



SITUATION OF THE THAI ELDERLY 2017

สถานการณ์
ผู้สูงอายุไทย
พ.ศ. ๒๕๖๐

“

What's important is that...
Old persons have grown
to the matured stage, which
means they grow to be fully
endowed with mental and
intellectual strength that
can be the core and the lead
of the true development. ”

Somdet Phra Buddhaghosacariya (P. A. Payutto)

สูงอายุเป็น ก็น่าเป็นผู้สูงอายุ

'Knowing how to get old, enjoying getting old'



Preface

The Situation of the Thai Elderly Report 2017 is a product of the National Committee for the Elderly(NCE) as mandated in the 2003 Act on the Elderly, Article 9(10) to provide an annual update for the Cabinet.

Since 2006, the NCE has commissioned the Thai Gerontology Research Institute (TGRI) to produce the annual elderly status report.

The 2017 report includes latest data and statistics on the status of older Thai persons and trends for the changing population structure going forward. Each annual report has a special theme to highlight a different dimension of aging. For example, the 2013 to 2016 reports featured the following themes as they relate to Thai older persons: income security, impact of natural disasters, living arrangements, and health, respectively. In 2017, the special theme of this report is “active aging.”

This and previous annual reports have received support from public and private agencies in sharing up-to-date information. On behalf of the TGRI, I would like to thank all the contributing agencies who helped make this report a success. I would also like to thank the Elderly Fund for providing financial support for this series of annual reports on older persons.

(Banloo Siriphanich, M.D.)

President

Foundation of Thai Gerontology Research and Development Institute

EXECUTIVE

SUMMARY AND RECOMMENDATIONS



1

Status of the Population in 2017

The global population is aging. In 2017, there were about 962 million persons age 60 years or older, or 13% of the total of 7,550 million. In effect, the world as a whole has become an “aged society” (defined as a population with 10.0-19.9% age 60 or older). Every continent, with the exception of Africa, is now an aged society.

Among ASEAN member countries, three countries are now considered an aged society, with the highest proportion of the population who are elderly (age 60 years or older) are Singapore (20%), Thailand (17%) and Vietnam (11%).

In 2017, the number of Thai elderly was 11 million out of the total of 65.5 million, or approximately 17% of the total population. However, it is the speed at which the Thai population is aging that is truly remarkable. It is projected that, in the coming 4 years, Thailand will become a “complete-aged society,” when the proportion of older persons age 60 or older reaches 20% of the total population. A clear driving force for Thailand’s rapidly aging population is the wave of the “million birth cohort” (Thais born between 1963 and 1983) who will age into the elderly population over the coming two decades. Soon, Thailand will have 20 million older persons and, importantly, those in the most senior age group (80 years or older) will more than double, from 1.5 million in 2017 to 3.5 million in the coming 20 years.

As this report will show, the Thai elderly in 2017 still had significant health challenges. The elderly who were dependent on others for some portion of their daily functioning (e.g., taking meals, going to the bathroom, getting dressed) was 5%, with one-fifth of the most senior of citizens unable to perform daily activities.

2

Active Aging

In the context of this report, “active aging” means that older persons maintain good health, have income and housing security, and participate in social activities.

2.1 Health of the Thai elderly in 2017

The principal health challenge for Thai elderly is non-communicable disease such as diabetes and hypertension. These adverse conditions may largely be the result of unhealthy lifestyles at younger ages, including poor nutrition, lack of exercise, smoking, and excess alcohol consumption.

2.2 Economic and social security of the Thai elderly in 2017

Multiple reports of Thai older persons show that one in three senior citizens were/are living under the poverty level. The proportion of Thai elderly whose principal source of income was their child(ren) declined from 37% in 2014 to 35% in 2017. Those who had income from employment declined from 35% in 2011, to 31% in 2017. In 2017, 8.2 million Thais over age 60 received the monthly welfare subsidy for senior citizens, and that was a 1.5-fold increase over the number in 2009.

The number of elderly who are living alone is on the increase, from 6% in 2002 to 11% in 2017. Those elderly living only with their spouse increased to 21%. Many of these elderly living alone or only with a spouse may be considered “vulnerable population”.

2.3 Thai elderly participation in social activities in 2017

An estimated seven million Thai senior citizens regularly participate in social activities, usually as members of clubs or groups. There are 64,000 elderly enrolled in 1,163 schools for elderly to promote life-long learning, established by the Department of Older Persons. These figures indicate that many older Thais are involved in social activities and are still active.

As a group, each new cohort of older persons is better educated than those who preceded them. For example, only 7% of the youngest elderly in 2017 had no formal education compared with 22% of the oldest elderly.

It is important to note that both the number and proportion of the elderly Thai population are increasing. Thus, it is imperative for the government to have policies and programs to keep the elderly as active and valuable citizens of the society, turning the aging situation of Thailand into an opportunity rather than a burden on the individual, family, community, and nation.

●. POLICY

RECOMMENDATIONS

ACTIVE AGING

1 ●.

Recommendations of WHO

The World Health Organization (WHO, 2002) has produced a set of policy recommendations which focus on three pillars of active aging: Health, Participation, and Security. These pillars can be applied to all age groups. At the same time, some of the WHO recommendations highlight issues for the pre-elderly and the elderly.

1.1

Health policy recommendations

- 1.1.1 Prevention and reduce burden of disease resulting from disability, chronic illness, and premature death.
- 1.1.2 Reduce risk factors for important health threats and increase health promotion at all stages in the life cycle.
- 1.1.3 Improve the continuity of the health system and social services; so that they are affordable, accessible, optimal quality, and appropriate for all ages. This will ensure the needs and rights of men and women when they are elderly are met.
- 1.1.4 Provide training and education for the care providers of the elderly.

1.2

Recommendations for participation

- 1.2.1 Provide educational and learning opportunities throughout the life cycle.
- 1.2.2 Acknowledge and promote active participation of the population in economic development, staying employed in the formal and non-formal sectors, and volunteerism as consistent with a person's ability, desire, and need, for all age groups.
- 1.2.3 Promote full participation in family and community life throughout the aging process.

1.3

Policy recommendations for security

- 1.3.1 Establish principles for protections of safety and dignity for senior citizens in consideration of the imperative for physical, financial and social security of people as they age.
- 1.3.2 Reduce inequality in essential rights for elderly women.

2.

Policy recommendations in other areas

Past reports of the Situation of the Thai Elderly have include recommendations for policies and measures to accommodate the projected number older persons in a complete aged society of the not-so-distant future. Those recommendations are still relevant and need to be acted upon. Here are the recommendations with additional recommendations to previous ones.

2.1

Support quality living conditions for good quality of life of the elderly.

- 2.1.1 Support aging in place for elderly to live in the family home, in a familiar community and environment. This may involve making adjustments to the structure in and around the domicile to accommodate the elderly.
- 2.1.2 Support family members to be competent caregivers for the elderly in the household, and provide them with relevant information and knowledge in caregiving.
- 2.1.3 Support local administrative organizations (LAO) and community networks to participate in monitoring elderly who live alone through a system of volunteer visits, and open daytime activity centers for senior citizens.

- 2.1.4 Support LAO and community to make adjustments to the environment and public services, especially transport, to make it more accessible to the elderly.
- 2.1.5 Raise the standards of housing, whether public or private, for elderly who have to relocate to a new residence.

2.2

Support the elderly to have a secure life with dignity.

- 2.2.1 Create a form of “immunity” for older persons to protect them from surrounding hazards, and provide useful information, knowledge, tools/mechanisms/technology to help them live a secure life with dignity.
- 2.2.2 Reduce “ageism” or negative stigma towards older persons in all segments of the population.
- 2.2.3 Support senior citizen clubs and activity groups.
- 2.2.4 Encourage all agencies, families and educational institutions to participate in public campaigns to create a social norm which is caring, valuing, and reverent toward the elderly.

2.3

Support older persons to have sustainable income security.

- 2.3.1 Support hiring of elderly for jobs as appropriate.
- 2.3.2 Create a new image for senior citizens to persuade society that older persons are still active and productive, and have potential to contribute to the labor market.

- 2.3.3 Adjust regulations and laws which discourage hiring of the elderly, and extend the age of mandatory retirement for government civil servants and state enterprise workers.
- 2.3.4 Educate the public so that they plan for savings and economize so that they have enough to support their basic needs in retirement.
- 2.3.5 Support the National Savings Fund to be strong and have good governance.
- 2.3.6 Improve the pension system to cover all older persons, and adjust the welfare subsidy for senior citizens so that it is consistent with the cost of living and is adjusted for inflation.

2.4

Produce a plan for assisting the elderly during natural disasters.

- 2.4.1 Have LAO at all levels include the elderly as part of their disaster prevention and mitigation plans.
- 2.4.2 Produce a handbook on coping with disaster with a section which highlights the importance of assisting the elderly during a disaster.
- 2.4.3 The disaster management agencies need to have a database of the elderly, with information showing their location, health status, and contact information in the case of an emergency. This information needs to be regularly up-dated.
- 2.4.4 The relevant agencies need to conduct drills on assisting senior citizens.
- 2.4.5 Educate the elderly on preparedness, self-care and rehabilitation in the event of a disaster.

2.5

Health of older persons

- 2.5.1 Improve the connections among health services so that they are seamless to increase accessibility among the elderly, including shuttle transport to/from a health care outlet.
- 2.5.2 Increase the effectiveness of care for senior citizens outside the clinical setting, especially for long-term care in the home and community.
- 2.5.3 Practice appropriate use of drugs for the elderly to reduce the incidence of side effects.
- 2.5.4 Improve the effectiveness of disease prevention and health promotion, especially for diabetes, hypertension, accidental falls, and mental illness.
- 2.5.5 Support exercise and social activities by improving transportation options to green areas, and safety of life/property, and primary care.
- 2.5.6 Improve the information system so that it can accurately monitor changes in real time.
- 2.5.7 Create a system of health services for community-based health care for senior citizens, for example, by creating a community rehabilitation center and medium-term care system.
- 2.5.8 Support medical, nursing and health practitioner students across all disciplines to know the basics about geriatric care and medicine.
- 2.5.9 Support the population to practice good self-health maintenance, starting from a young age so that they can become healthy senior citizens.
- 2.5.10 Define indicators of progress in implementation of policies and plans so that the data are credible and feasibly collected. The indices must also be relevant to the targets and goals.

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Definition of

“
Elderly
”

The United Nations does not define a specific age at which a person becomes older/elderly person, but the UN uses age 60 years or over for statistical analysis and indicators related to the elderly.

For developed countries, the UN usually extends the cut-off age to 65 years

Thailand defines the “elderly” (or senior citizen) in the 2003 Elderly Person Act as a person age over 60 completed years and who has Thai nationality.

In this 2017 Report of the Situation of the Thai Elderly, “elderly” is defined as the population age 60 years or older.

Definition of

“ an Aging Society ”

In Thai “sangkomsoongayu” and “sangkom soong wai” can be used interchangeably to refer to an aging society.

Dr. Banloo Siriphanich, President of the TGRI, has referenced the revered Buddhist monk Somdet Phra Buddhaghosacariya (P. A. Payutto) who wrote that the Thai word Ayu (age) comes from the Pali language and literally translates as ‘the power for life.’ The Thai word “wai” (age group) literally means ‘decline.’ Thus, Dr. Banloo has suggested using the term “sangkom soong ayu” meaning ‘a society that is raised by the power for nourishing life’ as opposed to the term “sangkom soong wai” since that might have the negative connotation of a society that is in decline.

In this 2017 report of the Situation of Thai Elderly, the following demographic definitions are used:

“Aged society:” A population in which the proportion of those age 60 years or older exceeds 10% of the total (or a population in which 7% are age 65 years or older).

“Complete-aged society:” A population in which the proportion of those age 60 years or older exceeds 20% (or a population in which 14% are age 65 years or older).

“Super-aged society:” A population in which the proportion of those age 60 years or older exceeds 28% (or a population in which 20% are age 65 years or older).

“Aging society” refers to a population that is getting older as indicated by the proportion elderly of the total population that is steadily increasing.

“Proportion of the elderly” refers to the percentage of elderly to the total population.

● SOURCES OF DATA

cited in the 2017 Report
of the Situation of the Thai Elderly

United Nations, 2017. World Population Prospect, the 2017 Revision. This report shows age-sex population pyramids for all countries of the world based on data from those countries' national censuses.

National Population and Housing Census. This report is produced by the Thai National Statistical Office (NSO) and is based on a total enumeration of the resident population every ten years. The last Thai census was 2010.

Civil Registration. This system is managed by the Bureau of Registration Administration of the Department of Provincial Administration of the Ministry of Interior (MOI). The system is a registry of births and deaths and net number of registered population at the end of each calendar year.

Estimates and Projections of the Thai Population: 2010-2040. These estimates are produced by the National Economic and Social Development Board (NESDB), and the data uses the 2010 census as a baseline. The projections present data on age and sex distribution of the population by year based on assumptions of fertility, survival and migration.

The 2017 Survey of the Older Persons in Thailand. This survey is also implemented by the NSO every five years starting in 1994. The 6th round of the survey was completed in 2017. The sample consists of the population age 50 years or older in 83,880 households. For the purpose of this 2017 Report on the Situation of the Thai Elderly, only data for the population age 60 years or older were used.

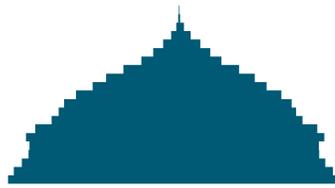
1.

GENERAL SITUATION

Aging of the population is a global phenomenon of the millennium. At present, the global population has exceeded the above criteria for being classified as an “aged society.” Thailand’s situation is noteworthy because of the unprecedented speed with which the population is aging. Indeed, Thailand will become a completed-aged society within 15 years from now.

Not just Thailand,
but the world's population
is aging at an accelerating rate.

**How would
Thailand cope
if one in three
citizens were
elderly?**



1.1

AGING

OF THE GLOBAL POPULATION

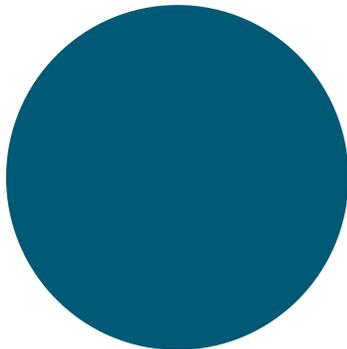
In 2017, the world's population

was about 7.55 billion
people. Of these:



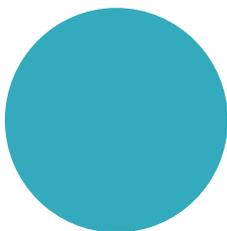
962 million were
60 years or older, or

12.7%



4.63 billion were
15-59 years, or

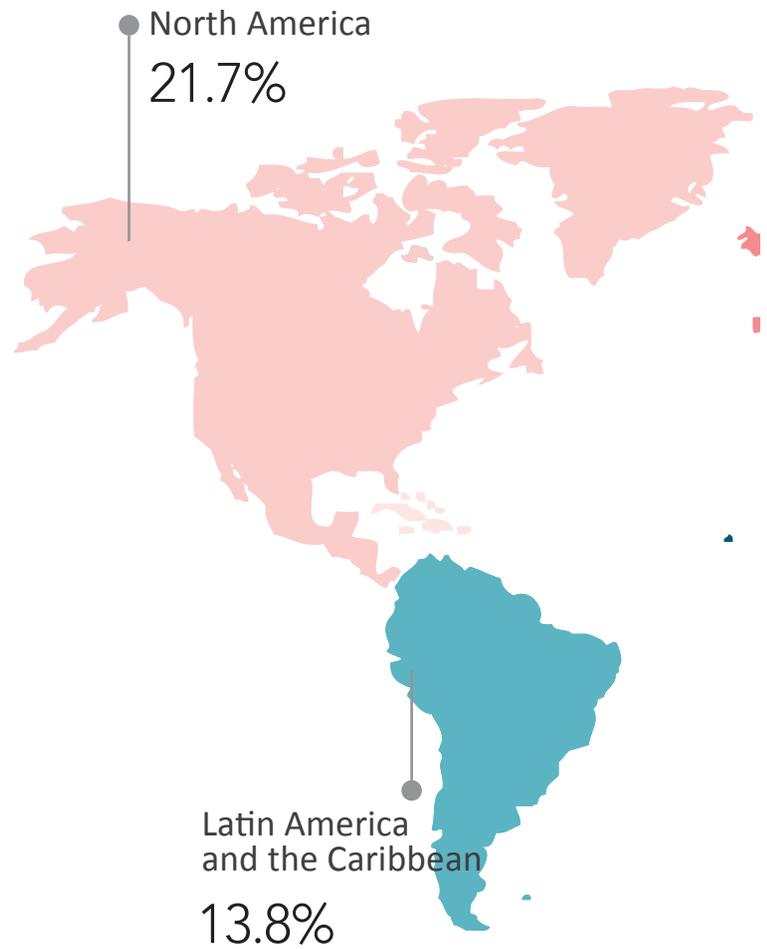
61.3%



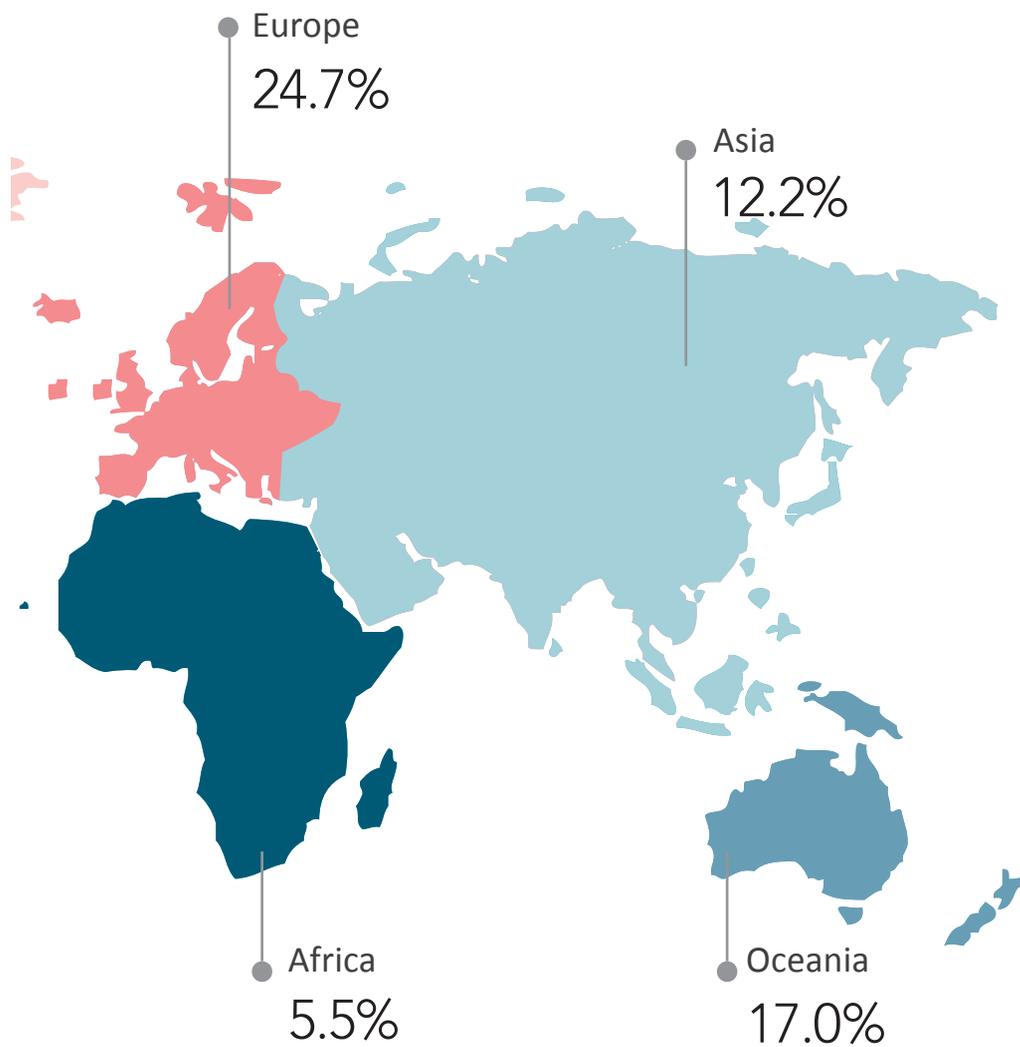
1.96 billion were
under 15 years, or

26.0%

Source: UN, 2017



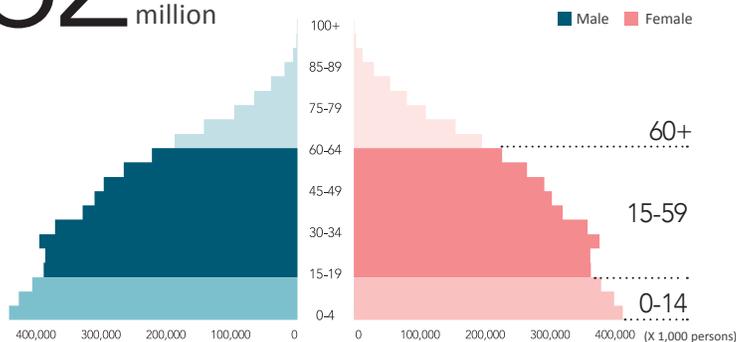
When the
proportion of
the population age
60 years or older,
that population
is called an aged
society.



