to success of age-friendly community development in Hua-Ngum sub-district. In Hua-Ngum, good relationships and great cooperation among the SAO, Buddhist monks, staff of THPH, school teachers, community leaders, elderly people and their organizations, and other related stakeholders (e.g. village health volunteers) are developed and maintained. One strategy for maintaining this good relationship is the establishment and conducting of monthly meetings.

Such meetings are conducted on the 7<sup>th</sup> of every month, with approximately 70-90 members attending, (e.g. community leaders, elderly people, women's groups, and representatives of external organizations) with the SAO acting as the meeting moderator and chairperson. These meetings benefit the local community as a public forum to exchange information, acknowledge the progress of activities, discuss problems that have occurred, and suggest how to overcome those problems or limitations. Therefore, the monthly meeting at sub-district level is important strategy to strength the partnership of key stakeholder in the sub-district.

**(3) Conformity with religious and local culture:** Religious and local culture refer to social capital of the local community. Several age-related activities launched in Hua-Ngum are based on Buddhism and traditional beliefs such as TanTod activity, One-day One-baht fund, Goodness Bank, and School for the Elderly (e.g. Buddhism is a part of curriculum of the school). Therefore, these activities can reach to participation and cooperation of local people widely.

**(4) Based on democratic procedure:** Hua-Ngum SAO is important role in community development to improve quality of life of the residents, according to local government law. In the process to develop age-friendly community, it acts as facilitator to manage all relevant stakeholders and needed resource in the sub-district. It has realized that only the SAO itself cannot launch age-friendliness community and community development process as a whole. Therefore, the monthly meeting (every 7<sup>th</sup>) is conducted as key strategy to build and enhance partnership, communication, planning, evaluation, participation, and learning. This strategy reveals to democratic procedure in Hua-Ngum sub-district and it is needed for sustainable age-friendly community. Moreover, the SAO acts as a host to support

needed resource to age-friendly community development such as budget, staff, place, and academic support.

**(5) Strength of Elderly organization:** Hua-Ngum elderly club is organization run by the elderly themselves and supervised by Hua-Ngum SAO (the chief executive deputy of the SAO and SAO staff are appointed to be supervisor and assistant of the elderly club committee, respectively). The committee of Hua-Ngum elderly club includes the head of elderly club at village level, total 13 villages. It has monthly meeting in every 10<sup>th</sup> (after monthly meeting at sub-district level). Such meeting of the elderly is important strategy to build and improve participation and communication among Hua-Ngum elderly. When the representative of elderly club participate in 7<sup>th</sup> monthly meeting and gain some information, then they can relay such information towards elderly club committee in 10<sup>th</sup> monthly meeting. At village level, head of elderly club in each village will relay and communicate with elderly people in their own village. Moreover, participating in School for the Elderly at sub-district level can strengthen Hua-Ngum elderly club because majority of the club committee participates in the school, thus, they have opportunity to meet and talk with each other in every week. Therefore, the club is one key community organization which has important role to encourage the rest elderly to participate actively in each aged-activities. This is a reason why Hua-Ngum elderly pay attention and cooperation to drive age-friendly community development. Such good participation of the elderly is mentioned as one significant factor contributing to success of age-friendliness community development.

## **5.2 Conclusion**

The results gained from this Chapter lead to key component of the 1<sup>st</sup> age-friendly community development model and guideline as follows: 1) logic model of age-friendly community development; 2) process model of age-friendly community development at community level (stage of starting, stage of establishing core value and community spirit, and stage of focusing on age-friendliness); and 3) process model of development of age-related activity (community assessment step, planning, implementation and evaluation); 4) key factors related to the success of an age-friendly community development, five factors mentioned (frequently by key informants) as key factors contributing to the success of an age-friendly community as follows: (1) good leadership both formal and informal leaders; (2) strong partnership; (3) conformity with religious and local culture; (4) based on democratic procedure; and (5) strength of elderly organization.

## Chapter 7

### Building the 1<sup>st</sup> Age-friendly Community Development Model

#### 1. Introduction of the Chapter

##### 1.1 Objective of the Chapter

This Chapter aims to describe the data indicated outcomes of the five age-related activities mentioned in Chapter 6. This data is an important source of information to complete the 1<sup>st</sup> AFC development model. The two main topics are as follows: 1) age-related activities and their benefits and 2) Hua-Ngum age-friendly community: outcome model

##### 1.2 Data collection

Interviewing the key informants involved with the age relevant activities in Hua-Ngum sub-district is the main research methodology. This research method aims to obtain data that demonstrates the benefits of the five significant activities toward the community and the elderly. Thirty-five key informants were interviewed. The interviews were mainly conducted from September to October, 2015. The majority of the key informants (60%) were female, with 40% male. 22.9% of the total number of interview key informants had completed primary school and some junior high school (grade 7-9). Those who had completed their master's degree made up 20% of the interviewees, with an additional 14.2% having completed their bachelor's degree. Those who had stopped their studies after high school (grades 10-12) made up 11.4% of the group, and those with no schooling at all totaled 8.6%. The average age of the subject group was 51.45 years old, with the oldest participant being 90 years old and the youngest 14 years old.

Table 7-1: Basic information of the key informants

Code	Key Informants				Gender	Educational Level	Age in Years
	Leaders of the Activities	Older People who Participate in the Activities	Volunteer in Age-Related Activities	Family Members of the Elderly			
ID1	✓	✓		✓	Male	Primary School	67
ID2		✓		✓	Female	Primary School	74
ID3		✓			Female	Primary School	77
ID4		✓			Female	Primary School	63
ID5		✓			Male	Primary School	68
ID6	✓	✓			Male	Primary School	68
ID7		✓			Female	No schooling	80
ID8		✓			Male	Primary School	80
ID9		✓			Male	Primary School	64
ID10			✓		Female	Junior high school	14
ID11			✓		Female	Junior high school	14
ID12			✓		Female	Junior high school	14
ID13			✓		Female	Junior high school	14
ID14			✓		Female	Junior high school	14
ID15			✓		Female	Junior high school	14
ID16	✓		✓		Female	Master's degree	38
ID17			✓		Female	High school	55
ID18	✓		✓		Male	High school	48
ID19	✓		✓		Male	Master's degree	56

Table 7-1: Basic information of the key informants (continued)

Code	Key Informants				Gender	Educational Level	Age in Years
	Leaders of the Activities	Older People who Participate in the Activities	Volunteer in Age-Related Activities	Family Members of the Elderly			
ID20	✓		✓		Male	Bachelor's degree	65
ID21	✓		✓		Female	Master's degree	64
ID22			✓		Female	Junior high school	44
ID23	✓		✓		Male	Junior high school	52
ID24	✓				Female	High school	49
ID25			✓		Female	Master's degree	26
ID26	✓				Female	Master's degree	55
ID27	✓				Male	Bachelor's degree	67
ID28			✓		Female	Bachelor's degree	42
ID29	✓		✓		Male	Master's degree	50
ID30	✓				Female	Bachelor's degree	57
ID31	✓				Female	High school	47
ID32	✓				Male	Bachelor's degree	52
ID33	✓				Male	Master's degree	50
ID34				✓	Male	No schooling	90
ID35		✓			Female	No schooling	69

### 1.3 Framework of analysis

This study utilizes a “logic model” as the analysis framework for constructing an age-friendly community model. This study adopts the **“Wisconsin Model,”** developed by the University of Wisconsin-Extension, Cooperative Extension, Program Development and Evaluation (Taylor-Powell & Henert, 2008). The logic model is a graphic representation of the program showing the intended relationships between investments and results (Taylor-Powell & Henert, 2010:4). It tells the story of the project or program in a diagram and a few simple words, showing a causal connection between the needs people have identified, what they do, and how this makes a difference for individuals and communities (ESS, 2015:1) According to the Wisconsin Model, the logic model consists of six important components.

*First*, the **“situation”** means the originating problem, or issue, set within a complex of sociopolitical, environmental, and economic circumstances. The situation is the beginning point of logic model development. *Second*, the **“input”** refers to what goes into the program, such as staff, money, time, equipment, partnerships, and the research base. *Third*, the **“outputs”** mean what we do and whom we reach, e.g. activities, services, events, products, and the people reached. *Fourth*, the **“outcomes”** refers to the results contributed from the activities/programs. The “outcomes” include three levels of benefits, as follows: short-term benefits (e.g. changes in awareness, knowledge, skills, attitudes, opinions, and intent); medium-term benefits (e.g. changes in behaviors, decision-making, and actions); and long-term benefits (often called impact, e.g. changes in social, economic, civic, and environmental conditions). *Fifth*, the **“assumption”** is the beliefs we have about the program, the people involved, and how we think the program will work. *Sixth*, the **“external factors”** refers to the outside forces that influence the way the program operates, and are influenced by the program, such as the dynamics of socio-culture, the environment, the economic structure, demography, political conditions, and other factors. (Taylor-Powell & Henert, 2008: handout-15)

The logic model is based on the “if-then” relationship, or “causation,” which is central to the logic model. The logic model depicts a program’s assumed causal connections (Taylor-Powell & Henert, 2010: handout 7-12). The logic model is a “model”- it is not reality. It depicts assumed causal connections, not true cause-effect relationships. (Taylor-Powell & Henert, 2010). Therefore, it is never perfect (ESS, 2015: 7).

Subsequently, from Chapter 6, this Chapter aims to construct a complete logic model of the Hua-Ngum age-friendly community. In Chapter 6, situation, input, output, assumption (social capital), and external factors are described. In this Chapter, the logic model will be completed with explanation of the outcome model. The source of data used to conduct the outcome model comes from key informant interviews. Thirty-five key respondents involved with the five age-directed activities mentioned previously in Chapter 6 are interviewed.

The outcome model established is based on the data, which indicates the benefits of the five age-related activities for the community as a whole and for the elderly people in specific. Content analysis is employed as an analysis technique, using inductive approach.

Inductive approach is employed when there is not enough former knowledge about the phenomenon or if this knowledge is fragmented (Lauri & Kyngas, 2005 in Elo & Kyngas, 2007). There are three steps of inductive content analysis, as follows: 1) open coding means that notes and headings are written in the text while reading it. The written material is read through again, and as many headings as necessary are written down in the margins to describe all aspects of the content. After the open coding, the lists of categories are grouped under higher order heading considering similar or dissimilar into broader higher order categories; 2) creating categories, its aim is to provide a means of describing the phenomenon, to increase understanding and to generate knowledge (Cavanagh 1997, in Elo & Kyngas, 2007); 3) Abstraction means formulating a general description of the research topic through generating categories. Each category is named using content-characteristic words. Sub-categories with similar events and incidents are grouped together as categories and categories are grouped as main categories (Elo & Kyngas, 2007).

## **2. Result 1: The Results of Five Age-related Activities Towards the Community as a Whole**

The result from the interviewing of key stakeholders in the sub-district indicate benefits contributed from those age-related activities for the community as a whole. There are three main categories of the benefits as follows (Table 7-2):

**2.1) Establishment of community spirit**, which consists of two sub-categories - increasing volunteer spirit and building a livable community.

In order to increase of volunteer spirit, key informants state that those activities promote volunteer spirit, sacrifice, and public consciousness. Moreover, they support local people to work for the community.

*“We have found that now in Hua-Ngum there are many volunteers who willingly participate in community or public affairs. Ajarn Saner and Ajarn Somsri, for example, are voluntary teachers at the School for the Elderly. They do not need to work there, because they are retired civil servants. They receive enough in pension from the government. They can stay at home and do not need to work hard, but they have chosen to work for the community without money, they work with their hearts. Sometimes they spend their own money for community work. After almost 10 years spending time to establish many activities, one of the results is a flourishing volunteer spirit among Hua-Ngum people.” (ID.29)*

Regarding the building of a livable community, this refers to a community that has people helping each other, where no one is left behind, even if they are poor, have HIV, or live alone. A livable community, moreover, creates opportunities for every member to find happiness when they have chances to help the elderly who are in difficult situations. Furthermore, the community is a livable place when the community members make sacrifices.

*“The TanTod activity and the One-day One-baht Fund make Hua-Ngum a livable community, where people willingly help each other. Some of our community members are poor, HIV patients, or living alone, so we try to help them. No one is left behind because all of them are our relatives.” (ID. 27)*

*“Hua-Ngum used to be ‘the worst sub-district,’ with many problems that occurred. People were ashamed to be from Hua-Ngum. But now, because many activities that have been established, Hua-Ngum is a livable community. For example, the Goodness Bank encourages local residents to be good people, who love to do good deeds or good thing, which is why Hua-Ngum is now called ‘the sub-district of good people.’ We are so proud of our sub-district.” (ID. 33)*

**2.2) Strengthening the community** consists of five sub-categories, including increasing social participation, realizing self-reliance, promoting the learning process, and increasing connectedness among the elderly.

The Goodness Bank encourages local people to participate in community activities (ID.25). In the case of Little Doctors, that activity contributes connectedness between the school and the community by building a good relationship between the two. A good relationship and connectivity supports the students in real situations when they work with the community (ID.26). The One-day One-baht Fund, allows the community to have its own income through the participation (donations) of local people, meaning they do not need to wait for the budget from external governmental organizations (ID.27). The TanTod activity enhances the learning process. People who participate in the activity learn and understand the problems of the elderly and how to work together (ID.29).

*“When I was a teenager, if my community held an activity, I saw that very few people usually joined. Once in a while many people joined, but when they did, they just watched or drank alcohol and then left. They didn’t join in the activity. But now, people participate actively. Many activities are conducted and local residents take responsibility to organize and manage them, e.g. the elderly and the students perform traditional shows. Moreover, many creative activities also are established such as the Goodness Bank and the School for the Elderly.” (ID.25)*

**2.3) Supporting the elderly to be key stakeholders in the community development process.** This main category includes three sub-categories; increasing the positive views towards the elderly, supporting the elderly to be key stakeholders in the community development process, and increasing the capabilities among the elderly.

The result of the School for the Elderly at the sub-district is to make local residents have a positive view towards the elderly, because it indicates the obvious potential of older people (ID.21). Moreover, the school can support the elderly to be community development leaders and drive community development at the grassroots level (in the villages). For example, the head of the Elderly Club and his team (the head of the elderly club at the village level) have the power to encourage the elderly to participate and drive community activities

and can express their own voices and opinions in meetings to protect their own rights and community interests (ID.19). Furthermore, in terms of increasing the capabilities among the elderly, as elderly students, they can learn a lot of useful information and have opportunities to develop their own abilities, e.g. to learn and practice public speaking. Those abilities developed support them to realize their own potential and enhance their confidence to voice their own opinions to the public (ID.21).

*“Usually, development tasks are seen as for the younger generation, right? Older people usually think such tasks are not their own duties. But after having operated the School for the Elderly and the Goodness Bank, our elderly are encouraged and supported to participate actively. From the start (since the establishment of the Goodness Bank in 2007, almost 10 years ago), our elderly have played an important role in driving our sub-district. Their strength is one key factor that makes many activities in Hua-Ngum achieve success. I really respect their cooperation.” (ID.19)*

Table 7-2: Content analysis of results of six age-related activities towards the community as a whole

Category	Sub-category	Quote/Example
Establishing community spirit	Increasing volunteer spirit	<ul style="list-style-type: none"> <li>- Promote volunteer spirit among the elderly. (School for the Elderly at sub-district level) ID.21/ ID.19</li> <li>- Promote volunteer spirit among relevant stakeholders. (School for the Elderly at sub-district level) ID.16/ ID.20/ ID.21</li> <li>- Promote self-sacrifice and public consciousness. (TanTod) ID.27/ ID.19</li> <li>- Promote and support local residents to work for the community. (Goodness Bank) ID.25</li> <li>- Promote volunteer spirit among the students so they can grow up to be good community members. (Little Doctors) ID.26</li> <li>- Promote volunteer spirit among SAO staff. (School for the Elderly at village level) ID.23</li> <li>- “I want to take care of the elderly. I love them. I don’t want goodness points. I just want to take care of them.” (Little Doctors) ID.12</li> </ul>
	Building a livable community	<ul style="list-style-type: none"> <li>- Build a livable community where people help each other. (TanTod) ID.29/ ID.27/ ID.19/I.D.33</li> <li>- No one is left behind. (TanTod) ID.27</li> <li>- People feel happy after assisting the elderly. (TanTod) ID.27</li> <li>- Build a livable community where people are self-sacrificing. (One-day One-baht Fund) ID.27</li> <li>- Encourage local residents to be good people who love to do good deeds. (Goodness Bank) ID.33</li> </ul>
Strengthening of Community	Increasing social participation	- Increase social participation among local people. (Goodness Bank) ID.25
	Increasing connectedness among community members	<ul style="list-style-type: none"> <li>- Build good relationships between school and community. (Little Doctors) ID.26</li> <li>- Establish connectedness between students and other members in the sub-district. (Little Doctors) ID.26</li> </ul>
	Encouraging self-reliance	- Establish our own community fund to eliminate the need to wait for money from external governmental organizations. (One-day One-baht Fund) ID.27
	Promoting the learning process	<ul style="list-style-type: none"> <li>- Promote the learning process among stakeholders in the sub-district. (TanTod) ID.29</li> <li>- Encourage residents to learn and understand the problems of the elderly in the sub-district. (TanTod) ID.29</li> </ul>
Encouraging the elderly to be a key stakeholder in the community development process	Increasing the positive view of the elderly	- Local residents have a positive view toward the elderly. (School for the Elderly at sub-district level) ID.19/ ID.23/ID.16
	Supporting the elderly to be a key stakeholder in the community development process	<ul style="list-style-type: none"> <li>- The elderly are supported to become community leaders and drive community development at the grassroots level. (School for the Elderly at the sub-district level) ID.20/ID.21</li> <li>- Support residents to be a key partner in community development. (School for the Elderly at sub-district level) ID.19/ ID.27</li> <li>- Support the elderly to be an important stakeholder in the community development process. (School for the Elderly at sub-district level) ID. 29</li> <li>- Encourage the elderly to be active elderly in the future. (School for the Elderly at village level) ID.25/ID.23</li> </ul>
	Increasing of capability among the elderly	- Promote capability building among the elderly. (School for the Elderly at sub-district level) ID.16

### 3. Result 2: The Results of Five Age-related Activities for Hua-Ngum's Elderly People

According to the content analysis method, there are seven categories indicating results or benefits of age-related activities for Hua-Ngum's elderly, as follows: establish the opportunity for learning, participating, connecting with isolated elderly, integrating with the younger generation, contributing, being valued and respected, and other (Table 7-3).

**3.1) Opportunity for learning** consists of four sub-categories: learning useful information, increasing self-esteem, changing behavior, and decreasing the chances of becoming scam victims. The School for the Elderly at the sub-district level is an important example. At the school, elder students learn useful information that leads them to change their behavior on health, e.g. avoiding unhealthy food, and about their appearance, e.g. wearing clean clothes, dressing appropriately. Moreover, it increases the self-esteem of the elderly and gives them confidence to express their own opinion in public (ID 21; ID.16).

*"I never enrolled in school because my family is very poor. When I was young, I had to help my father and mother to look after my brothers and sisters and work in the rice field. In the past, I always used my fingerprint for a signature. After I joined the School for the Elderly, I had opportunity to learn and practice to write my name. The first time that I held the pen I was so excited. At present, I can write my name and I can sign without making a fingerprint. I am so proud of myself."*

*(An elderly student at the School for the Elderly (ID.35),  
interview, October 10<sup>th</sup>, 2015)*

**3.2) Opportunity for participation** includes two sub-categories: increasing social participation in community development and providing opportunities for social gatherings. The Goodness Bank, for instance, encourages the elderly to participate actively in community development activities, e.g. community meetings, community events, or the Goodness Bank itself. Without their support, it would be very hard to drive those activities. Furthermore, it creates the opportunity for gathering with friends and other community members that makes the elderly happy (ID. 33; ID. 27).

*"I, sometimes, don't record goodness points into my account because when I help the community affairs, e.g. to attend community meetings, I donate into the One-day One-baht fund, or help others in community. I feel very happy that I have the opportunity to contribute to others and my community. I don't need any rewards, I just want to do good things for my community"*

*(An elderly member of the Goodness Bank (ID.6),  
Interview, September 11<sup>th</sup>, 2015)*

*"I really respect the coopertion of the eldrly. They actively participate in community affairs. They have an important role in driving our community development. Without their good participation, the sub-district could not launch important development activities, like the Goodness Bank and the School for the Elderly."*

*(Member of SAO Council, Interview (ID.23), October 11<sup>th</sup>, 2015)*

**3.3) Opportunity for connecting** with the isolated elderly provides the chance for those elderly to receive psychological support and assistance to help relieve their problems. The TanTod activity, for example, allows the elderly to receive assistance for their problems,

e.g. money and necessities, such as food, clothing, and medicine, and psychological support through home visits by Buddhist monks and community leaders (ID.27).

*“I don’t have relatives here (in the sub-district). In fact, I have a brother and sister. Both of them are rich, while I am very poor, so it has been a long time since we have contacted each other. They don’t think I am their brother. We (the interviewee and his wife) have lived in Hua-Ngum more than 10 years without any relatives who have some blood relationship. One day I received assistance in the TanTod activity. That day, many people, such as monks, administrators of the SAO, schoolteachers, community leaders, the Director of the THPH, and neighbors, visited my house. It was the first time that many people came to my very old house. I was very delighted. I could not say anything. Tears were in my eyes. The only words that I could say were “thank you so much.” They are not my blood relatives but they expressed their kindness to my family. I really appreciated that. I am happy to be Hua-Ngum people and live here. And every month I donate money into the One-day One-baht Fund. I want to help others because I receive help from them, so I want to return it too.*

*(An elderly resident who receives assistance from TanTod (ID.5),  
Interview, October, 10<sup>th</sup>, 2015)*

*I’m blind, so I can’t see anything. But I can remember the day that many people did the TanTod activity for us. I could not see them, but I felt delighted.*

*(An elderly resident who receives assistance from TanTod (ID.34),  
Interview, October, 10<sup>th</sup>, 2015)*

**3.4) Opportunity for integrating with the younger generation** means the elderly residents have opportunities to interact with younger people, e.g. the Little Doctors activity creates opportunities to interact between students and the bed-ridden elderly. School for the Elderly at the village level also provides chances for the elderly to join younger people like the SAO staffs.

*“In the past, I didn’t like my grandma because she was grumbling, so I wanted to stay far away from her. But when I participated in the Little Doctors activity and got experience as a Little Doctor, my mind changed. When I did home visits and looked after the target elderly, it was a good lesson to learn and understand the elderly. Some of them were living alone, some were ill. I really sympathized and understood their feelings. They need love and caring. So when I went back to my house, I provided Thai massages to my grandma. First, she was surprised, but finally we loved to spend time together, and now I love my grandmom so much.”*

*(Junior high school student “Little Doctor”(ID 14),  
Interview, September 20<sup>th</sup>, 2015)*

*“The students, sometimes, visit the elderly houses by themselves, not as “Little Doctors.” One day, they got sweets from the school. They wanted to give the sweets to the elderly that they take care of. After school, they went to the house of the elderly person but nobody was there and also the fence was locked. They tried to climb to go inside and leave the sweets for the elderly. I was quite shocked that my students did that. However, I can understand the good relationship between the students and the elderly, which is beyond the work of “Little Doctors.”*

*(School teacher of Padaeng Wittaya who is the supervisor of the “Little Doctors” activity (ID. 26), Interview, October 12<sup>th</sup>, 2015)*

**3.5) Opportunity for contribution** consists of three sub-categories; opportunities for the elderly to contribute their abilities to the community, opportunities for doing good deeds, and opportunities to help each other. For instance, the elderly have opportunities to contribute or help others by donating money into the One-day One-baht Community Welfare Fund, which provides assistance to disadvantaged persons in the sub-district. Thus, the elderly have opportunities to help each other (ID.27). In the case of the Goodness Bank, it provides opportunities for doing good deeds for the elderly. “Goodness” is one important idea of Buddhism. This idea directly influences the fulfillment of life for Buddhists.

*“I can’t move well because I’m elderly and have a problem with my back, while my husband is blind. We can’t work. Every month we receive an allowance from the government, both as elderly people and as those with disabilities, so we can survive. However, even though we are very poor, we donate into the One-day One-baht Fund almost every month. Although, it is just a small amount of money donated, we’re happy that can help others. It is a way of making merit.”*

*(An elderly resident who receives assistance from the TanTod activity (ID7), Interview, October 10<sup>th</sup>, 2015)*

*“....And every month I donate money into One-day One-baht Fund. I want to help others because I can receive from them so I want to return”.*

*(An elderly resident who receives assistance from Tan Tod (ID.5), Interview, October, 10<sup>th</sup>, 2015)*

**3.6) Opportunities for the elderly** to be valued and respected refer to three sub-categories, including being regarded with pride; being treated with respect from other community members, and being viewed as valued community members. At the School for the Elderly at the sub-district level, for example, the elderly students are looked upon with pride because they can learn and have opportunities to develop their own abilities. Being a member of the famous School for the Elderly also makes the elderly take pride in themselves (ID.21). In addition, the active participation of the elderly students in community affairs makes the younger generation respect the elderly as one of the key factors for the success of community development in Hua-Ngum (ID.26). The TanTod activity gives a positive view of the isolated elderly as valued community members, even if they are poor (ID.5).

*“I’m very glad that our School won the prize and got 4 million baht. This shows the obvious importance of the elderly’s role in the community. I’m so happy to be part of the School.”*

*(Elderly student, interview, October 5<sup>th</sup>(ID. 9), 2015)*

*“I think good participation of the elderly is one important factor that leads the sub-district to receive many prizes. Without their support, we cannot work effectively. We really appreciate their sacrifice so much.”*

*(Administrator of the SAO, Interview, October 9<sup>th</sup>(ID.16), 2015)*

*“Look...Look (showing her Goodness Bank passbook). I never withdraw my goodness points because I’m so proud of them. And I want to keep and show them to others, especially my children and grandchild. They are also proud of me.”*

*(Goodness Bank member, Interview, September 20<sup>th</sup> (ID.4), 2015)*

*“I had never enrolled in school. The first time I sang the national song at the School (for the Elderly), I felt very delighted. It was the first time in my life. I never thought that I would have the opportunity to do that before. Moreover, when I graduated from the School (3 years participation as an elderly student) and got the certificate from the SAO, I was very happy. My children displayed my certificate and pictures from the graduation ceremony day on the wall in our house”.*

*(Elderly student, Interview, September 20<sup>th</sup> (ID 35), 2015)*

**3.7) The other category** includes three sub-categories: accessing to health care services, creating opportunities for younger generation to learn about the elderly, and increasing accessibility. The School for the Elderly at the village level, for example, provides a good chance for SAO staff to learn about the elderly and their situations. It creates greater understanding about the elderly and increases accessibility to service, because the elderly have access to the School in their own villages (ID.25).

