



Situation of the Thai Elderly 2009



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PREFACE

This report on the situation of the Thai elderly population in 2009 is the fourth report produced by the Foundation of Thai Gerontology Research and Development Institute (TGRI) under assignment from the National Commission on the Elderly who are tasked with the responsibility to annually report the situation on the Thai elderly population to the cabinet as stated in article 9(10) of the Senior Citizen Act, B.E. 2546.

As this is the fourth time that the report has been prepared by TGRI, we have learned that there may not have been much change over a one-year duration, but it is necessary to document and record the information on the Thai elderly population for those who are interested. Consequently, the structure of this report has been altered very little. However, major changes or new events have been integrated into this report in order to ensure that its comprehensiveness.

In some cases, the information available from a single source was insufficient, and so it was necessary for TGRI to arrange for further research to be conducted. This would take both time and funding, and we expect to report the details of these studies next year.

As the responsible party for the preparation of this report, I would like to express my appreciation to the relevant working groups and agencies who contributed to the success in producing this report, and also to the National Commission of the Elderly Fund who provided the financial funding.



Dr. Banloo Siriphanich
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Policy Recommendations



Policy Recommendations

From the reports analyzed by all of the different responsible agencies, there is a clear indication that the government, its agencies and the society as a whole have given more importance in comprehensively providing welfare for the elderly and preparing the country for the ageing society in a systematic way. As a result, we would like to make policy recommendations as followed.

1. Development of important social and economic protection for the elderly

1.1 Income security for the elderly (retired)

The provision of basic pension for the elderly was one of the functions which has been devolved from the Department of Social Development and Welfare, the Ministry of Social Development and Human Security, to the Department of Local Administration, the Ministry of Interior, since 2002 which the municipalities and tambon administration organizations (TAOs) are responsible in the registration, eligibility verification and transfer of payment to the elderly. The aim of this basic pension is to help providing basic support which the elderly must either be impoverished, abandoned or lack the access to carer. The eligible elderly are entitled to 500 baht per month.

In 2009, the government began to implement the policy on universal basic pension for the elderly aged 60 years or above (except those who were entitled to other welfare and benefits provided by other state agencies) who had registered for the scheme. The basic pension scheme has started taking registration since April 2009 which has resulted in an increase in the number of registered elderly from 1,828,456 in 2009 to 5,652,893 at present or more than 80% of the entire elderly population in Thailand. However, at this initial stage, there are still some setbacks, such as the failure of funds to reach the pensioner and, in the long-term, there is no guarantee yet about the sustainability of this scheme. Furthermore, the process of law amendment of the Senior Citizens Act of B.E.2546 to include a provision, which entitle all the senior citizens aged 60 years or above to be paid basic pension by the state, has been slow and still stuck at the legislation process in the National Assembly.

It is recommended that the government and the relevant agencies should accelerate the legislation and deliberation processes in both houses in the National Assembly and declare the law into effect with haste. In addition, social security system for the impoverished and abandoned elderly to be able to sufficiently support themselves and have an acceptable living standard.

Apart from the basic pension, which may not be sufficient for the elderly to maintain a good

living standard, money saving during the working age can play an important role in providing income security in the future when that person retires. The national trends of saving have steadily increased between 2003 and 2007, however, this number dropped down in 2008 due to lower levels of saving from the business sector and the slow growth of saving in household and the private-not-for-profit sector. Nonetheless, the level of personal saving continues to increase which reflect the existence of the capacity and demand for saving in the household group. At present, there are numerous means which people can save in the long-term for their retirement through various pension funds, however, the coverage is only for the formal sector workers which accounts for about 30% of the working population. As a result, the channels which labors can access these pension funds should be improved in order to protect around 24 million workers or 70% who are yet to belong to any of the pension funds. The Fiscal Policy Office (FPO), The Ministry of Finance, proposed the National Saving Fund project, which was approved by the cabinet in October 2009 and forwarded to the Council of State for review, in order to establish a system for personal saving with state subsidy to provide adequate income security for a desired standard of living.