Source of data: UN, 2017

In 2017,
Population age
60 years or older

962 million



1.1.2

AGED SOCIETIES BY REGION OF THE WORLD

While the global population as a whole is an aged society, different regions of the world are at different levels of aging. The “proportion of the elderly” or the percentage of the elderly population (60 years and older) differs widely across regions. It can be seen that Europe has the highest proportion of the elderly at 24.7%, followed by North America at 21.7%. Countries in Africa only has the proportion of the elderly at 5.5%. It can be said that Europe and North America are “complete-aged societies”. Only Africa has not yet become an aged society.

There are also striking differences by country for aging populations. Japan has the “oldest” population among nations in the world, with 33.4% or one out of three citizens age 60 years or more. Of the top ten oldest populations in the world, nine are in Europe:

Top ten countries by highest proportion of the elderly:

1	Japan	33.4 %
2	Italy	29.4 %
3	Germany	28.0 %
4	Portugal	27.9 %
5	Finland	27.8 %
6	Bulgaria	27.7 %
7	Croatia	26.8 %
8	Greece	26.5 %
9	Slovenia	26.3 %
10	Latvia	26.2 %

Japan

has the highest proportion of elderly in the world at

33.4%



Bottom ten countries by lowest proportion of the elderly:

1	United Arab Emirates	2.4 %
2	Qatar	2.8 %
3	Uganda	3.3 %
4	Zambia	3.7 %
5	Gambia	3.8 %
6	Burkina Faso	3.9 %
7	Mali	4.0 %
8	Chad	4.0 %
9	Oman	4.0 %
10	Angola	4.0 %

United Arab Emirates

has the lowest proportion of elderly in the world at

2.4%



Source: UN, 2017

SPEED OF AGING OF THE GLOBAL POPULATION

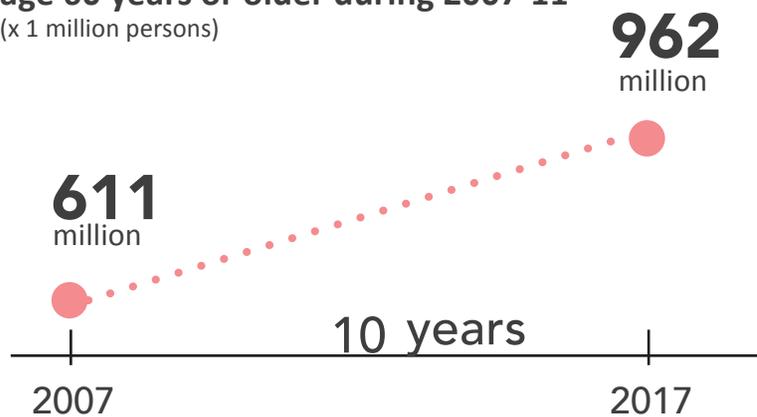
Number of population by age (million)

	0-14	15-59	60+	All age groups
2017	1,957	4,631	962	7,550
2007	1,840	4,158	611	6,609
Rate of population growth by age group	0.6 %	1.1 %	5.8 %	1.4 %

Source of data: UN, 2017

The rate of growth of the population around the world is slowing down whereas the rate of growth of the elderly population is increasing at an increasing rate. During the decade from 2007 to 2017, the global population increased from 6.6 billion to 7.6 billion persons. That represents a growth rate of 1.4% per year. By contrast, the number of the population age 60 years or older increased from 611 million in 2007 to 962 million in 2017, or equal to a growth rate of 5.8% per year, more than four times as fast as the global population growth rate.

Increase of the global population age 60 years or older during 2007-11 (x 1 million persons)



Rate of population growth
by under ages 15 years group

0.6 % per year



Rate of population growth
by age 60 years or older group

5.8 % per year



Rate of growth of the population
around the world

1.4 % per year



Speed of aging
of the global
population
more than

4 Times

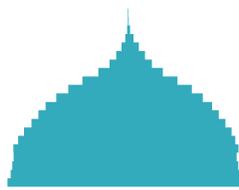
as fast as the global
population growth rate.

INTERNATIONAL DAY OF OLDER PERSONS

On December 14, 1990, the UN General Assembly designated October 1 of every year to be the International Day of Older Persons. The purpose of that designation was to increase appreciation for senior citizens, their value and contribution to society, as well as the harm and indignity they suffer needlessly due to ageism.

The theme of 2017
International Day of Older Persons

Stepping into the Future: Tapping the Talents, Contributions and Participation of Older Persons in Society



1.2

AGING

OF THE MEMBER COUNTRIES
OF ASEAN

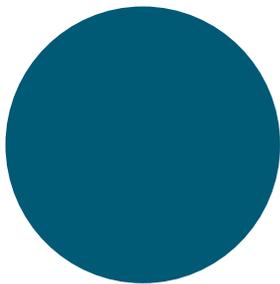
In 2017 the ten member countries of the Association of Southeast Asian Nations (ASEAN)

had a combined population of 647 million population with the following characteristics:



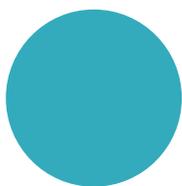
63.9 million were age 60 years or older, or

9.9%



413.9 million were age 15-59 years, or

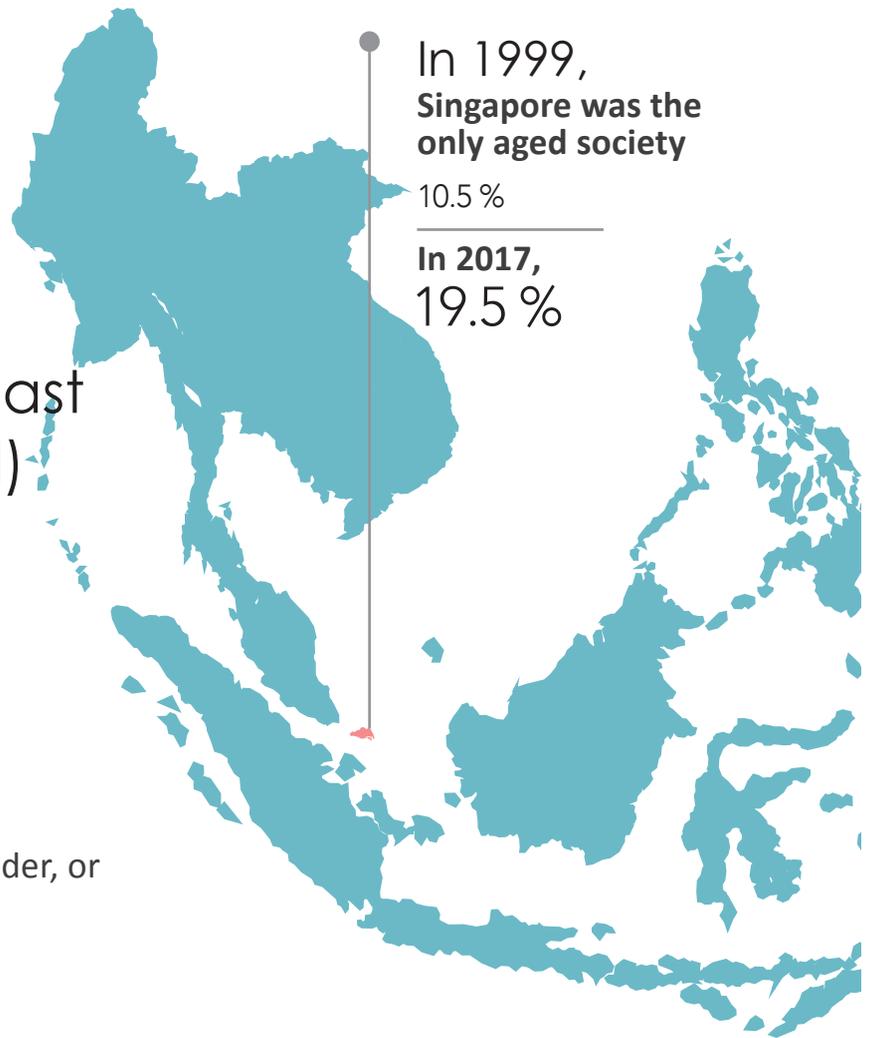
63.9%



169.7 million were under age 15 years, or

26.2 %

Source: UN, 2017



Since the ASEAN population age 60 years and over has not reached 10% of the total population, it can not yet be considered an “aged society”.

However, the ASEAN population is rapidly aging.



In 1999, ASEAN had a total population of 518 million persons, of whom 38 million were elderly (7.3%). In that year, Singapore was the only nation to become an aged society.

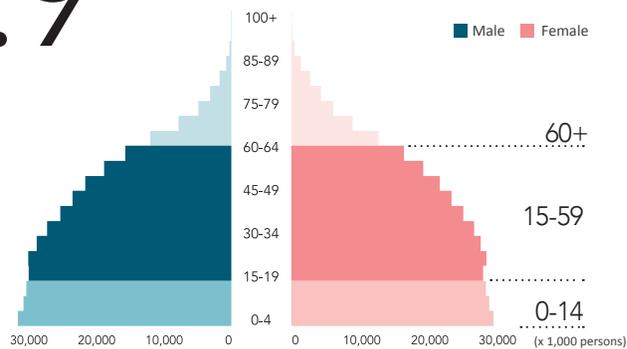
However, by 2017, the ASEAN population had increased to 647 million persons, of whom 64 million were elderly. Also, two more ASEAN nations had become aged societies: Thailand and Vietnam.

In the coming several years, Singapore will become a “complete-aged society” while Malaysia and Myanmar will also likely become aged societies

In 2017,
ASEAN population of persons
age 60 years or older

63.9

million



2017

Thailand and Vietnam

are already aged societies



Population age
60 years or older

17.1 %

Population age
60 years or older

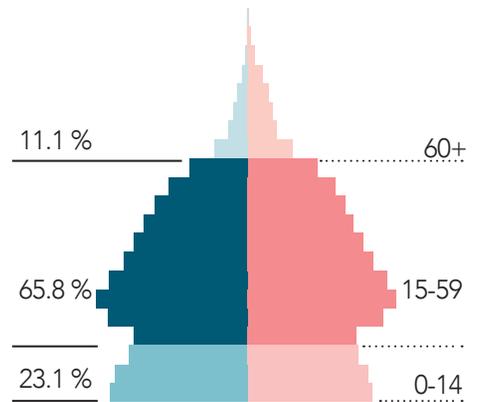
11.1 %

ASEAN Member

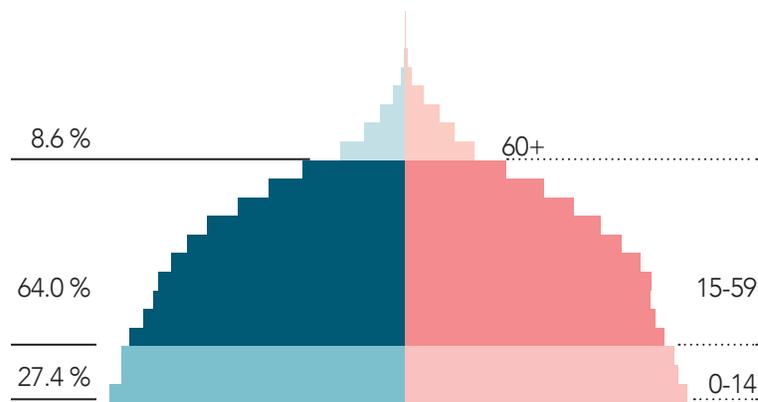
COUNTRY POPULATION IN 2017

■ Male ■ Female

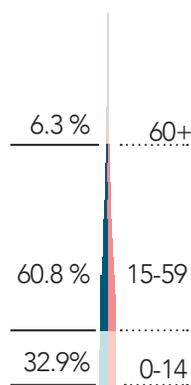
Vietnam
Number of population
95.5 million



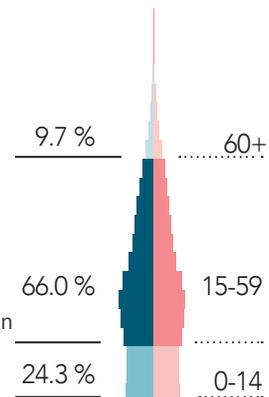
Indonesia
Number of population
264 million



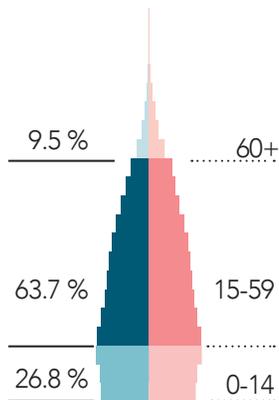
Lao PDR
Number of population
6.9 million



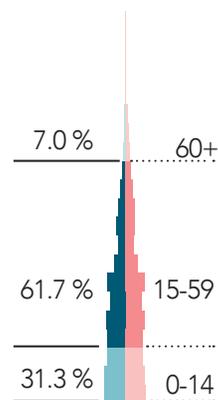
Malaysia
Number of population
31.6 million



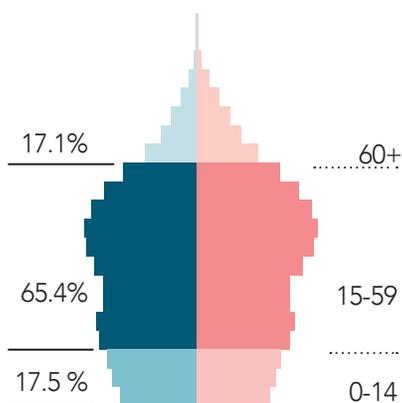
Myanmar
Number of population
53.4 million



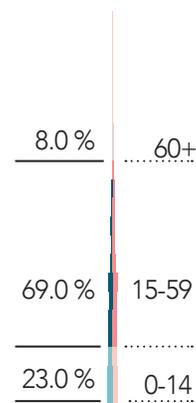
Cambodia
Number of population
16.0 million



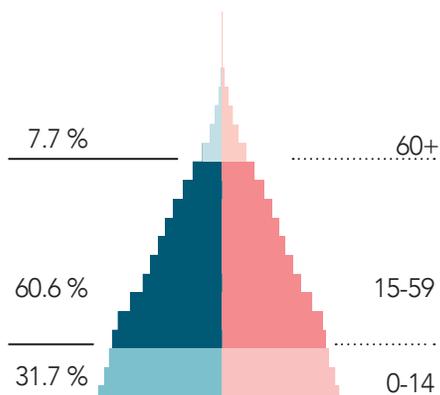
Thailand
Number of population
69 million



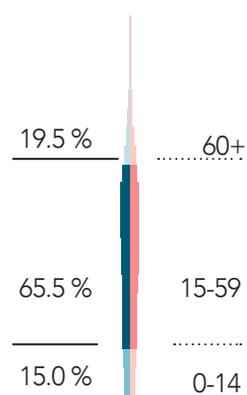
Brunei Darussalam
Number of population
0.4 million

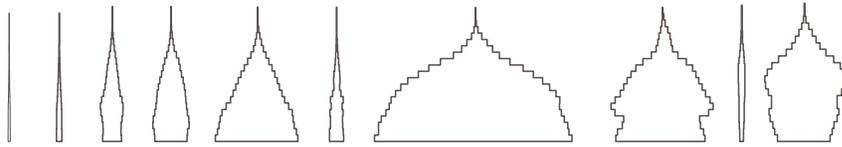


Philippines
Number of population
104.9 million



Singapore
Number of population
5.7 million



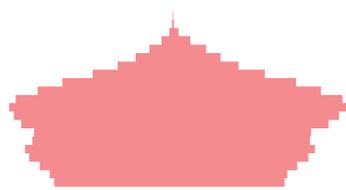


ASEAN Member COUNTRY ELDERLY POPULATION

Country	1999		2017	
	N population (million)	% age 60+ years	N population (million)	% age 60+ years
Singapore	3.8	10.5	5.7	19.5
Thailand*	62.0	9.6	69.0	17.1
Viet Nam	79.4	8.6	95.5	11.1
Malaysia	22.9	6.1	31.6	9.7
Myanmar	47.1	7.1	53.4	9.5
Indonesia	208.6	7.2	264.0	8.6
Brunei Darussalam	0.3	4.0	0.4	8.0
Philippines	76.3	5.0	104.9	7.7
Cambodia	11.9	4.9	16.0	7.0
Lao PDR	5.3	5.4	6.9	6.3
TOTAL	517.6		647.4	

Source: : UN, 2017

Remarks: Number of Thai population is the UN estimate of the entire resident population, including those without Thai nationality or names not in the Civil Registration System.