Table 7-3: Content analysis of the results of six age-related activities for the elderly people

Category	Sub-category	Quote/Example
Learning	Learn useful information	<ul style="list-style-type: none"> <li>- They can learn and get useful information on health. (School for the Elderly at Sub-district level ) ID.20/ ID.21/ ID.27/ ID.19/ ID.16</li> <li>- They have opportunities to exercise and learn useful information. (School for the Elderly at village level) ID.29 ID.23/ ID.24</li> <li>- They can learn appropriate exercises from the School and can exercise at their own home. (School for the Elderly at village level) ID.24</li> <li>- The majority of the elderly can get useful information. (School for the Elderly at village level) ID.25</li> <li>- They have a chance to join with friends and learn useful information, e.g. news, social welfare for the elderly, etc. (School for the Elderly at village level) ID.29/ID.23</li> <li>- The elderly have access to useful information.(School for the Elderly at village level) ID.25</li> <li>- They have opportunities to exercise. (School for the Elderly at village level) ID.24/ ID.29</li> <li>- I can write my name and I can sign without making a fingerprint. I am so proud of myself (ID.35)</li> </ul>
	Increase self-esteem of the elderly	<ul style="list-style-type: none"> <li>- The School increases the self-esteem of the elderly. (School for the Elderly at Sub-district level ) ID.16/ ID.19</li> <li>- They have confidence to express their own opinions in public spaces. (School for the Elderly at Sub-district level ) ID.20/ ID.21</li> <li>- The school increases their confidence to express their own opinions. (School for the Elderly at Sub-district level) ID.20/ ID.21</li> </ul>
	Change behavior	<ul style="list-style-type: none"> <li>- They learn to care about their appearance, e.g. wearing clean and suitable clothes. (School for the Elderly at Sub-district level ) ID.16</li> <li>- They learn to avoid unhealthy food. (School for the Elderly at Sub-district level) ID.16</li> <li>- They are more disciplined and punctual. (School for the Elderly at village level) ID.23</li> <li>- They change their own behavior, using good Thai manners in public spaces, e.g. “Wai” (beg/pay respect). (School for the Elderly at village level) ID.19</li> </ul>
	Decrease opportunities to be scam victims	<ul style="list-style-type: none"> <li>- The school decreases the chances among the elderly to become scam victims. (School for the Elderly at village level) ID.29/ ID.19</li> </ul>
Participating	Increase social participation in community development	<ul style="list-style-type: none"> <li>- They actively participate in community development activities. (School for the Elderly at Sub-district level) ID.16 ID.19</li> <li>- They have opportunities to participate in community development activities. (Goodness Bank) ID.27</li> <li>- The School promotes social participation in community development activities. (School for the Elderly at Sub-district level ) ID.29/ ID.21</li> <li>- I don’t need any rewards, I just want to do good things for my community (ID.6)</li> </ul> <p>Without good participation of the elderly, the sub-district cannot launch the important development activities, like Goodness Bank and School for the Elderly (ID.23)</p>
	Provide opportunities for gathering	<ul style="list-style-type: none"> <li>- They have opportunities for gathering. (School for the Elderly at Sub-district level ) ID.20/ID.21</li> <li>- They have opportunity to meet a lot of friends. ID.29/ ID.6/ ID.2/ ID.4/</li> <li>- The have opportunities for gathering with friends and other community members. (Goodness Bank) ID.19/ ID.27/ ID.29</li> <li>- The opportunities to gather make them less lonely. (Goodness Bank) ID.6/ ID.2/ ID.4</li> <li>- They have opportunities to gather with friends, play games together, and laugh together, which make them feel relaxed and happy. (School for the Elderly at village level) ID.29</li> <li>- They have opportunities to meet friends and do relaxing activities together. (School for the Elderly at village level) ID.8/ ID.29</li> <li>- They have opportunities to join with friends and younger people like SAO staff; it is a good time for them. (School for the Elderly at village level) ID.23/ ID.29/ ID.2/ ID.4</li> <li>- They can enjoy getting together with their friends. (School for the Elderly at village level) ID.6/ ID.2/ ID.4/ ID.29/ ID.25</li> </ul>

Table 7-3: Content analysis of the results of six age-related activities for the elderly people (continued)

Category	Sub-category	Quote/Example
Connecting with isolated elderly	Receive psychological support	<ul style="list-style-type: none"> <li>- They receive psychological support. (TanTod) ID.27/ ID.33</li> <li>- The isolated elderly receive psychological support. (Little Doctors) ID.27/ ID.33/ ID.3/ ID.2</li> <li>- The isolated elderly are happy when they meet one another. (Little Doctors) ID.26/ ID.3/ ID.2/ ID.17</li> <li>- I was very delighted. (ID.5)</li> <li>- I could not see, but I felt delighted (ID.34)</li> <li>- It was the first time that many people came to my very old house (ID.5)</li> </ul>
	Receive assistance to relieve their problems	<ul style="list-style-type: none"> <li>- The elderly in difficult situations get assistance though the TanTad activity. (One-day One-baht Fund) ID.27</li> <li>- They receive assistance to relieve their problems. (TanTod) ID.19/ID.29</li> </ul>
	Be part of the community	<ul style="list-style-type: none"> <li>- The community does not forget us. (ID. 5)</li> <li>- They do not leave us. ( ID.7)</li> <li>- I feel I am part of the community. Even though I am very poor, they see us. (ID. 7)</li> <li>- I am happy to be Hua-Ngum people and live here. (ID.5)</li> </ul>
Integrating with younger generations	Have opportunities to interact with younger people	<ul style="list-style-type: none"> <li>- The isolated elderly have opportunities to interact with younger people (students). (Little Doctors) ID.26</li> <li>- They have opportunities to join with friends and younger people, like SAO staff. It is a good time for them. (School for the Elderly at village level) ID.29/ ID.23/ ID.24/ ID.13/ ID.14/ ID.15</li> </ul>
Contributing	Have opportunities to contribute their abilities to the community	<ul style="list-style-type: none"> <li>- They have opportunities to contribute their abilities to the community. (School for the Elderly at Sub-district level) ID.21</li> <li>- They have opportunities to contribute to the community. (Goodness Bank) ID.33/ ID.19/ ID.27</li> </ul>
	Have opportunities for doing good deeds	<ul style="list-style-type: none"> <li>- The elderly have opportunities to contribute or help each other by donating money into the fund. (One-day One-baht Fund) ID.5/ ID.8</li> <li>- They have opportunities to do good deeds. (One-day One-baht Fund) ID.27/ ID.8/ ID.4</li> <li>- The have opportunities for making “goodness” and collecting goodness points. (Goodness Bank) ID.8/ ID.4/ ID.2</li> <li>-Although, just small money donated but we’re happy that can make a good thing for others. It is a way for making a merit (ID7)</li> </ul>
	Have opportunities to help each other	<ul style="list-style-type: none"> <li>- They have opportunities to help each other. (One-day One-baht Fund) ID.27/ ID.19/ ID.8/ ID.5/ ID.7</li> <li>- I want to help others because I can receive from them so I want to return (ID7).</li> </ul>

Table 7-3: Content analysis of the results of six age-related activities for the elderly people (continued)

Category	Sub-category	Quote/Example
Being valued and respected	Have pride	<ul style="list-style-type: none"> <li>- They are supported with pride. (School for the Elderly at Sub-district level) ID.6/ ID.16/ ID.21/</li> <li>- The School makes them very proud of themselves. (School for the Elderly at Sub-district level) ID.29/ ID.19/</li> <li>- I am so pound with my goodness points. (Goodness Bank) ID.1/ ID.2/ ID.4/ID.6/ ID.8/ ID.9</li> <li>- I never withdraw my goodness points because I am so pound of my efforts. (Goodness Bank) ID.4/ID.8</li> <li>-When the School won the prize and got 4 million baht. I'm so happy to be part of the School (ID. 9).</li> <li>-Without their support, we cannot work effectively. We really appreciate their sacrifice so much (ID.16).</li> <li>-When I graduated from the School and got the certificate from the SAO, I was very happy. My children show my certificate and pictures from the graduation ceremony day on the wall in our house (ID 35).</li> </ul>
	Gain respect from other community members	<ul style="list-style-type: none"> <li>- They feel the respect of the other community members. (TanTod) ID.19/ ID.27/ ID.29/</li> <li>- I respect them as one of the key factors for success of community development in Hua-Ngum. (School for the Elderly) ID.16</li> </ul>
	Be seen as valued community members	<ul style="list-style-type: none"> <li>- They are viewed as valued community members, even if they are poor. (TanTod) ID.5/ID.34</li> </ul>
Other	Access to health care service	<ul style="list-style-type: none"> <li>- The isolated elderly receive basic care from little doctors. (Little Doctors) ID.26</li> </ul>
	Create opportunities to learn about the elderly	<ul style="list-style-type: none"> <li>- The school provides a good chance for SAO staff to learn about the elderly and their situations. It makes us more understanding of the elderly. (School for the Elderly at village level) ID.25</li> </ul>
	Increase accessibility	<ul style="list-style-type: none"> <li>- They can access the School easily. (School for the Elderly at village level) ID.25</li> </ul>

## 4. Discussion and Conclusion

### 4.1 Discussion: The 1<sup>st</sup> Age-friendly Community Development Model: Outcome Model

Outcome model obtained from this Chapter refers what results contributed from the activities/programs. “Outcome” includes short-term, medium-term, and long-term benefits (often called impact) (Taylor-Powell&Henert, 2008).

As short-term outcome, there are nineteen short-term benefits which contribute from five activities including: 1) receiving psychological support; 2) receiving assistance to relieve their problems; 3) obtaining respects from other community members; 4) viewing as valued community members; 5) being part of the community; 6) receiving opportunities for making goodness; 7) having opportunity to help each other; 8) increasing social participation in community development; 9) heaving opportunity for gathering; 10) heaving opportunities for contributing; 11) feeling proud; 12) having opportunities to interact with younger people; 13) accessing to health care services; 14) learning useful information; 15) increasing self-esteem of the elderly; 16) changing behavior; 17) decreasing the opportunities to be scam victims; 18) creating opportunity to learn about the elderly; and 19) increasing accessibility

In case of middle-term outcome, there are six main opportunities are mentioned. The middle-term outcome includes 1) opportunities for learning; 2) opportunities for participation; 3) opportunities for connecting with isolated elderly; 4) opportunities for integrating with younger generation; 5) opportunities for contribution; and 6) opportunities to be valued and respected

In term of impact, these five aged-directed activities lead to community development as a whole, as follows: 1) *establishment of community spirit* refer increasing of voluntary spirit and *building livable community*; 2) *strengthening of community* means increasing of social participation, realizing on self-reliance, promoting leaning process, and increasing of connectedness among the elderly; and 3) *supporting the elderly to be key stakeholder in community development process* that refer increasing of positive view toward the elderly, supporting the elderly to be one key stakeholder in community development process, and increasing of capability among the elderly (Figure 7-1).

Outcome model implies features of age-friendliness within Hua-Ngum sub-district obviously. It can lead to an answer of the question that “what is an age-friendly community in rural Thai community?”

Establishment of several opportunities in Hua-Ngum sub-district refers community system to deal with aging society within the sub-district. Because they (opportunities) are based on the concept of continuation, coverage, and integration of five aged relevant activities emphasized in this study.

Several opportunities which promote and support social participation among Hua-Ngum elderly and other ages community members lead us to shift the paradigm view towards the elderly. According to age-friendly community development established in Hua-Ngum, the process leads to positive views toward the elders as significant contributors to society and communities, rather than as passive, dependent recipients of benefits and services (Austin, et al., 2009). Hua-Ngum elderly, furthermore, are considered as those who can flourish (Eales, et al., 2008:109) and as productive and contributing members of society, as opposed to the negative perspective, which sees elders as passive and powerless older people (Alley, et al., 2007; Lui, et al., 2009). Many cases of Hua-Ngum elderly, who are members of the Goodness Bank, imply the action as contributors or givers, even though they are the elderly faced with certain difficulties, such as poverty, while the case of the elderly student at the School for the Elderly who learned to write her name first time later in her life shows the flourishing of the elderly.

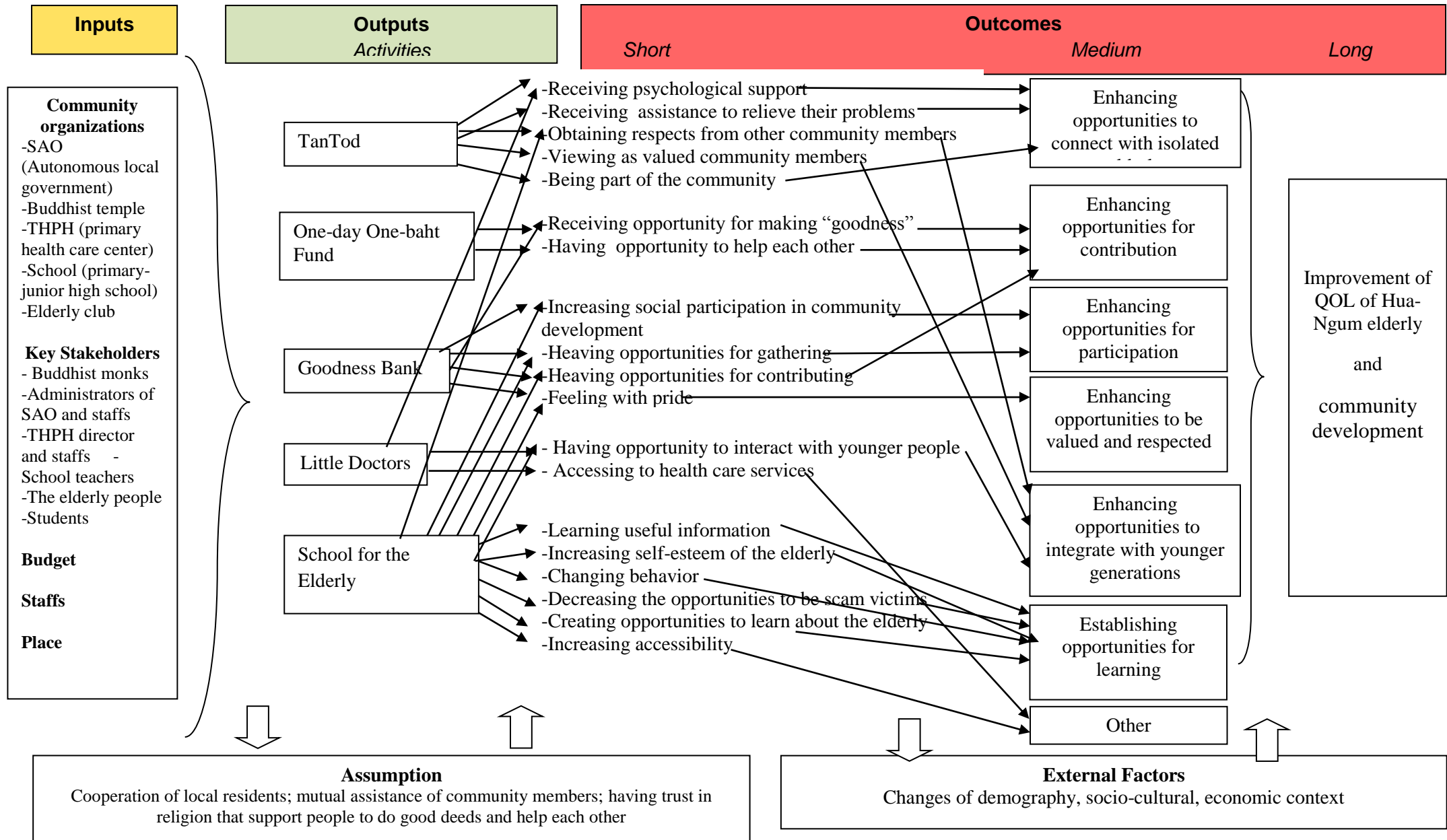
Therefore, this present study achieves the definition of age-friendly community based on the results of this Chapter. *An age-friendly community means the community which establishes opportunities to social participation of the elderly. Those opportunities are based on participation of local people and regarded to community's social capital. Such opportunities will foster social connectivity both among active and isolated older people. Opportunities to social participation will encourage the older people to achieve quality of life.*

#### **4.2 Conclusion**

The result gained from this Chapter benefits to the development of age-friendly community model on outcome model. They explain the outcome of key five aged-relevant activities which reveal age-friendliness within Hua-Ngum sub-district. Furthermore, six key opportunities, namely medium-term outcome and three main keywords which indicate impact (long-term outcome) to community development as a whole illustrate common characteristic and meaning of these five age-related activities in age-friendly community development context. These common characteristics will guide and support the other sub-districts or communities in northern Thailand to achieve the ideas to establish age-related activities in their own local communities.

Figure 7-1: The 1<sup>st</sup> logic model of age-friendly community development

**Situation:** Hua-Ngum Sub-district has faced with many crucial aging situations such as 1) a high aging rate (higher than the national level), 2) health problem among older people, 3) elderly's suicide, 4) loneliness among the elderly, 5) lack of care for the bedridden elderly by the community



## **Chapter 8**

### **Revising and Establishing the Age-friendly Community Development Model**

#### **1. Introduction of the Chapter**

##### **1.1 Objective of the Chapter**

This Chapter aims to explain the results gained from 1) the workshop in Hua-Ngum sub-district, 2) documentary study, interviews of key participants, and workshops in four selected sub-districts in northern Thailand, 3) interviews of Thai experts. Results obtained from these research methods are important data leading to the revising of the age-friendly community development model, which has the potential to be implemented in other rural sub-districts and communities in the northern region of Thailand.

##### **1.2 Data collection**

Five research methods were conducted, as follows:

(1) Workshop in Hua-Ngum sub-district, which was organized on May 3<sup>rd</sup>, 2016. This workshop had two main objectives: 1) to create feedback of studied data to the community, and 2) to study the perspectives of the stakeholders toward the 1<sup>st</sup> developed age-friendly community development model. Data gained from the workshop assists in the re-development or revision of the 1<sup>st</sup> model to the 2<sup>nd</sup> model.

(2) Documentary study aims to achieve basic information of four selected sub-districts. Relevant documents are studied and analyzed, such as a Basic Minimal Needs (BMS) survey of the sub-districts, the community plan, unprinted documents of the SAO and THPH, the website of the SAO, etc.

(3) Interviews of key participants working with the aging population in four selected sub-districts - a total of 29 participants - such as the chief executive of the SAO, the chief executive deputy of the SAO, the chief administrator of the SAO; community development workers, the elderly club, village headmen, THPH director, village health volunteers, members of SAO Council, and other voluntary groups. This research method aims to obtain age relevant issues within the sub-districts, such as aging needs and problems and age-related activities. The interviews were conducted in April-May, 2016.

(4) Workshops conducted in four additional selected sub-districts in two provinces in northern Thailand - Lampang and Uttaradit provinces: These workshops aim to present and discuss the 2<sup>nd</sup> age-friendly community development model. Results from these workshops benefit the revision of the 2<sup>nd</sup> model to the final model of the age-friendly community development for implementation in other sub-districts. These research methods were conducted in May, 2016.

(5) Thai expert interviews: Ten experts were interviewed. This research method aims to obtain the data from the expert's viewpoint, which benefits the final model of the age-friendly community development establishment. The research method was conducted in May-March, 2016.

##### **1.3 Framework of analysis**

In this Chapter, the results of the four main sections are presented, as follows: 1) the results gained from the workshops in Hua-Ngum sub-district; 2) the results gained from documentary study and interviews with key participants in each sub-district, mainly focusing on basic information, the aging situation, experience of age-related activities; 3) results of workshops in the additional four selected sub-districts; and 4) the results of the interviews with the Thai experts.

In the first section, the main objectives are to present the data to the communities and provide the chance for the communities to discuss the 1<sup>st</sup> AFC development model, which

was established based on Hua-Ngum's experience (GP study, as mentioned earlier in Chapters 6 and 7). The useful data obtained would be applied to the development of the 2<sup>nd</sup> model.

Regarding data analysis, the descriptions derived from the workshops were provided so that the data was analyzed in accordance with the matters or objectives specified, i.e. 1) the benefits gained from the data presented by the researcher; 2) the discussion of the 1<sup>st</sup> age-friendly community development model; and 3) other suggestions. Each issue (quotation of each interviewee) was grouped for the sub-issues reflected from the data based on the discussions in the workshops.

In the second section, before conducting the workshops in the four chosen sub-districts, documentary study and interviewing of key participants was conducted in each sub-district. The aim was to obtain basic information on age-related issues, as mentioned previously. Comparison data among the four selected sub-districts as well as Hua-Ngum sub-district (five sub-districts in total) was an important data analysis method. Comparison among the five sub-districts led to factors and/or conditions to implement the Hua-Ngum age-friendly community development model in their own sub-districts.

Third section: The re-developed 2<sup>nd</sup> model of the AFC development would be presented in the other four selected sub-districts. The discussion results gained in the other sub-districts were useful in the development of the final age-friendly community development model, which could potentially be applied in other areas (not specifically limited to Hua-Ngum sub-district). Results acquired from these four sub-districts were analyzed 1) in terms of percentage and mean of the opinions among the workshop participants toward the possibility of adapting the experiences of Hua-Ngum sub-district (each activity), and 2) based on the two issues discussed in the workshops, i.e. the attitudes of the participants toward the 2<sup>nd</sup> age-friendly community development model, and the possibility of implementing the activities and processes of Hua-Ngum sub-district in their own sub-districts. Each issue (quotation of each interviewee) was grouped for the sub-issues reflected in the data based on the discussions in the workshops.

In section four, the re-developed 2<sup>nd</sup> AFC development model was proposed to the experts for discussion, as well as to acquire data for constructing the final age-friendly community development model in addition to the guidelines for age-friendly community development in other rural areas.

Interview descriptions of each expert were conducted. The data were analyzed with the focus on the six interviewed issues, with each issue (quotation of each interviewee) grouped for the sub-issues reflected from the data based on the interviews with each expert.

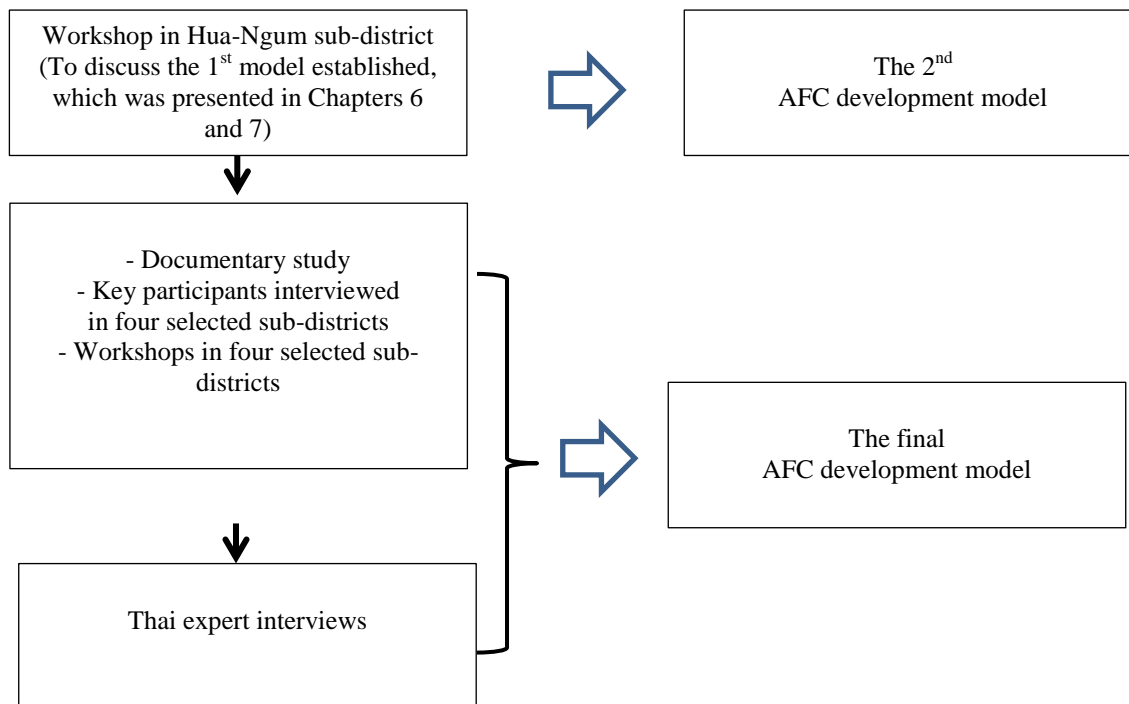


Figure 8-1: Process of revising and establishing the AFC development model

## 2. Workshop in Hua-Ngum Sub-district

The workshop was organized on May 3<sup>rd</sup>, 2016 in the meeting room of Sri Mueang Mun temple (Hua-Ngum School for the Elderly). There were a total of 35 workshop participants - seven SAO administrators and officers, sixteen elderly persons, three activity committee/volunteers, eight members of THPH staff and village health volunteers (VHVs), and one teacher. Among these workshop participants, 45.7% of them were male, 54.3% were female. The workshop was operated for three hours, from 9.00 am – 12.00 pm.

This workshop had two main objectives: 1) to create feedback of the studied data to the community, and 2) to study the perspectives of the stakeholders (workshop participants) toward the 1<sup>st</sup> age-friendly community development model. At the beginning of the meeting, the researcher explained the objectives of the workshop to the workshop participants, followed by the presentation of the results, in particular the quantitative results (i.e. needs assessment). This took approximately one hour. Subsequently, the workshop participants were divided into two groups; each equally divided group consisted of a variety of members. Since there were many workshop participants, dividing them into smaller groups led to deeper discussions.

Both groups discussed three topics: 1) the benefits gained from the data presented by the researcher, 2) the perspectives towards the developed model (the 1<sup>st</sup> model), including any additional suggestions that could reflect the reality of Hua-Ngum sub-district best, and 3) other suggestions. In each group, the members led the discussion of each issue, while the researcher and the assistant researcher took notes on the discussed issues on large sheets of butcher paper, which was displayed for all workshop participants to see clearly. The discussion of three issues took approximately 1.5 hours, after which the group representatives presented their discussion results to the workshop participants for a sharing of information.

## **2.1 Results of discussion 1: Perspectives on the benefits gained from the data presented**

The workshop participants shared their perspectives on the benefits gained from the data presented, as follows:

### ***1) The elderly women were at greater risk than the elderly men.***

The workshop participants proposed that, according to the quantitative results, the elderly women tended to be at greater risk than the elderly men in social, health, and economic dimensions. Therefore, the workshop participants mutually agreed that working procedures should be developed to reduce the risks of the female elderly. For example, elderly women should be encouraged to exercise more (study results reflected that elderly females exercised less often than the elderly men). In terms of education, since the elderly women had lower education than the elderly men, they should be provided with lifelong learning activities.

*“In my view, women are at risk to many problems more than the men are. One of the most important issues is health. So, we have to find out the social innovation that can enhance the health of the elderly women. For example, we should encourage them to do more exercise. However, we have to think about their limitations. Unlike the men, since the female adults or elderly women have to be responsible for housework, they might not have much time for exercise. As a result, we have to design social innovation that is suitable for women. In addition, we have to cooperate with the children who take care of the elderly and encourage them to pay much attention to the food of the elderly. This might be also helpful.”*

*(Staff of THPH, workshop, May 3<sup>rd</sup>, 2016)*

### ***2) The importance of the School for the Elderly on the village level regarding the access of useful information among the elderly.***

Having realized the importance of the School for the Elderly on the village level regarding the access of useful information among the elderly in the sub-district (approximately 70%), all the workshop participants discussed the significant problems encountered by the School for the Elderly on the village level, e.g. problems related to the lecturers, problematic learning media, and guidelines for developing the quality of the branch schools, such as the improvement of learning media to be more interesting via the Internet, etc.

### ***3) Database containing the empirical data of the elderly***

The workshop participants felt that the presentation of the study results of the researcher supported the community with empirical data related to the elderly, which was the major limitation of the SAO. This empirical data reflected the current situation of the elderly in the sub-district in particular, and therefore could also be used in the analysis of situations and problems faced by the elderly when new activities and projects were initially organized.

*“Your information based on survey research benefits us so much. Empirical data is lacking in our sub-district. We can use your data when we establish new projects. The data will support our proposals to be clear”.*

*(Committee on age-related activities, workshop, May 3<sup>rd</sup>, 2016)*

## **2.2 Results of discussion 2: Attitudes toward the 1<sup>st</sup> age-friendly community development model**

According to the workshop participants, the 1<sup>st</sup> model of age-friendly community development not only excellently reflected the working procedures in Hua-Ngum sub-district, but also indicated the overall performance and activity results related to the age-friendly community development in Hua-Ngum sub-district (Administrator of the SAO, workshop, May 3<sup>rd</sup>, 2016).