Further to the National Saving Fund by the state, community welfare funds can play an important role in saving where each community funds have their own rules and regulations and has an emphasis on restoring the system of care and support between members of the same community. These funds would be able accommodate those who cannot afford to contribute to the National Saving Fund, and so both the central and local government should encourage these community funds and provide technical and management support, in addition to the subsidy, in order to allow these funds to be able to cover and respond to the needs of the community effectively.

It is recommended that the government should speed up the legislation processes and declare the law into effect with haste. In addition to the National Saving Fund provided by the state, there should be further channels for saving in a 'multi-pillar' manner to promote variety and ease of access in order to provide additional income security which is adequate to maintain good standard of living after retirement.

1.2 Employment

There are currently around 2.79 million elderly who are working in the informal sector which account for 91% of the total informal sector workers. These workers do not enjoy the welfare and benefit provided by the social security scheme and they lack the bargaining power to claim their rights granted by law, which resulted in an increase in workplace problems for this group of workers from 19.8% in 2007 to 21.8% in 2009. The main problems were unfair salary, heavy workload and discontinuity of work. It was also found working hour was increased, and while the average salary within this group has increased, there are gender gaps with regards to workplace problems within the working elderly population. Working elderly women have more problems with 'civilized' working hours, discontinuity of work, and working without day off than their male counterpart. This would exacerbate the problems for the female elderly population to adequately support themselves as elderly women are more likely to live longer than elderly men, and yet, they suffer more in their workplace.

It is recommended that the government and the relevant agencies should review and develop interventions in order to reduce barriers for the elderly in obtaining employment, and age and gender discrimination against them, particularly elderly women. Laws related to the labor protection of the employed elderly, aged over 60 years, should be drafted up in order to allow them to gain additional income and benefit under protection by law.

The strategy of increasing employment opportunities for the elderly, who are still able to work,

has been employed in order to utilize existing capacity within this population to support themselves and their families without having to depend on their working children or state too much. From the statistics on borrowings from the Elderly Fund, overseen by The National Committee for Senior Citizen, the majority of elderly people, or 1 in 3, borrowed for agriculture which was followed by small businesses. Only 49.19% of 'individual' loan requests were granted. While the success rate for 'group' loan requests was 38.59%. These figures indicate that the elderly still have some problems accessing funding sources.

It is recommended that the government, relevant agencies and non-governmental organizations should promote access to funding sources for the elderly.

2. Social Welfare Package for the Elderly

2.1 Long-Term Care

As people age, their organs begin to deteriorate resulting higher proneness to diseases and problems with their daily tasks. The 4th National Health Exam Survey has revealed that the elderly has limitations in carrying out their basic daily tasks which become worse as they grow older. In the elderly aged 80 years or over, this limitation is 5-10 times higher than any other elderly population age groups. As a consequence, the elderly become more dependent and require carers as they have more difficulty accessing essential health and social services.

It is recommended that in accordance with the 2nd National Health Assembly Resolution on "The Development of System for Provision of Long-Term Care for Dependent Elderly", all sectors, particularly the government, the private sector and the local administrative organizations (LAO), should implement a system for providing long-term care to the elderly and encourage the private sector (both for and not-for profit) to jointly provide the service in order to promote choice for the elderly.

2.2 Health Service

The physical deterioration in the elderly can lead to health problems and chronic diseases. For example, dental problems in the elderly can lead to a loss of teeth resulting in the food being insufficiently chewed and subsequently bowel problems. The 4th National Health Exam Survey has shown that more than half of the elderly population had less than 20 functional teeth, a problem worsen with age. However, only 29.1% of the population used some kind of prosthetic denture. This proportion is lowest in the over-80 age group. Furthermore, as basic daily tasks become more problematic for the elderly, they struggle to access public services which include public health and health promotion services. Only 15% of the elderly received health promotion services. On the other hand, the analysis of patients' database between 2006-2009 by the Health Insurance System Research Office (HISRO) has shown that the elderly in the 70-79 age group had the highest utilization rate, followed by the '80 or over' age group. In terms of cost, the elderly population had the highest cost of care which would continue to rise further. Part of the reasons was that this age group has the highest mortality rate comparing to younger age groups. Also, the annual cost of in-patient services for the elderly who utilized the service and survive was approximately 4 times lower than the cost of service for those who died. However, the trend was reducing as the age increased.