1.3

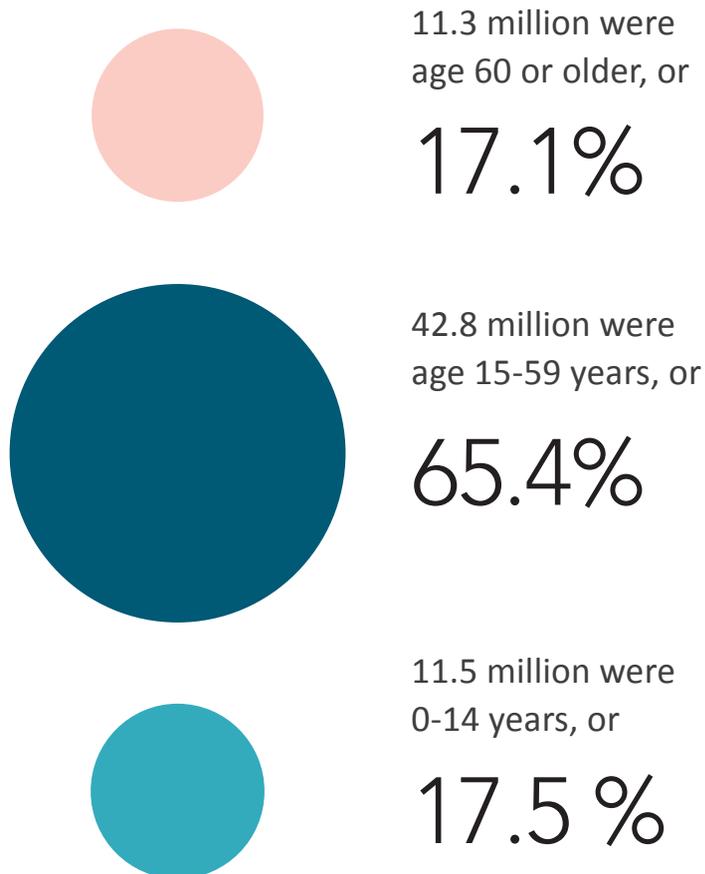
AGING

THE THAI ELDERLY

THE THAI POPULATION

IN 2017

In 2017, counting Thai citizens and non-Thais in the civil registration system, Thailand had a resident population of 65.5 million persons (not including non-Thais who do not have their names in the civil registration system such as migrant workers) with the following age composition:



Top 10 provinces by percent elderly of the population.

1	Phrae	24.7%
2	Uttaradit	24.2%
3	Pichit	24.2%
4	Uthai Thani	24.2%
5	Lampang	24.1%
6	Samutsongkhram	24.0%
7	Chai Nat	23.8%
8	Sukhothai	23.4%
9	Singburi	23.4%
10	Nakhonsawan	22.8%

Ever since 2005, Thailand has become an aged society with 10% of the population being 60 years or older.

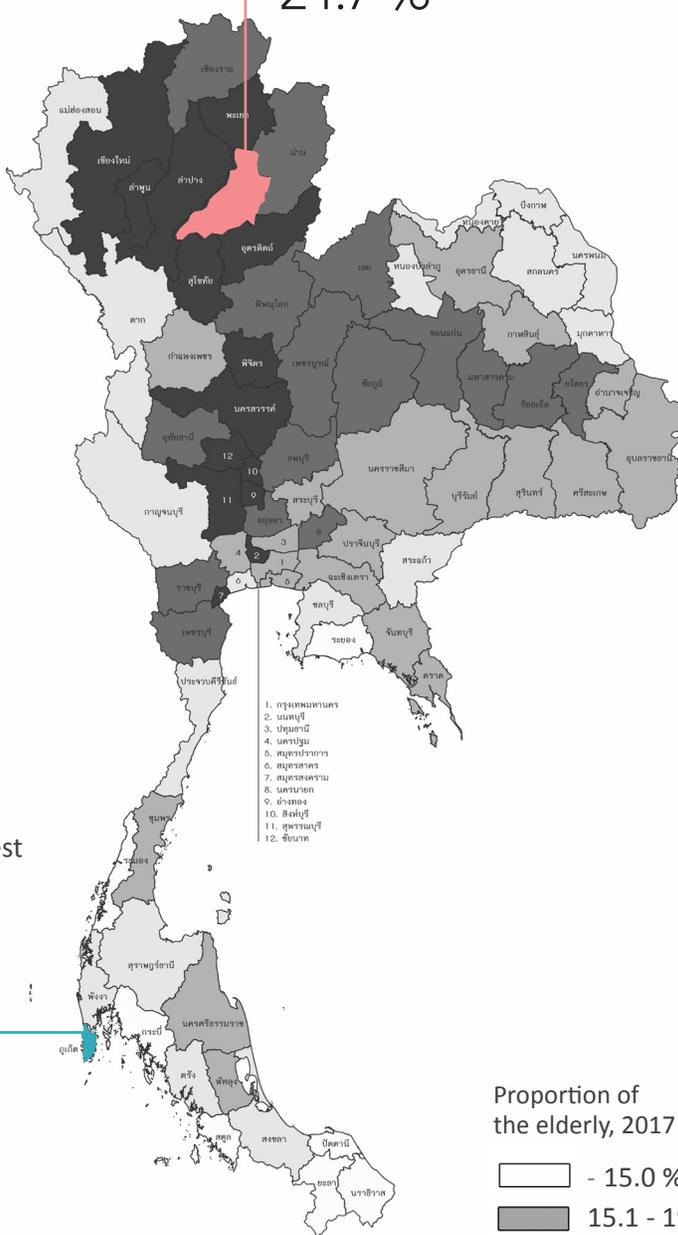
In 2017, the proportion elderly of the total had reached 17%, drawing Thailand closer to becoming a “complete-aged society”.

Bottom 10 provinces by percent elderly of the population.

1	Phuket	10.3%
2	Chonburi	10.5%
3	Samut Sakhon	10.8%
4	Rayong	11.3%
5	Yala	11.9%
6	Krabi	11.9%
7	Pathumthani	11.9%
8	Narathiwat	12.0%
9	Samut Prakarn	12.4%
10	Satun	12.8%

2017
Phrae
province of highest
proportion of the Thai elderly

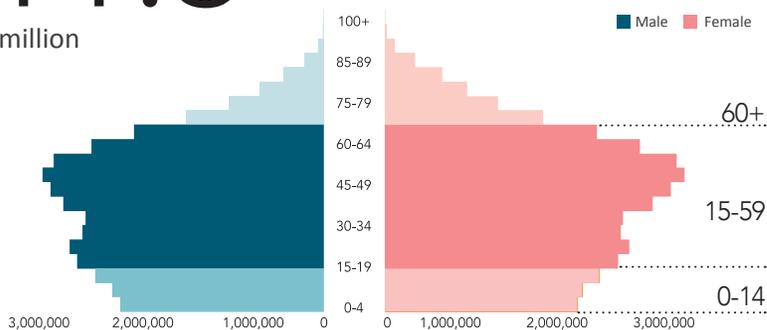
24.7 %



2017
Phuket
province of lowest
proportion of
the Thai elderly
10.3 %

In 2017,
Population age 60+ years

11.3
million



Proportion of
the elderly, 2017

- 15.0 %
- 15.1 - 19.9 %
- 20.0 % +

Source : NESDB, 2013

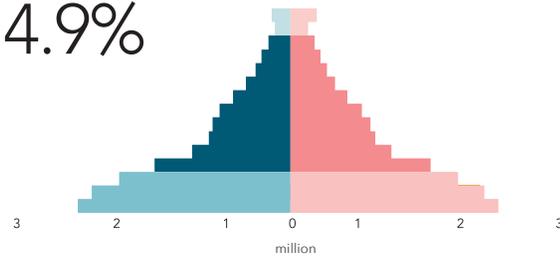
TRENDS IN THE CHANGING AGE STRUCTURE OF THE POPULATION

In the past 50 years, the age structure of the Thai population has changed considerably. Traditionally, Thailand had the typical broad-base pyramid with about half of the Thai population being under age 15 years in 1970. However, by 2017, only 18% of the population was under age 15. At the same time, the proportion of the total population that was elderly in 1970 was only 5%; but that increased to 17% by 2017. The dramatic effect of this large and rapid demographic transition is graphically displayed in the population pyramids.

1970

1.7 million persons were age 60+ years, or

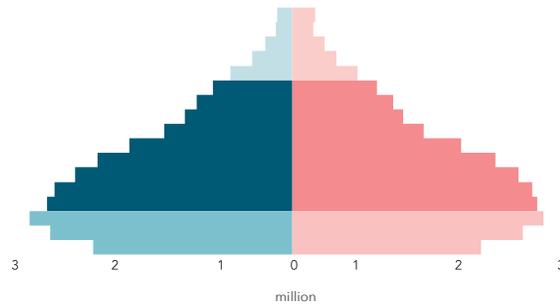
4.9%



1990

4 million persons were age 60+ years, or

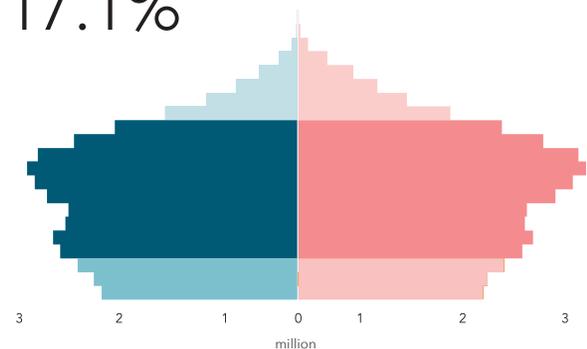
7.4%



2017

Population age 60+ years = 11 million or

17.1%



Sources: NSO, 1970,1990 ; NESDB, 2013

Male Female

Since 2017, it is estimated that the population age 60+ years will increase by

4%
per year

Age	2513		2533		2560	
	N population (million)	%	N population (million)	%	N population (million)	%
0-14	15.5	45.1	15.9	29.2	11.6	17.5
15-59	17.2	50.0	34.6	63.4	43.2	65.4
60+	1.7	4.9	4.0	7.4	11.3	17.1
TOTAL	34.4	100.0	54.5	100.0	65.5	100.0

Sources: : NSO, 1970,1990 ; NESDB, 2013

Number of population age 60 or older and 80 or older: 1990, 2010, 2017, 2037

N population (million)	1990	2010	2017	2037
% age 60+ years	4.0	8.4	11.3	19.9
% age 80+ years	0.4	1.1	1.5	3.5

Sources: NSO, 1980,2000 ; NESDB, 2013

Percent increase of the elderly population for those age 60+ years and those age 80+ years

Age	1990-2010	2010-2017	2017-2037
Age 60+ years	5.5	4.9	3.9
Age 80+ years	7.1	6.3	6.2

Sources: NSO, 1980,2000 ; NESDB, 2013

At present, the Thai population growth rate is approaching zero, and is certain to become negative in the near future. But during this time, the growth of the population of older persons is accelerating. In 1990, Thailand had only 400,000 persons who were age 80 years or older. However, by 2017, that number had increased nearly four-fold to 1.5 million. It is projected that the number in this oldest-old age group will reach 3.5 million persons in the coming 20 years.

From now on, it is projected that the number of population age 60 or over will increase at an average rate of 4% per year, and 6% per year for those age 80 or older.

Since 2017, it is estimated that the population age 80+ years will increase by

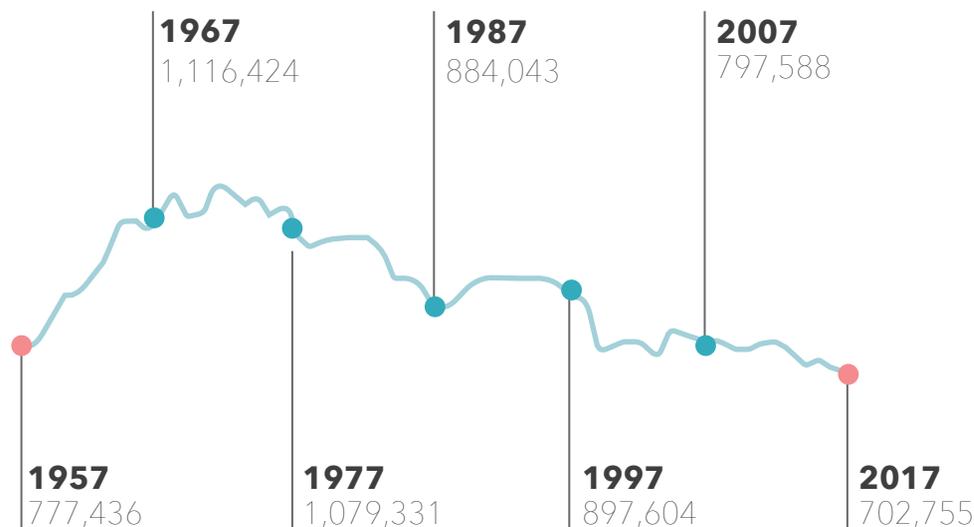
6%
per year

THE MILLION-BIRTH COHORT IS STARTING TO ENTER

THE ELDERLY AGE GROUP

The “million-birth cohort” refers to Thais born between 1963 and 1983, a period of two decades in which the number of registered births in Thailand was at least one million per year.

Number of births during 1957-2017



In 2017, an estimated

80 %

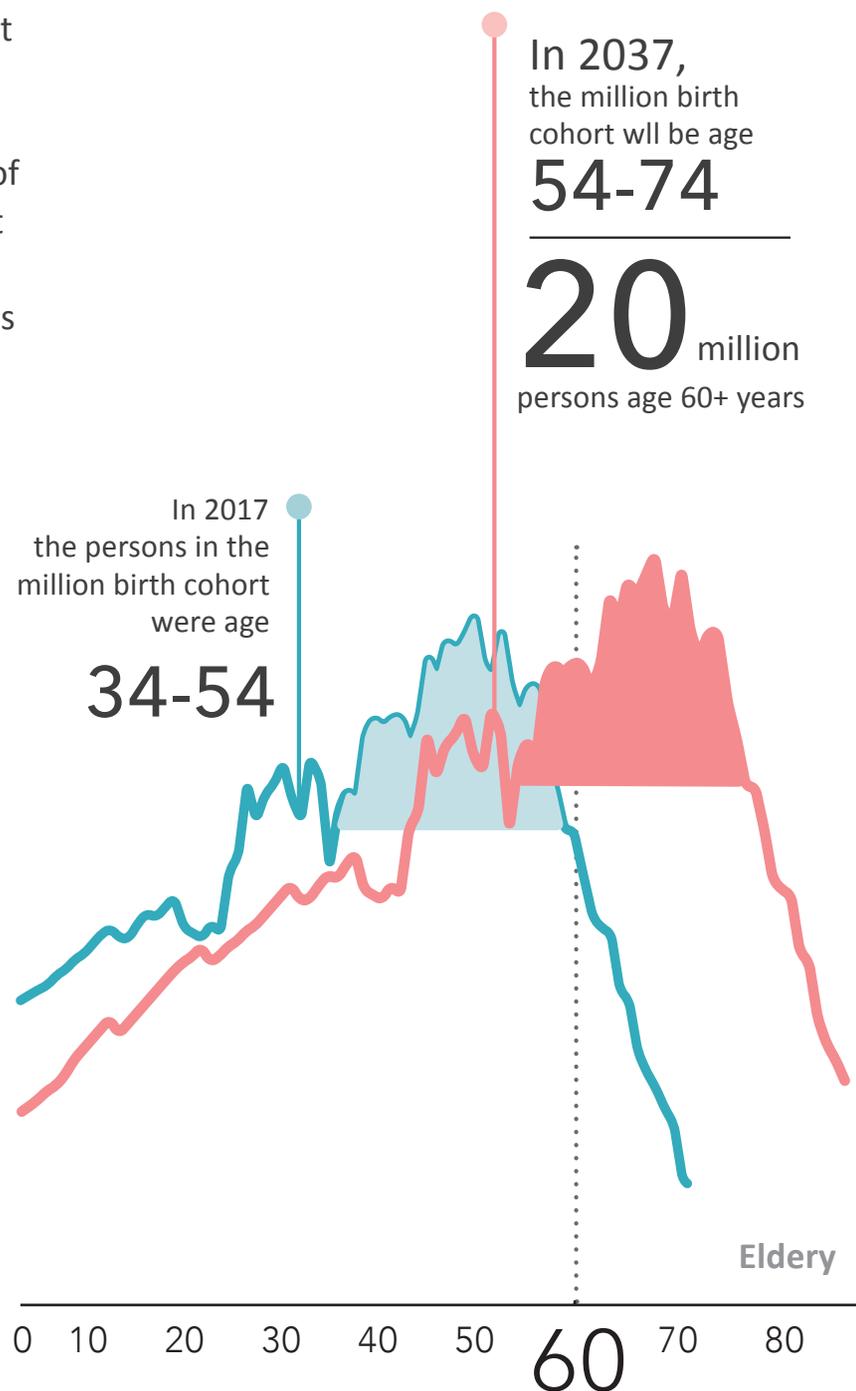
of the 780,000 persons born in 1957 reached age 60, or had become elderly

Source: The Bureau of Registratin Administration, MInistry of Interior

In 2017, surviving members of the million-birth cohort ranged in age from 34 to 54 years.

Six years from now, the oldest members of this cohort will age into the elderly group, representing the first waves of a 'demographic tsunami' that will change the landscape of Thai society for many decades to come.

In the next 20 years, the number of Thais age 60 or older will reach 20 million persons by 2037.



In the next 20 years,
the number of Thais age 60 or older
will reach 20 million persons by 2037.

**It is projected
that the number
in this oldest-old
age group will
reach 3.5 million
persons in the
coming 20 years.**



ACTIVE AGING

If we can enable Thais to age actively, Thailand will become a powerful aged society. Older persons will become valuable resources that will lead the Thai society to well-being.

**Older persons
who are active
can lead the way to
a prosperous,
stable, secure,
and sustainable
country.**

CONCEPTUAL FRAMEWORK OF ACTIVE AGING

2.1

The WHO introduced the term 'active aging' at the end of the 1990's to promote the vision of healthy aging, and to highlight the associated factors to achieve this.

In 2002, WHO offered the following definition of active aging:

Active aging is a process of maximizing the opportunity to achieve good health, participation, security and quality of life at all stages in the life cycle. This concept applies both to the individual and population groups.

Active aging enables the process of developing and maintaining the functional ability that enables wellbeing in older age.

The term **"Active"** refers to participating in social, economic, cultural, and spiritual activities, and being an active citizen.

Active aging aims to extend

"Healthy life expectancy" and quality of life everyone including the infirm, disabled, and those who are dependent on others.

The term **"Health"** refers to physical, mental and social well-being, following the definition of health by the WHO. Thus, it is very important that a country's policies and programs promote psycho-emotional health and social participation of older persons, and not just a narrow focus on physical health.

“Autonomy” and **“independence”** are important goals for the elderly in the policy framework for active aging.

Autonomy in this context refers to the ability of the older persons to control and decide how their daily life will proceed according to their own rules and preferences.

Independence refers to the ability to proceed in daily activities, such as the ability to live independently in a community without relying on others’ assistance.

The benefits of active aging are to reduce the burden on others for caregiving and instilling a sense of pride in the older person for being able to tend to their own needs and contribute to the household and community. On the macro scale, active and productive aging can be a significant contribution to the country in terms of security and sustainability.