### **1) Situation of the elderly**

For the workshop participants, the situation of the elderly specified in the model was still incomplete, as the elderly in Hua-Ngum sub-district faced other problems. For instance, the elderly did not have much self-confidence, because most of them had little education. They were also not properly cared for by their care providers, i.e. their family members. Moreover, these elderly were not prepared to become elderly in all aspects, i.e. health, economy, attitudes, and thoughts.

### **2) Assumption**

The workshop participants added the issue of volunteers in the assumption because this was the fundamental concept of the age-friendly community development in Hua-Ngum sub-district. It was mentioned in other words that activities could not be achieved if there were no volunteers.

### **3) Input**

**(1) Stakeholders:** The family members of the elderly should be recognized as stakeholders since they live closely with the elderly and play an important role in the quality of life of the elderly. In addition, Hua-Ngum sub-district should cooperate more with the family members or the care providers of the elderly because these people participate in the age-friendly community development. It was recognized that some of the elderly did not participate in the activities because they were not allowed to by their children or other family members, as the latter were afraid the elderly would be harmed, or they did not foresee any importance or benefits to be gained from participating in such activities provided for the elderly.

The other group playing an important role was the village health volunteers (VHVs). Thus, these VHVs should be also regarded as stakeholders. In fact, the VHVs should be recognized as an important grass-roots mechanism providing health promotion services to the elderly in their homes. Since these VHVs were close to the elderly and knew about the needs and demands of the elderly, they could potentially and powerfully drive age-friendly community development in Hua-Ngum sub-district.

**(2) Budgets:** It should be emphasized that the budgets were not only part of the financial input of the working procedures, but they also played a role in the devotion of the volunteers. For instance, volunteer teachers taught at the School for the Elderly without remuneration. They even spent their personal funds to participate in activities to pay for travel costs and learning media preparation. All of these were due to the devotion of the volunteers in driving the activities and enhancing the age-friendly community development in Hua-Ngum sub-district. For these reasons, the workshop participants chose to emphasize and recognize the volunteers as an essential input factor, and also as significant and necessary resources in the age-friendly community development of Hua-Ngum sub-district.

### **4) Outcome**

**(1) Mid-term outcome:** In terms of learning, lifelong learning should be used instead.

**(2) Long-term outcome:** Regarding long-term outcome, the volunteers of Hua-Ngum sub-district should be emphasized because they were the heart of the age-friendly community development in the sub-district. At several activities performed in Hua-Ngum sub-district, there were a lot of devoted and public-minded volunteers, such as those of the Little Doctors

program, school teachers, monks, the elderly, retired government officials, and community leaders at all levels, who devoted themselves for the public's benefit.

Furthermore, the workshop participants held the opinions that the driving mechanism used for the age-friendly community development in Hua-Ngum sub-district led to a new value system in which people realized that mutual cooperation and interdependence resulted in an increasing number of volunteers. To maintain this system over a long period, the SAO should officially recognize these volunteers to honor the proud volunteers, while also setting a good example for other people who would be inspired to emulate the volunteers. For instance, outstanding volunteers could be given certificates, whereas the people signing the certificates would be well-known or high-ranking officials, e.g. the Director General of the Department of the Elderly at the Ministry of Social Development and Human Security.

### **2.3 Result of discussion 3: Other Issues**

1) Hua-Ngum sub-district needs to consider long-term care, for in the near future there will be more bedridden elderly patients, while their families will encounter limitations related to their care. Therefore, the community should determine the guidelines for supporting the work of the families. In addition, long-term care development will help Hua-Ngum sub-district be friendlier towards the elderly.

2) The TanTod activity should be improved to provide more aid for the elderly (increased quantity), whereas the criteria of assistance should be more explicitly specified, because the community leaders at the village level, at present, give only broad assistance to the poor, disabled, or sick and non-cared for villagers. To achieve systematic success, clear criteria should be specified.

3) For the Little Doctors activity, the Little Doctors should be extensively provided with more knowledge related to health care so that they can tend to their guardians properly. Meanwhile, the Little Doctors should be provided with preventive strategies and health promotions. As the Little Doctors currently only focus on the bedridden elderly, their roles should be extended further.

4) Since the curriculum at the University level (School and University for the Elderly) was not explicit, some elderly students felt bored with the study. Therefore, the curriculum (at the university level) should be re-designed and improved, whereas a database of students studying at the School for the Elderly in at the sub-district level should be systematically established.

### **3. Introduction of Four Selected Sub-districts: Comparison with Hua-Ngum Sub-district (four plus one)**

This topic is the result obtained from two main research methods, as follows: 1) documentary study aims to achieve basic information on each sub-district. Relevant documents are studied and analyzed, such as a Basic Minimal Needs (BMS) survey of the sub-districts, the community plan, unprinted documents of the SAO and THPH, the website of the SAO, etc.; 2) interviews of key participants involved with working for the aging population in four selected sub-districts – a total of 29 participants - such as chief executive of the SAO, chief executive deputy of the SAO, chief administrator of the SAO; community development workers, the elderly club, village headmen, THPH director, village health volunteers, members of the SAO Council, and other volunteer groups. This research method aims to obtain age relevant issues within the sub-districts, such as aging needs and problems and age-related activities. The interviews were conducted in April-May, 2016.

### ***1) Basic information of four selected sub-districts plus Hua-Ngum sub-district***

This sub-topic would like to explain general information of the four selected sub-districts, including Donfai and Banmaipattana sub-districts in Lampang province, which are sub-districts in the upper-northern portion of Thailand, and Nanokkok and Bansiao sub-districts in Uttaradit province in the lower-northern portion, by comparing them with Hua-Ngum sub-district.

Table 8-1 shows that Bansiao is the biggest sub-district, with a total area of 102.6 km<sup>2</sup> while the other four sub-districts, Hua-Ngum, Banmaipattana, Donfai, and Nanokkok, have similar sizes. In terms of number of villages, Hua-Ngum has the greatest number of villages (13), followed by Banmaipattana, Donfai, Bansiao, and Nanokkok (9, 8, 6, and 5 villages, respectively).

Hua-Ngum, moreover, has the largest population and number of households, while Nanokkok has the smallest population (roughly 54% of the total population of Hua-Ngum). Bansiao has a fewest number of households, at almost half of Hua-Ngum. Regarding the population structure, the percentage of the population that is of working age (15-59 years old) is greater than that of the childhood and aging population in all sub-districts.

Interestingly, Donfai has the lowest percentage of children in its population (10.7%), along with the highest percentage of elderly in its population (26.5%). This data implies that Donfai seems to be faced with an aging situation more critical than the other four sub-districts. Compared with the percentage of the aging population at the national level, all five sub-districts have higher percentages than the national level (16%, approximately). Four sub-districts - Hua-Ngum, Banmaipattana, Donfai, and Bansiao - are faced with “aging societies,” where the elder population is greater than 20 percent of the total population, while Nanokkok is lower than the other four, but still slightly above the national average.

Furthermore, all of the sub-districts are agriculture communities, but only in Nanokkok is the main occupation of the villagers orchard planting, e.g. durian, mangosteen, while the people in the other sub-districts are farmers who cultivate rice fields. All of the sub-districts are Buddhist communities. Mainly, the number of Buddhist temples is related to the number of villages in each sub-district (usually one village, one temple), with the exception of Nannokkok, which has only one temple and one school. Each sub-district has its own primary (and some early secondary schools), but only Donfai also has a high school.

Table 8-1: Basic information of four selected sub-districts plus Hua-Ngum sub-district

Items	4 selected sub-districts				Hua-Ngum
	Banmai-pattana	Donfai	Nanokkok	Bansiao	
Area (km <sup>2</sup> )	54.4	62.25	70.10	102.6	62.1
Number of villages	9	8	5	6	13
Population	4,715	4,263	2,808	3,322	5,156
Number of households	1,307	1,533	1,008	909	1,823
% of population aged 0-15 years old	14.17	10.7	12.9	14.86	11.64
% of population aged 15-59 years old	63.58	62.8	70.1	62.33	63.52
% of population aged 60 years old and over	22.25	26.5	17.0	22.81	24.84

Table 8-1: Basic information of four selected sub-districts plus Hua-Ngum sub-district  
(continued)

Items	4 selected sub-districts				Hua-Ngum
	Banmai-pattana	Donfai	Nanokkok	Bansiao	
Main occupation of population	Agriculture-rice field	Agriculture-rice field	Agriculture-Orchard	Agriculture-rice field	Agriculture-rice field
% of Buddhist	100	100	100	99.76	100
Number of Buddhist temples	9	8	1	6	10
Number of schools	3 Elementary Schools	4 Elementary Schools, 1 High School	1 Elementary-Junior High School	2 Elementary-Junior High Schools	2 Elementary Schools 1 Elementary-Junior High School

Source: Hua-Ngum SAO, Banmaipattana SAO, Donfai SAO, Nanokkok SAO, Bansiao SAO

## 2) Basic information of four selected SAOs plus Hua-Ngum SAO

Each sub-district has only one SAO (some sub-districts have more than one local government, depending on the density and income of the population). There are five SAOs in this study. Table 8-2 indicates that Hua-Ngum SAO and Banmaipattana SAO each have yearly budgets of more than 20 million THB, while Donfai, Nanokkok, and Bansiao have budgets lower than 20 million THB each (the yearly budget is dependent on the population). However, each SAO has a similar number of SAO staff (no significant difference).

In terms of longevity, the chief executive of Hua-Ngum SAO has held the position for 20 years (five 4-year terms, approximately), while the leaders of the other SAOs each have only one term experience. The number of people on the SAO council of each sub-district is proportional to the number of villages in that sub-district (there are two representatives from each village). Hua-Ngum has the highest number of villages and thus the most SAO council representatives, while Bansiao has the fewest. Additionally, of the five sub-districts, only Hua-Ngum SAO has received national awards (several).

Table 8-2: Basic information of four SAOs, plus Hua-Ngum SAO

Items	4 SAOs				Hua-Ngum
	Banmai-pattana	Donfai	Nanokkok	Bansiao	
Yearly budget of SAO	20,100,000 (2016)	17,970,000 (2016)	17,500,000 (2016)	18,466,885 (2013)	23,976,451 (2015)
Number of SAO staff	31	32	44	36	34
Number of terms working as chief executive of SAO (4-year-term)	1	1	1	1	5
Number of SAO Council members	18	16	10	12	26
Awards received from national organizations	×	×	×	×	✓

Source: Hua-Ngum SAO, Banmaipattana SAO, Donfai SAO, Nanokkok SAO, Bansiao SAO

### 3) Aging issues and society

Table 8-3 shows that Donfai has the highest percentage of population aging and ranks highest on the aging index. Four of the five sub-districts, with the exception of Nanokkok, are faced with “aged societies” when considering the percentage of population aging. Regarding the aging index, Hua-Ngum and Donfai sub-districts are considered to be “super aged societies.” The other three sub-districts are what is known as “completed aged societies.”

Table 8-3: Percentage of population aging and aging index<sup>1</sup>

Items	4 selected Sub-districts				Hua-Ngum
	Banmai-pattana	Donfai	Nanokkok	Bansiao	
% of population aging per entire population	22.25	26.5	17.0	22.81	24.84
Aging Index	157.03	248.1	132.0	153.5	213.5

Source: Hua-Ngum SAO, Banmaipattana SAO, Donfai SAO, Nanokkok SAO, Bansiao SAO

Basically, there are three main aspects of problems and needs of the elderly mentioned by the key participants in each sub-district, as follows: health, economic, and socio-cultural aspects. Health problems are common in every sub-district. However, the situation in Hua-Ngum seems to be more critical than the others due to acts of suicide among the elderly that have occurred.

Table 8-4: Problems and needs of the elderly

Items	4 selected sub-districts				Hua- Ngum
	Banmai-pattana	Donfai	Nanokkok	Bansiao	
Health problems (e.g. high blood pressure, diabetes)	✓	✓	✓	✓	✓
Poverty	✓	✓	-	✓	✓
Lack of social participation of the elderly	-	✓	-	-	✓
Lack of opportunity for participation	✓	-	-	-	-
Abandoned elderly	✓	✓	-	✓	✓
Loneliness	✓	-	✓	-	✓
Victims of scams	-	✓	-	-	-
Generation gap between the younger generation and the elderly	-	-	-	✓	-
Suicide	-	-	-	-	✓

Source: interviews of key participants in each sub-district

### 4) Features of the age-friendly community in four selected sub-districts: A comparison with Hua-Ngum sub-district

These results were acquired from interviews of 29 key participants involved in working with the aging population in four selected sub-districts. The interviews were conducted in April-May, 2016. Table 8-5 and 8-6 indicate the following issues:

<sup>1</sup> Aging index is calculated as the number of persons 60 years old and over per hundred persons under age 15. Such index indicates the following situations: “young society” = aging index is lower than 50; “aged society” = aging index is 50-119.9; “completed aged society” = aging index is 120-199.9; and “super aged society” = aging index is 200 and over.

***(1) Similarities and differences among age-related activities established in Hua- Ngum sub-district compared with those from four other sub-districts.*** Table 8-5 indicates that the sub-districts operated several similar activities for promoting health among the elderly (the work of THPH), providing vocational training, creating ceremonies to foster respect towards the elderly during the Songkran Festival (Thai New Year), operating Dharma practice projects, and supporting the elderly to become “local wisdom teachers” who relay their own knowledge of traditional culture and local knowledge to the younger generation.

However, there are also differences between Hua- Ngum and the other sub-districts. Hua- Ngum has new ideas to respond to the needs and problems of the elderly, thus, the Hua- Ngum SAO and its partner operate several age-related activities that showcase new ideas to deal with the aging situation in Hua- Ngum. The Goodness Bank and the School for the Elderly, for example, both indicate positive views towards elderly people as elements of “power,” not as “burdens.”

***(3) The difference of continuation for operating the activities.*** Table 8-6 shows that in Hua- Ngum sub-district, there are regularly activities that establish opportunities for social participation towards the elderly. Regarding the other sub-districts, they mainly have created occasional activities, available once a year or sporadically depending on the SAO budget.

Table 8-5: Opportunity for social participation of older people in each sub-district

Opportunities	Age-related activities in 4 selected Sub-districts				Age-related activities in Hua-Ngum Sub-district
	Banmaipattana	Donfai	Nanokkok	Bansiao	
Opportunities for participating in community development	- Elderly clubs	- Elderly clubs	- Elderly clubs	Elderly club	- Goodness Bank (every day) - School for the Elderly at sub-district (every week) and village level (every month) - Elderly club
Opportunities for learning for the elderly	- Training course or lectures on health - Vocational training (occasional events).	- Lectures for the elderly (occasional events). - Lectures and exercise (occasional events). - Vocational training (occasional events). -Dharma Practice project (occasional events).	- Activities on “pay-day,” e.g. providing useful information for elders (every month)	- Lectures for the elderly (occasional events). -Lecture and exercise (occasional events). - Vocational training (occasional events).	School for the elderly at sub-district (every week) and village level (every month) - Field visit (outside the community, once a year). -Dharma Practice project (occasional events) - Training course or lectures on health (occasional events) - Vocational training (occasional events)
Opportunities for contribution	- Project to transfer the elderly’s knowledge to a younger generation (once a year).	- (No specific activities)	- Elderly club	- Elderly club	- Goodness Bank (every day) - One-day One-baht community welfare fund (every day) - Elderly club
Opportunities for integrating with younger generations	- Project to transfer the elderly’s knowledge to a younger generation (once a year).	- (No specific activities)	- (No specific activities)	- (No specific activities)	-Little Doctors activity (every week) -Project on relaying local wisdom toward the younger generation (occasional events)
Opportunities for being valued and respected	- Respect ceremonies (once a year during Songkran festival).	- Respect ceremonies (once a year during Songkran festival).	- Respect ceremonies (once a year during Songkran festival).	- Respect ceremonies (once a year during Songkran festival).	- Goodness Bank (every day) - Respect ceremonies (once a year during Songkran festival). - “Excellent Mothers and Fathers” (once a year) - School for the Elderly at sub-district level - TanTod activity (every month)

Table 8-5: Opportunity for social participation of the older people in each sub-district (continued)

Opportunities	Age-related activities in 4 selected Sub-districts				Age-related activities in Hua-Ngum Sub-district
	Banmaipattana	Donfai	Nanokkok	Bansiao	
Opportunities for connecting with isolated elderly	- Voluntary groups for bed-ridden elderly and people with disabilities. (every month) - Home visit for the elderly by elementary school students (twice a year)	- (No specific activities)	- (No specific activities)	- (No specific activities)	- TanTod activity (every month) - Little Doctors activity (every week) - One-day One-baht community welfare fund (every day)

Table 8-6: The continuation of age-related activities established in each sub-district

Opportunities	4 sub-district Sub-districts				Hua-Ngum Sub-district
	Banmaipattana	Donfai	Nanokkok	Bansiao	
Opportunities for participating in community development	◇	◇	✓	✓	✓
Opportunities for learning	◇	◇	✓	◇	✓
Opportunity for contribution	◇	×	✓	✓	✓
Opportunities for integrating younger generations	◇	×	×	×	✓
Opportunities for being valued and respected	✓	◇	◇	◇	✓
Opportunities for connecting with isolated elderly	◇	◇	×	×	✓

✓ = “regularly” - means the activities are conducted regularly, e.g. every day, every week, every month.

◇ = “occasionally” - means the activities are conducted as occasional events. For example, some activities are conducted only once a year or when there is funding from the SAO. Most of the activities are just lectures and training and do not extend to other new activities or benefits after the project. For example, the vocational training projects for the elderly. These activities provide lectures and training on suitable jobs for the elderly, such as craft making or cooking, but after finishing the project, there is no process or activity to follow up or encourage the elderly to extend their newly acquired skills and knowledge to new activities, e.g. selling their own products.

× = Do not operate

#### 4. Workshops in Four Selected Sub-district

Community workshops conducted in four selected sub-districts in May 2016, as follows:

- Banmaipattana sub-district, May 10<sup>th</sup>, 2016, with 20 participants
- Bansiao sub-district, May 19<sup>th</sup>, 2016, with 25 participants
- Nanokkok sub-district May 30<sup>th</sup>, 2016, with 10 participants
- Donfai sub-district May 31<sup>st</sup>, 2016, with 45 participants

##### 4.1 Possibility to implement the Hua-Ngum age-friendly community development model in four selected sub-districts: Quantitative data

The researcher made a form to ask the participants' ideas on the possibility of implementing the age-friendly community development model in their own sub-districts (Appendix No.10). The form included basic information of the participants sex, age, social position in the sub-district and community, and attitude on the possibility of implementing<sup>2</sup> each activity in their own sub-district - TanTod; One-day One-baht Community Welfare Fund; Goodness Bank; Little Doctors; and School for the Elderly at the sub-district and village level. Moreover, the percentage of possibility for each activity was also studied. The results indicating key findings include:

##### *1) Percentage of attitude on possibility of implementing the activities into their sub-district*

Table 8-7 shows that all participants (100 %) have indicated that the “TanTod” and “One-day One-Baht Fund” activities can be implemented in their own sub-districts, followed by the Goodness Bank (94.4%), Little Doctors (93.1%), the School for the Elderly at the village level (87.5 %), and the School for the Elderly at the sub-district level (83.3 %), respectively.

Table 8-7: Percentage of attitude on possibility of implementing the activities into their sub-district

Attitude on possibility of implementing the activities in their own sub-district	Possible % (N)	Impossible % (N)
TanTod Social Assistance for the Elderly with Difficulties	100.0 (72)	-
One-day One-baht Community Welfare Fund	100.0 (72)	-
Goodness Bank	94.4 (68)	5.6 (4)
Little Doctors	93.1 (67)	6.9 (5)
School for the Elderly (sub-district level)	83.3 (60)	16.7 (12)
School for the Elderly (village level)	87.5 (63)	12.5 (9)

N=72

##### *2) Average of percentage of possibility for implementation*

Table 8-8 shows that the One-day One-baht Community Welfare Fund has the highest average percentage (81.25%), followed by TanTod (77.43%), Goodness Bank (68.26%), Little Doctors (63.75%), School for the Elderly at the village level (which operates on “pay-day”) (60.28%), and School for the Elderly at the sub-district level (55.21%), respectively.

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<sup>2</sup> Is it possible to implement?

Table 8-8: Mean and S.D. of percentage of possibility for implementation

Percentage of the possibility	Mean	S.D.
TanTod	77.43 %	14.364
One-day One-baht Community Welfare Fund	81.25 %	13.732
Goodness Bank	68.26 %	23.152
Little Doctors	63.75 %	23.762
School for the Elderly (village level)	60.28%	27.894
School for the Elderly (sub-district level)	55.21 %	29.829

N= 72

## 4.2 Results from discussion in four workshops: Attitude towards strength of Hua-Ngum age-friendly community

### 1) Good leadership of the chief executive of the SAO and his administrative team

*“The chief executive of Hua-Ngum SAO, his deputies and chief administrators of the SAO office, have good leadership. They have earnestness to work at the village level. Not only budget they have supported but they also go to the village and work with their SAO staff and other community organizations, so this action influences the “heart” of the villagers so much. This is a reason why their residents give them good cooperation.”* (Village health volunteer (VHV) in Bansiao sub-district, workshop, May 19<sup>th</sup>, 2016)

*“An important strength of Hua-Ngum is leadership of the chief executive of the SAO and his team. They have excellent vision on elder care and support, as well as vision on community development”* (Member of Banmaipattana SAO Council, workshop, May 10<sup>th</sup>, 2016)

*“They have a strong administrative team.”* (Volunteer group in Banmaipattana sub-district, workshop, May 10<sup>th</sup>, 2016)

*“The obvious strength of Hua-Ngum sub-district is leaders. That is a key factor for success. We should learn from Hua-Ngum.”* (THPH director, Banmaipattana sub-district, workshop, May 10<sup>th</sup>, 2016)

*“Hua-Ngum SAO plays an important role as a host to support budget and staff and cooperate with other organizations.”* (Donfai Elderly club, workshop, May 31<sup>st</sup>, 2016)

*“There are sacrifice, paying attention, and earnestness of SAO administrator, especially the chief executive of the SAO and his deputies.”* (Donfai Elderly club, workshop, May 31<sup>st</sup>, 2016)

### 2) Role of Buddhist monk in community development work

*The Buddhist monks also participate actively in the activities, such as being spiritual leaders in TanTod and participating in the Little Doctor activity.”* (Volunteer group in Banmaipattana sub-district, workshop, May 10<sup>th</sup>, 2016)

*“There is good cooperation of Buddhist monks. They act like community development workers. Monks can reach to trust and heart of the people more than the chief executive of SAO.”* (Community leaders in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016)

*“Buddhist monks play an important role to drive the development process. They can build faith among villagers.”* (Donfai Elderly club, workshop, May 31<sup>st</sup>, 2016)

### **3) Strong partnership**

*“There is good cooperation between governmental organizations, e.g. THPH, SAO, school, and civil society such as elderly people and community leaders. They actively work together.”* (Bansiao THPH director, workshop, May 19<sup>th</sup>, 2016)

*“Good cooperation among several parties in the sub-district is an important outstanding character of Hua-Ngum.”* (Chairman of Bansiao SAO Council, workshop, May 19<sup>th</sup>, 2016)

*“Leaders from several organizations, such as the leaders of SAO, village headmen in 13 villages, the Director of THPH, Buddhist monks, the elderly, and voluntary groups in the sub-district all actively participate.”* (Chief administrator of Banmaipattana SAO, workshop, May 10<sup>th</sup>, 2016)

*“The SAO makes good coordination with other key stakeholders to drive the activities. Comparing with our sub-district, we need more time to develop the working process like Hua-Ngum.”* (Chief executive deputy of Banmaipattana SAO, workshop, May 10<sup>th</sup>, 2016)

*“Case study of Hua-Ngum shows that cooperation among several organizations both within and outside community are needed. Such good cooperation leads Hua-Ngum to achieve strong partnership for moving the activities.”* (Village headman in Banmaipattana sub-district, workshop, May 10<sup>th</sup>, 2016)

*“They work together actively and with sacrifice.”* (Chief administrator of Nanokkok SAO, workshop, May 30<sup>th</sup>, 2016)

*“Good cooperation among several parties in the sub-district drive the work to improve the quality of life of the elderly”* (Chief executive of Nanokkok SAO, workshop, May 30<sup>th</sup>, 2016)

*“Good cooperation between THPH, SAO, and other governmental organizations in the sub-district.”* (Health staff of Nanokkok THPH, workshop, May 30<sup>th</sup>, 2016)

### **4) Participation of the elderly**

*“The elderly people cooperate actively and my biggest impression is the School for the Elderly, because such activity can make the elderly happy with their*

*friends and have access to useful information.”* (Schoolteacher in Bansiao sub-district, workshop, May 19<sup>th</sup>, 2016)

*“Hua-Ngum elderly people have good cooperation in every activity. They are active to participate.”* (Community leaders in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016)

*“Good cooperation of the elderly is outstanding strength.”* (Community worker of Nanokkok SAO, workshop, May 30<sup>th</sup>, 2016)

## **5) People participation**

*“People have good participation. They propose new ideas to the SAO that lead to community development.”* (Chief executive of Bansiao SAO, workshop, May 19<sup>th</sup>, 2016)

*“There is good cooperation of the residents and community leaders cooperate strongly.”* (Schoolteacher in Banmaipattana sub-district, workshop, May 10<sup>th</sup>, 2016)

### **1.6) Establishment of concrete activity**

*“They have established concrete age-related activities and operate at the village level, such as the Goodness Bank, School for the Elderly, and Little Doctors activity.”* (Chief executive of Bansiao SAO, workshop, May 19<sup>th</sup>, 2016)

*“School for the Elderly is an important strength of Hua-Ngum sub-district.”* (Chief executive of Nanokkok SAO, workshop, May 30<sup>th</sup>, 2016)

## **7) Caring community**

*“The strength of Hua-Ngum is being a community that people pay attention to helping each other. They have created a caring community.”* (Chief administrator of Bansiao SAO, workshop, May 19<sup>th</sup>, 2016)

## **8) Conforming to religion and local culture and belief**

*“It is a very interesting model, especially the Goodness Bank. The Bank is a key starting point that leads to other activities. Moreover, it is based on good ideas, which is one key principle of Buddhist ideology and conforms to the way of life of people in rural areas like us. The Bank also conforms to the nature of the elderly people who believe in religion.”* (Secretary of the chief of Bansiao SAO, workshop, May 19<sup>th</sup>, 2016)

## **9) Having monthly meetings at sub-district level**

*“Monthly meetings at the sub-district level are an important strength. They create community forums where every stakeholder gathers together. They can acknowledge the problem, discuss and analyze the problem, and learn together. Finally, they gain information to distribute to the villagers.”* (Deputy of chief executive of Bansiao SAO, workshop, May 19<sup>th</sup>, 2016)

*“They have monthly meetings at the sub-district level where community problems are discussed and they make solutions together.”* (Village health volunteer (VHV) in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016)

#### **10) Continuation of activity**

*“They have launched activities continuously. This is an important strength of Hua-Ngum.”* (Community leaders in Donfai sub-district)

### **4.3 Results from discussion in four workshops: Attitude on possibility of implementing the Hua-Ngum age-friendly community development model in their own sub-districts.**

This sub-topic aims to explain the results from the workshop discussions on the possibility of implementing the Hua-Ngum age-friendly community development model in their own sub-districts. It mainly focuses on the activity level.