It is recommended that the government and health service providers should develop a health service system which facilitate and improve access for the elderly to health services such as health promotion, curative and rehabilitative services. Also they should promote the type of healthcare which is provided by the local community in order to promote elderly care at home by his/her relatives with the help of the community which has a lower cost than care in hospital or health center setting.

2.3 Social services

The population characteristics which the trend of the elderly people aged 80 years or over is on the rise and the trend of the elderly migrating to the municipalities mean that the culture of urban and rural communities would be different. The gatherings for social activities and social care would become more diffused and smaller which the LAOs would play an important role in establishing and promoting these small groups in order for them to look after and to develop the mechanism for the community, such as the community welfare fund for social care which promote the role of the civil society and volunteers in the provision of service.

The pilot 'all-purpose' centers for the elderly established in different rural regions have been evaluated and found to be innovative and appropriate, and the project should be scaled up. The LAOs should be the responsible party for the operations and the Ministry of Interior and Ministry of Social Development and Human Security should provide technical support and advice on management issues. The community all-purpose center for the elderly would be a gathering place for the elderly to participate in an activity which the community would receive around 800-1,000 baht per person per month. However, in urban areas, such as in Bangkok or other big cities, there are a number of limitations which make the environment unfavorable for the gatherings of elderly groups and community-based social care. As a result, both public and private sector together with the civil society should start pilot programs to address the lack of social activities and social care in the urban areas. The programs should particularly target the elderly group who live alone which tend to have more problems than the group who live with their family. This means that the provision of care for this group of elderly must be developed, taking into account the physical condition of the elderly and the environment around them. Furthermore, the services can be extended to cover to the pre-elderly population in order to allow the exchange of knowledge and experience between the groups and to prepare the pre-elderly for the physical, mental, emotional and social changes, and to adjust their attitude and learn to socialize so they would be able to live their elderly lives in a way that best fit with themselves, the changing social circumstances.

3. Preparation for the elderly state and the life-long learning process for working people

3.1 Promote and organize formal and informal learning activities according to the needs of the elderly in various formats, such as 'learning when convenient', learning through different media. Learning through television programs is the most popular learning media used by the elderly. Because of this, the content, type and format of learning aids should be designed according to their preference. The television program used for this purpose should be aired during the time which the elderly would watch and attach useful information in the program (e.g. health). This can be done more through state television channels and those of educational institution and local media.

3.2 Promote healthy behaviors in the working population. These include eating habits, physical exercise, smoking and drinking habits. They should live their lives according to their lives with ways to relief their stress, rest well, and do regular exercise. These would reduce the risk of developing diseases, such as diabetes mellitus, hypertension, stroke, heart diseases and cancer which produce future saving of treating those diseases in old age.



1 The Thai Elderly Population



The Thai Elderly Population

Thai senior citizenship can be defined as anyone who is 60 years of age or above, and in accordance to this definition, this chapter will consist of content on the size and trends of this population group during the period between 1960-2030, the change in the age-related and gender-related population structure, and the size, proportion, distribution and characteristics of the population aged 60 years or above, and 100 years or above based on data from the civil registry. The data shown in this chapter is based on secondary data of the Thai elderly population data available as of 2009. This is because the data on the elderly is not collected and compiled from primary data source on a yearly basis. As for the data from the civil registration, it only covered the elderly who were Thai nationals and registered in this database. As a result, the following people are excluded in the analysis:

1. Those who are not Thai nationals but are registered in the house register.
2. Those who are registered in the central house registration (the register for people who cannot register in a normal house register).
3. Those who are in the process of changing their house registration.