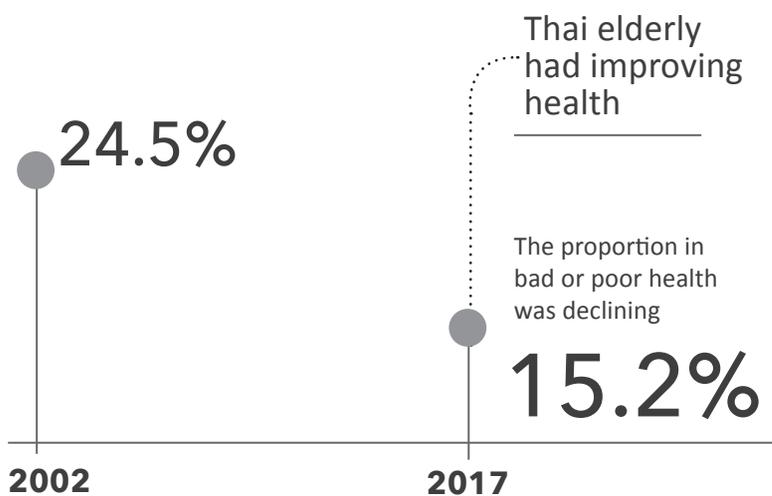
Active aging is based on principles of human rights of older persons and UN principles of independence, participation, and dignity of one’s humanity. It involves a paradigm shift from seeing the elderly as in need of welfare to viewing them as in need of equal opportunity in all aspects of life.

HEALTH IS A MAIN PILLAR OF ACTIVE AGING

2.2

2.2.1

Percent of the elderly assessed themselves as “not good/bad” health, 2002-2017



YEAR	60-69 years old	70-79 years old	80 + years old	TOTAL
2002	19.7	29.6	40.0	24.5
2007	18.5	30.0	41.4	24.4
2011	11.3	19.7	29.9	15.9
2017	9.5	18.4	32.1	15.2

Source: Analysis of Data from the Survey of Older Persons in Thailand: 2002, 2007, 2011, 2017 (weighted)

Overview of physical health of the elderly

It is inevitable that even the healthiest body must decline with age. For older people, self-assessing their health status is a simple tool to determine their health conditions.

By asking the older persons “*In the past seven days, how do you feel your health status was?*” The respondent is asked to choose one among five potential responses: Very good, good, average, not so good, bad.

It was found that the proportion responding “*not so good*” or “*bad*” has declined steadily over the past 15 years. This implies that the health status of the elderly has improved.

Ability of the elderly to perform daily essential tasks by oneself

Daily essential tasks can be grouped into three types: eating meals, getting dressed, and bathing/washing face (and using the toilet). If an elderly household member cannot perform even one of the above three tasks, then they must rely on other household members and require a caregiver.

In the most recent Survey of the Older Persons in Thailand, fully 95% of persons age under 80 years were able to perform the above three daily tasks without assistance from another person or special equipment. However, after age 80 the proportion who can do these tasks independently declines significantly to approximately two in 10.

Percent of ability of the elderly to perform daily essential tasks by oneself by age: 2002-17

YEAR	60-69 years old	70-79 years old	80 + years old	TOTAL
2002	98.7	96.9	88.1	97.2
2007	98.2	96.0	85.2	96.3
2011	98.6	96.9	85.9	96.8
2017	97.8	95.2	81.3	94.8

Source: Analysis of Data from the Survey of Older Persons in Thailand: 2002, 2007, 2011, 2017 (weighted)

2017

95%

of elderly were able to perform daily essential tasks by themselves.

That leaves

5%

of elderly who needed assistance to perform daily essential tasks in 2017.

Happiness score for the Thai elderly in 2017

60- 69	7.1
--------	-----

70-79	6.8
-------	-----

80	6.6
----	-----

TOTAL	6.9
-------	-----

Source: Analysis of Data from the Survey of Older Persons in Thailand: 2002, 2007, 2011, 2017 (weighted)

**Happiness score
for the Thai elderly
in 2017**

The Survey of the Older Persons in Thailand in 2017 asked respondents to assess their level of happiness on a 10-point scale. The survey found that persons age 60-69 years rated their level of happiness at an average of 7.1, while those age 70-79 rated their happiness slightly less at 6.8, and those age 80 years or older rated themselves slightly less happy at 6.6.



6.9

Trends in Health of the eyes, ears, mouth and teeth of the elderly

The ability to see and hear clearly, and to properly chew one's food are directly related to quality of life as a person ages into their sunset years. For most people however, one or more of these physical abilities declines as they enter advanced age. During 2002-2017, the surveys of the elderly showed a decline for vision starting in 2007, but, interestingly, there was an improvement in hearing ability. It should be noted that vision deterioration often occurs before hearing decline.

The 2002 survey asked respondents the following: "How well are you able to properly chew your food?" There were four response options, including: Good, no need for dentures; Good, but need dentures; Fair; and Can't chew at all. By contrast, the survey in 2007 asked respondents how many teeth they still had. If the response was less than 20 teeth, then respondents were asked if they used dentures. Later surveys only asked if the respondent used dentures. Thus, it is not possible to track a single variable for food chewing ability over time. For the years 2007-2017, only the proportion of older persons using dentures can be assessed.

In 2017, it was found that approximately one in four older persons were using dentures.

2017

35%

of the oldest elderly
had sharp vision without
prescription glasses



2017

28%

of the oldest elderly
worn dentures



Percent of elderly whose vision was sharp without prescription glasses by age: 2002-17

YEAR	60-69 years old	70-79 years old	80 + years old	TOTAL
2002	48.1	35.4	25.0	42.4
2007	60.7	46.8	33.6	53.7
2011	59.0	46.4	35.9	52.6
2017	58.3	45.1	34.6	51.2

2017

58%

of the oldest elderly had good hearing

Percent of elderly with good hearing without a hearing aid by age: 2002-17

YEAR	60-69 years old	70-79 years old	80 + years old	TOTAL
2002	88.5	74.1	47.1	80.7
2007	91.7	79.1	57.1	84.4
2011	92.7	80.8	58.5	85.4
2017	92.9	80.7	58.4	84.7



Percent of elderly wearing dentures by age: 2002-17

YEAR	60-69 years old	70-79 years old	80 + years old	TOTAL
2007*	39.0	35.5	28.6	36.0
2011	20.5	27.8	29.0	23.7
2017	19.9	26.9	28.0	23.0

*Remarks: In 2007, only those with less than 20 natural teeth

Source: Analysis of Data from the Survey of Older Persons in Thailand: 2002, 2007, 2011, 2017 (weighted)

Health Problems Related to Diabetes and Hypertension

During 2002-2017, Thai older persons had steadily increasing prevalence of diabetes and hypertension. In 2017, the prevalence of diabetes in the elderly was twice that in 2002, while the prevalence of hypertension increase by almost two-fold during the same period.

In 2017, Thai older persons had steadily increasing prevalence of diabetes

2 fold

and hypertension

1.7 fold

Percent of elderly with diabetes by age: 2002-17

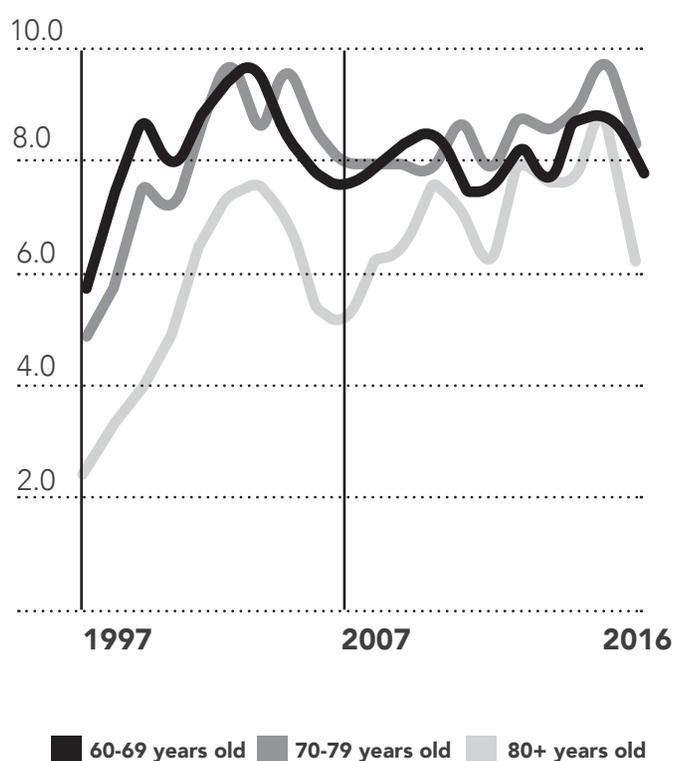
YEAR	60-69 years old	70-79 years old	80 + years old	TOTAL
2002	8.8	8.0	6.0	8.3
2007	13.5	13.9	10.5	13.3
2011	14.7	16.0	13.8	15.0
2017	15.2	19.3	16.3	16.5

Percent of elderly with hypertension by age: 2002-17

YEAR	60-69 years old	70-79 years old	80 + years old	TOTAL
2002	18.9	22.0	21.1	20.0
2007	28.9	36.0	34.6	31.7
2011	30.0	39.3	36.7	33.7
2017	29.1	39.6	40.2	33.6

Source: Analysis of Data from the Survey of Older Persons in Thailand: 2002, 2007, 2011, 2017 (weighted)

**Elderly suicide rate (per 100,000 population)
by age: 1997-2016**



Source: Number of suicide cases, 1997-2016 from the website <https://www.dmh.go.th/report/suicide/age.asp> calculated to be suicide rate per 100,000 population by the author (Professor Patama Vapattanawong)

Trends in suicide of the Thai elderly

The mental health of the elderly is a vulnerability that should not be overlooked, especially in a society with a more stressful economic environment and more older persons are living by themselves. Increased social and physical isolation of the Thai elderly is bound to have mental health consequences. Data from the website <https://www.dmh.go.th/report/suicide/age.asp> show that the suicide rate for the elderly during 1997-2016 was similar for those age 60-69 and 70-79, but higher than that for those age 80 years or older up to 2008, after which all three age groups had similar suicide rates.

Smoking and Alcohol Consumption

Between 2011 and 2017, consumption of cigarettes and/or alcohol decreased for all age groups of the elderly and for males and females alike.

Consumption of
Cigarettes and/or
Alcohol

DECREASED

for all age groups.

Percent of elderly who are regular cigarette smokers
by age and sex: 2011 and 2017

	YEAR	60-69 years old	70-79 years old	80 + years old	TOTAL
Male	2011	19.6	13.4	8.5	16.8
	2017	18.2	11.9	7.5	15.1
Female	2011	2.2	1.3	0.8	1.7
	2017	1.2	0.7	0.5	0.9

Percent of elderly who regularly consuming alcohol
by age and sex: 2011 and 2017

	YEAR	60-69 years old	70-79 years old	80 + years old	TOTAL
Male	2011	7.1	4.0	2.6	5.8
	2017	5.0	2.7	1.8	4.0
Female	2011	1.9	0.8	0.8	1.4
	2017	1.1	0.6	0.5	0.9

Source: Analysis of Data from the Survey of Older Persons in Thailand:
2011, 2017 (weighted)

BUT
the prevalence
of elderly who exercised
on a regular basis
DECREASED
for all age groups.

Trends in Physical Activity

However, the prevalence of elderly who exercised on a regular basis decreased for all age groups.

Even though Thai elderly are consuming less tobacco and alcohol, they are becoming more sedentary, and that could make them vulnerable for other adverse conditions or illnesses.

**Percent of elderly who exercise regularly
by age: 2002-17**

YEAR	60-69 years old	70-79 years old	80 + years old	TOTAL
2002	16.9	16.1	9.7	16.0
2007	47.0	36.1	22.8	41.2
2011	43.9	32.9	18.9	37.8
2017	31.8	21.6	13.4	26.3

Source: Analysis of Data from the Survey of Older Persons in Thailand: 2002, 2007, 2011, 2017 (weighted)

2.3

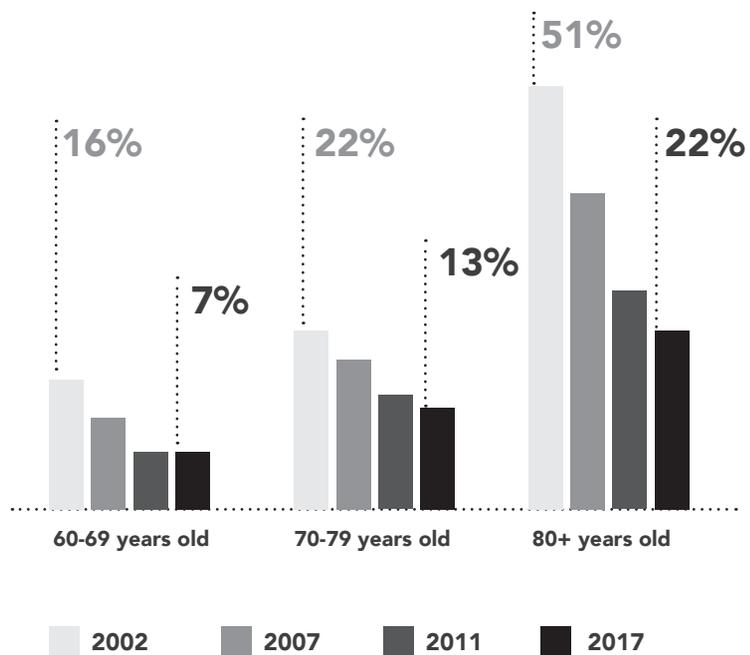
LIFE SECURITY IS ANOTHER KEY PILLAR OF ACTIVE AGING

Percent of elderly who had no formal education by age, 2002-17

2.3.1

The elderly and education

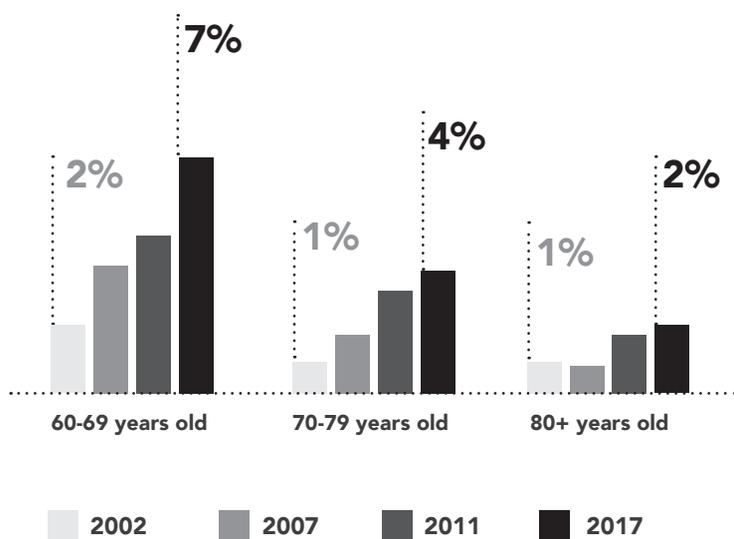
A core socio-economic status indicator is educational attainment. Usually, those with higher education are able to gain employment in higher-paying jobs. The younger cohort of Thai elderly are showing higher levels of educational attainment than their elders.



Source: Analysis of Data from the Survey of Older Persons in Thailand: 2002, 2007, 2011, 2017 (weighted)

The Survey of the Older Persons in Thailand found that 16% of elderly age 60-69 had no formal education in 2002, but that declined to only 7% by 2017. At the same time, for those age 70-79, the proportion with no formal education declined from 22% in 2002 to 13% in 2017. For those age 80 years or older, the decline in proportion with no formal education was from 51% to 22% in the same time period.

Percent of elderly who had college education or higher education by age, 2002-17



Source: Analysis of Data from the Survey of Older Persons in Thailand: 2002, 2007, 2011, 2017 (weighted)

The proportion of elderly Thais with college education or higher increased during 2002-2017. For those age 60-69 years, the increase was from 2-7%; for those age 70-79, the increase was from 1-4%, and for those age 80 years or older, the increase was from 1-2% over the same time period.

The elderly Thais age 60-69 years who had college education or higher was on the

INCREASE
to

7%



Trends in employment of the Thai elderly

During 2002-2011, an increasing percent of elderly were working in gainful employment. This was true for all age groups. However, there seemed to be a slight decline in employment among the elderly in 2017. That indicator needs to be tracked carefully to see if it indicative of a slowing in employment.

Percent of elderly employment by age, 2012-17

YEAR	60-69 years old	70-79 years old	80 + years old	TOTAL
2002	42.8	17.5	4.5	32.2
2007	47.6	22.3	7.4	35.7
2011	53.1	22.1	5.7	38.3
2017	51.4	18.9	4.0	35.5

Source: Analysis of Data from the Survey of Older Persons in Thailand: 2002, 2007, 2011, 2017 (weighted)

Principal source of income for the elderly

2.3.3

Surveys of the Older Persons in Thailand in 2007, 2011, and 2017 asked respondents about their principal source of income. The top three sources in 2007 were child(ren) (52%), employment (29%), and spouse (6%). In 2011 and 2017, the top two sources of income were child(ren) and employment, but the proportion had declined. Instead, the third most common source of income was now the elderly welfare subsidy, and that showed signs of increasing in importance.

Percent of Source of Income of elderly, 2007-17

Source of Income	2007	2011	2017
Child(ren)	52.3	40.1	34.9
Employment	28.9	35.1	30.9
Spouse	6.1	11.4	19.9
Saving	2.9	2.6	2.3

Source: Analysis of Data from the Survey of Older Persons in Thailand: 2002, 2007, 2011, 2017 (weighted)

1
CHILD(REN) 35%

2
EMPLOYMENT 31%

3
SPOUSE 20%

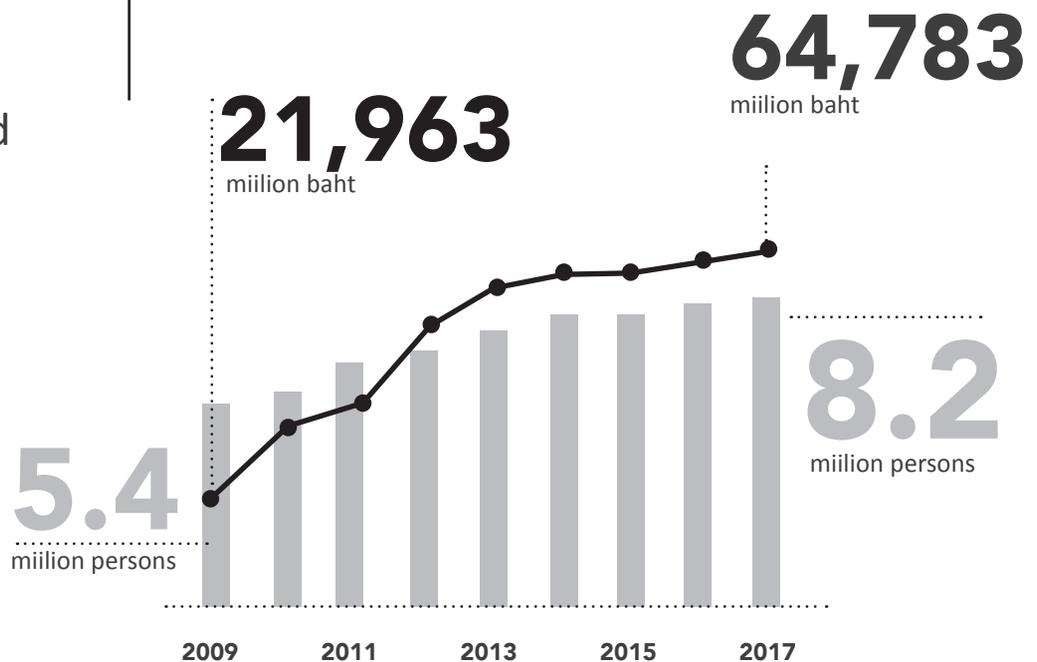
SAVING
2%

Elderly who received the monthly welfare subsidy in 2017

In 2017, the number of elderly receiving this subsidy was on the increase

1.5 Fold

The elderly monthly welfare subsidy is an elderly right as stated by the law. During 2009-2017, the number of elderly receiving this subsidy was on the increase. In 2017, 8.2 million persons received the subsidy, or about a 1.5-fold increase compared to the number in 2009. The amount paid to the elderly via this subsidy increased from nearly 22 billion baht in 2009 to about 65 billion baht in 2017, or nearly a three-fold increase.