#### **1) Possibility of implementing TanTod activity and One-day One-baht community welfare fund.**

The workshop participants mentioned that TanTod and One-day One-baht fund could be implemented in their own sub-districts. Several reasons were proposed, as follows:

##### **(1) Conforming to Buddhist ideology and local culture.**

*“TanTod conforms to the way of the villagers as Buddhists. We love to make merit based on Buddhism ideology, so we usually go to make merit at the temples. Helping people who are faced with difficulties is also the way to make merit according to our religion. So we think TanTod can easily operate in our communities.”* (Donfai elderly workshop, May 31<sup>st</sup>, 2016)

*“The Community Welfare Fund is possible to conduct in our sub-district because the villagers love to make merit with money donations. It is easy to encourage local people to participate (donate) into the fund.”*

(Village Health Volunteers in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016)

##### **(2) Conforming to previous experience of the sub-districts.**

*“We now are performing an activity that is similar to the One-day One-baht Fund, but we have different aims. Mainly we focus on making the financial support to the elderly by providing low-interest loans. Based on the idea of a welfare fund for the elderly, it is possible to establish the welfare fund like One-day One-baht. Maybe we will use the money from the Fund, which is already established in our sub-district, to assist the elderly who have social problems.”*

(Chief executive of Nanokkok SAO, workshop, May 30<sup>th</sup>, 2016)

*“I think it is possible to conduct the activities like TanTod and One-day One-baht Fund in our sub-district, because those activities are suitable with our previous experience that used to assist the elderly like the TanTod activity.”*

(Member of Banmaipattana Council, workshop, May 10<sup>th</sup>, 2015)

*“The One-day One-baht Fund for assisting the elderly is very easy to construct because we have some social capital that the villagers usually donate money to help people who are in difficult situations, e.g. poor people. We should be seriously concerned about “continuation” and “coverage” in every village.”*

(Chief executive deputy of Bansiao SAO, workshop, May 19<sup>th</sup>, 2016)

*“We (village health volunteers) usually run activities like TanTod. We have some money, so we provide home visits for the elderly with illness, and sometimes we assist them with money support (small amount). If we can operate the TanTod activity and Community Welfare Fund in our sub-district, they will be good because they will benefit effectively towards our elderly people.”*

(Village health volunteers in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016)

*“As TanTod and One-day One-baht Community Welfare Fund, it is possible to operate them in our sub-district because we used to have an activity similar to TanTod. Moreover, motivating the older persons to donate into community funds also operated in our community”*

(Community development worker of Banmaipattana SAO, workshop, May 10<sup>th</sup>, 2015)

Furthermore, a participant also mentioned on “*continuation*” and “*coverage in every village*” as important points to consider for implementation of two these activities (Chief executive deputy of Bansiao SAO, workshop, May 19<sup>th</sup>, 2016)

As a guideline to implementation, some participants have suggested some ideas, as following:

*“The SAO should begin by providing alms bowls for every village and then setting up a “PR team.” This team would take action to explain the significance of the project towards the elderly. For example, this activity is based on the concept of making merit or goodness, according to Buddhist ideology, and it is an activity to assist disadvantaged people in the community, etc. Additionally, the PR team should encourage the elderly to participate.*

*Moreover, the community development committees in each village should take action to support the “PR team.” The SAO and its partners should seriously consider the participation of the elderly themselves; it is important that they participate in order for the program to work. For fund raising, the SAO needs to document everything officially in order to guarantee the activity. The community markets are good locations to place the alms bowls for fund raising because such markets are important public spaces in the daily lives of local residents”*

(Buddhist monks in Banmaipattana sub-district, workshop, May 10<sup>th</sup>, 2015)

*“To deliver the activity, the SAO should conduct the project and support the budget, and then appoint the village headman and his team to select three elderly participants with eligibility. The entire working process must be documented in a systematic process”*

(Member of Banmaipattana Council, workshop, May 10<sup>th</sup>, 2015; Community worker of Banmaipattana SAO, workshop, May 10<sup>th</sup>, 2015)

## **2) Possibility to implement Goodness Bank**

The participants indicated that the Goodness Bank could be implemented in their sub-district because it conforms to the Buddhist way of life.

*“Goodness is the basis of life of Buddhists like us.”* (Donfai elderly, workshop, May 31<sup>st</sup>, 2016)

*“The Goodness Bank conforms to the way of the villagers as Buddhists. Goodness already exists in Bansiao people, so it is possible to run the Bank in our sub-district. The elderly should be the pioneers of this movement (establishing the Goodness Bank).”* (Member of Bansiao SAO Council, workshop, May 19<sup>th</sup>, 2016)

To implement the Goodness Bank, several issues are mentioned as important points to be realized, as follows:

- Strong cooperation and participation between the SAOs and other organizations in the sub-district (e.g. temples, THPHs, the elderly club, community leaders at the village level, etc.) needs to be established. (Village health volunteers in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016; Community leaders in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016; Secretariat of the chief executive of Bansiao SAO, workshop, May 19<sup>th</sup>, 2016; Village headman in Banmaipattana sub-district, workshop, May 10<sup>th</sup>, 2015)

- The local communities should promote understanding among key partners, e.g. monks, community leaders, the elderly, health staffs, school teachers, administrators of the SAO. (Secretariat of the chief executive of Bansiao SAO, workshop, May 19<sup>th</sup>, 2016)

- Concrete activity of the Bank should be established, such as creating an interesting goodness menu. (Secretariat of the chief executive of Bansiao SAO, workshop, May 19<sup>th</sup>, 2016)

- The sub-districts should begin with a pilot project, such as selecting a village in their own sub-district to establish a Goodness Bank at the village level. Small-scale work is easy to encourage local people to participate in. (Community leaders in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016)

- A study trip to observe the Hua-Ngum Goodness Bank should be conducted to gather further information needed to establish the bank in sub-districts. (Donfai elderly, workshop, May 31<sup>st</sup>, 2016)

- The elderly should be the drivers of this movement (establishing the Goodness Bank). (Member of Bansiao SAO Council, workshop, May 19<sup>th</sup>, 2016)

- The head office of the bank should be located at the SAO and the branch in each village should be established as well. (Village headman in Banmaipattana sub-district, workshop, May 10<sup>th</sup>, 2015)

### **3) Possibility to implement Little Doctors activity**

The participants mentioned that the Little Doctors activity has potential to be implemented in their sub-district. There are two reasons for this.

(1) Belief in the voluntary spirit of the youth.

*“It is possible to implement the Little Doctors activity in our sub-district because our children or youth have a voluntary spirit. And they need opportunities to support and work for others. We should cooperate with THPH (Tambon Health Promoting Hospital) to provide training for the students or youth on basic health care. Moreover, we need to make understanding clear with schoolteachers and parents.”* (Donfai elderly, workshop, May 31<sup>st</sup>, 2016)

(2) Conforming to previous experience of the sub-districts.

*“The Little doctors program is possible we think because we now provide basic health care for the elderly, especially the bed-ridden elderly. We provide home*

*health care to them. It will be good if the youth can join us. We can work together for our elders.”* (Village health volunteers in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016)

To implement the Little Doctors activity in the sub-districts, the SAO and its partner need to cooperate with schools to run the activity. (Chief executive deputy of Bansiao SAO, workshop, May 19<sup>th</sup>, 2016)

In the case of Banmaipattana sub-district, there are only primary schools in the sub-district, with no junior high school or lower secondary schools (grade 7-9). Therefore, such an activity seems difficult to introduce. (School teacher in Banmaipattana sub-district, workshop, May 10<sup>th</sup>, 2016)

#### **4) Possibility of implementing a School for the Elderly**

**(1) The School for the Elderly at the village level:** The participants have stated that it is possible to implement such an activity in their communities for two reasons, as follows:

- Such an activity is very easy to launch at the village level because every month the elderly gather on “pay-day” to receive their monthly allowances from the SAO.

*“It is very easy to launch a school at the village level because every month our elderly gather “pay-day” to receive their monthly allowance from the SAO. But we should run the activity at the same time in every village (8 villages) and need to design the activity based on the needs and problems of the people. We think it is a good activity because we can do it every month. Continuation is important.”* (Community leaders in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016).

- Moreover, some of the villages have already established similar activities (using other names and different days of the month) so they think they have some social capital to establish the School.

*“We think the School at the village level is possible to establish because today we are trying to do some activities on “pay-day” like that, but we do not name them as School for the Elderly. Every month we have to operate “pay-day” and the elderly have to join, so this is a good opportunity to do activities with them. We (SAO staff and village health volunteers) should cooperate with each other to run the activities on “pay-day” because at present the SAO staff usually “hurry to pay, hurry to go back,” so we cannot operate the activities effectively.”* (Village Health Volunteers in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016).

In the case of Nanokkok SAO, the school at the village level is not a need for them, because every month, they operate an activity similar to 'pay-day' for their elderly at the same time by gathering them together at a Buddhist temple. Nanokkok sub-district has only four villages, so they can do their activities at the sub-district level.” (Staff of Nanokkok SAO, workshop, May 30<sup>th</sup>, 2016)

To implement the School for the Elderly at the village level in the sub-districts, the SAOs should pay more attention to cooperation with other organizations in order to launch

activities on “pay-day.” At present, SAO staff usually “hurry to pay, hurry to go back,” so it is difficult to operate activities effectively (Village health volunteers in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016). Moreover, the SAO and its partners should design activities based on the needs and problems of the elderly and pay attention to the continuation of the activities. (Community leaders in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016)

**(2) School for the Elderly at the sub-district level:** The participants have mentioned that the School for the Elderly at the sub-district level is possible to implement.

- Because it is a good activity that can respond to the needs of the elderly.

*“The School for the Elderly is possible because some elderly people need such an activity. Firstly, we should start the School at the sub-district level and design the activities based on needs and problems of our elderly. After that, we can expand the ideas towards other key partners, e.g. the elderly, monks, community leaders, village health volunteers, etc. In the future, when the School at the sub-district level is strong, we will extend to the village level in next step.”* (Donfai elderly, workshop, May 31<sup>st</sup>, 2016)

- Some of them have already established similar activities in their own sub-district, such as Nanokkok sub-district.

*“Every month we provide useful training and lectures to the elderly, e.g. knowledge on health protection, good nutrition, exercise, craft training, etc. We invite lecturers from many related organizations, such as health staff and community development workers. Such activities are similar to the School for the Elderly at the sub-district established in Hua-Ngum. I think it is easy to operate the School for the Elderly in Nanokkok sub-district.”* (Chief executive of Nanokkok SAO, workshop, May 30<sup>th</sup>, 2016).

However, some participants mentioned that the School at the sub-district is difficult to implement in their community because they have attempted to encourage the elderly to participate in the activity and the elderly do not have time to participate. The healthy elderly are still working, so they do not have enough time to join. Some of them said they are already elderly, so why do they need to learn? (Village health volunteers in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016)

Additionally, the School at the sub-district level requests strong support from scholars because it seems to be too complicated for the abilities of the local community. (Community leaders in Donfai sub-district, workshop, May 31<sup>st</sup>, 2016)

In the case of Banmaipattana sub-district, the School seems difficult to establish because there are no voluntary teachers. (Chief executive deputy of Banmaipattana SAO, workshop, May 10<sup>th</sup>, 2015)

## **5. The Results from Interviews of Thai Experts**

### **5.1 Background of the experts**

Ten experts were interviewed. These interviews aimed to obtain data from the expert's viewpoints towards the 2<sup>nd</sup> age-friendly community development model. The research was conducted in May-March, 2016. The majority of the interviewees were female

(60%, to 40% male). The average age of the interviewees was 62.6 years old (the eldest was 91 years old, the youngest 45 years old).

Table 8-9: Background of the experts

Code	Position	Sex	Age	Expert Field
E1	Expert on the Elderly	Female	59	Governmental office/ Gerontology
E2	Chairman of the Board	Male	91	Academic/Gerontology
E3	Professor	Female	69	Academic/Gerontology
E4	Associate Professor	Female	62	Academic/Gerontology
E5	Professor	Male	59	Academic/Community Development
E6	Associate Professor	Female	52	Academic/Community Development
E7	Associate Professor	Female	65	Academic/Community Development
E8	Director	Male	66	Civil Society/ Gerontology
E9	Secretary General	Male	58	Public Organization <sup>3</sup> / Local Government and Democracy Promotion
E10	Regional Program Manager	Female	45	Civil Society/community-based gerontology

## 5.2 Results 1: Issues related to Thai elderly society: Challenging issues

1) The gap between policy and implementation on a community level: At present, Thailand has several systems and mechanisms that cover the welfare and promotion of the quality of life of the elderly, e.g. the Elderly Act, inclusive health policies, gratuitous services, and the National Savings Act. However, there are still problems related to the applications in an area level (E.8). In terms of the motivation for a multi-purpose center on a community level, social areas for the dignity of the elderly, and active aging, when these concepts are being implemented, the government departments usually focus on the quantity of the established centers, while on the area level (mainly hosted and supported by the SAO), the emphasis is paid to the location, not the “content” of the centers. As a result, centers have been established without activities or cannot provide benefits in accordance with the plans or concepts specified (E.3). For these reasons, the policy issues related to the elderly in Thailand to be effective implementation are significantly challenging.

2) Consideration of the diversity of the Thai elderly: To cope with the aging society, the diversity of the elderly should be properly considered, e.g. ethnic elderly, poor elderly in remote areas, poor elderly in the cities, and so on. These groups of elderly are still healthy. They can take care of themselves and also provide benefits for other people and society. Some of these elderly have to be responsible for their families; for instance, they have to raise their grandchildren, even though the grandparents are very old, because the guardians of those children have to go to work in the bigger cities. Therefore, to work with the elderly, the diversity and needs of each group of elderly people should always be considered. “Carpeting,” or treating all elderly the same without considering diversity, should be avoided (E.7, E.6, E.4).

3) Emphasis on the cultural role of the elderly to promote and maintain their dignity and value: The elderly have cultural value, knowledge, and ability. There needs to be explicit policies for promoting the cultural roles of the elderly over all levels, especially the community level. Such policies should be further used as guidelines to improve the quality of life of the elderly so that they can truly live with dignity. For example, the elderly should be assigned to take care of and provide knowledge at the local museum in the community (E.5).

4) Positive thinking toward the elderly: Currently, many people in Thai society have negative opinions toward the elderly; for instance, thinking the elderly are an economic burden who cannot be further developed. Hence, it is very challenging to change such

<sup>3</sup> An independent, academic, public organization under the supervision of the National Assembly.

attitudes and encourage people in society think positively about the elderly and convincing them that the elderly can still provide a lot of benefits for the community (E.6, E.10, E.4, E.7).

5) Lack of preparedness for old age among Thai people: Due to a lack of preparedness in terms of the economy, health, and society, Thai people step into old age with a limited quality of life. Therefore, they need to be better prepared for old age (E.2, E.4).

6) Limitations of family members providing care for the elderly: Today, Thai society is facing social and economic changes in ways resulting inevitably in a change of family structure. Families are smaller now or becoming a so-called nuclear family. Thus, in the near future, there will be more problems related to care providers for the elderly because in Thai society, family members mainly take care of the elderly. So, the question for Thai society is, who will take care of the elderly if the family has too many limitations (E.1)?

7) Establishment of population policies along with elderly policies: Since the statistical increase of the elderly is correlated with the decreased birth rate, the Thai government should pay much attention to the population plan to increase the birth of a younger generation (E.9).

### **5.3 Result 2: Perspectives on the role of the SAO related to the caring and development of the elderly**

All of the experts agreed that the SAO plays an important role in developing the quality of life of the elderly in the remote areas, because the SAO has a legal role and controls budgets, personnel, and workplaces. As the SAO is very close to the elderly, it can directly obtain the information from the elderly and can use that data to analyze and organize projects and activities to satisfy the needs of the elderly. Moreover, the SAO has the potential to act cooperatively with other working units in the sub-district. For example, the SAO coordinated and cooperated with the Tambon Health Promotion Hospital (THPH) to provide health services to the elderly (E.2).

In addition, the SAO is the facilitator of services and activities on a sub-district level (E.10, E.6). It also has a role in raising resources, both inside and outside the community (E.10, E.9), and allocating budgets in accordance with the needs of the elderly and people of other ages within the sub-district. The SAO explicitly established policies related to the elderly, because the issues of the elderly need the attention of everyone, as this is a public issue in the sub-district. These are not only problems for the elderly and their families; everybody will become elderly at some point (E.10).

Furthermore, the SAO should have a role in creating the learning processes with the community so that the community can realize the importance of the elderly. The plans need to take into account the aging society in the local areas, and all operations should be concrete, transparent, and easily checked (E.10).

### **5.4 Result 3: Perspectives on the factors related to the success of the SAO concerning the care and development of the elderly**

1) Database of the elderly: There needs to be a database of the elderly in the local areas because such a database could be used to improve the quality of life of the elderly in accordance with their actual needs (E.6, E.1).

2) Knowledge and devotion of the officers working with the elderly: Because the leaders and the SAO executives have term limits to holding office, they are regularly replaced by new staff. However, the officers are permanent officials. So, if there are officers who have knowledge and are devoted to working with the elderly, the projects and activities provided for the elderly will be successfully implemented (E.4, E.6). Therefore, there needs to be a process to enhance the knowledge and potential of the SAO officers (E.7, E.1).

3) Factors related to leaders: Leaders should be “welfare minded” and always consider the welfare of the local people. They should not only pay attention to the development of infrastructure, but also provide welfare policies (not only activities) for supporting the elderly in the local areas (E.3).

4) Learning processes based on participation: Stakeholders should be given the chance to participate in the analysis of problems and understanding of the real situations of the elderly, because these situation should not only considered by the number of elderly people (E.7).

#### **5.5 Result 4: Hua-Ngum Distinctive Features**

According to interviews with experts, key distinctive features of Hua-Ngum sub-district that helped facilitate the development of an age-friendly community are the following.

**1) Leadership:** Four out of ten experts noted strong leadership in Hua-Ngum Sub-district. The Chief Executive of the Hua-Ngum SAO paid attention to or had good policies about senior citizen issues (E4). Giving importance to the creation of second-row leaders reflected the idea of not monopolizing power only to the top leader, i.e. the chief executive of the SAO, or the lead group, and the attempt to form a sustainable work process (E7). Hua-Ngum leaders, i.e. the chief executive of the SAO and his deputy, were also welfare-minded and realized the importance of quality of life improvement for the elderly and people in other age groups. Importantly, there was a venerable monk who was the heart and spiritual leader of Hua-Ngum citizens. In addition, not taking credit only for themselves, the SAO executives focused on cooperating and working as a team (E3). The leaders were able to create collaboration among Hua-Ngum citizens, integrating both internal and external resources for use (E1).

**2) Giving importance to the learning process:** Two of the experts pointed out that the Hua-Ngum community concentrated on creating collaborative learning using local databases, e.g. health information from the Health Promoting Hospital (HPH) (E10). The Hua-Ngum model adopted a strategy of learning by doing; when a problem or challenge arose, a response activity would be created. For example, the School for the Elderly on the village level happened in response to the limitation of the sub-district level project that could not serve all elders extensively (E4).

**3) Connecting various elderly groups together:** The Hua-Ngum experience involved working with the healthy elder group of individuals that were still able to take care of themselves, and the isolated elder group, e.g. the poor, the neglected, and the bedridden. Such work tried to connect those elders with the community by holding a “TanTod” activity - a tradition of offering alms to the elderly - so that they felt noticed and visible (E4).

**4) Working together as partners:** Every sector of the Hua-Ngum community took part in the development work. Aging issues became the responsibility of the community. The work was based on potential and resources of the community and focused on creating a supporting and self-sufficient society (E8). There was integration of functions from each part of the community, e.g. the SAO, THPH, schools, temples, and all levels of community leaders (E10, E2).

**5) Positive views towards the elderly:** One important strong point of the Hua-Ngum community was the idea of seeing the elderly as “the power,” not “the burden,” of the community while giving them opportunities to participate in community development work (E10). The community honored the elders, making them happy and proud of being senior citizens of Hua-Ngum Sub-district (E3).

**6) Integrating activities:** Interestingly, all the activities of Hua-Ngum were connected and not completely separate. The Goodness Bank was the center that linked each activity

together and the core value that turned abstract ideas into tangible actions that led to concrete thoughts (E10, E7).

**7) *Creating a core value system:*** The Goodness Bank was a key to creating a core value because it showed Hua-Ngum citizens that there were various forms of virtues and goodness they could do according to their interests to answer their needs on an individual level, (e.g. earning points from doing good things and exchanging those collected points for things they wanted, or feeling proud when doing goodness) or on a community level (doing good things for others, e.g. donating one baht to a One-day One-baht fund every day to help the elderly or the poor in the “TanTod” activity). Therefore, “doing good things” was the core value that answered the people’s need and the Goodness Bank provided everybody with an opportunity to participate and live with dignity, regardless of gender or age (E7).

**8) *Creating a community where the elderly (and other groups of age) can be a giver:*** the Hua-Ngum model was an example of a community where all citizens were allowed to be givers, regardless of who they were, and this included the elderly or the disabled. Hua-Ngum citizens could become members of the Goodness Bank, participate in the TanTod activity, or contribute money to the One-day One-baht fund (E6). The School for the Elderly also made elders proud of themselves, with a sense of belonging as a member of the community, and feel connected to the community (E3). Meanwhile, the Goodness Bank opened opportunities for elders and people of other ages to do good deeds that benefit themselves and others so they could live with dignity (E7).

**9) *Working on the basis of social capital of the community:*** Hua-Ngum development work was based on the social and cultural capital of the community, aiming to create a supporting and self-sufficient society (E8). An activity like “TanTod” stemmed from good relationships between people in the community, so it was not interpreted negatively as dehumanizing the receivers as passive and helpless people. In a society like Hua-Ngum where people were used to helping each other, such an activity was interpreted as showing moral support to people of the same community. On the other hand, in some other areas, such an activity could be interpreted as looking down on people; the recipients might feel insulted and not want what they perceived as handouts, which would make them feel ashamed and undignified (E6). Moreover, Hua-Ngum leaders used social capital infrastructure like schools and temples as input in solving problems about elders in the community (E10). The outstanding point of Hua-Ngum sub-district is its involvement with the creation of social innovation based on social and cultural capital, especially in terms of Buddhism and local culture. Therefore, the elderly are provided with and widely encouraged to participate in cultural areas, as this is consistent with their nature, potential, and needs (E.5).

**10) *Creating meaningful later life:*** Hua-Ngum provided an opportunity for all senior citizens to play a part in the community. Therefore, the elders and other people in the community were proud of their development work as well as their senior citizens (from awards the SAO received from elderly-related work and acknowledgment by the media). This helped the elderly achieve a meaningful life (E3), making them aware of their dignity and value, bringing liveliness to the community, and making the community pleasant and livable, with many activities elders could take part in or host (E.1). There were a number of activities in the community that allowed elders to participate, so they felt proud to be senior citizens of Hua-Ngum (E3). The community also opened an opportunity for elders to be part of the development work (E10).

## **5.6 Result 5: Reviews of Hua-Ngum age-friendly community model and experience**

Experts' opinions about the development of an age-friendly community in Hua-Ngum are the following:

1) The process to prepare people to enter old age was still unclear, so it needed a lot of attention and development, especially to prepare people from a young age so they aged wisely and well (E4).

2) Awareness and consideration of sustainability in the work process (E8).

3) Working under a community-based approach had limitations. Development work that was beyond the capacity of the community could lead to a lack of sustainability and subsequently the failure of the system (E9).

4) The School for the Elderly should improve their curriculum to encourage the elders to be leaders and play a more creative and useful role for the community, especially for elderly students who were in their seventh or eighth year of studying. For example, the school might allow them to be lecturers so that they could become leaders in development work (E3).

5) Working with senior citizens was not only a concern for the School for the Elderly, but it was also 360-degree work based on data and knowledge. Therefore, having complete data about problems and the demands of the elders was vital for local communities (E1).

## **5.7 Result 6: Possibility of implementing the Hua-Ngum model in other sub-districts in northern Thailand**

Experts' remarks about the possibility of implementing the experience from the development of Hua-Ngum's age-friendly community in other sub-districts in northern Thailand are as follows:

**1) Possibility of implementing the Hua-Ngum experience:** All ten experts indicated that there was a possibility of implementing the Hua-Ngum experience in other areas. Seven of them specified the possibility in number (on a scale of zero to ten), with an average of 7.28, which was equivalent to 72.8 percentage.

**2) Ideal model for developing an age-friendly community:** Experts' opinions on the creation of an age-friendly community development model that could be applied to other areas are as follows:

**- The model should realize contextual differences of each community.** The experts suggested that the model should consider a different context for each community, e.g. demands of the elderly, social capital, and the historical backgrounds of the communities. Therefore, the model should provide a process or conditions that would make such social capital and contexts favorable for the development of an age-friendly community. For example, social capital and local problems and situations should be analyzed, all stakeholders should be defined, and the elderly should be defined with and understanding of diversity, not stereotypically as a whole (E.5, E.6, E.7, E.9).

**- The model that can be implemented should have common characteristics.** The experts suggested that the meaning behind each activity of Hua-Ngum should to be decoded to understand the key characteristics of an age-friendly community (to be used as content when explaining details of an age-friendly community) and to provide guidelines for other communities. For example, an activity like Little Doctors aimed to encourage interaction between people of different ages, or an exchange of wisdom from the old to the young; activities like "TanTod" and the One-day One-baht Fund aimed to create a supportive relationship between people in the community; activities like the Goodness Bank, the School for the Elderly, and the Songkran blessing ceremony aimed to create meaningful interactions; an activity like "TanTod" aimed to create connectivity for senior citizens that had been

isolated from the community; and activities like home visits, “TanTod,” and Little Doctors aimed to provide spiritual support for the elders (E.6, E.7, E.9, E.10).

Moreover, key common characteristics of an age-friendly community development process had to be created. For instance, key characteristics of future growth included 1) innovation, 2) agility, 3) connectedness, and 4) transparency. Key common characteristics could be used to explain various issues, such as the elderly, the disabled, and natural resources, e.g. the forest (E.9).

- **The model should show the dynamism of the community.** Community development is a dynamic process, so using a logic model in developing an age-friendly community could be problematic, not only because most of the community process concerns learning, but also because each element has a two-way nature and can move back and forth (E.7, E.9).

While a logic model could be used to create a causal relationship, in the context of community development work, the causal relationship that happened is not one-way but interactive and spiral, which reflected the dynamic nature of the community. Since the heart of community development was learning, there had to be encouragement for learning during the development process. When a problem arose, the community had to analyze the problem to seek solutions and analyze the sufficiency of its social capital. For cases in which the social capital was insufficient, the community had to cooperate to bring in external resources, which would lead to new learning (E.9).

Core principles for becoming a learning community included 1) being an open community ready for new knowledge, 2) being a flexible community, 3) having a clear goal together, and 4) having a driving element, e.g. leaders (E.9).

- **The model should emphasize making senior citizens the power of the community.** A positive view toward the elderly, especially seeing them as the power of the community, is the heart to creating an age-friendly community. Therefore, the model should reflect that elders could use their potential and abilities to benefit the family and the community, such as having an influence on community development in the long run (E.10).

- **The model should reflect input resource management.** Inputs of the model need not only to indicate the community structures, e.g. the SAO, THPH, temples, schools, budget, leaders, staff, and venues, but should also indicate important conditions to maximize benefits from those inputs, with particular attention paid to how to manage them. In the Hua-Ngum case, a monthly meeting was a key process that led to the management of resources or social capital of the community (E.7, E.10).

- **Be careful when speaking of “the leader” in the model.** Experts remarked that, in an undemocratic society, the leader was usually considered and mentioned as one of the top contributing factors for the success of a project. However, this could be a weak point of the model. Therefore, if changing from mentioning any single leader to mentioning a leadership group, it might better reflect the sustainability of community development by emphasizing partnership or collaboration. Saddling a project with only one leader could lead to problems when there is a change in the leadership, possibly bringing the work process to a stop. Good leadership is when nobody knows who the actual leader is because everybody plays an equally important role (E.7).

- **The status of each activity is different in each period of community development:** When giving examples about activities in the model, it should be mentioned that each activity had a different level of difficulty and a different status in the development process. According to experience from the Hua-Ngum model, the “TanTod” activity and One-day One-baht Fund had uncomplicated work processes and fit in well with the nature of Thai rural elders, which usually gave importance to merit making. These activities, therefore, were a good entry point to start the work for the elderly in the area, opening opportunities for

everybody in the community to help each other. Meanwhile, an activity like the Goodness Bank, which depended on participation and earnest collaborative learning of every segment of the sub-district, helped create core values, community spirit, and a sense of belonging among the citizens. The School for the Elderly pushed forward learning and developed potential of the elderly, while the Little Doctors created a system to take care of the elderly and build a relationship between different generations (E.7, E.10).

Pointing to the status of each activity in each process of an age-friendly community development will provide a guideline for each community in designing an activity that is consistent with its existing social capital and problems. Experience from each period of Hua-Ngum development will be used to analyze the context of each community (E.7).

**- The model should point to the example of age-friendly community development in Hua-Ngum Sub-district.** In implementing the model in other areas, the concept of the model had to be enhanced to an abstract idea to be a principle for other areas to learn and see clearly. The model should outline where the work for the elderly starts, how to create core values, how many phases a project has, what the elements of each phase are, how to prepare people, work, the management process, and what the vital conditions for success are (E.7, E.9).

**-The model should lead the elderly to live with value and dignity.** The essence of the age-friendly community, namely, a community where the elderly are encouraged and supported to live with value and dignity, should be emphasized. It should be held that the cultural areas are the important areas of the elderly. As such, the community should enhance the cultural role of the elderly. For instance, the elderly should be assigned to provide local wisdom at schools, provide cultural knowledge at museums, or teach elderly students as volunteer teachers (E.5). Elderly who have been marginalized, e.g. poor and abandoned elderly, should be provided with processes enhancing their value and dignity (E.5).

## **6. Discussion and Conclusion**

### **6.1 Discussion**

#### ***1) Benefits from the workshops in Hua-Ngum sub-district***

Important benefits gained from the workshops led to revising of the logic model, of age-friendly community development, including **1) Situation:** There are other important age-relevant problems in the sub-district, including low self-confidence, lack of proper care, and lack of aging preparation of the resident; **2) Assumption:** the research should add the word “volunteers” in the assumption; and **3) Input:** As *Stakeholder*, the study should realize the importance of family members of the elderly and village health volunteers (VHVs). In terms of budgets, it should emphasize both the financial and the social capital, such as the voluntary spirit in the sub-district. Regarding the outcome, lifelong learning should be used instead of only saying learning for the middle-term outcome, while voluntary spirit should be mentioned as the impact.

#### ***2) Benefits from documentary study and interviews of key participants in four selected sub-districts***

Regarding the comparison method, it reveals key issues, which should be considered in the process of developing age-friendly communities in other sub-districts.

**(2.1) Wide range of activities:** In Hua-Ngum, there are several wide-ranging activities that the elderly can choose to participate in. For example, if for some reason they cannot or do not want to participate in the School for the Elderly at the sub-district level, e.g. health conditions, having no time, etc, they can participate in the School for the Elderly in the village instead. In the case of other sub-districts, a lack of continuation or variety of age-related activities established in the sub-districts give the elderly few choices to participate.

(2.2) *Strength of the Elderly club*: The data shows that the elderly club in Hua-Ngum, Nanokkok, and Bansiao are active, thus, these clubs can operate their own activities, such as savings and cremation assistance funds for the elderly. In the case of the other two sub-districts, the elderly club could not create concrete work and action.

(2.3) *Continuation of the activity*: In Hua-Ngum sub-district, there are regularly-scheduled activities that establish opportunities for social participation for the elderly. In the other sub-districts, they mainly have created occasional activities that take place once a year, or occasionally, depending on the SAO budget.

### **3) *Benefit from the workshops in four selected sub-districts***

(3.1) *Discussion on attitude towards strength of Hua-Ngum age-friendly community*: the discussion revealed key issues which should be considered in the process of age-friendly community development in other sub-districts, as follows: good leadership of the chief executive of the SAOs and his/her administrative team; the role of Buddhist monks in community development work; strong partnerships; participation of the elderly; participation of other residents; establishment of concrete activities; conforming to religion and local culture and belief; having monthly meetings at the sub-district level; and continuation of activities.

(3.2) *Discussion on attitude of the possibility of implementing the Hua-Ngum age-friendly community development model in their own sub-districts*: the discussion shows the potential of implementing the model in other sub-districts of the five significant age-related activities. Moreover, it reveals key reasons why these five age-directed activities can be implemented in other sub-districts. These reasons include: conforming to Buddhist ideology, way of life and local culture; conforming to previous experience of the sub-districts; and taking advantage from routine work, such as the School for the Elderly, which is operated on “pay-day” every month. Key factors also are mentioned for the implementation, as follows: it should be concerned with “continuation” and “coverage” of the activities; participation of key stakeholders in the sub-districts is needed and should be concerned seriously, such as participation of Buddhist monks, community leaders at the village level, the elderly, THPHs, schools, and the SAOs. They need to work together in terms of “partnerships.”

### **4) *Benefit from the interviews of Thai experts***

The results from such interviews lead us to some issues which should be considered for age-friendly community development, such as development of a database, knowledge of the staff of the SAOs, good leadership of the SAOs, participation-based learning, partnerships, and social capital. These issues will benefit the revision of “input” components of the model. Database, knowledge of staff of the SAOs, and social capital are needed inputs to establish age-friendly communities. Participation-based learning and partnership can be considered as factors contributing to the success of age-friendly communities.

Furthermore, interview results also reveal key issues that need to be considered for age-friendly community development. The local community should respect the differences of the elderly within the sub-districts and communities and should include them all into the process to establish age-friendly communities. A positive outlook towards the elderly is needed, because this will guide the way to dealing with the aging situation in the sub-district.

Age-friendly community development is seen as a community development process, therefore establishing core values and community spirit will lead to sustainable age-friendly communities. Additionally, productive roles for the elderly should be emphasized, e.g. being “givers,” even though they are poor or abandoned. Meaning in later life is also important for age-friendly community development.

Furthermore, there are significant issues that should be considered for constructing the model and guidelines to develop age-friendly communities in other rural communities in northern Thailand, as follows:

- The model should realize contextual differences of each community.
- The model to be implemented should have common characteristics.
- The model should show the dynamic nature of the community.
- The status of each activity is different in each period of community development:

#### **5) *Key factors of age-friendly community development in other rural sub-districts***

This discussion is based on the results, which were mentioned by workshop participants in the four sub-districts, and by the Thai experts. Some issues are mentioned frequently by the research participants, which show the significance of such factors, as follows:

**(5.1) *Leadership:*** In the context of Thailand's rural society, official leaders, especially those elected by the citizens, e.g. village headmen, the chief executives of the SAOs, are usually expected to be "public figures in an activity group or a village." For example, it is obligatory for those leaders to attend a funeral of a villager to show their moral support and spirit. In rural communities, funerals are an important ceremony, where almost every household joins and helps out. Therefore, the presence of community leaders is seemingly compulsory, especially for the leaders who were elected by the people in the community. Not only is it an act of kindness, but it is also a good way to maintain their popularity among the citizens.

Nonetheless, when comparing characteristics of the leaders (the chief executives) of the five SAOs in this study, it was found that the chief executive of the Hua-Ngum SAO was different from the others. Not only was he a public figure in the village and the sub-district, but he also became a public figure in the larger society, e.g. by taking part in policy advocacy for building a healthy community, which was a national project. Accordingly, he was considered as a leader with policy-level competence.

Leaders of the other SAOs, on the other hand, were only public figures at the sub-district level. For some sub-districts, the field study showed that Chief Executives did not give importance to working proactively, focusing only on the regular work of the SAOs, and participating only in traditional ceremonies, e.g. funerals of community members. Accordingly, there were no new issues in the SAO work and they could not create any development innovations like the Hua-Ngum SAO did. In some areas, the SAO Chief Executives saw basic infrastructure and economic development as a key to good quality of life, while development of life quality of the citizens was viewed as less important. As a result, most of the budget was allocated to basic infrastructure and economic projects, while projects to improve quality of life were held only once a year. However, in the case of the Hua-Ngum SAO, the chief executive had a vision for human resource development, thus he gave importance to development of quality of life of the elderly as well as people in other age groups.

Moreover, the chief executive of the Hua-Ngum SAO did not want to monopolize the power only for himself, based on an interview in which he said the if he were to be out of office, other leaders should be able to work in his place and speak on his behalf. Given the aforementioned reasons, the Chief Executive of the Hua-Ngum SAO had outstanding leadership and was one of the factors that led to the success of age-friendly community development in Hua-Ngum sub-district.

It is noted that not only formal leaders should be concerned, but informal ones are also important. According to the study, Hua-Ngum was the only sub-district where Buddhist monks played a role in community development work alongside the villagers. For the other

four sub-districts, monks only engaged in religious work as the successors of Buddha, but it was possibly because those monks did not get an opportunity to learn about other areas where monks had an important part in developing the community. At first, when the researcher held workshops in Banmaipattana and Bansiao sub-districts, the monks who had been invited to the workshops said before the activity started that such an activity concerned SAO officers but not monks. However, after they had a chance to see the work done by monks in Hua-Ngum sub-district, they said in the workshops that Hua-Ngum's activities were good and if the SAOs would like to hold the same activities, they were willing and ready to participate and help out. Those monks were able to change their opinion after they got to learn from Hua-Ngum's experience. Consequently, if SAO leaders could ask monks to participate in age-friendly community development, such a process will become stronger in the future.

**(5.2) *Partnership:*** In Hua-Ngum sub-district, participation and partnership among key stakeholders is important. The Hua-Ngum SAO has acted as a “facilitator” who connects various parties to participate as “partners,” not just “attendees.” When they operate activities, such as TanTod, for example, many parties, (e.g. monks, community leaders, the elderly, administrators and staffs of SAO, schoolteacher, health staffs, village health volunteers) are active and willing to participate. Other sub-districts usually create “separate work,” in which each organization seems to focus mainly on their own duties and responsibilities. SAOs do not pay attention to work as “facilitators” for gathering all key stakeholders together.

**(5.3) *Participation of the elderly and other local residents:*** Age-friendly community development, based on the actual working experience in Hua-Ngum sub-district, can be recognized as an important and interesting community development model in rural areas (including communities in semi-city/semi-rural areas). According to this model, importance is paid to the elderly as the “center” of community development, with the realization and reflection that the elderly have potential and they are also powerful resources that can drive community development.

In other words, in age-friendly community development, the elderly act as the “development drivers” and the “receivers of development results.” The projects of the “Goodness Bank,” the “School for the Elderly,” and the “One-day One-baht Community Welfare Fund” have been smoothly and successfully achieved due to the strong participation of the elderly. The SAO and the partners tried to design the procedures to provide opportunities for the elderly because the projects could not be achieved without the participation of the elderly. Having participated in the activities and community development provided by the SAO, the quality of life of the elderly has been physically improved because the elderly have learned about health and exercise. In addition, the elderly will be more confident as they become aware of their value and dignity.

As for the participation of other local residents, it is needed for age-friendly community development. The matters of the elderly should be paid attention to by everyone, as this is a public issue at the sub-district level; this is not a problem for the elderly and their families alone, because everybody will one day become elderly themselves.

**(5.4) *Working process based on social capital:*** Social capital is mentioned frequently, especially by workshop participants, in conforming to the Buddhist way of life and local culture. Working processes based on such social capital will lead to local participation and independence of local communities.

## **6) *Establishment of the age-friendly community development model***

All of the results and discussions discussed in this Chapter lead to the final model of age-friendly community development, which will be implemented in other rural sub-districts and communities. Particularly, the results from interviews with Thai experts on key issues of

the construction of the age-friendly community development model, which has the potential to be implemented in other rural sub-districts. Factors include:

- The model should consider the contextual differences of each community.
- The model implemented should have common characteristics.
- The model should demonstrate the dynamic nature of the community.
- The status of each activity is different in each period of community development:

Additionally, this research assumption considers the age-friendly community development to be one model of community development. Therefore, the age-friendly community development model established in the study should express the features of the age-friendly community and its results and processes to develop an age-friendly community. Consequently, there are three important types of models constructed, as follows:

**1) The Logic model of age-friendly community development:** This model explains the assumed causal connections of input, output, and outcome of age-friendly community development. It leads to an understanding of which inputs need to be invested in, the necessary activities, and the results of the investment. However, such a developed logic model cannot reveal the differences of status of each activity in each period of community development. Therefore, models that respond to the limitations of a logic model are needed.

**2) Process model of age-friendly community development at the community level:** This model makes clear the stage of development of the age-friendly community and presents the process of developing age-friendliness at the community level. It expresses the differences in status of the activity in each period of community development and illustrates the dynamic nature of the community as well. It depicts the stages of development of an age-friendly community that is divided into three stages, including: the beginning stage; the stage of establishing core values and community spirit; and the stage of focusing on age-friendliness.

**3) Process model to develop age-related activities:** This model describes the process to develop the age-related activities that are the key fundamentals of the age-friendly community. It is a model depicting the processes needed to develop age-related activities based on a cycle of assessment, planning, implementation, and evaluation. Therefore, this model can fulfill the explanation of the logic model and the process model at the community level to be clearer and more comprehensive.

#### ***(6.1) Logic model of age-friendly community development***

The logic model of age-friendly community development explains the assumed causal connections of input, output, and outcome of age-friendly community development. The logic model shows the general characteristics of age-related activities fundamental to an age-friendly community, activities which support participation in community development - contribution; being valued and respected; lifelong learning; connecting with isolated elderly; and integrating with younger generations. The common characteristics, gathered from the analysis of meaning of five key age-related activities established in Hua-Ngum sub-district (content analysis in Chapter 7), indicate features of the age-friendly community and can guide other communities toward age-friendly community development.

Furthermore, it recognizes the dynamic nature of the age-friendly community development process by adding a large feedback arrow at the top right of the logic model. Such a feedback arrow means that the final outcome or impact links back to the beginning to make a difference on the original situation (Taylor-Powell & Henert: 2008). In other words, it shows the connection and dynamism of age-friendly community development within the sub-districts. This logic model consists of seven components, as follows:

**(1) Situation:** Generally, there are four main aspects of situation related needs and problems of the elderly in communities, including: 1) health (physical and mental health) and

care for the elderly, e.g. health problems, loneliness, elderly suicide, lack of proper care by family members, lack of care for the bedridden elderly by the community, etc.; 2) socio-cultural aspects, e.g. lack of social participation in community development activities of the elderly, low self-confidence due to low levels of education, abandoned elderly, etc.; 3) economic aspects, e.g. elderly living in poverty, etc.; and 4) other factor, e.g. lack of preparation for aging by the residents, etc. These age-related situations should be considered and analyzed.

**(2) Input:** “Input” refers to the elements that go into the program, such as staff, money, time, equipment, partnerships, and the research base (Taylor-Powell & Henert, 2008). In terms of the logic model for implementation in other communities, the explanation of “input” is described through key local organizations located in each sub-district. Basically, rural sub-districts in Thailand have similar structures to the main local organizations, which are connected to age-friendly community development, including the SAOs (autonomous local governments in rural areas), community leaders at the village level, elderly clubs, Buddhist temples, THHPs (primary health centers), and schools. These local organizations exist in every sub-district in rural Thailand. Therefore, in terms of structure, almost all sub-districts have basic local organizations that can support the development of age-friendly communities in their own sub-districts.

Relevant local organizations in sub-districts are important inputs of age-friendly community development, namely social capital in communities, which are fundamental to age-friendly community development. Such relevant organizations include 1) Sub-district Administrative Organizations (SAOs); 2) community leaders at the village level; 3) elderly clubs; 4) Buddhist monks and temples; 5) Tambon Health Promoting Hospitals or THPHs (primary health center); 6) schools; 7) other organizations, e.g. families of the elderly, NGOs, the private sector, etc.

**(2.1) SAOs** are seen as core organizations that have significant roles and duties in accordance with local governmental law on the improvement of the quality of life of citizens within the sub-districts. The elderly people are one main target of such duties, therefore, the SAOs play an important role in age-friendly community development. The SAOs have the authority to put forth age-friendly policies that lead to age-friendly community development. Chief executives of the SAOs are significant policy makers at the sub-district level, which influences the direction of age-friendly community development. Additionally, other administrators, e.g. chief executive deputies of the SAOs, chief administrators and SAO staff, are important channels in implementing the policies to enact at the grassroots level.

Furthermore, members of SAO councils, who are elected by popular vote to act as representatives of each village (usually two representatives per village), also are key community leaders at the village and community level. They play important roles in age-friendly community development by implementing policy to practice in their own village.

The SAOs, moreover, have the potential to support locations, necessary materials, knowledge, and coordination for operating the activities. In other words, the SAOs are the core facilitators who lead partnership-based work on age-friendly community development through support of the policies, staff, budget, knowledge, coordination, location, necessary materials, etc.

**(2.2) Community leaders** like village headmen (“phuyaiban” in Thai) are the leaders who have significant roles in community development and improvement of quality of life at the grassroots level. The system of “phuyaiban” was introduced as local administration approximately one hundred years ago. Therefore, every rural community or village has a village headman, seen as the “father figure,” whose responsibility is to take care of the residents of the village in almost all aspects. Therefore, the village headman and his or her

team, known as the “community committee,” reflect social capital that supports the development of an age-friendly community. This is a significant local mechanism that leads to concrete practice at the community level. The committee’s duties include coordinating and mobilizing needed resources within the villages to support the operation of activities. The village headman in each village has the duty of selecting qualified elder residents to participate in and receive assistance for the TanTod activity, and encourage other residents to donate money and necessities to the activity. The committee acts as the branch manager of the Goodness Bank at the village level, and they play an important role in encouraging elderly people to participate in the School for the Elderly.

**(2.3) Elderly clubs** are important social capital, which lead to the success of age-friendly community development. Without participation of the elderly and their organizations, it is difficult to achieve age-friendliness within the community. The clubs gather the elderly to work for themselves and the communities. Therefore, the clubs have the potential to mobilize coordination and participation from the members (the elderly) in age-friendly community development.

**(2.4) Buddhist monks and temples** are another important part of the social capital in Thai communities. Monks are seen as spiritual leaders who directly affect the trust and cooperation of the elderly and residents in age-friendly community development. In particular, work done based on Buddhist principles, namely making merit or doing good deeds, can encourage the elderly and other local residents to be aware of and participate in the development of an age-friendly community. Furthermore, temples are the center of the community, where local residents operate community activities free of charge. Therefore, temples are public spaces that support hosting of age-relevant activities.

**(2.5) Tambon Health Promoting Hospitals or THPHs** are primary health centers located close to the local people. THPHs are organizations that play an important role in age-friendly community development because they are specialists in health promotion. THPH directors are seen as key partners, administrators who can support the achievement of age-friendly policies introduced by the chief of the SAO. Local people in rural communities, especially the elderly, respect the director of THPH (including nurses in THPHs) like “medical doctors” who have special knowledge on health and helping people. THPHs have the potential to support age-friendly community development in several ways, such as offering supporting knowledge related to elderly health and the health status of the elderly and other local residents; supporting locations for age-related activities, e.g. support meeting rooms for elderly clubs. Moreover, as monitors of village health volunteers (VHVs), THPHs can coordinate with VHVs in every village to support and participate in age relevant activities and processes to develop age-friendly communities as a whole (in every village there are 8-15 VHVs, approximately).

**(2.6) Schools** in the sub-districts are governmental organizations. In rural sub-districts, there are elementary schools and/or junior high schools. Schoolteachers and students are social capital supporting age-friendly community development. As teachers, they influence trust and cooperation from the elderly and other residents, while the students can act as volunteers in the activities. Moreover, schools are sometimes used as locations to operate the relevant activities.

**(2.7) Other organizations**, such as family groups of the elderly, are recognized as organizations that participate actively in age-friendly community development. Good cooperation and participation from the family members of the elderly leads to the achievement of age-friendly community development. For example, some elderly residents mentioned that they could not participate in age-related activities, such as the School for the Elderly. One main reason is their children did not allow and support them to do so because the children were worried about the safety of their own parents and had questions on utilities

available for the elderly. Additionally, in some areas, there are other organizations working as key organizations in community development, such as non-government organizations (NGOs) or private sector businesses, (e.g. companies). Therefore, these organizations can be considered social capital as well.

**(3) Output:** “Output” means what we do and who we reach, e.g. activities, services, events, products, and the people reached (Taylor-Powell & Henert, 2008). According to the results of the content analysis in Chapter 7 and the comments from the Thai experts, the models implemented should have common characteristics. Therefore, the function of each age-related activity is used, rather than merely using the same name or activity, such as those established in Hua-Ngum sub-district. There are six key activities that should be conducted within the sub-districts to develop age-friendly communities, as follows:

- An activity that supports participation in community development, (e.g. Goodness Bank)
- An activity that supports contributions by the elderly, (e.g. One-day One-baht, Goodness Bank)
- An activity that supports being valued and respected, (e.g. School for the elderly, TanTod, Goodness Bank)
- An activity that supports lifelong learning, (e.g. School for the elderly)
- An activity that supports connecting with the isolated elderly (e.g. TanTod, Little Doctors)
- An activity that supports integrating the elderly with younger generations (e.g. Little Doctors)

**(5) Outcome:** “Outcome” includes short-term, mid-term, and long-term benefits (often called impact).

As *short-term outcomes*, the age-related activities mentioned above will lead to short-term benefits, as follows (examples): 1) increasing social participation in community development; 2) providing opportunities to help each other; 3) obtaining respect from others; 4) being seen as valued community members; 5) learning useful information; 6) increasing self-esteem of the elderly; 7) receiving psychological support; 8) receiving assistance; 9) being viewed as valued; 10) having opportunities to interact with younger people.

In the case of *mid-term outcomes*, there are six main opportunities enhanced. The establishment of several opportunities in the sub-districts allows the community system to deal with the aging society within the sub-districts. The opportunities are based on the concept of continuation, coverage, and integration of age-relevant activities. Therefore, mid-term outcomes include 1) enhancing opportunities for participation; 2) enhancing opportunities for contribution; 3) enhancing opportunities for being valued and respected; 4) enhancing opportunities for lifelong learning; 5) enhancing opportunities to connect with isolated elderly people; and 6) enhancing opportunities to integrate with younger generations.

In terms of *impact*, there are two main areas – improving the quality of life (QOL) of the elderly, and community development as a whole<sup>4</sup>.

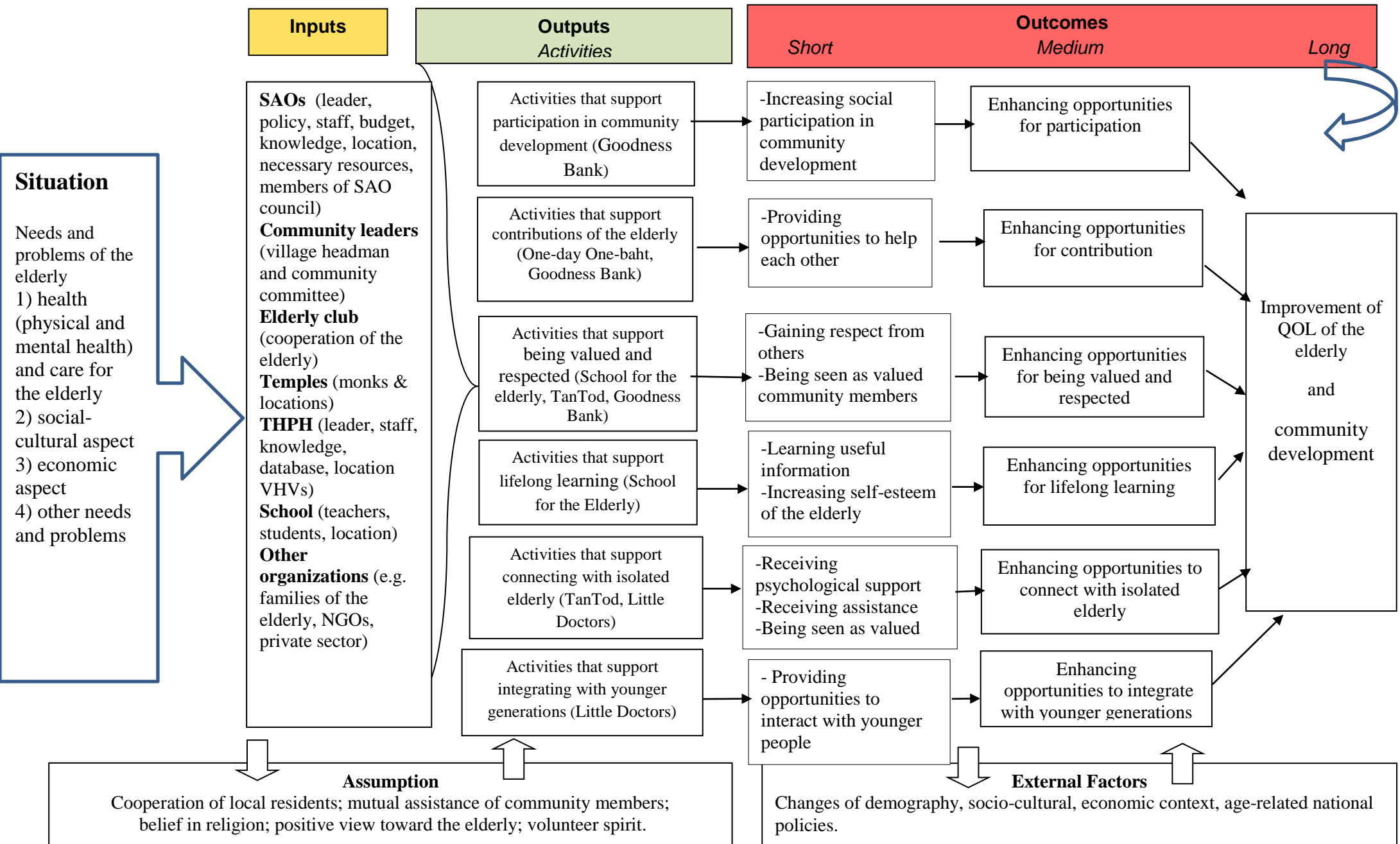
**(6) Assumption:** This refers to the beliefs that we have about the process to develop an age-friendly community, as follows: cooperation of local residents; mutual assistance of community members; believing in religion that supports people to do good deeds and help each other; positive views toward the elderly; and volunteer spirit.

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<sup>4</sup> i.e. 1) *establishment of community spirit* refers to the increasing of volunteer spirit and building a livable community; 2) *strengthening of community* means increasing social participation, understanding the concept of self-reliance, promoting the learning process, and increasing connectedness among the elderly; and 3) *supporting the elderly to be key stakeholders in the community development process* leads to an increasingly positive view towards the elderly, supporting the elderly to be key stakeholders in the community development process, and increasing capability among the elderly.

(7) *External factors* refers to those features external to the program that influence age-friendly community development, and are influenced by such development as well, such as changes of demography, socio-cultural elements, economic contexts, and age-related policies (national policies).

Figure 8-2: The logic model of age-friendly community development



### **(6.2) Process model of age-friendly community development at community level**

The final portion of benefits from the interviews of Thai experts that were discussed above (in sub-topic 4 in this Chapter) denotes key disciplines for conducting the process model to explain the development process of age-friendly communities in other sub-districts, as follows: 1) the model should be aware of contextual differences of each community; 2) the model implemented should have common characteristics; 3) it should show the dynamic nature of the community; and 4) it should explain the status of each activity and its differences in each stage of community development. Therefore, the process model of age-friendly community development at the community level is constructed. It aims to explain how to develop an age-friendly community in the overview process by dividing into three main stages of development. Moreover, it demonstrates that the stages to develop an age-friendly community are influenced by national plans and policies related to and based on the rural northern context. Therefore, this model consists of three components, including: 1) relevant national plans and policies; 2) the rural northern context; and 3) the stages to develop an age-friendly community.