Source of data: Elderly 2009-17; amount of elderly welfare subsidy payments based on data from local administrative organizations, the BMA, and Pattaya Municipality

—●— Amount (Baht)
 ■ N. of person

Trends in elderly households

2.3.5

The demographic transition of Thailand from a high fertility/high mortality society to a very low fertility/low mortality society is one of the fastest on record. Combined with increased longevity, this change has contributed to a rapid transformation of the age structure of the population, vastly increasing the proportion of the elderly compared to the working age group. This transition has also produced changes in the household structure and living arrangements of multiple generations in the same family. The NSO now analyzes data on the population by whether there is at least one elderly person in the household (i.e., “elderly household”). In 1996, 29% of households had an elderly member, and that increased to 34% within a decade. In 2017, the proportion of elderly households of all Thai households had increased further to 41%.

In 2017, the proportion of elderly households of all Thai households had increased further to

41.0%

and



11.5%

Households with one elderly person living alone

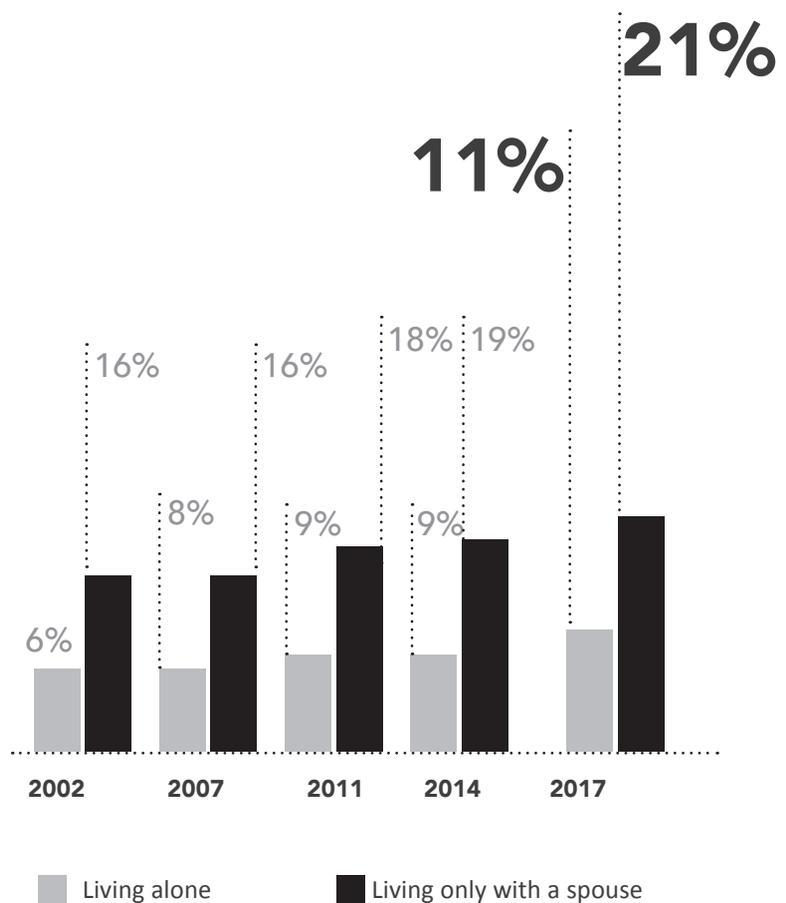
Households with elderly living alone or with another elderly persons as a proportion of all households: 1996, 2006, 2017

TYPE OF HOUSEHOLD	1996	2006	2017
Households with one elderly person living alone	2.3	3.6	6.1
Households with two elderly persons only	2.1	3.2	5.4
Combined households with one or two elderly	4.4	6.8	11.5

Source: Analysis of Data from the Survey of Older Persons in Thailand: 2002, 2007, 2011, 2017 (weighted)

Number of an elderly person living alone or with only their elderly spouse has respectively **INCREASED**

Of particular concern is the increasing number of households with an elderly person living alone or with only their elderly spouse. In 2017, the proportion of elderly living alone or only with a spouse increased to 11% and 21%, respectively.



Source: The Survey of Older Persons in Thailand: 2002, 2007, 2011, 2014, 2017

Elderly households and need for care

Households with at least one elderly member who needs care for essential daily activities are considered “elderly households in need.” If those households do not have someone to assist the elderly member then they are considered to have unmet care needs.

Surveys of the Older Persons in Thailand in 2011, 2014 and 2017 found that, of all elderly households, 20% had care needs in 2011. This proportion declined to 11% in both 2014 and 2017. During the same time period, the proportion of elderly households with unmet need also declined. Of households with need, 46% were not successful in meeting that need in 2011, and that proportion declined to 36% and 33% in 2014 and 2017, respectively.

UNMET
CARE
NEED

DECLINED TO
33%

Elderly households by need for assistance: 2011-17

		% of all elderly households	% of elderly households with met and unmet need
2011	Need for assistance	18.0	100.0
	Met need for assistance	9.8	54.5
	Unmet need for assistance	8.2	45.5
2014	Need for assistance	11.0	100.0
	Met need for assistance	7.1	64.5
	Unmet need for assistance	3.9	35.5
2017	Need for assistance	10.9	100.0
	Met need for assistance	7.3	67.2
	Unmet need for assistance	3.6	32.8

Source: Analysis of Data from the Survey of Older Persons in Thailand: 2011, 2014, 2017 (weighted)

2.4

PARTICIPATION IN THE COMMUNITY AND SOCIETY IS THE 3RD PILLAR OF ACTIVE AGING

2.4.1

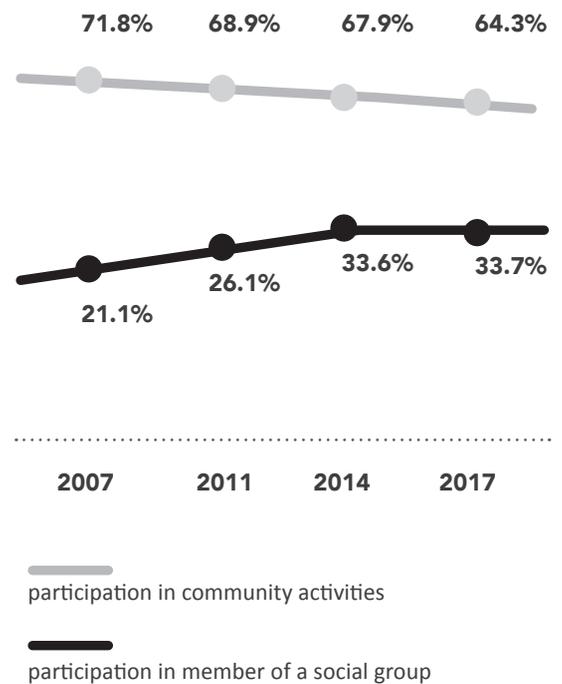
Being a member of a senior citizens' club or activity group

A key factor behind active aging is to engage in social activities and community relationships on a regular basis. Those relationships will maintain and improve quality of life and satisfaction with one's status. What is more, active aging can postpone or retard the degenerative processes of natural aging.

Socially active elderly are generally stronger physically and in good mental health than more isolated elderly. Thus, there need to be programs to encourage and enable older persons to join clubs and engage in community affairs on an active and regular basis.

There have been some government programs on a local or municipal basis to promote senior citizens' clubs for the benefit of the individual and their peers. The goal was to help forge and improve casual relationships among older persons in the locality

Percent elderly membership in a club : 2007-17



Source: The Survey of Older Persons in Thailand: 2007, 2011, 2014, 2017

Percent elderly by participating in village/ community activities in important days.

66.6%

60-69 years old

66.5%

70-79 years old

49.8%

80+ years old

and spread positive feelings and mutual caring, and reduce loneliness and isolation.

There are three main types of activities for the elderly: recreation, education, and helping others. In the past ten years, more older persons were joining senior citizens' clubs.

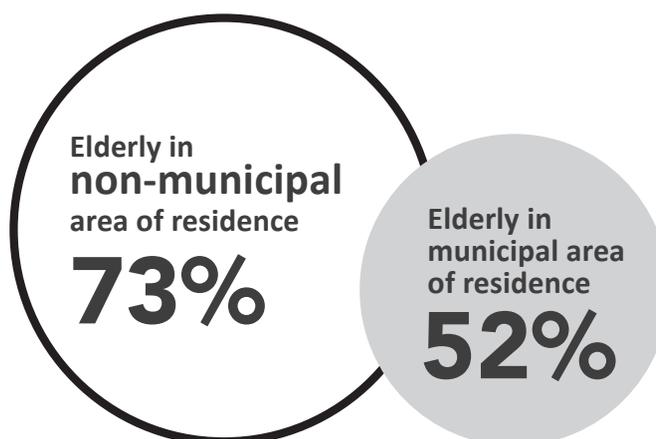
In 2017, one in the three elderly was a member of a social group, an increase from one in five in 2007. The increasing trend signifies the success of the elderly club band activities in promoting active aging.

In addition, most respondents in the Survey of Older Persons said they participated in community festivals or important annual days. In the 2017 survey, 64% said they participated in special community-wide events in the past 12 months (approximately 7 million older people). However, the trend has been decreasing in the past 10 years.

By age group, those in the younger and middle elderly age groups had similar levels of participation in community activities. However, there is a significant drop in social engagement for the oldest elderly (age 80 years or older) where only half participate.

Another differential is area of residence. Those elderly who live in municipal areas are less socially active in important community-wide events than their counterparts in rural areas, with 52% and 73%, respectively. .

Elderly participation in community activities by non-municipal and municipal area of residence



Source: The Survey of Older Persons in Thailand, 2017

School for elderly

In 2017,
Number of
elderly students

64,000

Number of
schools for elderly

1,163

There should be no limitations on one's opportunity for continuing education throughout their life, regardless of age. Self-improvement should be a life goal for everyone, and especially older persons who are no longer in the work force. Thus, a school for elderly is one way to give older persons the opportunity to pursue topics of interest that suit their lifestyle, and acquire new skills that can be applied in the home or home community. Education can be about self-health care, vocational training, financial planning, law, and new information technology.

In 2017, there were 1,163 schools for elderly with more than 64,000 elderly students as a result of the advocacy of the Department of Older Persons. Attending this school is not only a way to expand knowledge and build skills, but also a social activity that can be a source of fun and recreation. Continuing education is a means to help older people to live a quality life.

Senior Citizens Learning Centers by Region

Region	Before Sept. 2016	Sept. 2016- Sept. 2017	Oct. 2017- Dec.2017	Total (Centers)	N Students
Central	59	148	0	207	9,537
North	217	205	5	427	24,628
North East	201	217	0	418	25,062
South	11	88	0	99	4,923
Bangkok	0	12	0	12	160
Total	488	670	5	1,163	64,310

Source: The Survey of Founding of Schools for Elderly, 31 December 2017, Department of Older Person

Housing for older persons

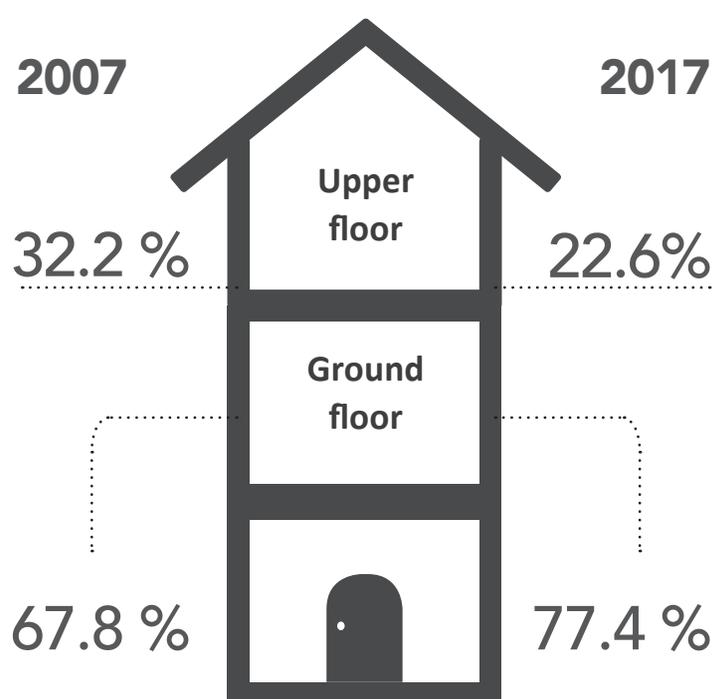
In the past decade, housing is starting to become more elderly-friendly. Creating a safe environment for older people is an important factor to encourage independence among the elderly population. This is especially important as more elderly are living alone or only with an elderly spouse.

A main activity in the household is sleeping and using the bathroom, which the major threats for elderly include accidental falls and tripping on stairs. Thus, design and location of the bedroom are key indicators of elderly safety in the home. For example, an elderly-friendly home would have the older person's bedroom on the ground floor rather than on the upper floor. In 2007, one in

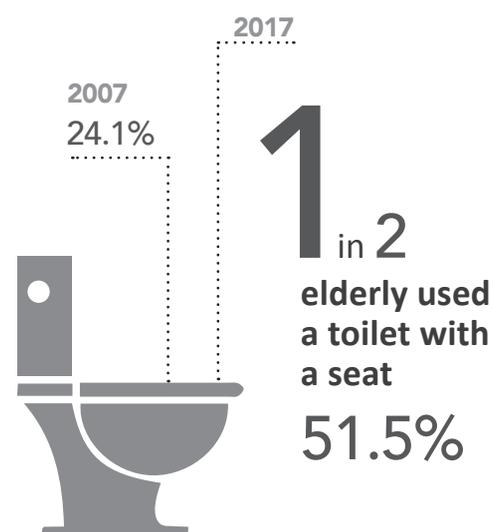
three elderly lived on an upper level of the house, requiring daily trips up and down stairs. At present, only one in four live in an upstairs bedroom. This is considered a satisfactory trend.

Another area of risk in the home for older persons is the bathroom. An appropriate latrine for older persons is a sit-down toilet instead a squat latrine. In the past, especially in rural areas, latrines were almost all the squat variety. In 2007, only one in four elderly reported having a sit-down toilet as an option in their home. However, at present, half of elderly reporting having a sit-down toilet option. That is progress, but not nearly enough coverage.

Percent of elderly by location of bedroom



Source: The Survey of Older Persons in Thailand, 2007 and 2017



Thailand urgently needs policies and measures to accommodate the special needs of the elderly so that they can be safely self-reliant for as long as possible.

Otherwise, the need for eldercare will become an enormous burden on families, society and the government.

**Alternatively,
if the country takes
first-rate care of its
senior citizens, then
the elderly will continue
to be active and
productive members
of society, and that
will benefit everyone.**

3

HIGHLIGHTS 2017

Each year, the Thai Elderly Annual Report collects the special events about the elderly all year round. We witness many good stories about elderly persons, notable agencies—public and private—which have been effectively working to support the elderly, increasing enthusiasm of public media, usage of information technology and innovations for the good of the elderly.

3.1

HONORING AND VALUING OLDER PERSONS

Somdet Phra Buddhaghosacariya
(P. A. Payutto)
A Buddhist Sage of the Rattanakosin Era
who Bridges Buddhism and Modern Science.

The most venerable
Somdet Phra Buddhaghosacariya,
has used his wisdom to protect the Sangha
in many ways, and has played a guiding role
for Thai society by explaining how
Buddhist principles can be applied in everyday life,
and in developing the nation.



Somdet Phra Buddhaghosacariya
(P. A. Payutto)



National Senior Citizen
2017

National Senior Citizen 2017

Every year since 2007, the National Commission for Older Persons headed by the Prime Minister, with the help of a nominating subcommittee, has recognized a Thai as National Senior Citizen for the year for his/her outstanding contribution to society, and as a model of Thai morals and ethics.

In 2017 the National Commission has recognized Somdet Phra Buddhaghosacariya (P. A. Payutto) as the National Senior Citizen.





Kudos



Somdet Phra Buddhaghosacariya (Bhikkhu P. A. Payutto), original name Prayudh Arayangkoon, is the 5th child of Mr Samran and Mrs. Chun-Ki Arayangkoon. He was born on January 12, 1938 in Talat Tai of Si Phrachan District, Supan Buri Province. When he was six years old, Prayudh was enrolled in the Khru Chalio Kindergarten School in Talat Si Phrachan, and completed primary school at the Chai Si Phracharat public school. After that, his father took him to Bangkok to enroll in Pathumkongkha Middle School. Prayudh boarded at Wat Phra Piren Buddhist monastery. He was a bright student, and received a scholarship from the Ministry of Education to cover school expenses. He had learned English well enough to be able to tutor his younger siblings on the basics.

On May 10, 1951, when Prayudh was age 13, he was ordained as a novice at Wat Baan Krang, Si Phrachan District. That marked the beginning of his engagement in formal Dhamma studies (pariyatti-dhamma). Later, he moved to Wat Phra Piren in Bangkok for further Dhamma studies. There he completed all levels of dhamma studies (nak tham) and the highest level (level 9) of the Pali language studies (parian tham) while still a novice. Because of his outstanding achievement he was granted a Royal Ordination ceremony into the monkhood on July 24, 1961 at the Temple of the Emerald Buddha. His preceptor was His Holiness Somdet Phra Ariyavangsakatayana the Supreme Patriarch (Plod Kittisobhano). As a monk he was given the monastic name of "Payutto", literally "a person with unrelenting efforts." He is the 4th novice in the Rattanakosin Era to receive a Royal Ordination into the monkhood.

In 1962 Bhikkhu P. A. Payutto received a bachelor's degree in Buddhist studies (with the first-class honor) from Mahachulalongkornrajavidyalaya University.