#### **(1) Relevant national plans, policies, and laws**

National plans, policies, and laws related to the improvement of quality of life of the elderly, and community development, directly affect the process to establish age-friendly communities within the sub-districts. For instance, in 2003, the government released the Act on the Elderly, B.E.2546, as the first act on aging in Thailand. The Act provides rights, benefits, and support for Thai older persons in several contexts, such as socio-cultural aspects, (e.g. exemption from entrance fees at government parks and facilities, providing protection to the abused and/or illegally exploited and/or abandoned), economic aspects, (e.g. employment, vocational training), and health aspects (e.g. providing convenient and expedient medical care and health services) (Knodel, J. et al., 2013, 11).

Consequently, the National Committee on the Elderly (NCE) and the Elderly Fund were established. According to Section 9, several authorities and responsibilities of the NCE were described, such as (1) to set up policies and principal plans on protection, promotion, and support of status, roles, and activities of the elderly under the Cabinet's approval. To this end, families shall be promoted and supported to take part in elderly care giving.

According to Section 11, the elderly shall have the right to access the following protection, promotion, and support: (1) Medical and public health services, particularly provided by taking account of convenience and rapidness for the elderly; (2) Education, religion, and useful information and news for their lives; (3) Appropriate occupations or occupational training; (4) Self-development and participation in social activities, grouping together as a network or community; (5) Facilities and safety directly rendered to the elderly in buildings, locations, vehicles, or other public services; (6) Appropriate support for transport fares; (7) Exemption from entry fees to government locations; (8) Assistance for any elderly person facing danger of torture or unlawful exploitation or abandonment; (9) Provision of advice and consultation on other proceedings in connection with a case or the remedy of family problems; (10) Extensive provision of housing, food and clothing where necessary; (11) Assistance in holding traditional funerals; (12) Other matters stipulated by the Committee in an announcement. This act expresses Thailand's efforts to encourage security and rights protection to older persons in the form of law (MoSDHS, 2012:13).

Furthermore, significant policies, such as the "Universal Health Care Scheme for all Thai citizens and the "Monthly Allowance Scheme" for all Thai older persons, can support enhancement of quality of life of the elderly, especially in rural areas. Moreover, they can support the work of small local authorities in rural areas that have limitations on budgets and staff as significant problems.

## **(2) Rural northern context**

This model is constructed based on the context of rural communities in northern Thailand. Rural northern Thailand is different from the other three regions in the country, i.e. the central, northeastern, and southern portions of Thailand. In terms of the aging situation, the northern region has the highest aging rate (percentage of the elderly per total population in each region) in Thailand (18%), followed by the northeast, the central, and southern regions, 17%, 13.5%, and 13.2%, respectively. The national aging rate is of 14.9% (NSO, 2014)<sup>5</sup>. Additionally, the results from the present study (noted in Chapter 6) indicate that the aging rate in rural northern communities is higher than the national level (26.5% in Donfai; 24.84% in Hua-Ngum; 22.81% in Bansiao; 22.25% in Banmaipattana; and 17% in Nanokkok). Moreover, a needs assessment also reveals that the majority of the elderly are in the early-old elderly group (60-69 years old); graduated at an elementary education level; are married or living together; and are living with family members. Furthermore, the majority of them have no paid work and are in poverty. The study of SU-Indramethi (2014) mentioned that poverty was not the main problem of the elderly in rural communities in the southern areas (in Songkhla and Naknon Si Thammarat provinces), due to the fact that they have quite a stable local economy dependent on rubber planting, which is an important economic activity in the southern part of Thailand.

In terms of the socio-cultural context, rural communities in the northern region mainly are Buddhist communities, where strong relationships between local people and Buddhist monks and temples still exist. Consequently, at present, several local rituals and traditions are still inherited in rural northern communities, as mentioned in Chapter 4. The TanTod activity, for example, reveals outstanding northern rituals and tradition. It is based on the Buddhist ideology of doing good deeds or making merit, and providing mutual assistance for local people, who rely on the idea that they are all relatives. Therefore, assistance from TanTod is not interpreted as giving with derision; in contrast, it is interpreted as a kindness from relatives.

In terms of agricultural communities, rural northern communities mainly engage in rice farming for household consumption first, with the remainder of their product being sold later. In other regions, e.g. the central region, local people primarily farm rice for commercial production, while in the southern region, rubber tree plantations are the major source of income. Therefore, the northern elderly still engage in agricultural work and often have no time to participate in activities established in their communities. The different mode of production of each region leads to a different way of life for local communities, which directly influences the idea of establishing age-relevant activities in age-friendly community development. The study from the NSO (2014) shows that the elderly in the northeastern and southern regions still work as skilled agricultural and fishery workers, 32.9% and 26.6%, respectively. In the northern region, 24.8% of the elderly are skilled agricultural and fishery workers. As for participation in elderly clubs, the NSO report (2014) states that northern Thailand has highest percentage of the elderly who participate as members of elderly clubs (48.3%) followed by the northeast (39.3%), the central (26.2%), and the southern region (21.2%), respectively.

## **(3) Stage to develop an age-friendly community**

**(3.1) Beginning stage:** This stage is the vital starting point. The main principles of this stage include:

- Paying attention to simple and concrete activities that should not be too complicated.
- Such activities should explicitly respond to the needs of the elderly.

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<sup>5</sup> <http://service.nso.go.th/nso/nsopublish/themes/files/elderlyworkFullReport57-1.pdf>

- The activities should promote broad participation among local residents.
- The driving procedures in the initial stage should be paid attention to, with inclusive services such as activities that are continuously organized in all villages every week or every month.
- Such activities should be provided based on religious and local cultural beliefs.
- Performance results of such activities should be reported to the public or community.
- All activities should be transparent and open to inspection.
- Key age-related activities should be established. For example, the TanTod activity and the One-day One-Baht fund, organized in Hua-Ngum sub-district for vulnerable elderly groups, such as the poor, the abandoned, and the bedridden elderly. Working with the weak elderly, recognized as marginalized people in the community, will help the activities touch the “heart” of people. It is obvious that the elderly face many problems. Therefore, when money is donated and spent to help the elderly, people donating the money will be glad that they can actually help the elderly.
- Key community development strategies should be constructed. For example, monthly meetings at the sub-district or community level should be conducted to achieve transparency, trust, participation, and learning.

**(3.2) Stage of establishing core values and community spirit:** This stage aims to create and develop community spirit to which all community members should adhere for the context related to age-friendly community development, generosity and interdependence, persistence in doing good deeds for oneself, for other people, and for the overall community. This community spirit is an important fundamental principle of age-friendly community development, because when people are interdependent, the elderly will be helped and also encouraged to play a larger role in the community. The main principles of this stage are:

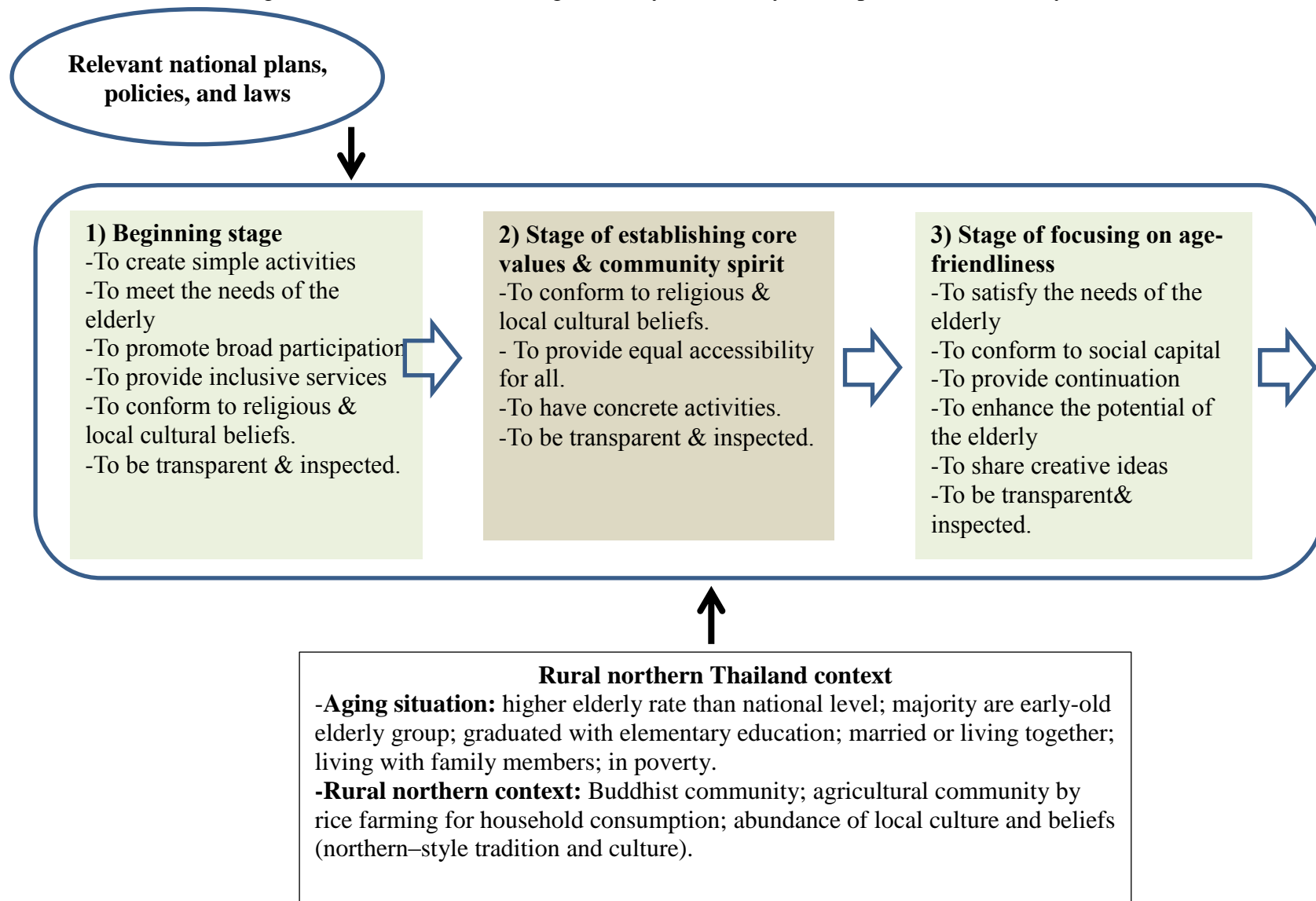
- Concern for the establishment of the working process based on religious and local cultural belief.
- Activities should be provided for all people to participate in the development of the community spirit, with equal access to all relevant procedures.
- Attention should be paid to tangible and concrete operations.
- Activities should be transparent and can be inspected, with performance results continually reported to the public or community.
- Key age-related activities should be established. For example, the Goodness Bank is a vital mechanism and procedure. It is clear that the elderly play an important role in successfully driving the Goodness Bank, resulting in its success. Moreover, based on the procedures of the Goodness Bank, people of both genders and all ages, including the poor and abandoned elderly, can be the members and participate in developing the community of Hua-Ngum sub-district.
- Key community development strategies should be constructed. For example, monthly meetings at the sub-district or community level should be conducted to achieve transparency, trust, participation, and learning.

**3.3) Stage of focusing on age-friendliness:** The procedures of this stage emphasize work specifically involved with the elderly, e.g. the establishment of the School for the Elderly, care provided for the bedridden elderly, and assistance provided for the elderly in need. With the results gained from the first two stages related to age-friendly community development, the stimulus for this stage is more distinct. The main principles of this stage include:

- Activities should be created to satisfy the needs of the elderly explicitly and systematically, based on social capital
- Activities should be continuously organized every week or every month.

- Activities should enhance the potential of the elderly so that they can play a role in stimulating age-friendly community development.
- Activities should express new and/or creative ideas to tackle the aging situation in the sub-districts and communities, namely social innovation on age-friendliness, which can meet the needs of the elderly.
- Activities should be transparent and can be inspected, with performance results continually reported to the public or community.
- Key age-related activities should be established. For example, the School for the Elderly should be established wherein the activities should be continuously organized every week or every month.
- Key community development strategies should be constructed. For example, monthly meetings at the sub-district or community level should be conducted to achieve transparency, trust, participation, and learning.

Figure 8-3: Process model of age-friendly community development at community level



### **(6.3) Process model of developing age-related activities**

This model aims to explain the process of developing age-related activities based on the community development cycle, i.e. assessment, planning, implementation, and evaluation. The model indicates four key steps to establish age-related activities, as follows:

**(1) Community Assessment step:** This step starts with the needs and problems of the elderly, such as potential for suicide, difficulties, and lack of community participation. Meetings in various forms are conducted to discuss and analyze the situations, e.g. meetings among core leaders, meetings at the village level, and monthly meetings at the sub-district level.

**(2) Planning step:** This step emphasizes construction of the implementation guidelines, where several issues should be planned, as follows:

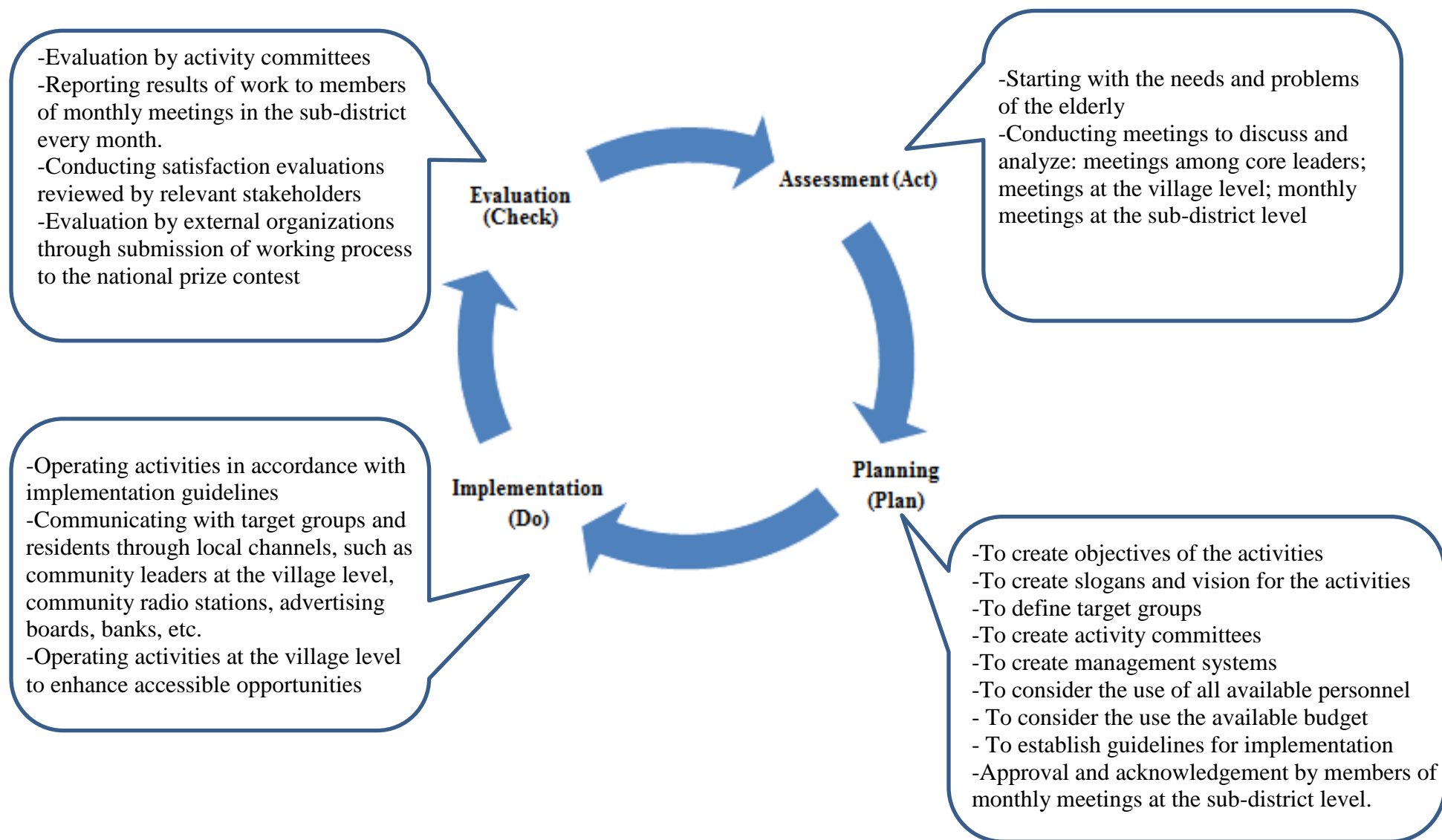
- To create the objectives of the activities.
- To create the slogans and vision of the activities, (e.g. the slogan of the Goodness Bank, School for the Elderly; One-day One-baht fund)
- To define the target group
- To create the activity committees
- To create a management system, (e.g. Goodness Bank and One-day One-baht fund system; School curriculum; guidelines to assist the elderly in TanTod and Little Doctors activities)
- To consider the use all available personnel
- To consider the use the available budget
- To establish guidelines for implementation

At the end of this step, the implementation guidelines established are approved and acknowledged by members of monthly meetings at the sub-district level.

**(3) Implementation step:** The designed age-related activities are implemented in accordance with the implementation guidelines. Communication is needed to communicate with the target groups and the residents through local channels such as community leaders at the village level, community radio stations, advertising boards, bank, etc. Afterwards, the SAO and its partners conduct the activities at the village level to enhance accessible opportunities, e.g. operating the Goodness Bank and the School for the Elderly at the village level.

**(4) Evaluation step:** Several forms of evaluation are conducted, e.g. evaluation by activity committee, reporting the results of the work to the members at the monthly meetings in the sub-district every month, conducting satisfaction evaluations that are reviewed by relevant stakeholders, and evaluation by external organizations through submission of the working process to the national prize contest.

Figure 8-4: Process model to develop age-related activity



## **6.2 Conclusion**

This Chapter leads to key issues for the implementation age-friendly community development in other rural sub-districts in the northern region of Thailand, as follows:

1) Key factors to be concerned with in age-friendly community development in other rural sub-districts include leadership, partnership, participation of the elderly and other local residents, and working processes based on social capital.

2) The explanation of how to develop an age-friendly community based on good practice studies (GP) of Hua-Ngum sub-district and four other selected sub-districts in northern Thailand can be summarized through three models, including: 1) the logic model of age-friendly community development, which aims to explain the assumed causal connections of input, output, and outcome of age-friendly community development; 2) the process model of age-friendly community development at the community level is a model to explain the stage of development of the age-friendly community. It depicts the stages of development of an age-friendly community that is divided into three stages, including: the beginning stage; the stage of establishing core values and community spirit; and the stage of focusing on age-friendliness; 3) the process model to develop age-related activities, which aims to explain the process of developing age-related activities based on the community development cycle (community assessment, planning, implementation, and evaluation).

## **Chapter 9**

### **Discussion and Conclusion**

#### **1. Discussion**

##### **1.1 Features and definition of the age-friendly community in rural northern Thailand**

The study and analysis of outcome components of the logic model of age-friendly community development, which is presented in Chapter 7, reveals six key features that answer the question, “What is an age-friendly community in rural northern Thailand?” These six key features provide social participation opportunities for the elderly, which include the following: 1) the opportunity for lifelong learning; 2) the opportunity for participation in the community development process; 3) the opportunity to connect with the isolated elderly; 4) the opportunity to integrate with younger generations; 5) the opportunity for contribution; and 6) the opportunity to be valued and respected.

These social opportunities lead us to cultivate a positive view toward the elderly as significant contributors to society and communities, rather than as passive, dependent recipients of benefits and services (Austin, et al., 2009). The elderly, moreover, are considered to be those who can flourish (Eales, et al., 2008:109) as productive and contributing members of society, as opposed to the negative perspective, which sees elders as passive and powerless older people (Alley, et al., 2007; Lui, et al., 2009). The evidence of these positive views toward the elderly is discussed in Chapter 7.

Additionally, based on these six features of the age-friendly community, the definition of the age-friendly community is proposed in Chapter 7. An age-friendly community is one in which the community establishes opportunities for social participation for the elderly. Those opportunities are based on participation of local people and the community’s social capital. Such opportunities foster social connectivity, both among active and isolated older people. Opportunities for social participation encourage older people to achieve an improved quality of life.

##### **1.2 Key issues to be realized as factors contributing to the success of age-friendly communities development in other sub-districts.**

The four key factors mentioned frequently by research participants include participants in Hua-Ngum sub-district, workshop participants in the four selected sub-districts, and Thai experts. The results and discussions mentioned in Chapter 6 (the study of key age-related activities established in Hua-Ngum sub-district), the results from the workshops in the other four selected sub-districts in the northern region, and the interviews with Thai experts (presented in Chapter 8), indicate these key factors.

**(1) Good leadership - both formal and informal leaders:** The formal leadership of the chief executives of the SAOs is mentioned. Good leadership includes leaders who have good vision for the future, who pay attention to the establishment of community welfare, who have look ahead to their aging population, and who consider the needs and problems of the elderly. In terms of informal leaders, Buddhist monks who have community development in mind are needed in the process of developing age-friendly communities in rural areas.

Leadership, however, can be a strength and a weakness at the same time (Walaisathien, et al. 2000). Leadership itself is not enough for sustainable community development because leaders can change at any time. Thus, sustainable age-friendly community development should depend on other key factors, such as residents’ participation and partnerships.

**(2) Strong partnership:** Strong partnerships exist on two levels – village level partnerships and sub-district level partnerships are needed in age-friendly community

development. At the village level, there is good cooperation among community leaders. In every Thai village or community, especially in rural areas, there are at least five formal community leaders, including village headpersons and two of his or her assistants, plus two members of the SAO Council. To enhance partnerships and cooperation among these community leaders at the village level, strategies to strengthen partnerships with them are needed. Monthly meetings at the sub-district level are an interesting and important strategy to enhance the mechanism of community leaders.

At the sub-district level, strong partnerships among various organizations within the community, moreover, are recognized as key factors contributing to the success of age-friendly community development. Good relationships and great cooperation among the SAO, Buddhist monks, the staff of THPH, schoolteachers, community leaders, elderly people and their organizations, and other related stakeholders (e.g. village health volunteers) should be developed and maintained. One strategy for maintaining this good relationship is the establishment and conducting of monthly meetings at sub-district level.

**(3) Conforming to religion and local culture:** Religion and local culture create social capital in the local community. Age-related activities should be established based on Buddhism and traditional beliefs. These activities seek to establish wide participation and cooperation of the local people.

**(4) Participation of the elderly:** As part of age-friendly community development, the elderly act as the “development drivers” and the “receivers of development results.” Projects such as the “Goodness Bank,” the “School for the Elderly,” and the “One-day One-baht Community Welfare Fund” have been smoothly and successfully achieved due to the strong participation of the elderly. The SAO and its partners tried to design the procedures to provide opportunities for the elderly because the projects could not be achieved without the participation of the elderly. Having participated in the activities and community development provided by the SAO, the quality of life of the elderly has been improved because the elderly have learned about the importance of health and exercise. In addition, the elderly become more confident as they are aware of their value and dignity.

### **1.3 Benefits from research results towards construction of guidelines to develop age-friendly communities in other sub-districts.**

There are four important beneficial results from the study. First, the explanation of age-friendly community characteristics and features gained from the study and analysis of the outcome of the five age-related activities established in Hua-Ngum sub-district, which are presented in Chapter 7. Moreover, the study of the four selected sub-districts in northern Thailand mentioned in Chapter 8 show examples of the benefits of age-related activities established by other local communities.

Second, the explanation of the AFC development model obtained from the study of the five key age-related activities (presented in Chapter 6), the study of the history of the development of age-friendly communities, the process to develop an age-friendly community in Hua-Ngum sub-district (presented in Chapter 6), and the outcome of five age-related activities established in Hua-Ngum sub-district (presented in Chapter 7). Furthermore, the results of Chapter 8, which were gained from the workshops in Hua-Ngum and the interviews of Thai experts, also benefitted the explanation of the AFC development model.

Third, the explanation of key factors contributing to the success of age-friendly community development gained from the study of five key age-related activities conducted in Hua-Ngum sub-district express the data on key factors related to the success of each activity (mentioned in Chapter 6). The results gained from the study in the four other selected sub-districts (including documentary study, interviews of key participants, and workshops) and

interviews of Thai experts (Chapter 8) are an important source of data to benefit the explanation of key factors related to the success of age-friendly community development.

Fourth, the explanation of remarkable issues refers to the other important points, which should be assessed in the development of the age-friendly community. The results gained from quantitative study, presented in Chapter 5, are the main source of data to describe such explanation.

#### **1.4 Guidelines to develop age-friendly communities in other sub-districts in northern Thailand**

There are four issues that are important guidelines to follow when developing age-friendly communities in other rural sub-districts and communities, as follows:

##### ***(1) Guidelines on rural age-friendly community definition and characteristics***

##### **(1.1) Definition of the rural age-friendly community**

An age-friendly community means a community that establishes opportunities for social participation for the elderly. Those opportunities are based on participation of local people and regarded as the community's social capital. Such opportunities foster social connectivity, both among active and isolated older people. Opportunities for social participation encourage older people to achieve a higher quality of life.

##### **(1.2) Characteristics of the rural age-friendly community**

There are six key features that indicate age-friendliness within the local community. To achieve the six key features, local communities need to concern themselves with providing these opportunities, as follows:

- To provide opportunities for lifelong learning through activities that aim to support useful information and learning, increase self-esteem, support changes to good behavior, and decrease chance of becoming victims of scams. Examples of age-related activities include: the School for the Elderly at the sub-district and village level; field visits (outside the community); a Dharma Practice project; training courses or lectures on health; and vocational training; to name a few.

- To provide opportunities for participation in community development by providing activities that increase social participation in community development and support community gatherings. Examples of age-related activities to be offered include: the Goodness Bank and the School for the Elderly at the sub-district and village level.

- To provide opportunities to connect with isolated elderly by providing activities that support participants receiving psychological support, assistance to relieve their problems, and efforts to include them as part of the community. Examples of age-related activities to serve this function include: the TanTod activity, the Little Doctors activity; the One-day One-baht community welfare fund, volunteer groups for the bed-ridden elderly and people with disabilities, and home visits for the elderly by elementary school children.

- To provide opportunities for integrating with younger generations by providing activities that promote chance to interact with younger people. Examples of age-related activities to be operated include: the Little Doctors activity and the project to pass on local wisdom to the younger generations.

- To provide opportunities for contribution by providing activities that promote chances for the elderly to share their knowledge and abilities with the community by doing good deeds and supporting the elderly to help each other. Examples of such age-related activities include: the Goodness Bank, the One-day One-baht community welfare fund, and the project to share the knowledge of the elderly with younger generations.

- To provide opportunities to be valued and respected by providing activities that promote pride among the elderly, gain respect from other community members, and view the elderly as valued community members. Examples of this type of age-related activities

include: the Goodness Bank, ceremonies of respect (such as during Songkran festival), the “Excellent Mothers and Fathers” ceremony, the School for the Elderly at the sub-district level, and the TanTod activity.

## ***(2) Guidelines on stages of development of the age-friendly community***

These guidelines are based on contextual differences of each community and the dynamic natures of the local communities. Therefore, to establish age-friendly communities, three significant stages are to be considered, as follows:

**(2.1) The beginning stage:** This stage is the vital starting point. The main principles of this stage include:

- To pay attention to the simple and concrete activities that should not be too complicated.
- To realize that the activities should explicitly respond to the needs of the elderly.
- To concern that the activities should promote broad participation among the local residents.
- To pay the importance of inclusive services, such as that activities should be organized on a weekly or monthly basis in all villages.
- To realize that activities should be provided based on religious and local cultural beliefs, namely social and cultural capital.
- To pay attention that all activities should be transparent and can be inspected. For example, performance results of such activities should be reported to the public or community regularly.
- Key age-related activities should be established. For example, the TanTod Activity and the One-day One-Baht Fund, organized in Hua-Ngum sub-district for the vulnerable group of the elderly, such as the poor elderly, the abandoned elderly, and the bedridden elderly. Working with the weak elderly, recognized as a marginalized people in the community, will help the activities touch the “heart” of people. The elderly face many problems, therefore, when money is donated and such money is spent to help the elderly, people donating such money will be glad that they can provide help to the elderly.
- Key community development strategies should be constructed. For example, monthly meetings at the sub-district or community level should be conducted to achieve transparency, trust, participation, and learning.

**(2.2) The stage of establishing core values and community spirit:** This stage aims to create and develop community spirit, to which all community members should adhere. The contexts related to the age-friendly community development include generosity, interdependence, and persisting in doing good deeds for oneself, other people, and the overall community. This community spirit is an important fundamental element of age-friendly community development because, when people are interdependent, the elderly will be helped and encouraged to play more productive roles. The main principles of this stage include:

- To concern on the establishment of working processes based on religious and local cultural beliefs, namely social and cultural capital.
- To realize that the activities should provide a chance for all people to participate in the development of community spirit with equal access to the relevant procedures.
- To pay attention to tangible and concrete activities.
- To realize that all activities should be transparent and can be inspected. For example, the performance results of such activities should be reported to the public or community regularly.
- Key age-activities should be established. For example, the Goodness Bank is a vital mechanism and procedure. It is clear that the elderly play an important role in successfully driving the Goodness Bank, with positive results. Moreover, through the procedures of the

Goodness Bank, people of all sexes and ages, including the poor and abandoned elderly, can be members and participate in developing the age-friendliness and cozy community of Hua-  
Ngum sub-district.

- Key community development strategies should be constructed. For example, monthly meetings at the sub-district or community level should be conducted to achieve transparency, trust, participation, and learning.

**(2.3) The stage of focusing on age-friendliness:** The procedures of this stage emphasize work specifically involved with the elderly, e.g. the establishment of the School for the Elderly, care provided for the bedridden elderly, and assistance provided for the elderly in need. With the results gained from the first two stages related to age-friendly community development, the driving of this stage is more distinct. The main principles of this stage include:

- To realize that the activities should be created to satisfy the needs of the elderly explicitly and systematically, based on social capital.

- To pay attention to the continuation of activities, which should be provided every week or every month.

- To realize that the activities should enhance the potential of the elderly so that they can have a role in driving age-friendly community development.

- To be aware on the new and/or creative ideas to tackle the aging situation in the sub-district communities, namely social innovation on age-friendliness, which can meet the needs of the elderly.

- To realize that all activities should be transparent and can be inspected. For example, the performance results of such activities should be reported to the public or community regularly.

- Key age-activities should be established. For example, the School for the Elderly should be established and activities should be continuously organized every week or every month.

- Key community development strategies should be constructed. Monthly meetings at the sub-district or community level should be conducted to achieve transparency, trust, participation, and learning.

### ***(3) Guidelines on the process of developing an age-friendly community***

This process includes four key steps, as follows:

- **Community Assessment:** This step should start with assessing the needs and problems of the elderly. Meetings in various forms should be conducted for discussion and analysis, e.g. meetings among core leaders, meetings at the village level, and monthly meetings at the sub-district level.

- **Planning:** This step should emphasize the construction of implementation guidelines, where several issues should be planned, as follows:

- To create the objectives of the activity.

- To create the slogan and vision of the activity, (e.g. slogan of Goodness, School for the Elderly; One-day One-baht fund)

- To define the target group

- To create activity committees.

- To create management systems, (e.g. Goodness Bank and One-day One-baht fund systems; School curriculum; guidelines to assist the elderly in TanTod and Little Doctors activities)

- To consider to use of all available personnel

- To consider to use of the budget available

- To establish guidelines for implementation

At the end of this step, the implementation guidelines established should be approved and acknowledged by members of the communities.

- **Implementation:** The age-related activities designed are implemented in accordance with the implementation guidelines. Communication strategies with target groups and residents should be through local mechanisms, such as community leaders at the village level, community radio stations, advertising boards, banks, etc. Afterward, the SAO and its partners should operate the activities at the village level to enhance accessibility and opportunities, e.g. operating the Goodness Banks and the Schools for the Elderly at the village level.

- **Evaluation:** Several forms of evaluation should be conducted, e.g. evaluation by activity committee, reporting the results of the work to members of the monthly meetings at the sub-district every month, conducting satisfaction evaluations, which are to be evaluated by relevant stakeholders, and evaluations by external organizations through submission of the working process to national prize contests.

#### ***(4) Guidelines on key factors and conditions contributing to the success of age-friendly community development in Northern Thailand***

There are four key factors that should be relied on heavily in age-friendly community development in rural northern Thailand.

(4.1) *Concern of good leadership from both formal and informal leaders:* As formal leaders, the leadership of the chief executive of the SAOs is mentioned. Good leadership includes leaders who have good vision, who pay attention to the establishment of community welfare to help residents, who are forward thinking in regards to aging, and who are earnest in their assessment of elderly needs and problems. In terms of informal leaders, Buddhist monks who have community development in mind are needed in the process to develop age-friendly communities in rural areas. However, it should be noted that leadership itself is not enough for sustainable community development, because leaders can change anytime. Thus, sustainable age-friendly community development should rely on other key factors, such as partnerships.

(4.2) *Relying on strong partnerships:* There are strong partnerships on two levels, at the village level and at the sub-district level, both of which are needed in age-friendly community development. In terms of the village level, there is good cooperation among community leaders at the village level. The monthly meetings at the sub-district level are an interesting and important strategy to enhance the mechanism of community leaders. For strong partnerships at the sub-district level, good relationships among various organizations within the community are needed. One strategy for maintaining these good relationships is the establishment and conducting of monthly meetings.

(4.3) *Relying on the agreement between religion and local culture:* Religion and local culture refer to social capital of the local community. The age-related activities should be established based on Buddhism and local beliefs. Therefore, these activities can encourage the wide participation and cooperation of local people.

(4.4) *Relying on participation of the elderly:* In an age-friendly community development, the elderly should act as the “development drivers” and the “receivers of development results.”

#### ***(5) Some remarkable issues should be considered in age-friendly community development***

(5.1) *Pay attention to the “watched group:”* There are elderly people who need special support to promote and enhance social participation in community life. Those elderly, who are in the “watched group,” include the old-old elderly group (80+ years old), the older women, the elderly who have never been enrolled in formal education, the elderly who do not

have spouses (widowed, divorced, separated, unmarried), the elderly who have no paid work, and the elderly living in poverty.

(5.2) *Pay attention to promoting productive and political social participation among the elderly:* These two types of elder social participation can lead to achieving meaning in later life, which directly influences the enhancement of quality of life of the elderly.

(5.3) *Realizing the importance of aging and the gender issue:* Older women are at greater “risk” than older men of being vulnerable older people in every aspect: demographics, health, and economics. Older women seem to be in a higher risk group than older men to become vulnerable older people. With greater longevity than men, these women will become vulnerable elderly people. They may suffer from chronic diseases without support from family members. Therefore, to be an age-friendly community, such issues should be paid attention to and considered seriously.

### **1.5 Remarkable conditions in implementing the age-friendly development model and guidelines in other sub-districts, particularly in rural northern Thailand.**

There is diversity among rural communities and each community has its own history and context. Consequently, there cannot be one model or guide to developing age-friendly communities for all (Eales et al., 2008:120). Therefore, it is necessary to analyze and criticize the causes of the problems within the community and then consider the existing social capital to find proper resolutions that meet the needs of the elderly people and community as a whole. The age-friendly community model and guidelines established are the result of lessons learned in Hua-Ngum sub-district. They aim to guide how to develop an age-friendly community. In the community development context, the “lessons learned” from the study of good practices can provide benefits by supporting the learning process of local communities (Walaisathien et al., 2000). They can learn from previous experiences, which would allow them to move forward, rather than starting from zero.

To illustrate, as a Buddhist community, activities conducted in Hua-Ngum are based on Buddhist principles, such as the Goodness Bank. TanTod is also a case in point that traditional practices can be revived to solve problems. Therefore, such activities (these same activities) might be impossible to implement in rural northern Thailand located in the highland ethnic communities, such as among the Hmong, Karen, and Lahu mountain people who have different religious beliefs.

Furthermore, other Buddhist communities in the rural north sometimes have limitations on establishing the same activities as Hua-Ngum sub-district. Therefore, the final age-friendly community development model and guidelines established in this study are emphasized as the “meaning of the activity” rather than “the name of the activity.”

For example, the meaning of the TanTod and Little Doctors activities refers to activities that support connecting with the isolated elderly. Thus, other sub-districts or communities can implement these ideas (establishing activities that support connecting with the isolated elderly) in their own communities using different names and patterns of activities depending on their own social capital. In some sub-districts, there are no schools, thus they might provide activities that support connecting the isolated elderly with other groups, e.g. the elderly club or village health volunteers (VHVs), who conduct home visits for bed-ridden elderly instead.

### **1.6 Discussion of leadership in age-friendly community development**

*Who will make them good and strong leaders?* Issues related to leadership have been emphasized as significant factors influencing the success of age-friendly community development. Although it has been explicitly specified in the relevant laws, the Local Administrative Organization has the roles, duties, and responsibilities for developing the

quality of life of the elderly (including the quality of life of other groups as well). The study results reflect that not all leaders of the Sub-district Administrative Organization (SAO) pay attention to the importance of the quality of life development of the elderly. It is obvious that many sub-districts just host annual activities, such as the water-pouring ceremony during the Songkran Festival. However, some SAOs, e.g. the leaders of the Hua-Ngum SAO, have innovatively developed social activities. Thus, supporting and developing SAO leaders to establish good leadership for age-friendly community development is vital.

Government bodies including the Ministry of Public Health and the Department of Local Administration, in association with the Department of Older Persons, are the main departments supervising the SAO and elderly quality of life development that have initiated the concept of the age-friendly cities in Thailand since 2014. Universities should develop programs and curricula related to the training provided for the SAO leaders so that they can become active in age-friendly community development.

Currently, the Department of Local Administration provides the training for the SAO leaders with the aim of continuously enhancing the potential of the SAO executives. The Department of Older Persons needs to cooperate with the Department of Local Administration in terms of good leadership for age-friendly community development.

Apart from the leadership, encouraging people, especially the elderly, to have bargaining power with the SAO leaders is also very important. It is obvious that the elderly are the main target group having the voting power for the election of the chief executive of the SAO. As such, the community workers of the SAO should also play a role in supporting the elderly to achieve bargaining power so that the chief executive of the SAO can determine and implement policies related to age-friendly community development.

Regarding the informal leaders, Buddhist monks are recognized as leaders who play a significant role in successful age-friendly community development. It can be seen from the study results that, although there are monks and temples in all sub-districts, only the monks in Hua-Ngum sub-district play important roles in general community development and age-friendly community development. According to the provisions of the Monks Act, the monks have six roles and duties related to community development, namely administration, education, publication, welfare education, welfare, and public assistance.

As a result, the programs supporting and developing monks to be community development workers and leaders in the development of the age-friendly community should be initiated and achieved. In fact, participation of the monks in community development is not a new matter. However, the role of monks in community development has disappeared from society over the years, with such roles being replaced by other social institutes (Lapthananon, 2012: 33). In Thailand, there are two monk universities, i.e. Mahamakut Buddhist University and Mahachulalongkornrajavidyalaya University, providing education at the undergraduate, graduate, and postgraduate levels. So, the monk universities can be regarded as a social actor that can support and develop the community development monk programs.

According to the study of Lapthananon (2012), the Thai government initiated a project supporting the roles of monks in rural development (although this project mainly focuses on political targets, it provides several concrete benefits for rural development). In 1964, the religious pilgrimage project was implemented, wherein monks were assigned to work in tribal communities in northern Thailand so that they could learn about the local lifestyle and creative community development in terms of vocational development, education, health, sanitation, etc. However, according to Lapthananon (2012), this project aimed for political results rather than rural development. In roughly the same time period (1966), the two monk universities in Thailand provided training for monks with the goal of local development, with the emphasis on Buddhist learning and development for six months. Upon

completion of the training, monks would return to their domiciles and act as rural development leaders. However, this project ended in 1973 due to budget limitations.

It can hence be concluded that good relationships must be supported by reinforcing processes, such as learning promotion, training sessions for new knowledge, and procedures encouraging local leaders, both the formal and the informal ones, to understand the value of age-friendly community development. The major actors for this process include the personnel of relevant government bodies such as the Department of Local Administration, the Department of Older Persons, the Ministry of Public Health, general universities, monk universities, and non-government organizations (NGOs) working on leadership development for rural development. These organizations should cooperate as an associate network to bring about “change agent” community leaders for age-friendly community development.

### **1.7 Contribution of the study**

As contributions of the model and guidelines constructed in this study, there are two important points:

1) Results of the present study lead to an extension of knowledge boundaries on the age-friendly community concept and model.

Literature review of the age-friendly community concept and experience indicates a lack of research focused on age-friendly rural communities and remote areas (Menec & Nowicki, 2014; Lui & colleague, 2009: 119). Moreover, such a concept and experience are mainly based on the experience of the geographical west, such as the United States, Canada, Europe, etc. Therefore, the age-friendly community development model constructed in this present study can extend the knowledge boundaries on the age-friendly community concept and model based on the experiences of rural communities in developing countries in Southeast Asia. Focusing on the social participation domain, the present age-friendly community development model can guide and inspire other rural communities in Southeast Asia, where we have shared core values, e.g. Buddhist countries, rice planting agrarian societies.

2) The AFC model and guidelines built in this present study can lead to increased diversity of the AFC model and guidelines, without having to rely only on the WHO model and guidelines. Other rural communities can make the choice to learn how to become age-friendly communities.

Developing age-friendly cities and communities in the world nowadays mainly implement the WHO’s age-friendly cities and communities concept and model. The “WHO Global Network for Age-friendly Cities and Communities” was established to foster the exchange of experience and mutual learning between cities and communities worldwide (WHO, 2017)<sup>1</sup>. As of 2015, there were over 280 cities and communities that had joined the network, though only eight were Asian cities, from China, Japan, Korea, and Turkey (Chao&Huang, 2016). Furthermore, most of the cities and communities that implemented the WHO’s model are big cities. Therefore, the age-friendly community development guidelines established in this study can make a difference from the previous age-friendly cities and communities model, especially the WHO’s AFC model and guidelines.

The AFC model and guidelines developed in this study emphasize explanation of the assumed causal connections of input, output, and outcome of age-friendly community development, the stages to develop age-friendly communities, and the processes to develop age-relevant activities. Furthermore, the established model is considered as a community development model, which leads to the improvement of the quality of life of the elderly and community development as a whole, while the WHO’s model and guidelines focus on eight

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<sup>1</sup> [http://www.who.int/ageing/projects/age\\_friendly\\_cities\\_network/en/](http://www.who.int/ageing/projects/age_friendly_cities_network/en/)

fundamental domains of age-friendly cities and communities. These eight domains share features and characteristics of age-friendliness within cities and communities. Hence, this study could contribute a choice for developing age-friendly communities by providing another AFC model and guidelines confirming that there need not be only one AFC model or guide to fit every community (Eales et al., 2008:120).

In terms of input of the AFC development model and guidelines constructed in this study, they have three main inputs for the model, including; 1) needs assessment; 2) good practice study (GP study); and 3) possibility study.

1) Needs assessment: It is an important process to develop AFC at the first step. In this study, needs assessment constructed through survey research led to the community database on QOL and the needs of the elderly. In Thailand, a lack of such data is an important problem that directly influences the effectiveness of the working process to improve the QOL of Thai elderly. This study confirms that a needs assessment is needed for age-friendly community development.

2) Good practice study (GP study): Comprehensive investigation of the GP study leads to new information and ideas to describe features of age-friendly communities in rural areas. The first guide to age-friendly communities in rural and remote areas was established from experiences in Canada by the Federal, Provincial, and Territorial (F/P/T) Ministers Responsible for Seniors. It was based on the WHO model, thus a new AFC model in rural areas had not yet been proposed.

3) Possibility study: The study of the possibility of implementing the AFC development model based on the GP study (Hua-Ngum's experience) into other sub-districts, is an important input of building the model in this study. It is not only a relevant research method for gaining data, but also a community development process that encourages local communities to be aware of aging society preparation, age-friendly community development, and community development as a whole.

### **1.8 Comparing the constructed age-friendly community development model and guidelines with previous models and guidelines**

There are several AFC definitions proposed by scholars, such as that the AFC means a community designed to promote and ensure health, security, and participation among older people (Everingham et al., 2009), the processes to promote positive health behaviors and physical health (Cherry et al, 2011), a way to promote healthy aging that is identified by life satisfaction and self-perceived health (Menec & Nowicki, 2014), age-friendly processes to ensure healthy aging in terms of raising awareness of older people as a resource to society, personal and community empowerment, accessibility of the full range of services, and supportive physical and social environments (Green, 2012). This study also contributes the definition of the AFC as the process to develop an age-friendly community in a rural context, which conforms to previous definitions. However, this study has important points that differentiate it from previous definitions. It considers an age-friendly community to be a "community development process," of which benefits of such processes do not contribute to only the elderly but to the community as a whole. Therefore, age-friendly community development based on the actual working experience of the GP study (Hua-Ngum sub-district) can be recognized as an important and interesting community development model in rural areas (including communities in semi-city, semi-rural areas).

In this model, the importance of the elderly as the "center" of community development is recognized, with the realization and reflection that the elderly have potential and are powerful resources that can drive community development. In other words, in age-

friendly community development, the elderly act as the “development drivers” and the “receivers of development results.”

In the case of the AFC model and the guidelines by the WHO (2007), the definition of AFC is not clearly specified. The WHO mentions eight domains of an AFC, which define its features and characteristics. Those eight domains indicate the “holistic view” to tackle aging and aged societies across the world. Compared to the WHO’s model and guide, this study does not show the holistic view, but instead focuses on the social participation domain. Thus, the model and guidelines constructed might have weak points in the areas of a holistic approach for tackling aging-aged society. However, such a model and guidelines are suitable to the rural context where limitations of budget, manpower, knowledge, and specialists are taking place.

The different context in establishing the AFC model is another interesting comparison. As mentioned previously, the AFC model and guidelines in the world currently are based on the experiences of the West. Hence, there is a notable difference between AFC development and guidelines constructed based on the experiences of rural communities in developing countries in the East. Chao & Huang (2016) proposed a social context difference when implementing the WHO’s AFC model in Taiwan. For example, they mentioned that in Western culture, individualism has a strong influence in the context of developing age-friendly cities and communities, thus it is essential to study the needs of older individuals in communities. In contrast, the cultures of most East Asian countries are based on collectivism related with the deep-rooted culture of respect for the elderly and emphasis on family values. In sum, they have concluded that East Asian countries usually place more emphasis on family values and devote themselves to their families, while in Western societies the elderly emphasize individual independence (Chao & Huang, 2016:86).

Conforming to the Chao & Huang concept (2016), the AFC model and guidelines built in the present study are based on collectivism more than individualism. Collectivism relates to cultures of respect for the elderly, family, and community values as well. Therefore, the model and guidelines established are seen as a community development model that places the elderly at the “center” of the community development as givers and receivers with dignity.

Compared to other community-based models for enhancing the quality of life of the Thai elderly, Community-based Multi-Purpose Senior Citizen Centers (MPSCs), run by the Ministry of Social Development and Human Security (MoSDHS), and the model to Develop QOL of the Thai Elderly, by the Foundation of Thai Gerontology Research and Development Institute (TGRI), are selected as comparisons with the AFC development model and the guidelines established in the present study. These two organizations have important roles and duties to drive improvement of QOL of the Thai elderly and preparation for Thai aging society directly. MPSCs were introduced in 2007 through implementation in eight pilot provinces across the nation (MoSDHS, 2007). The idea to establish MPSCs was obtained from the study and recommendation of Prof. Sasiphat Yodphetch, a specialist member of the National Commission of the Elderly (NCE). MPSCs aim to make services accessible by encouraging recognition of older persons' contribution, e.g. as volunteers, employees, and protectors of their own rights. The MoSDHS produced a manual on implementation of MPSC in Thailand. The manual guides the process of developing MPSCs by providing information on the concept of the model, its objectives and benefits obtained through MPSCs, requisite factors in establishing and undertaking MPSCs, guidelines for establishment, activities of MPSCs, and strengthening MPSCs for long-term servicing of older persons.

However, data from an interview with Prof. Sasiphat Yodphetch, who initiated the idea and concept of MPSCs in Thai society, indicates that important limitations on MPSC development represents a misunderstanding by the heads of local authorities who implement such ideas and centers. Some of these local authority heads focus on building center construction above the content of the centers. Consequently, many MPSCs have buildings but lack the process to achieve MPSCs aims (Yodphetch, interview, May 16<sup>th</sup>, 2016).

To compare this with the AFC development model built in this study, the establishment of MPSCs is based on the idea of autonomous elderly organization in local communities, which needs its own building, budget, staff, and management. Hence, it requests several sources of investment. Finally, such needs will be an obstruction or limitation to the establishment of MPSCs, while the AFC development model constructed refers to the process to establish an age-friendly community based on social capital already in existence in local communities and integration with the community development process as a whole. Thus, it does not request the investment of large amounts of additional resources to establish a new organization. Therefore, the AFC development model and guidelines conducted have the potential to be implemented widely and easily because they are not alienated from community development as a whole.

In the case of the model to Develop QOL of the Thai Elderly as proposed by TGRI<sup>2</sup> (2012), TGRI has worked closely with Local Administrative Organizations (LAOs) by emphasizing the willingness of LAOs to become involved in the research projects. Stakeholders in the sub-district (such as LAOs, elderly clubs, relevant governmental organizations, e.g. THPH, schools, etc.) joined together and created the development plan for developing QOL of the elderly based on data and knowledge. Such a plan was focused on four dimensions; 1) long-term care; 2) age-friendly environment; 3) vocational training and employment; and 4) preparation for aging. Moreover, TGRI has supported needed academic knowledge through academic seminars and workshops as well as providing field visits.

In the action process, LAOs have operated age-related activities, which have responded to the needs and problems of the elderly in their own communities, according to the action plan, and have set up the monthly meetings at the sub-district level to drive the working process and encourage mutual learning. Finally, their processes have been monitored and evaluated by scholars from universities, focusing on the progress of the work across the four dimensions. Furthermore, the learning process from other sub-districts, or LAOs, in the form of a network, was created.

This TGRI model has the same idea, which focuses on the role of LAOs as key important local organizations to drive development of QOL of the elderly while paying attention to the cooperation and participation of key stakeholders in the sub-district, (e.g. LAOs, elderly clubs, THPH, schools, etc.). Importantly, the TGRI model focused on the four dimensions as stated above (not include social participation of the elderly), while the AFC development model established focuses on the social participation domain. Therefore, these two models support each other. They lead to more age-friendliness within the sub-district.

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<sup>2</sup> TGRI was established by resolution of the National Commission of the Elderly (NCE) in 2006 with the aim to research and gather knowledge related to older persons both in Thailand and in foreign countries, promote the system development for improving QOL of Thai elderly, and publicize age-related knowledge and innovation toward the society as a whole.  
(source: [http://thaitgri.org/?page\\_id=35858](http://thaitgri.org/?page_id=35858))

## **2. Limitation of the study**

The study has a weakness with regards to reliability: Trustworthiness is an important keyword in the examination of reliability in qualitative research (Golafshani, 2003: 601). Triangulation is a key strategy to achieve trustworthiness and reliability in such research. According to the study of Golafshani (2003), conclusions about triangulation are as follows:

- Method triangulation by combining multi-methods, such as observation, interviews, and recordings will lead to more valid, reliable, and diverse construction of realities.
- Data triangulation by allowing participants in a research to assist the researcher in the research question as well as with the data collection.
- Analysis triangulation by allowing several investigators or peer researchers' interpretation of the data at different times or locations and/or interpretations with multiple perceptions in the realism paradigm.

In terms of reliability, this study emphasized both method and data triangulation. As methods of triangulation, the study used several methods, both qualitative and qualitative, to investigate the finding.

For data triangulation, the study was designed to acquire data from several research participants, such as the elderly and their family members, administrators of relevant organizations in the sub-districts, community leaders, staff members who work at the practical level, and experts at the national level. Moreover, the study was designed to compare the experience of good practice (Hua-Ngum sub-district) with other sub-districts in northern Thailand.

As analysis triangulation, it seems to be a significant weakness of this study. The process of analysis and interpretation was primarily conducted by the researcher, but the process the allowing several investigators or peer researchers' interpretation of the data at different times and locations, with multiple perceptions and interpretations in the realism paradigm, was not well designed. Discussion with experts, presenting the results in classes, and evaluation through peer review at academic conferences and journals were the processes by which the researcher conducted analysis triangulation.

## **3. Conclusion**

An age-friendly community means a community that establishes opportunities for social participation for the elderly. Those opportunities are based on the participation of local people and are regarded as the community's social capital. Such opportunities foster social connectivity, both among active and isolated older people. Opportunities for social participation encourage older people to achieve a higher quality of life.

An age-friendly community consists of six key components, as follows: 1) opportunities for lifelong learning; 2) opportunities for participation in the community development process; 3) opportunities for connecting with isolated elderly; 4) opportunities for integrating with younger generations; 5) opportunities for contribution; and 6) opportunities to be valued and respected.

Regarding implementation, three stages of age-friendly community development should be realized, including: 1) the beginning stage; 2) the stage of establishing core values and community spirit; 3) the stage of focusing on age-friendliness

Furthermore, at the activity level, there are four important steps to developing age-related activities that indicate age-friendliness within the sub-districts or communities, including: 1) community assessment; 2) planning; 3) implementation and action; and 4) evaluation. The age-friendly community process is not linear in its steps. In contrast, it represents a dynamic community development process that needs to be developed steadily.

Key factors to be considered in the process of age-friendly community development in other sub-districts are: 1) good leadership from both formal and informal leaders; 2) strong partnerships; 3) concordance to religion and local culture; and 4) participation of the elderly.

These results answer the important research question of this study, which is, *“How to develop and implement age-friendly communities in Thai rural communities, particularly in the northern region?”*

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## **Appendix**

<b>Questionnaire to Survey Quality of Life, Needs and Social Participation of Hua-Ngum Older Persons</b>
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Village.....

**Explanation:**

This survey study is partly of the Ph.D. dissertation on “**Age-friendly Communities Development in Northern Thailand: Hua-Ngum’s Experience and Implementation in Other Sub-districts**” by Rungnapa THEPPARP who is a student of Graduate School of Social Welfare, Japan College of Social Work, Japan.

The survey has the objective to obtain basic information on the elderly’s quality of life and elderly’s needs, especially social participation needs. The information will be used as basic data for the development of an age-friendly community in Hua-Ngum Sub-district, Phan District, Chiang Rai Province, Thailand. The survey consists of seven parts are as follows:

- Part 1:** General Information of the Elderly
- Part 2:** Health Status and Access to Care of the Elderly
- Part 3:** Elderly Housing Conditions
- Part 4:** Informative Learning and Needs of the Elderly
- Part 5:** Employment and Income of the Elderly
- Part 6:** Social Participation and Social Connectivity of the Elderly
- Part 7:** Other Suggestions

The researcher would like to ask your kind cooperation to give complete and actual replies by interviewing you (the elderly) or your relatives to obtain the complete information according to this questionnaire. The data obtained will be analyzes to illustrate the overall picture without effects to you (the elderly) or the informants.