After completing his formal education, Bhikkhu P. A. Payutto was appointed a lecturer at Mahachulalongkornrajavidyalaya University. Later he also served as the Deputy Secretary-General of the University. At present he is the abbot of Wat Nyanavesakavan in Nakorn Pathom Province. In addition to giving lectures on Buddhism at universities in Thailand, he has also received the honor of being a guest lecturer at institutions of higher learning outside of Thailand, e.g., University of Pennsylvania, Swarthmore College, and Harvard University.



Ecclesiastical Titles

The following ecclesiastical titles have successively been bestowed upon Somdet Phra Buddhaghosacariya:



1969

ecclesiastical title of common rank: Phra Srivissuddhimoli

1973

ecclesiastical title of 'Raja' rank: Phra Rajavaramuni

1987

ecclesiastical title of 'Deva' rank: Phra Debvedi

1993

ecclesiastical title of 'Dhamma' rank: Phra Dhammapitaka

2004

ecclesiastical title of 'Vice Somdet': Phra brahmaganabhorn

2016

ecclesiastical title of 'Somdet': Somdet Phra Buddhaghosacariya

Honors and Awards



The most venerable Somdet (as he is generally referred to now) has received awards and honors from academic institutions and agencies both within Thailand and Internationally. Selected honors and awards he has received include:



Award for excellence contribution in Buddhism,
on the occasion of the 200 year anniversary
of Rattanakosin

1994: UNESCO Prize for Peace Education

1995: Awarded the honorary position of Tipitakacariya
(‘Professor of the Tipitaka’)
by Navanalanda Mahavihara, India

2005: Awarded the Most Eminent Scholar
by The World Buddhist University

Received Honorary Diamond Award from
the Committee on Religion, Arts and Culture



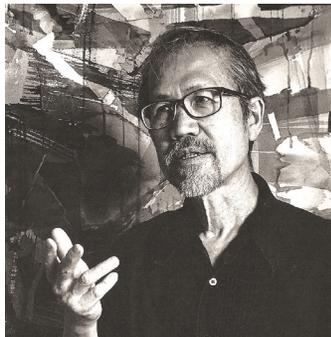
National Artists in 2017



The Department of Cultural Promotion of the Ministry of Culture has announced recipients of the “National Artists” award for their contribution to the arts for the benefit of the public. They are recognized for their creativity, artistic development, and promotion of the Thai arts. They have helped propagate the Thai arts in various branches. They also embody the ideals of Thai ethics and morals and, thus, are model citizens.

For 2017, the Ministry of Culture has awarded the National Artist award to the following 17 persons, all of whom are senior citizens.

The Visual Arts



Somsak Chowtadapong
(painting)

Born December 22, 1949,
age 68.

Khun Somsak is distinguished for his creative abstract water color painting. His canvases have special brushwork.



Sawate Thettham
(sculpture)

Born March 14, 1935,
age 82.

Khun Sawate is a sculptor renowned for his depictions of the Buddha and other important figures.



Sin Phonghanyuth
(architecture)

Born January 24, 1951,
age 66 years.

Khun Sin has created distinctive buildings with unique designs, such as Chulabhorn Hospital, Sirindhorn Science Home, Chulabhorn Graduate Institute, and Hua Chang Heritage Hotel.

Somchai Kaewthong
(fashion design)

Born January 24, 1947,
age 70.

Khun Somchai is the owner of the Kai Boutique. He has overseen the preparation of outfits for Queen Sirikit and Princess Somsaowali, among many other members of the Thai Royal Family.



Sarawut Duangchampa
(sculpture)

Born April 30, 1952,
age 65.

Khun Sarawut has produced sculptures which reflect different eras and styles. His works are appreciated both domestically and internationally.



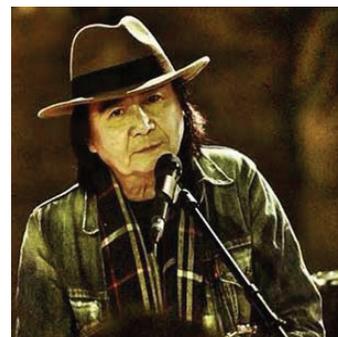
Literature



Pibulsak Lakonpol

Born December 17, 1950,
age 67.

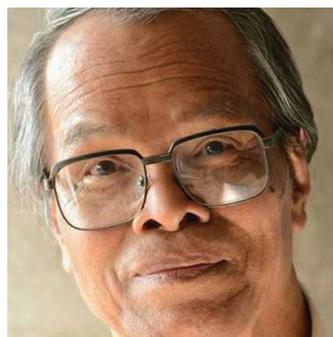
Khun Pibulsak goes by the pen-name “Macha Machari” among others. He has published short stories, novels, poems, and children’s books. He has also written songs.



Pensri Kiengsiri

Born July 9, 1931,
age 86.

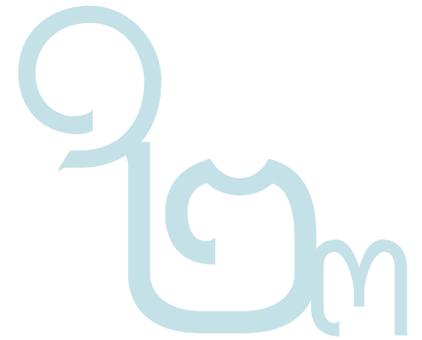
Khun Pensri goes by the pen-name “Naravadee.” She has written numerous novels, short stories, documentaries, poems, and translations. Famous works include “Fah Klai Talay Kwang”, “Fah Sang Thi Klang Jai Nang Ay”, “Rak Kert Nai Talat Sot”, among hundreds of others.



Thepsiri Suksopa

Born March 6, 1943,
age 74.

Khun Thepsiri has been given the title of “Story Teller.” His works include novels, non-fiction, children’s books, and poems which have received special praise, for example, the youth novel of “Bueng Ya Pa Yai”.



The Performing Arts



Rattiya Vikasitpong
(Thai dance)

Born July 26, 1936,
age 81

Khun Rattiya is an expert
in Thai dance, both
theory and practice.

Surang Duriyapan
(Music)

Born April 8, 1937,
age 80

Khun Surang is well-known
for her compositions
and renditions of Thai
traditional songs



Boonsri Rattanang
(Lanna traditional music)

Born March 5, 1953,
age 64.

Khun Boonsri is proficient
in a variety of Lanna
traditional instruments,
and can sing northern folk
songs. He has written over
500 songs.



Virat Yoothavorn
(Music)

Born November 15, 1943,
age 74

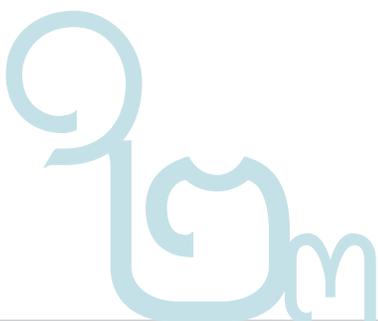
Khun Virat is an expert
musician and performer in
many events. In addition
to performing Thai popular
songs, he has performed songs
in honor of King Rama IX and
other members of the Thai
Royal Family.



Pimpatipan Pernghamjit
(Thai contemporary music)

Born February 16, 1938,
age 79.

Khun Pimpatipan goes by the
sobriquet of “Thai Traditional
Song Expert Singer.” He is also
a successful composer and
arranger of scores, including
the song “Mae Sai”, “Pawong
Rak”, and “Theptidadoi”.



**Than Puying Waraporn
Pramote Na Ayuthaya
(International dance)**

Born December 1, 1942,
age 75.

She is an expert ballet dancer who has performed for Thai Royalty. She is also an instructor and director of ballet.



**Kanet (Rong) Kaomoonkadee
(Film and television)**

Born September 26, 1947,
age 70

Khun Kanet has worked in the Thai film industry as a voice double for many male stars, such as Mitr Chaibancha, Chaiya Suriyan, Sombat Metanee, Phuwana Siriwilai, Pairote Jaising, Sorapong Chatree, and Toon Hiransup.

**Professor Matanee
Rattanin (Theater)**

Born May 1, 1937,
age 80.

Professor Matanee is the producer, director, and script writer of plays for the theater, in addition to set designer and composer of music. She has performed on theaters, in Thai television and many different forms of cinema.



**Yuthana Mukdasanit
(film and television drama)**

Born May 25, 1952,
age 65.

Khun Yuthana is a director of drama performances and musicals, and is a producer of film.



As National Artists, each honoree receives a monthly stipend of 25,000 baht, and coverage with the government health insurance scheme. Each is eligible for a 50,000 baht compensation payment in the event of disaster. Each is eligible for 20,000 baht to assist with funeral arrangements in the event of death, and a grant of 150,000 to produce and distribute a summary of their artistic achievements posthumously.

3.2

HONORABLE MENTION FOR AGENCIES AND ORGANIZATIONS WHICH SUPPORT THE THAI ELDERLY

The Kao PraNgam Tambon Municipality received the United Nations Public Service Award.

The United Nations Public Service Awards (UNPSA) is given to the government agency on UN Public Service Day (June 23) each year. The United Nations Department of Economic and Social Affairs (DESA) issues the award in recognition of excellence in public service and the sacrifice which government officials make to serve their constituencies.

The Thai government, through the Office of the Prime Minister, has the policy to encourage local administrative organizations (LAO) to contest for the award. In 2017, the eight LAO finalists who submitted their case for the award to the UNPSA include the following: 1) Kao PraNgam Tambon Municipality (Lopburi), 2) Don Kaew Tambon Administrative Organization (TAO) (Chiang Mai), 3) Koh Kha Tambon Municipality (Lampang), 4)



<http://www.thaigov.go.th/>

Luang Neua Tambon Municipality (Chiang Mai), 5) Phuket Provincial Administrative Organization, 6) Ban Phai Municipality (Khon Kaen), 7) Pa Sao Tambon Municipality (Uttaradit), and 8) Hua Ngom TAO (Chiang Rai). These eight LAOs were selected to the second round.

The following are the program guidelines of the winning submission by

1

Conduct an in-depth assessment of the problems and needs of the population in the locality. This includes the number of elderly, the bed-ridden, households which lack essential facilities, environment of the domicile, lack of a knowledgeable caregiver, etc.

2

Form a team to manage care.

- a. multi-disciplinary team (physicians, nurses, psychiatrics, physiotherapists, social

workers) provides outreach and care for targeted households;

- b. support team (private sector) provides wireless phone services, medical equipment (e.g. blood pressure monitors, screening tests for diabetes);
- c. The community teams are in 45 target communities: These teams identify and monitor cases who need assistance, and connect with other communities in the form of a network.
- d. The municipal team: This team produces plans and conducts coordination with all participating sectors;
- e. The family team: This includes relatives of the ill or elderly in need, as well as next-door neighbors.

3

Apply modern technology to link the client's phone signal

with CCTV, and connect that with the Service Center of the Municipality. The Service Center, in turn, connects with community volunteers, the multi-disciplinary team, and GPS to define the exact coordinates of where the assistance is needed. This system ensures that there will be a rapid response to an adverse event.

For the elderly who are bed-ridden, this system is equivalent to being in a hospital ward even when they are at home. When the person needs assistance, all they need to do is press a button which relays a signal to the Disaster Prevention and Mitigation of the Kao PraNgam Municipal Center. Average time of response to a distress signal is five minutes. Cases in need of a higher level care are transferred to the nearest hospital within ten minutes.



Kao PraNgam Tambon Municipality was selected to the final round, and eventually received second place in Innovation and Excellence in Health Services in the Asia and Pacific Region. Their project of “Excellent Happy Home Ward”, which

aims at promoting health of patients with chronic illnesses and bed-ridden elderly in all dimensions. The model incorporates concepts on housing, well-being, area management and technology.

3.3

GOVERNMENT MEASURES TO SUPPORT THE ELDERLY IN 2017

In 2017, the Thai government introduced a number of measures to improve the quality of life of the elderly. Some of the more noteworthy include the increase in elderly welfare in many of the government plans and programs, e.g., the Employment Promotion Plan, the Housing Support Plan, the Housing Credit Program, etc., under the purview of the Pracharat Social Task Force (E6).

**Any private
company which
hires an elderly
person gets**

twice

**the tax deduction
for salary and
wages for that
employee**

3.3.1

Measures to promote employment of the elderly

In 2017, nearly one in four elderly were employed, and 4.7 percent wanted to work but has not looked for work (NSO, 2017).

Government measures to promote employment include promotion of hiring of older persons by government and private entities so that the elderly can have occupations and earn more income. This activity is in accordance with the Pracharat Social Task Force (E6) of the Department of Older Persons in collaboration with public and private agencies. The following are highlights of these activities:

- The Ministry of Agriculture and Cooperatives had the goal in 2017 of hiring 65 senior citizens. In fact, they were able to hire 106 persons, all of whom are working in the Department of Sericulture;
- Pilot project to employ 25 elderly workers Elderly Welfare and Development Centers;
- Promotion of hiring 9,075 elderly by various government agencies;
- Collaborate with the Government Housing Bank to hire 33 elderly as of May, 2017.
- Department of Skill Development of the Ministry of Labor set the goal for 2017 of training 6,150 elderly in skills development. In fact, they were able to train 17,865 senior citizens, nearly three times the target.
- In 2017, the Elderly Fund approved occupational development loans for 9,566 elderly applicants.
- The Royal Decree Regarding Exemption from Revenue Taxes (No. 639) in March, 2017 to offer twice the tax deduction for private companies pay on employee salaries and wages if the employee is 60 years or older (in cases where the employee earns no more than 15,000 baht a month, and for no more than 10% of the work force of the company.)

In September 2017, the Task Force reported that 9,646 senior citizens were hired by private companies, including such employers as the Stock Exchange of Thailand, organizations under the Federation of Thai Industries, the Se-Ed Book Center, and Big C Super Center.

In addition, the Department of Employment created a website for senior citizens who are seeking work (www.doe.go.th/elderly) so that they can register, or apply directly at the Employment Service Center for Elderly Workers) in their home province.

In sum, the E6 Task Force has achieved its goals and targets for 2017. The program was able to support the gainful employment of 41,950 older persons, which exceeded the target of 39,000. This includes new employment of 9,239 elderly by government agencies and state enterprises, new employment of 9,646 older persons by the private sector, and support for employment and income of 23,065 older persons.

Measures to Support Income Security for the Elderly

The Stock Exchange of Thailand is supporting the program called “Happy Money, Happy Retirement” which promotes individual savings toward their post-employment years. The program includes education about personal budgeting and basic finance.

In 2017, the program produced and disseminated a “Post-Retirement Knowledge Package” and provided education in finance for 678,622 workers in the formal sector from 196 organizations, using the Happy Retirement Knowledge Package. For workers in the non-formal labor sector, the program used the Happy Money Knowledge package to promote knowledge in basic finance.

The program also produced 450 trainers in their network, and has distributed the knowledge package through 878 schools for elderly. The program also produced trainers for both formal and non-formal sectors to disseminate finance knowledge.

Moreover, the program provides education on reverse mortgage for older persons who own housing or condominium outright. That way, those property owners can turn their deeds over to a finance agency and receive a steady income from those assets for the rest of their life, while still being able to live in that housing or condominium. In 2017, the Government Savings Bank launched the reverse mortgage program for senior citizens.

**Happy Money
Happy Retirement**

Measures for Caring for Dependent Elderly

In Fiscal Year 2017, the National Health Security Office (NHSO) received a budget of 900 million baht earmarked for dependent elderly. The funds were to go to service providers and LAO (municipalities, TAO) for provision of long-term care for elderly who were either bed-ridden in their homes, or were not self-reliant for daily necessities. The NHSO set a target for coverage of 150,000 persons, with care overseen by a care manager and caregiver.

LAO and care recipients had to meet certain criteria to be eligible for support under the NHSO funding. This criteria also apply to the use of the Local Health Insurance Fund Act (2nd version, May, 2016) which defines “dependent older person” as a person scoring 11 or less on the Barthel ADL Index. These persons are further classified into four groups. In the first group, the older persons are somewhat mobile but cannot perform all their daily essential functions, and are not yet mentally impaired. The second group includes those who cannot perform all their daily functions and are mentally impaired or senile. The third group includes those who cannot move around the house on their own, and may have difficulty performing some daily functions. The fourth group are those who are bed-ridden and are in the end stage of life.

Measures for Safety in Daily Life of the Elderly

The Pracharat Social Task Force is promoting specifications for domiciles and environment for older persons as part of the 20-year housing development plan (2017-2036). The SCG Co. and the Ministry of Social Development and Human Security have achieved the following progress on this topic:

- Repaired and built housing for the elderly, including construction of 9,000 “sufficiency homes” and repair of 2,897 homes with elderly occupants, and 1,097 Ban Pracharat Senior Homes.
- Measures to extend credit to build and repair senior housing in the amount of 10 billion baht, through the Thai Banker’s Association.

In addition, the Treasury Department is supporting the development of a Senior’s Complex (comprehensive living facility) through a public-private partnership with affordable rental rates for older persons. As of 2017, the Seniors Complex model is being implemented in five provinces: Samut Prakan, Chonburi, Nakorn Nayok, Chiang Mai, and Prachuap Kirikan.

Senior Complex

Improving laws related to the elderly

In 2017, the government considered amending some laws to make it more attractive to hire and retain older workers in the labor force. These laws include the following:

1

Labor Protections Act (v.6) on August 31, 2017: This provision states that the terms of retirement are as agreed upon by the employer or employee or as determined by the employer. In the absence of a retirement schedule, a 60-year-old employee can show his or her retirement intent, or not.

In addition, this law also stipulates that the employer is to pay fair compensation for workers age 60 years or older, and severance as per the 1998 Labor Protections Act. For example, an employee who has worked for the employer more than ten years is eligible for compensation equal to the value of the last monthly salary payment for ten months. Or, the elderly worker who has worked for the employer at least one year but not more than three years, is eligible for compensation no less than the last monthly salary payment for a period of 90 days.

2

The modification to the Labor Protections Act (v.6) of 2017, in essence, directs the Payroll Committee to consider minimum wages/salary for older workers (age 60 years or older). This provision, effective September 1, 2017, allows employers to retain elderly employees but pay them by the hour after age 60.

This provision is still being reviewed, however, and the appropriate level of compensation for older workers may be modified. The basic goal of the provision is to keep marginal workers out of poverty by retaining them in the workforce, and providing some measure of quality of life for elderly workers who are still able to competently perform their job.

3

Modification of the Act on the Elderly of 2003: This increases the role of the Elderly Fund which was originally intended as a source of cash for protection and support of projects for the elderly, and a source of loan funding for occupational development. This new provision includes extra assistance for lower-income elderly who have registered for government welfare (3.7 million persons as of 2017).

The new provision requires higher budget, and the government added 4 billion baht to the budget to cover this provision. The money will be partially drawn from a 2% tax on alcohol and tobacco sales, and from unclaimed monthly welfare money for the elderly.

While these measures will provide some economic relief to the increasing number of Thais entering their senior years, the government and society at-large need to prepare much more in a variety of sectors in order to maintain or improve quality of life for the elderly. This will include modifications of the worksite to accommodate older workers. In addition, health outlets will need to be more elderly-friendly and respectful of the rights and special needs of older clients. All of these measures and programs are a strong step forward in making Thailand an active aging society.

3.4

BUSINESS AND THE ELDERLY

In 2017, there are many businesses whose actively related directly and indirectly to the Thai elderly and meeting their needs for comfort, convenience and safety in daily life. There are five types of businesses that have been growing substantially which include medicine/health care, home furniture, home design, finance, and tourism.

With Thailand racing toward becoming a complete aged society, businesses are becoming increasingly aware of the opportunities to cater to this growing group of potential consumers with needs that are quite different from youth and the working age population.

Medicine and Health for the Elderly

Eldercare centers in various settings, private hospitals, government hospitals, and private sector settings. The trend in business for this sector is increasing due to the special needs of the growing elderly population. However the quality of services is still uneven. More often than not, the economic status of the patient determines the level of quality of care s/he receives.

Needs / anticipated service utilization

- Home-bound elderly
- Bed-ridden elderly
- Elderly who live alone

Furniture

Many elderly have special needs for furniture and furnishings. For example, there is a need for special chairs which match the physique of the elderly frame and those who have difficulty rising out of a sitting position. The width of a chair needs to be able to accommodate a person who uses a wheelchair. There may be a need for an electrical bed whose angles of recline can be adjusted automatically and effortlessly. The bathroom is an area of potential hazard for the elderly and, thus, the tubs, showers, and toilets need to be designed for infirm users.

Needs / anticipated service utilization

- Convenience and comfort for use by elderly
- Those with physical disability or limited mobility
- Accident prevention.

Home design

There are many aspects of home design that need to be made elderly-friendly and safe. This includes the house structures, height of windows, width of doorways, types of door knobs, color of the floor/walls/furniture, the type of flooring that is safe for elderly at risk of accidental falls, etc.

Needs / anticipated service utilization

- The elderly or members of their household that are concerned about safety of the domicile

Finance

This includes financial products for the elderly, e.g., from the Government Housing Bank in providing low-interest mortgage rates, and reverse mortgage arrangements where an elderly home/land owner can trade that to the bank for a lifetime annuity. There are also special life insurance policies for older persons, property insurance, etc. The key advantage of the elderly life insurance is the lack of a pre-qualification health exam, and guaranteed coverage up to age 90 years.

Needs / anticipated service utilization

- For financial security in the retirement period for good quality of life

Tourism

More special tours which cater to elderly clients can be seen in Thailand nowadays. Health tours, elderly tours, among others are offered both domestically and internationally. The guides have to be specially trained in first aid and other emergency services for elderly tourists. Drivers of tour buses also need to be mindful to travel at a safe and cautious speed. Elderly tourists need to be able to access their lodgings in the afternoon and depart in the morning.

Needs / anticipated service utilization

- The elderly who are self-sufficient and are motivated tourists

Thailand will become a complete-aged society in a few years. Businesses therefore need to understand and respond to the needs of the growing elderly population.

There are many other wide-spread businesses related to the elderly in other countries that are still uncommon in Thailand, such as catering healthy foods for the elderly. Thailand also has world-class reputation in medical tourism, which can be potentially very lucrative for business.

ATTENTION OF THE MEDIA TO THE ISSUE OF THAILAND'S AGING SOCIETY

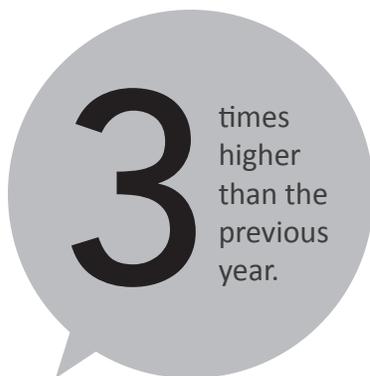
In 2017, Thai society continued to become more aware of the increasing number of elderly. The media is both fueling and responding to this heightened interest, whether it be newspapers, magazines, TV, radio, or on-line sources. There were significantly more spots and stories about the elderly in 2017.

3.5.1

Print media

One way to measure the level of attention given to senior citizens in society is to examine the prevalence of use of terms in newspapers, magazines, periodicals, etc. Search terms include the elderly, older people, the aged, and senior citizens. Skip Navigation Links is a tool which can count the prevalence of these terms in print media. In 2017, “older persons” (“phoo soong ayu”) appeared 37,307 times, and that was three times higher than the previous year. This was followed by “senior citizen” (“phoo soong wai”) with 4,836 uses, “old persons” (“khon kae”) was used 4,123 times, while “the aged” (“khon chara”) was used 3,912, and “old man” or “old woman” (“phoo thao”) was used 1,336 times.

Compared to previous years, there was an increase in the usage of all these words related to the elderly and aging society in 2017.



Television

TV is one of the easiest ways to access news and other information about society, and TV is still the most used media channel for most Thais, especially older persons. In 2017, there were a number of regular TV shows which focused on issues related to the elderly. The following are six of the most popular shows:

1. Lui Mai Roo Ruoy

The Good Senior Citizen

This program airs every Wednesday and Thursday from 4:05 – 4:30 p.m. on Thai PBS.

This program is not only targeted to elderly viewers; it has valuable content for those who are in their 50's and may be thinking about their "sunset years."

2. GenO(ld): Aging together

This program airs every Wednesday from 8:20 – 9:10 p.m. on Thai PBS.

3. Old Ginger

This show presents news and practical information about senior citizens so that older people are aware of changes and can adapt.

This show airs on Thai PBS.

4. Seniors who are Young at Heart

This show airs every Tuesday from 8:30 – 8:35 a.m. on Channel 5.

5. Super 60+ Genius

This show airs every Sunday at 5:00 p.m. on Channel 23.

Radio

The Mass Communication Organization of Thailand (MCOT) has produced the first radio program which targets the elderly.

It airs on the Like Station at frequency of 1494 AM.

There is another program called Happy & Healthy which is also geared toward older persons.

That airs on 102 FM every Saturday from 9:00 – 10:00 a.m. There are discussions with doctors, and a call-in option for listeners to interact directly with guest physicians.

On-line media

Social media through the Internet and smart phones is becoming ubiquitous in Thailand, especially among the younger generation but also for older persons as well. Use of social media will only increase in the future as more channels of access become available and cost of communication becomes very affordable. In 2017, there were many spots and features on topics of interest to and about the elderly and active aging in Thailand. The following are some of the more noteworthy examples of pro-elderly on-line media.

Hipster Paew

Touring Solo in Retirement

Aunt Paew (Kanjana Pantutaecha) is 65 years old, but she is ever on-the-go. She behaves like someone who is only 40 years old. Aunt Paew began her solo trek after having toured the country by bus before starting to adventure outside Thailand. She now posts about her travels on a Facebook page called “Aunt Backpack” and has 16,000 followers on her fan page. She also has hundreds of thousands visits on her page. Her motto is: “My heart is my GPS – it leads the way for me.”

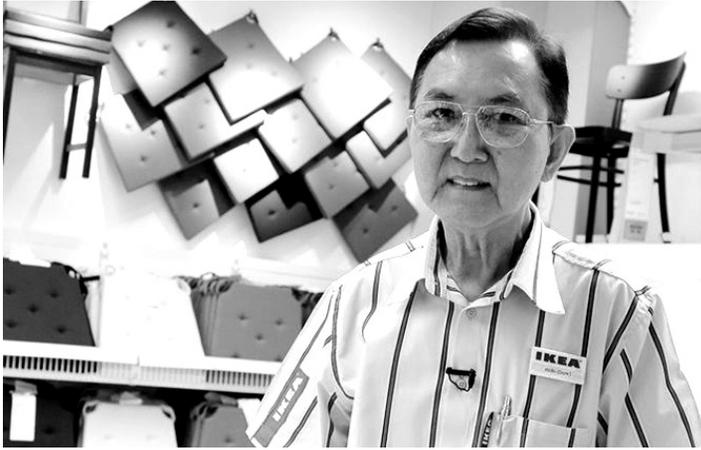
Unboxing with grandma

<http://www.facebook.com/unboxingwithgrandma/>

This woman along with her grandchild are the administrator for a Facebook page called “unboxing with grandma” which reviews elderly goods and products. Khun Pranee (Grandma Kae Klong) has an intimate understanding of her peers. She is a former teacher of English and is now 91 years old. She is a perfect example of active aging, and doesn’t seem to be slowing down. Her objective in creating the Facebook page is to educate the younger generations to better understand the elderly and how older persons think and view the world and society. Her page also includes monthly photos and short video clips. Her fan page has 32,500 followers, and her videos have hundreds of thousands views.



<https://www.facebook.com/pg/hipsterpaew>



<https://voicetv.co.th/read/Skmq8Kapf>

Uncle Dom (Sorachai Uparamai):

Age 71 but continues to work and refuses to be idle in older age

‘Uncle Dom’ used to work as a manager in the Provincial Electrical Authority in Surat Thani. Uncle Dom found retirement boring at first, so he decided to find useful work to do. Thus far, he has tried many different trades, including apartment custodian, taxi driver, and, currently, staff of an IKEA store showroom in the dining room section. He is never afraid of being called ‘stupid’ and he eagerly greets customers and explains details of the merchandise with a youthful attitude. In his words: “Work for me is a form of exercise. I don’t have to go out golfing – that just costs money. My body is in good shape and my muscles are still strong. My memory is still quite sharp. Everyone is talking about how to cope with an aging society. If we don’t start now, when will we?”



Hipster Grannie Bua

Internet idol through dazzling photography

It all started when her daughter asked her to be a model for her photography. From then on, this amazing woman has distinguished herself as an on-line idol, with 15,000 followers of her Facebook page and over 25,400 followers on Instagram.

<https://pantip.com/topic/33740204>

Dr. Krisana Kraisintu

A pharmacist who dedicates her life and work to those in need

Dr. Krisana is an expert pharmacist who is still as active as ever at age 65 years. She was one of the first researchers to study HIV in Thailand and helped to produce a generic version of the AIDS treatment AZT. AZT was the first anti-retroviral drug to be effective in reducing the HIV viral load, and helped to prevent mother-to-child transmission of



<https://www.siambusinessnews.com/5908>

the virus. Her formulation of AZT helped to dramatically reduce the price of AIDS treatment in Thailand, thus equalizing access for all. For her contribution, Dr. Krisana received the prestigious Magsaysay Award (Health) in 2009. She has received over 200 other awards and recognitions. She has been given the endearing nicknames of “Gypsy Pharmacist,” “Drug Angel,” and “Heroine of the Streets.” Most recently, Bill Gates has recognized Dr. Krisana for her global contribution to health, especially for people living with HIV.

Outstanding Senior Athletes

The Thai Veteran Athletics Association sent 37 athletes to participate in the Asia Masters Athletics Championships in China. They were able to win 24 gold medals, helping Thailand to rank 6th among competing nations. This was a proud achievement for the country and created new friendships among the athletes from many Asian countries. This achievement also called attention to the value of maintaining one's health and fitness at older ages. This 2017 Report on the Thai Elderly has elected to feature two of the outstanding senior athletes.

Neow Jantamanee

At age 89, Neow is a rising star among senior athletes. She is from Songkhla Province and has broken the record for the discus throw for Thais age 86 to 89. She also competes in the javelin event. She won the gold medal for the discus event in the recent Asia Masters Athletics Championships in China.

<https://www.ntbdays.com/tidtrendy/949>



<http://www.siamsport.co.th/other/other/view/65612>

Sawang Janpram

Sawang may be 98 years young, but he is a rising star athlete – who may be the oldest. Sawang said he started getting serious about sports competition in 2017. He was surprised to find that he could win a lot of events in his age group. He has competed nationally and internationally (in China). He has won three gold medals in the 100 meter dash, discus throw, and javelin. He holds the national record for the javelin throw for the age group 95-99 years (with a distance of 15.30 meters). Sawang's secret to healthy longevity is simple: Always be in a good mood and exercise often.



INFORMATION TECHNOLOGY (IT) AND INNOVATION FOR THE ELDERLY

Access to information is an essential need in this high-speed communication age. However, it is important that the information is factual, credible, timely, and is meaningful for improving quality of life and safety, especially for the elderly. Information that is relevant for older persons include news about global events, information about welfare benefits or government services for senior citizens, guidelines for health maintenance, and alerts about emergencies or looming natural disasters or epidemics.

Increasingly, the Internet is becoming the channel of choice to receive these types of news due to the sheer volume of information and ability to filter out the irrelevant or undesirable content. However, in 2017, only a minority of elderly at 4% received their news and information from the Internet or social media.

Thus, helping the elderly become more familiar with the Internet is a priority challenge for Thailand as it prepares to cope with the demographic tidal wave that is on the horizon and fast approaching. A 2017 survey of use of technology and community in the household found that use of the Internet by Thais has increased dramatically in the past five years. This increase also applies to Thais age 50 or older, whose use of the Internet tripled over five years from 6.6% to 18.2%. While the increase is impressive, the prevalence of Internet use by older persons is only a fraction of what it is for those age 15-24, which reached 90% as of 2017.

Use of the
Internet by
Thais age 50
or older has

TRIPLED

over in the past
five years.

Thus, it is important to eliminate barriers to elderly use of IT and produce innovative applications that can significantly increase their quality of life.

IT and the elderly

At present, IT is advancing every day and is increasing the ease and convenience of performing many routine daily tasks. Cell phones are now mostly smart phones (i.e., which can connect to the Internet), and more and more elderly are purchasing these. However, most elderly smart phone owners probably do not understand the power of these phones and the many phone applications that could increase their quality of life. A 2017 Survey of the Older Persons found that 62.4% had cell phones of the “feature phone” type which are the simplest phone to use while still having Internet access.

	Percent used SMS by a cell phone	% used the Internet to access social media or exchange e-mails	% performed mobile banking
60-69 years old	61.7%	17.6%	1.4%
70-79 years old	58.7%	12.2%	0.6%
80 + years old	63.2%	13.4%	0.2%

Source: The 2017 Household Survey on the Use of Information and Communication Technology, NSO

In 2017

62%

had cell phones of the “feature phone”



Of the 8.6% of elderly who use the Internet

69% 

use it to watch movies or listen to music

50% 

use it to read e-books

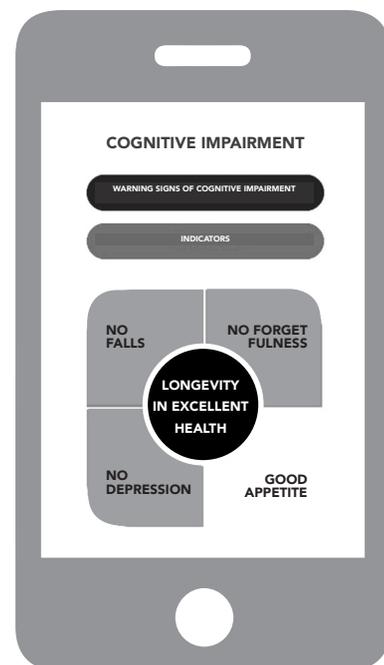
48% 

use it look up information on health services or products

There is a learning curve in adopting these new technologies, even for the younger generations. But for most older persons who do not have the same facility with IT will need to be educated and trained in the latest IT devices and applications. They will also need training in social media, such as Facebook and Line. While elderly Internet usage is still low at 8.6%, nearly all that do, use the Internet to access social media (NSO, 2017). The elderly also use the Internet for other activities, including entertainment (film, music), e-books, and information on services, and health products.

There are applications that have been specifically designed for the elderly, including applications that increase the size of lettering for easier reading, reminders for when to take medicines, measuring the blood glucose level, designing an appropriate exercise regimen, calling an ambulance, etc.

The Department of Health has developed an application called 'Old Age -- Sharp Mind' for use in sharing information on health care and maintenance of the elderly. The application was developed to cater to older people who will be more likely in the future to search for information on health on the Internet.



Innovations for the Elderly

In 2017, a large number of innovations were developed for the elderly. Some are tools for monitoring the elderly while others are for improving the conveniences in everyday life for the elderly. In our rapidly aging society, there have been various innovations to care for and to improve the quality of life of older people.

The following are just a few of these innovations developed by Thai students as part of their coursework.

Sources of photos:

<https://www.posttoday.com/social/general/489181>

<https://www.posttoday.com/social/general/489181>

<https://news.thaipbs.or.th/content/268099>

<https://www.youtube.com/watch?v=qC25TOMZREs>

<http://www.bangkokbiznews.com/news/detail/778320>

<https://www.youtube.com/watch?v=a6qfbZYosf4>

A cane which can warn of an accidental fall

This cane was developed by students at the Songkhla Polytechnic College. The cane has a micro-controller attached to it that is powered by battery. If the cane is dropped, then a signal is sent immediately to contacts of the elderly so that they can investigate whether an accidental fall has taken place.



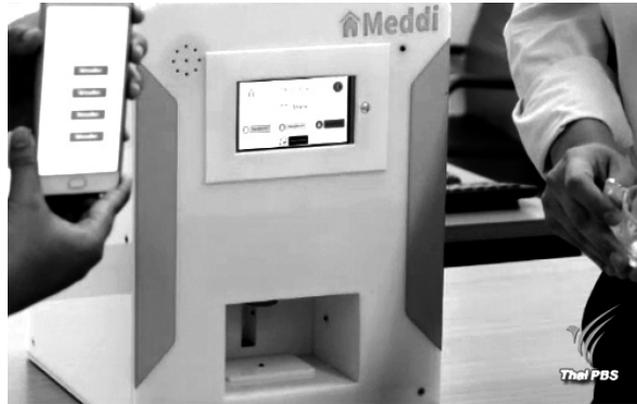


Device to help elderly and the disabled to move around and arise from a sitting position

Two students from the Surat Thani Technical College developed this device to help the elderly and the disabled to live more comfortably. The device has been pilot tested in hospitals and several adjustments have been made to improve the usage.

Space Walker

This apparatus was invented by students at Thammasat University, and won the Gold Award at the international i-CREAtE 2017 convention in Japan. This device helps support the weight of users who have mobility issues, including older people. The technology supports the user's weight and increases the stability for the users. This should be especially useful for elderly who are frail or tend to lose their balance when walking.



Smart Household Medicine Dispenser

This device – called 'Meddi' -- was invented by students at Naresuan University. It operates through a mobile application to accurately and punctually dispense medicines for older people or patients. The application can be programmed for up to eight different medicines or three different patients.





Monitoring the status of the elderly via a 3D imaging to detect falls and send an alarm

Students from King Mongkut Institute of Technology Ladkrabang invented a device which uses infrared sensors to monitor the position of the elderly without having to place any equipment or device on the older person themselves. This device works both day and night, and can distinguish whether the elderly person has actually fallen or is simply bending over to pick something up. It can convert the infrared data into images of the person's physical orientation and skeletal condition. That can help a physician's interpretation of the condition and speed accurate diagnosis.



Sit and Slip On – Making it easier for elderly to dress

This is the product of students from Chulalongkorn University which won a Silver Award at the i-CRETe 2017 convention in Japan. This invention helps users to dress themselves without having to bend over. The device is easy to set up, attaching to the legs of a chair to slide the pants/ dress up and down.