During this study, you will be asked to answer some questions about your basic information that related with your quality of life, needs and problems. This interview is designed to be approximately 20 minutes in length. However, please feel free to expand on the topic or talk about related ideas. Also, **if there are any questions you would rather not answer or that you do not feel comfortable answering**, please say so and we will stop the interview or skip to the next question, whichever you prefer without punishment or any risks.

**For confidentiality**, all the information will be kept confidential. I will keep the data in a secure place. Only myself and faculty supervisor will have access to this information. Upon completion of this project, all data will be destroyed or stored in secure location.

The researcher hopes to get your kind collaboration and would like to thank you on this occasion.

**Informant**

- ☐1. The elderly
- ☐2. The relatives (Pls. specify the relationship with the elderly).....

**Name of Interviewer**.....

**Date of interview**.....

## Part 1: General Information of the Elderly

1. Age ..... years old.
2. Sex ☐1. Male ☐2. Female
3. Education
  - ☐1. Never enrolled in formal education. ☐2. Elementary school (pls. specify).....
  - ☐3. Junior high school/middle school ☐4. High school or Vocational School
  - ☐5. High vocational school/Associate degree ☐6. Bachelor's degree
  - ☐7. Master's degree ☐8. Doctoral degree
  - ☐9. Other (pls. specify).....
4. Marital status
  - ☐1. Married/living together ☐2. Widowed ☐3. Divorced ☐4. Separated
  - ☐5. Unmarried

## Part 2: Health Status and Access to Care of the Elderly

5. Last year, did you access yearly health examination? (e.g. blood examination to find diabetes, cholesterol, measurement of blood pressure, urine and stool examination)
  - ☐1. Yes. ☐2. No.
6. Last year, did you access care and treatment when being ill?
  - ☐1. Yes. ☐2. No.
7. Last year, did you exercise <sup>1</sup> at least 3 days a week?
  - ☐1. Yes. ☐2. No.
8. Do you have any health problem now?
  - ☐1. Yes. (Pls. specify).....
  - ☐2. No.
9. What is your limitation to access care and treatment?  
.....  
.....

## Part 3: Elderly Housing Conditions

10. Do you living alone?
  - ☐1. Yes. ☐2. No.
11. In case that living alone, do you live nearby your family members or relatives?
  - ☐1. Yes. ☐2. No.
12. How about your current residence/house?

Conditions of current residence/house	Yes	No
1.The safely climb-up/down ladder		
2.Enough Lighting		
3.Handrail inside the house		
4.Handrail inside the toilet		
5.Non-slippery floor		
6.Non-step floor		
7. Flushing toilets/western toilets		
8.Other (Pls.specify).....		

<sup>1</sup> means the moving or exercise that make you feel moderate tired at least 3 days per week and 10-30 minutes a day.

#### Part 4: Informative Learning and Needs of the Elderly

13. Last year, did you attend in the training, seminar, meeting or any educational activities that were held by the organizations or senior citizen club?

☐1. Yes. ☐2. No.

14. Last year, did you access to news, information on elderly rights or social welfare through these medias channels?.

Media Channels	Yes	No
15.1 Books, newspapers, magazines		
15.2 Television		
15.3 Radio		
15.4 News broadcasting tower in community		
15.5 Seminar/meeting		
15.6 Volunteers		
15.7 Other (Pls.specify).....		

15. What do you would like to learn more?

.....  
.....

#### Part 5: Employment and Income of the Elderly

16. Are you working (paid work)?

☐1. Yes. ☐2. No.

17. If no, do you desire to work and successfully get employment?

☐1. Yes, what kind of work do you would like to do? (Pls. specify)

.....  
.....

☐2. Not desire to work, (reasons)

.....  
.....

☐3. Other

.....  
.....

18. Last year, did you have sufficient income to your expenditure?

☐1. Yes. ☐2. No.

19. Do you have savings?

☐1. Yes. ☐2. No.

20. At present, what is your main source of income? (Pls. specify)

.....  
.....

## Part 6: Social Participation and Social Connectivity of the Elderly

21. At the present time, do you participate in these community groups or organizations?

Age-related activities	Participation		Position in the activities		
	Yes	No	Head leader	Committee	Member
1. Goodness Bank					
2. School for the Elderly (sub-district level)					
3. School for the Elderly (community level)					
4. “TanTod” activity					
5. “Little Doctors” activity					
6. “One-day One-baht” community welfare fund					
7. Other (pls. specify)					

22. If you participate in those activities, what are the results that you obtained from such activities?

Age-related activities	Result of the activities toward the elderly						
	Support the learning process	Support social participation	Support contribution role	Support the integration with younger generation	Support the being valued and respected of the elderly	Support the connectivity with the community for isolated elderly	Others
1. Goodness Bank							
2. School for the Elderly (sub-district level)							
3. School for the Elderly (community level)							
4. “TanTod” activity							
5. “Little Doctors” activity							
6. “One-day One-baht” community welfare fund							
7. Other (pls. specify)							

23. Last year did you participate in important cultural activities (e.g. community festival) in the community?

☐1. Yes, (Pls. specify)

.....  
.....  
.....  
.....  
.....  
.....

☐2. No. (reasons)

.....  
.....  
.....  
.....  
.....  
.....

24. At present, do you perform these social roles?

24.1 At family level

☐1. Giving advices to family members

☐2. Taking care family member (Pls. specify ).....

.....  
.....

☐3. Supporting the family by food seeking (e.g. fishing, vegetable planting)  
(Pls. specify ).....

☐4. Supporting in budget/ income (Pls. specify ).....

☐5. Other (Pls. specify ).....

.....  
.....

24.2 At community level

☐1. Contributing to other in community (Pls. specify ).....

.....  
.....

☐2. Giving advices to community organizations (Pls. specify ).....

☐3. Performing as community leaders (Pls. specify ).....

☐4. Other political roles (Pls. specify ).....

.....  
.....

25. Do you have any problem or limitation that obstruct your social participation in community activities?

Problem or Limitation	Pls. specify
<input type="checkbox"/> 1. Economic	
<input type="checkbox"/> 2. Socio-cultural	
<input type="checkbox"/> 3. Political	
<input type="checkbox"/> 4. Health	
<input type="checkbox"/> 5. Other	

26. Now, do you would like to participate in other community activities?

☐1. Yes (Pls. specify)

.....  
 .....

☐2. No (Why, pls. specify)

.....  
 .....

27. Suggestions: How to support the elderly to participate in community activities?

.....  
 .....  
 .....  
 .....  
 .....

### Part 7: Other Suggestions

.....  
 .....  
 .....  
 .....  
 .....

### Interview Guide for the Leaders of the Activities

- The Administrators of Hua-Ngum SAO
- Buddhist Monks in the Community
- The Committees of the Activities
- Director of Hua-Ngum Tambon Health Promoting Hospital (THPH)
- Related Schoolteachers
- Related SAO's Staffs
- Community Leaders

### Explanation:

This interview is partly of the Ph.D. dissertation on “**Age-friendly Communities Development in Northern Thailand: Hua-Ngum’s Experience and Implementation in Other Sub-districts**” by Rungnapa THEPPARP who is a student of Graduate School of Social Welfare, Japan College of Social Work, Japan.

The interview has the objective to achieve the data related care and support for the elderly people in Hua-Ngum Sub-district. The data will be used to understand the working process at Sub-district level and support the improvement of activities or working of local community. The interview guide consists of 8 key issues as follows:

1. Background of the informant
2. Background of the activities
3. Goal and purpose of the activities
4. The way for achieving the goal: Principle and strategies
5. The results of the activities
6. Lesson learned of the activities
7. Future plan of improving the age-friendly community in Hua-Ngum Sub-district
8. Other suggestions

The researcher would like to ask your kind cooperation to give complete and actual replies by interviewing you to obtain the complete information according to this interview guide. The data obtained will be analyzed to illustrate the overall picture without effects to you or the informants.

During this study, you will be asked to answer the questions that mentioned above. This interview is designed to be approximately 1 hour in length. However, please feel free to expand on the topic or talk about related ideas. Also, **if there are any questions you would rather not answer or that you do not feel comfortable answering**, please say so and we will stop the interview or skip to the next question, whichever you prefer without punishment or any risks.

**For confidentiality**, all the information will be kept confidential. I will keep the data in a secure place. Only myself and faculty supervisor will have access to this information. Upon completion of this project, all data will be destroyed or stored in secure location.

The researcher hopes to get your kind collaboration and would like to thank you on this occasion.

**Name of Interviewer** .....

**Date of interview** .....

**1. Background of the informant**

1.1 Sex            ☐ 1. Male            ☐ 2. Female

1.2 Age.....years old

1.3 Education

☐ 1. Never enrolled in formal education

☐ 2. Primary school (pls. specify).....

☐ 3. Junior high school/middle school

☐ 4. High school or Vocational School

☐ 5. High vocational school/Associate degree

☐ 6. Bachelor's degree

☐ 7. Master's degree

☐ 8. Doctoral degree

☐ 9. Other (pls. specify).....

1.4 Working Position in the community/organization

.....  
.....  
.....

1.5 Time for taking responsibility of the working position in the  
community/organization (length of experience)

.....  
.....

**2. Background of the activities**

2.1 Time that the activities were established

2.2 The reasons of establishment

2.3 Place that the activities were established

2.4 The founder or leaders who established the activities

**3. Goal and purpose of the activities**

3.1 The goal of the activities

3.2 The purpose of the activities

**4. The way for achieving the goal: Principle and strategies**

4.1 Working principles

4.2 Strategies for working (e.g. defining the target groups, raising awareness,  
community participation, evaluation, partnership establishment)

4.3 Driven mechanism (e.g. committee, volunteers, community leaders)

4.4 The way to provide/deliver the services

4.5 Needed resources (e.g. staffs, budgets, other resources)

**5. The results of the activities**

5.1 The general results (e.g. the results on community development as a whole, results  
on promoting the voluntary mind among the youth)

5.2 The results on improvement the elderly's quality of life

**6. Lesson learned of the activities**

6.1 Attitude on the achievement of the activities

6.2 Key factors that supported the achievement of the activities

6.3 Limitations, problems and solutions

6.4 Future plan of the activities

6.5 Other issues

**7. Future plan of improving the age-friendly community in Hua-Ngum Sub-district**

**8. Other suggestions**

<b>Interview Guide for the Older People who Participate in the Activities</b>
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**Explanation:**

This interview is partly of the Ph.D. dissertation on “**Age-friendly Communities Development in Northern Thailand: Hua-Ngum’s Experience and Implementation in Other Sub-districts**” by Rungnapa THEPPARP who is a student of Graduate School of Social Welfare, Japan College of Social Work, Japan.

The interview has the objective to achieve the data related care and support for the elderly people in Hua-Ngum Sub-district. The data will be used to understand the working process at Sub-district level and support the improvement of activities or working of local community. The interview guide consists of 6 key issues are as follows:

1. Background of the informant
2. The reasons for participating in the activities
3. Attitude on gained result from the participated activities
4. Attitude on the achievement of activities
5. Attitude on the limitations of activities and suggestions for development
6. Other suggestions

The researcher would like to ask your kind cooperation to give complete and actual replies by interviewing you to obtain the complete information according to this interview guide. The data obtained will be analyzed to illustrate the overall picture without effects to you or the informants.

During this study, you will be asked to answer the questions that mentioned above. This interview is designed to be approximately 30 minutes in length. However, please feel free to expand on the topic or talk about related ideas. Also, **if there are any questions you would rather not answer or that you do not feel comfortable answering**, please say so and we will stop the interview or skip to the next question, whichever you prefer without punishment or any risks.

**For confidentiality**, all the information will be kept confidential. I will keep the data in a secure place. Only myself and faculty supervisor will have access to this information. Upon completion of this project, all data will be destroyed or stored in secure location.

The researcher hopes to get your kind collaboration and would like to thank you on this occasion.

**Name of Interviewer** .....

**Date of interview** .....

**1. Background of the informant**

1.1 Sex            ☐1.Male            ☐2. Female

1.2 Age.....years old

1.3 Education

☐1. Never enrolled in formal education

☐2. Primary school (pls. specify).....

☐3. Junior high school/middle school

☐4. High school or Vocational School

☐5. High vocational school/Associate degree

☐6. Bachelor's degree

☐7. Master's degree

☐8. Doctoral degree

☐9. Other (pls. specify).....

1.4 Marital status

☐1. Married/living together            ☐2. Widowed            ☐3. Divorced

☐4. Separated            ☐5. Unmarried

1.5 Living status            ☐1. Living alone            ☐2. Living with family member

1.6 Health status (e.g. healthy or not and why you think so?)

.....  
.....  
.....

1.7 Working status (both paid work and unpaid work)

.....  
.....  
.....

1.8 Time of participating in the activities (length of experience)

.....  
.....

**2. The reasons for participating in the activities**

**3. Attitude on gained result from the participated activities**

**4. Attitude on the achievement of activities**

**5. Attitude on the limitations of activities and suggestions for development**

**6. Other suggestions**

## Appendix No.4

### Interview Guide for Volunteer in Age-Related Activities

- Voluntary Teachers in Hua-Ngum School for the Elderly
- Community Health Volunteers
- Junior High School Students (Little Doctors)

#### Explanation:

This interview is partly of the Ph.D. dissertation on “**Age-friendly Communities Development in Northern Thailand: Hua-Ngum’s Experience and Implementation in Other Sub-districts**” by Rungrana THEPPARP who is a student of Graduate School of Social Welfare, Japan College of Social Work, Japan.

The interview has the objective to achieve the data related care and support for the elderly people in Hua-Ngum Sub-district. The data will be used to understand the working process at Sub-district level and support the improvement of activities or working of local community. The interview guide consists of 7 key issues as follows:

1. Background of the informant
2. The reasons for being volunteers.
3. Duty and role as volunteers.
4. Attitude on the result of activity towards the elderly and volunteers themselves.
5. Attitude on the achievement of the activities and the factors supported.
6. Attitude on the limitations of activities and suggestions for development.
7. Other suggestions.

The researcher would like to ask your kind cooperation to give complete and actual replies by interviewing you to obtain the complete information according to this interview guide. The data obtained will be analyzed to illustrate the overall picture without effects to you or the informants.

During this study, you will be asked to answer the questions that mentioned above. This interview is designed to be approximately 45 minutes in length. However, please feel free to expand on the topic or talk about related ideas. Also, **if there are any questions you would rather not answer or that you do not feel comfortable answering**, please say so and we will stop the interview or skip to the next question, whichever you prefer without punishment or any risks.

**For confidentiality**, all the information will be kept confidential. I will keep the data in a secure place. Only myself and faculty supervisor will have access to this information. Upon completion of this project, all data will be destroyed or stored in secure location.

The researcher hopes to get your kind collaboration and would like to thank you on this occasion.

**Name of Interviewer** .....

**Date of interview** .....

**1. Background of the informant**

1.1 Sex            ☐1.Male            ☐2. Female

1.2 Age.....years old

1.3 Education

☐1. Never enrolled in formal education

☐2. Elementary school (pls. specify).....

☐3. Junior high school/middle school

☐4. High school or Vocational School

☐5. High vocational school/Associate degree

☐6. Bachelor's degree

☐7. Master's degree

☐8. Doctoral degree

☐9. Other (pls. specify).....

1.4 Time for being volunteer (length of experience)

.....  
.....

**2. The reasons for being the volunteers.**

**3. Duty and role as volunteers.**

**4. Attitude on the result of activity towards the elderly and volunteers themselves.**

**5. Attitude on the achievement of activities and the factors that supported.**

**6. Attitude on the limitations of activities and suggestions for development.**

**7. Other suggestions.**

### Interview Guide for Family Members of the Elderly

#### Explanation:

This interview is partly of the Ph.D. dissertation on “**Age-friendly Communities Development in Northern Thailand: Hua-Ngum’s Experience and Implementation in Other Sub-districts**” by Rungnapa THEPPARP who is a student of Graduate School of Social Welfare, Japan College of Social Work, Japan.

The interview has the objective to achieve the data related care and support for the elderly people in Hua-Ngum Sub-district. The data will be used to understand the working process at Sub-district level and support the improvement of activities or working of local community. The interview guide consists of 4 key issues are as following:

1. Background of the informant
2. Attitude on gained results of the activities.
3. Attitude towards the volunteers or activities.
4. Attitude on the limitations of activities and suggestion for development.

The researcher would like to ask your kind cooperation to give complete and actual replies by interviewing you to obtain the complete information according to this interview guide. The data obtained will be analyzes to illustrate the overall picture without effects to you or the informants.

During this study, you will be asked to answer the questions that mentioned above. This interview is designed to be approximately 30 minutes in length. However, please feel free to expand on the topic or talk about related ideas. Also, **if there are any questions you would rather not answer or that you do not feel comfortable answering**, please say so and we will stop the interview or skip to the next question, whichever you prefer without punishment or any risks.

**For confidentiality**, all the information will be kept confidential. I will keep the data in a secure place. Only myself and faculty supervisor will have access to this information. Upon completion of this project, all data will be destroyed or stored in secure location.

The researcher hopes to get your kind collaboration and would like to thank you on this occasion.

Name of Interviewer.....

Date of interview.....

#### 1. Background of the informant

1.1 Sex    ☐ 1. Male    ☐ 2. Female

1.2 Age.....years old

1.3 Education

- ☐1. Never enrolled in formal education
  - ☐2. Elementary school (pls. specify).....
  - ☐3. Junior high school/middle school
  - ☐4. High school or Vocational School
  - ☐5. High vocational school/Associate degree
  - ☐6. Bachelor's degree
  - ☐7. Master's degree
  - ☐8. Doctoral degree
  - ☐9. Other (pls. specify).....
- 1.4 The relationship with the elderly
- ☐1. Spouse    ☐2. Children (son/daughter)    ☐3. Son-in-law/daughter-in-law
  - ☐4. Grandchild    ☐5. Others (pls. specify).....

**2. Attitude on the gained results of activities.**

**3. Attitude towards the volunteers (e.g. little doctors, community health volunteers) or activities.**

**4. Attitude on the limitations of activities and suggestion for development.**

### Interview Guide for Key Leaders in the Sub-district

- The Administrators of the Sub-district Administrative Organization (SAO)
  - Buddhist Monks in the Community
  - Head of the Elderly Club
- Director of Tambon Health Promoting Hospital (THPH)
  - Schoolteachers
  - Community Leaders

### Explanation:

This interview is partly of the Ph.D. dissertation on “**Age-friendly Communities Development in Northern Thailand: Hua-Ngum’s Experience and Implementation in Other Sub-districts**” by Rungnapa THEPPARP who is a student of Graduate School of Social Welfare, Japan College of Social Work, Japan.

The interview has the objective to achieve the data related care and support for the elderly people in your Sub-district. The data will be used to understand the working process at Sub-district level. The interview guide consists of 8 key issues (please see in detail next page). The researcher would like to ask your kind cooperation to give complete and actual replies by interviewing you to obtain the complete information according to this interview guide. The data obtained will be analyzed to illustrate the overall picture without effects to you or the informants.

During this study, you will be asked to answer the questions that mentioned above. This interview is designed to be approximately 1.30 hours in length. However, please feel free to expand on the topic or talk about related ideas. Also, **if there are any questions you would rather not answer or that you do not feel comfortable answering**, please say so and we will stop the interview or skip to the next question, whichever you prefer without punishment or any risks.

**For confidentiality**, all the information will be kept confidential. I will keep the data in a secure place. Only myself and faculty supervisor will have access to this information. Upon completion of this project, all data will be destroyed or stored in secure location.

The researcher hopes to get your kind collaboration and would like to thank you on this occasion.

**Name of Interviewer** .....

**Date of interview** .....

### 1. Background of the informant

1.1 Sex            ☐ 1. Male        ☐ 2. Female

1.2 Age.....years old

1.3 Education

☐ 1. Never enrolled in formal education

☐ 2. Elementary school (pls. specify).....

☐ 3. Junior high school/middle school

- ☐4. High school or Vocational School
- ☐5. High vocational school/Associate degree
- ☐6. Bachelor's degree
- ☐7. Master's degree
- ☐8. Doctoral degree
- ☐9. Other (pls. specify).....

1.4 Working Position in the community/organization

.....

.....

.....

1.5 Time for taking responsibility of the working position in the community/organization (length of experience)

.....

.....

2. Aging situation in the Sub-district (e.g. important need and problem of older people, key challenges, etc.)
3. Aged-related activities/programs/projects in the sub-district.
4. Social capital related with such age-related activities/programs/projects in the sub-district.
5. The results on the improvement of quality of life towards the older persons in sub-district.
6. Problems/limitations and how to overcome
7. Other suggestions

**Interview Guide for Thai Experts  
Related with Gerontology and Community Development Field**

**Explanation:**

This interview is partly of the Ph.D. dissertation on “**Age-friendly Communities Development in Northern Thailand: Hua-Ngum’s Experience and Implementation in Other Sub-districts**” by Rungnapa THEPPARP who is a student of Graduate School of Social Welfare, Japan College of Social Work, Japan.

This interview aims 1) to achieve expert view on community-based care and development of older people by local government, emphasizing on the role of the Sub-district Administrative Organization (SAO) which is local government in rural communities, furthermore, 2) to discuss on the experience of Hua-Ngum Sub-district where it is the main field research and is considered as age-friendly community in rural northern area. The gained data will be significant knowledge indicates the policy view that benefits to establishing of the guideline for developing age-friendly community in rural Thailand.

The interview guide consists of 7 key issues (please see the detail next page). The researcher would like to ask your kind cooperation to give complete and actual replies by interviewing you to obtain the complete information according to this interview guide. The data obtained will be analyzes to illustrate the overall picture without effects to you or the informants.

During this study, you will be asked to answer the questions that mentioned above. This interview is designed to be approximately 1.30 hours in length. However, please feel free to expand on the topic or talk about related ideas. Also, **if there are any questions you would rather not answer or that you do not feel comfortable answering**, please say so and we will stop the interview or skip to the next question, whichever you prefer without punishment or any risks.

**For confidentiality**, all the information will be kept confidential. I will keep the data in a secure place. Only myself and faculty supervisor will have access to this information. Upon completion of this project, all data will be destroyed or stored in secure location.

The researcher hopes to get your kind collaboration and would like to thank you on this occasion.

**Name of Interviewer** .....

**Date of interview** .....

**1. Background of the informant**

1.1 Sex            ☐1.Male            ☐2. Female

1.2 Age.....years old

1.3 Education

☐1. Never enrolled in formal education

☐2. Elementary school (pls. specify).....

☐3. Junior high school/middle school

☐4. High school or Vocational School

☐5. High vocational school/Associate degree

☐6. Bachelor's degree

☐7. Master's degree

☐8. Doctoral degree

☐9. Other (pls. specify).....

1.4 Position in the institute/organization

.....

.....

.....

1.5 Time for taking responsibility of the working position in the institute/organization  
/organization (length of experience)

.....

.....

2. The viewpoint/ attitude towards aging society in Thailand (e.g. key issues, challenges, etc.)

3. The viewpoint/attitude towards the role of the Sub-district Administrative Organization-SAO (local government in rural area) on elderly care and development.

4. Key factors or conditions related with the success on elderly care and development by the SAO.

5. The viewpoint towards the experience of Hua-Ngum age-friendly community (e.g. strength, interesting point, limitation, issues that should be developed in the further, etc.)

6. Possibility to implement the experience of Hua-Ngum age-friendly community in other sub-district in northern Thailand, especially in rural communities (level of possibility is ranked from 0-10).

7. Other suggestions

## Appendix No. 8

### Workshop With the Representatives of Hua-Nung Sub-district

#### Objective of the workshop

1. To present the preliminary research result to the community (Hua-Ngum Sub-district).
2. To discuss the 1<sup>st</sup> AFC development model.
3. To obtain the data to develop the final AFC development model.

#### Participants:

The relevant community leaders in Hua-Ngum sub-district such as administrators of the Hua-Ngum SAO, Buddhist monks, director of Hua-Ngum Tambon Health Promoting Hospital (THPH), schoolteachers, related SAO's Staffs, village headman, the elderly people, the committee of age-related activity, 20-30 people, approximately.

#### Discussing Guide

1. Benefits of the preliminary research result presented (e.g. what is key issues gained from such research result? how to improve the working process in the Sub-district?)
2. Attitude towards the 1<sup>st</sup> AFC development model (e.g. it reflects the real situation of the sub-district, or not?, what is its meaning towards the community?, what is important issue that should be developed or revised?, etc.)
3. Other suggestions/issues

**Time:** 3 hours

#### Schedule

Time	Activity
08.00-08.30	Registration
08.30-08.45	To present the background, objective of the workshop and introduce all participants
08.45-10.00	To present the preliminary research result and the 1 <sup>st</sup> AFC development model
10.00-12.00	To discuss on 3 main issues: <ol style="list-style-type: none"><li>1. Benefits of the preliminary research result presented.</li><li>2. Attitude towards the 1<sup>st</sup> AFC development model</li><li>3. Other suggestions/issues</li></ol>

## Appendix No. 9

### Workshop With Key Community Leaders in 4 Selected SAOs in 4 Northern Provinces

#### Objective of the workshop

1. To present the 1<sup>st</sup> AFC development model (based on Hua-Ngum's experience).
2. To study possibility for implementing the AFC development model (based on Hua-Ngum's experience) in other sub-district in northern Thailand.
3. To obtain the data to develop the final AFC development model in rural communities in northern Thailand.

#### Participant:

The relevant community leaders in the sub-district such as, the administrators of the Sub-district Administrative Organization (SAO), Buddhist monks, representative of the Elderly Club, Director of Tambon Health Promoting Hospital (THPH), schoolteachers, and village headman, 15-20 participants, approximately.

#### Discussing Guide

1. The attitude towards the 1<sup>st</sup> AFC development model (based on Hua-Ngum's experience) (e.g. strength, interesting point, weakness/limitation, etc.)
2. Possibility to implement such model into their own sub-district (possible/impossible?, why?, and how?)
3. Other suggestions

**Duration**      3 hours

#### Schedule

Time	Activity
08.00-08.30	Registration
08.30-08.45	To present the background, objective of the workshop and introduce all participants
08.45-10.00	To present the 1 <sup>st</sup> AFC development model (based on Hua-Ngum's experience) <ul style="list-style-type: none"><li>- Basic information of Hua-Ngum (e.g. background, population, economy, health status of the elderly, significant social capital, etc.)</li><li>- The five aged-related activities in Hua-Ngum, -“Goodness Bank,” Elderly School, “Tan Tod” activity, “One-day One- baht” community welfare fund, and “Little Doctors” activity, and their benefits toward the elderly</li><li>- The factors contributing to success in creating an age-friendly community in Hua-Ngum sub-district.</li><li>- Limitations and challenges.</li></ul>
10.00-12.00	To discuss about the AFC development model (based on Hua-Ngum's experience) and possibility to implement such model into their own sub-district

## Appendix No.10

### The Possibility for Implementing Hua-Ngum's Experiences on the Age-friendly Community Development to Other Sub-district

Name.....

Sex ☐1. Male ☐2.Female

Age..... years old

Social position in the sub-district/community.....

Is it possible to implement the aged-related activities based on Hua-Ngum's experience in your own sub-district? If possible, what percent of possibility for implementing?

Aged-related activities	Possibility		Percentage of possibility (Max. =100%)
	Possible	Impossible	
Tan Tod activity			
One-day One-baht Community Welfare Fund			
Goodness Bank			
Little Doctors			
School for the Elderly (sub-district level)			
School for the Elderly (village level)			