4.

RESEARCH ON THE ELDERLY

Each year, the annual Report on the Thai Elderly includes the latest findings from research. The Task Force for this report has reviewed many of these research studies and has picked out the most relevant for the “active aging” theme of this report.

4.1

GOOD LESSONS LEARNED FROM SCHOOLS AND CLUBS FOR OLDER PERSONS WITH KNOWLEDGE TRANSFER ACTIVITIES

Sasipat Yodphet, Pawana Pattanasri, and Tanikan Sakdaporn.
Faculty of Social Administration, Thammasat University.

The study was conducted in 2017.

Funding for the study was provided by the TGRI under the program to “Create and Manage Knowledge for Development of Systems to Accommodate an Aging Society” of the Thailand Health Promotion Foundation.

Objectives

To study management structure characteristics of 5 schools for older persons which are selected as good examples, explore lesson learned and develop model. The research also covers model pilot test in 4 schools, along with results evaluation and sets of skill /competency for active ageing identification.

Methodology

This study included a desk review and qualitative data collection by focus group discussion and in-depth interviews to distill lessons learned through participatory activities in nine senior citizens' schools. The investigators also convened a forum to consider summary findings. The first step was the selection of the schools which are considered to have good-practice models of operations. Five schools were identified which met the inclusion criteria: Hua-ngom Subdistrict Senior Citizen School in Phan District, Chiang Rai Province; Muang Tha Khon Yang Senior Citizen School, Faculty of Nursing, Mahasarakham University; Rangsit City Municipality Senior School, Thanyaburi District, Pathum Thani Province; Charabanwut Wittayalai School in Tambon Choeng Doi, Doi Saket District, Chiang Mai Province; and the Life-long Learning Project for the Elderly of the Southern Region Non-formal Education Program. Data were collected from administrators, instructors, students, and family members of the students.

Results

The senior citizens' schools are an activity which an institution, agency, or community implements to develop the capacity of older persons by systematic education and a curriculum that is tailor to elderly learners. The learning atmosphere is participatory and recreational instead of using lecture or testing. Students learn practical subjects such as self-care, self-control, and self-reliance. The learning process sharpens mental function, and is a social activity as well. Some topics improve the intellect while others expand economic opportunity of the students. The topics which are covered include must-know knowledge (50%), should-know knowledge (30%) and good-to-know knowledge (20%). The courses cover at least 96 hours of school time.

Recommendations

There should be a policy to increase local government to take on more responsibility for support senior citizen schools, in accordance with the Thai Older Persons Act of 2003, Article 11 (2). Life-long learning for the elderly should be seen as a form of community welfare. National oversight and planning for these schools should be a permanent part of the most appropriate ministry. There also needs to be technical training for instructors in these schools so that they meet the standards for older adult education.

EDUCATION AND LIFELONG LEARNING OF THAI SENIOR CITIZENS

Archanya Ratana-Ubol, Weerathep Pathumcharoenwattana,
Worarat Pathumcharoenwattana, Pan Kimpee,
and Ravee Sajjasophon.
Faculty of Education, Chulalongkorn University.

This research was conducted in 2011.

Funding for the research came from
the TGRI and the Health Systems Research
Institute (HSRI)

Objectives

1. To study the overview of lifelong education management for senior citizens that includes objectives of lifelong education management, characteristics of targeted senior citizens, curriculums and content, education facilitators and instructors, education management methods, education media and learning resources, assessment methods, management and the results of education management.
2. To study a scenario of education and lifelong learning management for Thai senior citizens.

Methodology

This was a survey research study with purposeful selection of the sample from government staff at the departmental level or equivalent agency. The authors also took a sample of elderly from senior citizens' clubs in each geographic region.

Results

1. The lifelong education management for senior citizens was designed mainly to maintain healthful conditions for the senior citizens aged between 60 and 64 years old. The education facilitators and instructors include local public health officers who conduct short-term training sessions where personnel media acts as the main education media as well as learning sources. The results of this education management can be assessed by means of observation.

2. a scenario of education and lifelong learning management for Thai senior citizens is related to the vision of promoting healthy and strong elderly. Formal education and training are one way to achieve this in a school setting or through non-formal education methods. Elderly peer leaders can also be a channel for communication on life-long learning.

The life-long education was promoted by various motivational activities, through public relations about the benefit of continuing education for older persons. The instructors need to be people who have worked on development activities for senior citizens, and the courses should be integrated through multiple channels as part of a multi-disciplinary approach which emphasizes discussion and exchange of knowledge, as opposed to lecture.

Recommendations

1. There should be an increase in MDs and nurses who can conduct outreach visits to communities to share practical knowledge with older persons, and support for basic health services.
2. There should be programs to build capacity of businesses to show more corporate social responsibility in promoting and underwriting the cost of life-long learning.
3. There should be curricula for family studies which is delivered in a multi-disciplinary format.
4. There should be more research about life-long learning.
5. There should be improvement in management of life-long learning for the elderly which is community-centered.
6. There should be volunteer educators for the elderly.
7. There should be improved plans for elderly development in the community.
8. There should be life-long learning activities in a multi-purpose format.
9. There should be support for and publicity of the importance of the elderly and preparing for older age through various media and channels of communication.

STUDY OF WELFARE IN THAILAND

Thaworn Sakunphanich¹ phatthanawilai Inmai¹
Orawan Prasitsiripon¹ Boonyawee Aueasiriwon¹
Euamporn Pichaisanith² Phattha Kirduang² Kanchit Suknark³
Kwanploy Chichang⁴ and Piyachat Somsong¹

- 1: Health Insurance System Research Office
- 2: Thammasat University
- 3: Naresuan University
- 4: International Labour Organization

This research was conducted in 2016

Funding for this research came from the Fiscal Policy Office of the Ministry of Finance

Objectives

1. To propose recommendations for improving state social welfare assistance to prevent and resolve problems of development, and support social security which meets the basic needs of the population for quality of life and self-reliance on a universal and equal basis.
2. (To study the burden of funding social welfare programs.

Methodology

This research used both quantitative and qualitative data collection methods. The authors reviewed the related literature and designed a database to compile data from various sources. Analysis of the data was conducted by best-fit modelling to calculate the optimal level of funding and impact on the economy. In-depth interviews were conducted with managers of agencies responsible for social welfare. A public hearing was convened to share findings of the research.

Results

An appropriate social welfare system for Thailand should consist of the following: (1) Assistance which gives priority to investment or increasing productive of human capital by giving assistance in the form of a subsidy for child care and vocational training; and (2) The assistance should promote stability of the economy, for example, by giving a cost-of-living subsidy to the elderly. Both types of assistance need to be provided. Welfare assistance must help increase the pool of labor and increase individual productivity to help relieve the budget burden on the government and reduce risk for the treasury. The underlying principle of the welfare assistance is to reduce income inequality and build human resource capacity, especially for those outside the formal economy. Individuals should acquire skills to maximize their potential in the labor force which will improve the tax base, and savings for both individuals and the government.

Recommendations

1. The state should apply the conceptual framework of social protections as laid out by the United Nations which sees social welfare as a form of investment rather than as a financial burden on the treasury.
2. There must be limits on the expansion of social protections (social welfare) while improving efficiency and quality of implementation of those protections.
3. If the state has to reduce expenditures to promote economic stability, the reductions should be in those expenditures which do not directly support the economy as a first step. Any premature reduction in funding for social welfare could negatively impact on productivity and expansion of the economy over the longer term.
4. The state should have mechanisms to sustain and protect the social welfare system, including specifying the direction of welfare reform to improve efficiency and coverage.
5. The state should urgently create a database on social protections (i.e., welfare) and information system to help with policy formulation on social protections to ensure its viability going forward.

4.4

THE PROJECT ON MONITORING AND EVALUATION OF THE 2ND NATIONAL PLAN FOR OLDER PERSON (2002-21) ROUND 3 (2012-2016)

Wiraporn Pothisiri, Napaporn Chayovan, Siriwan Siriboon, Ruttiya Bhula-Or, Busarin Bangkaew, Chonticha Asavanirandorn, and Bussaba Rooncharoen

College of Population Studies, Chulalongkorn University

This study was conducted in 2017

Funding for this study came from the College of Population Studies, Chulalongkorn University, and the Department of Older Persons of the Ministry of Social Development and Human Security.

Objectives

1. To monitor and evaluate implementation of the 2nd National Plan on the Elderly Phase 3 (2012-16).
2. To identify factors influencing success of programs for improving the situation of the elderly, and provide recommendations based on those findings.

Methodology

This study collected both quantitative and qualitative data from primary and secondary sources. Primary data came from personal interviews and focus groups discussion with key informants. The secondary data came from a variety of sources, related research and other documentation.

Results

The 2nd National Plan on the Elderly has 56 indicators and targets for achievement of plan implementation. In 2016, only about half (27) of the indicator targets met the criteria of acceptance. The Plan implementation performed well for the indicators on happiness of the elderly and quality of life status. Strategy 1 of the Plan focuses on preparedness of the population for when they become senior citizens so that they can enjoy quality of life. However, the indicators for this strategy did not perform well against the targets. Only one in three persons age 18-59 had concrete plans for living comfortably as senior citizens. Budget allocations for elderly programs by local administrative organizations (LAO) were still in flux, and most of the public buildings or facilities lacked amenities or other elderly-friendly features. Currently there are no standards for providing health and social services for the elderly, either by private entities or LAO. There is still no plan for producing enough personnel to help serve and care for the elderly. The performance for the indicators under Strategy 5 (processing, development and dissemination of information about the elderly) scored highest in this evaluation.

The results of the evaluation of the Phase 3 of the 20-year plan found that performance against the key indicator targets is not optimal and below expectations. Part of the reason is the lack of interest or motivation in the relevant agencies. There is a lack of integration of elderly issues and programs in the mainstream plans and projects. Further, the decentralization process to LAO is not yet smooth or complete. There is no linked database on the elderly at the national or local level, and that makes it difficult to monitor and improve Plan implementation on a timely basis.

Recommendations

Based on the findings of this evaluative research, the following is recommended: (1) Place the issue of the aging society on the national agenda; (2) Improve indicators so that there is more integration of elderly programs in development plans; (3) Improve knowledge about health and care so that it is more equitable; (4) Increase employment opportunity for the elderly; (5) The working age population needs to be more concerned and active in preparing for their own retirement; and (6) Create a database on the elderly which is systematic and integrated.

4.5

4.5 STUDY OF MODELS OF SERVICES AND MANAGEMENT OF HOUSING FOR OLDER PERSONS

(no authors listed)

Department of Older Persons of the Ministry of Social Development and Human Security

This research was conducted in 2017

Funding for this research is from the Department of Older Persons of the Ministry of Social Development and Human Security

Objectives

To study a model of services and management of housing for the elderly.

Methodology

This was a desk review combined with qualitative data collection using in-depth interviews and exchange forums with key informants. The authors also conducted study tours to Sawang Niwet in Samut Prakan, and visits to housing for the elderly in Japan. Housing varies widely depending on the degree of self-reliance of the occupants. Based on the findings, the authors proposed a model of elderly housing that is appropriate for Thailand.

Results

A model which allows aging in place (i.e., in the family home with younger relatives to look after elderly members) is gaining increased popularity and acceptance. In Japan, there are long-term care arrangements which help elderly stay in the family home for as long as possible. Also, it is important that wherever the elderly live, that location is based on the voluntary choice of the older person themselves. This requires the revitalization and emphasis of the filial piety, i.e., the obligation to care for one's parents in their senior years. One intermediate solution is a day care system to give elderly a place to be and things to do while their younger relatives are at work or school. Complexes that are only for dependent elderly should be the last choice, and mostly for those elderly with no relatives who can be caregivers. If the elderly person can no longer reside safely in the home, then they should be kept in a facility that is within or near the home community.

Recommendations

1. The State should give more importance to the needs of lower-income elderly;
2. The State should take on the role of care provider, and promote the private sector to be more active in building the eldercare industry which can accommodate people of different SES;
3. The State needs laws to establish standards of care for the elderly;
4. The State should support capacity building for care providers for the elderly using the latest technology;
5. The State needs to urgently establish assistance programs to ensure care for the elderly and savings programs for long-term care, and a fund to help support elderly in need;
6. The State needs to develop and support volunteers to help fill service and monitoring gaps.

4.6

DEVELOPMENT OF ENVIRONMENTAL MANAGEMENT MODEL BY THE AGING PEOPLE IN RURAL AREAS IN THAILAND

Wisakha Phoochinda, Yollada Pongsupa, Wipapan Pienyam, Paron Wonchan, and Sirisuda Nootimthong

NIDA Environment School

This research was conducted in 2017

Funding for this research was provided by the Health Systems Research Institute

Objective

To study environmental management in household and community by elderly people and by local administrative organization (LAOs) in rural areas of Thailand, to synthesize model for the environmental management and then to assess the model.

Methodology

The authors sent a questionnaire to 400 persons from 100 Tambon Administrative Organizations (TAO), and conducted site visits to 18 locations. Data were also collected by personal interview. The researchers conducted field observation of how LAO are modifying the local environment so that is more elderly-friendly.

Results

This study found that TAO are allocating resources effectively to improve the lives of the elderly in the rural setting. A key factor in improving quality of life of the elderly is the work of volunteers to monitor and assist elderly in the community. Another factor in improving the environment for the elderly is to mitigate the impact of natural disaster on the elderly (e.g., floods, drought, landslides, violent storms). The level of amenities for the elderly in these communities is moderate. There was also moderate enforcement of laws to create a safe and friendly environment for the elderly. More than half the elderly in this study lived in a two-story home. They had a bed to sleep on, and the toilet was the type you can sit on (i.e., not a squat latrine). The houses had banisters and rails to hold on to. However, there was no agency or facility which arranged recreational activities for the elderly. The biggest concern for the elderly was the lack of secure income for the household. The TAO, senior citizens school, and the community were interested in the use of a handbook to improve policy and the environment for the elderly in the rural setting. There was also interest in waste management. These LAO seem to be motivated to use the guidance in the handbook to develop programs and projects for improving the environment to improve quality of life for the elderly in the community. These projects include creating solid waste banks, campaigns to manage community waste, and increasing the coverage of the community forest.

Recommendations

1. The related agencies, especially the Ministry of Social Development, should expand their role from welfare assistance to be more proactive in advocating for a process of development in which everyone can participate. There should be more coordination among relevant agencies at the central, regional and local level.
2. In developing quality of life for the elderly, there is a lack of staff, and the staff that do exist need more capacity building. As an interim measure, communities need to have teams of volunteers to help look after the elderly in their midst.

THE INVESTIGATION AND EVALUATION OF PROBLEMS AND RISKS IN RIGHTS VIOLATED AMONG OLDER PERSONS IN ORDER TO PROVIDE GUARDIANSHIP

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Rossarin Gray, and Pimolpan Nitnara
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This research was conducted in 2017

Funding for this research came from the Thai Health Promotion Foundation and the TGRI

Objectives

1. To study pattern/ types of problem, severity of problems and risks of rights violations;
2. To study when and who will involve in guardianship of the elderly;
3. To study the role and timing of the elderly's family members and persons involving in guardianship. The study relies on the assumption that "Family members are the first guardians of the elderly.

Methodology

This research collected data by in-depth interview with older persons: five males and 14 females. The researchers looked at health issues and domicile. The researchers also interviewed care providers of the elderly in Bangkok and Kanchanaburi Provinces. The researchers compiled histories of the elderly respondents. The researchers conducted interviews with gerontologists and social workers to better understand the challenges and assistance for older persons whose rights have been violated. A total of 23 individual case studies were compiled from the research.

Results

Rights violations which Thai elderly face include: (1) Right to privacy; (2) Financial and property problems; (3) Medical treatment; (4) Legal and ethical problems; and (5) Problems and risks from dementia.

In the study of life history, their transition in life course also determines when they require the guardianship and what relating factors are. “The transition in life course” entails three transitions. 1) loss of family members whom the elderly rely on 2) illness that disallows the elderly to do daily activities 3) dementia.

Family members have an important role to play in care and rights protections for the elderly in the household – especially for older persons of diminished capacity. If immediate relatives are not available, then the elderly must have some other source of support to help protect their rights.

Recommendations

1. The system of rights protections for the elderly needs to be improved and expanded in coverage to protect from danger and ensure access to benefits.
2. There should be more information dissemination through public media channels about the rights, laws, and violations which the elderly are at risk of.
3. LAO should assign personnel to provide counseling on rights and related laws.
4. The Ministry of Social Development should increase the number of social workers in rural areas.
5. There should be more social assistance centers in the provinces or regions to help coordinate assistance, as a type of one-stop center that is used in Bangkok.
6. The Ministry of Social Development and the Ministry of Public Health (MOPH) should specify the roles and responsibilities of the relevant personnel so that performance can be more easily evaluated; this includes evaluation of organizational policy as well.
7. The Department of Older Persons should build capacity of social workers so that they can effectively assist older persons who are at risk.
8. The public media should play a more active role in educating the population and encouraging society to be aware of the problem of rights violations of the elderly.



REFERENCES

- Department of Mental Health, MOPH. (2017). Number of suicides during 1997 – 2016. www.dmh.go.th/report/suicide/age.asp
- NESDB (2013). Estimates and Projections of the Thai Population: 2010-40 Bangkok. NESDB
- NSO. (2513). National Population and Housing Census 2513. Bangkok: NSO
- NSO. (1980). National Population and Housing Census 1980. Bangkok: NSO.
- NSO. (1990). National Population and Housing Census 1990. Bangkok: NSO
- NSO. (1996). Household Socio-economic Survey 1996. Bangkok: NSO.
- NSO. (2000). National Population and Housing Census 2000. Bangkok: NSO
- NSO. (2002). Survey of the Elderly in Thailand 2002. Bangkok: NSO.
- NSO. (2006). Household Socio-economic Survey 1996. Bangkok: NSO.
- NSO. (2007). Survey of the Elderly in Thailand 2007. Bangkok: NSO.
- NSO. (2010). National Population and Housing Census 2010. Bangkok: NSO
- NSO. (2011). Survey of the Elderly in Thailand 2011. Bangkok: NSO.
- NSO. (2014). Survey of the Elderly in Thailand 2014. Bangkok: NSO.
- NSO. (2017). Survey of the Elderly in Thailand 2017. Bangkok: NSO.
- NSO. (2017). Survey of Use of Information Technology in the Household. 2017. Bangkok: NSO.
- Office of Registration. Department of Provincial Administration, Ministry of Interior (2017). Civil Registration: <http://stat.bora.dopa.go.th/stat/statnew/statTDD/>

United Nations, Department of Economic and Social Affairs,
Population Division (2017). World Population Prospects:
The 2017 Revision, DVD Edition.

United Nations, Department of Economic and Social Affairs,
Population Division (2016). World Population Prospects:
The 2015 Revision, DVD Edition.

World Health Organization. (2001). Definition of an older person.
Proposed working definition of an older person in Africa for the
MDS project, Kowel P, Dowd JE. Geneva: WHO.

World Health Organization. (2002). Active ageing: A policy
framework. Geneva: WHO.

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