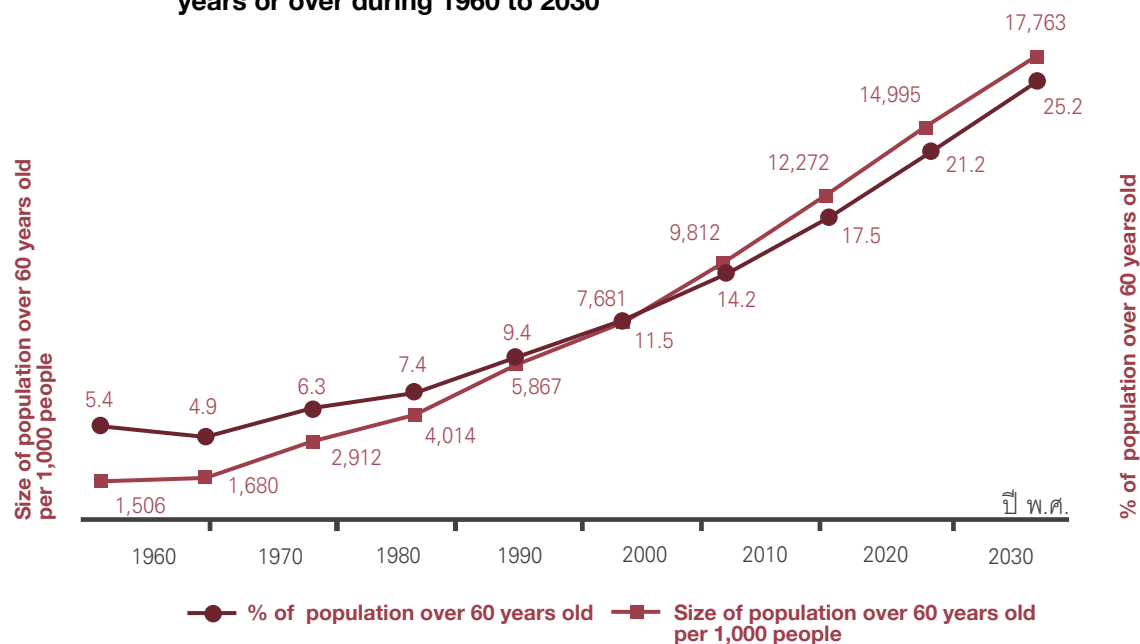
1.1 Size and trends of the elderly population between 1960-2030

From the study on the size and trends of the Thai elderly population obtained from the Thai census during the period between 1960-2000 and the projection of the Thai population between 2000-2030 (figure 1.1), they have shown that the number of the population aged 60 years or over was 1.5 million people or approximately 5.4% of the whole population in 1960. However, the number of elderly has increased 7 folds to about 7.6 million people in 2009. This was the year that Thailand has become an ageing society as the proportion of the elderly aged 60 years or over is more than 10% of the whole population (Shyrock, 2004).

The size and proportion of the elderly population has grown steadily and the projection of this group of population has shown that, by 2025, the number of senior citizen will grow to 14.9 million which is twice the number in 2009. By 2030, this number is expected to be 17.8 million or 25% of the total population.

However, despite the rising trend, the size and proportion of the elderly population appeared to only grow at a rapid rate during the period between 1960 and 2009 as indicated by the J-shape curve (figure 1.1). Later, this rate would slow down and elderly population would continue to rise steadily in a linear manner as the rate is associated with the fertility rate (shown later in section 1.3).

FIGURE 1.1 Size of total population (per 1,000) and percentage of the population age 60 years or over during 1960 to 2030



Source : Population and Housing Census 1960- 2000, National Statistical Office; and Estimation of Thai Population 2000-2030, Office of the National Economic and Social Development Board

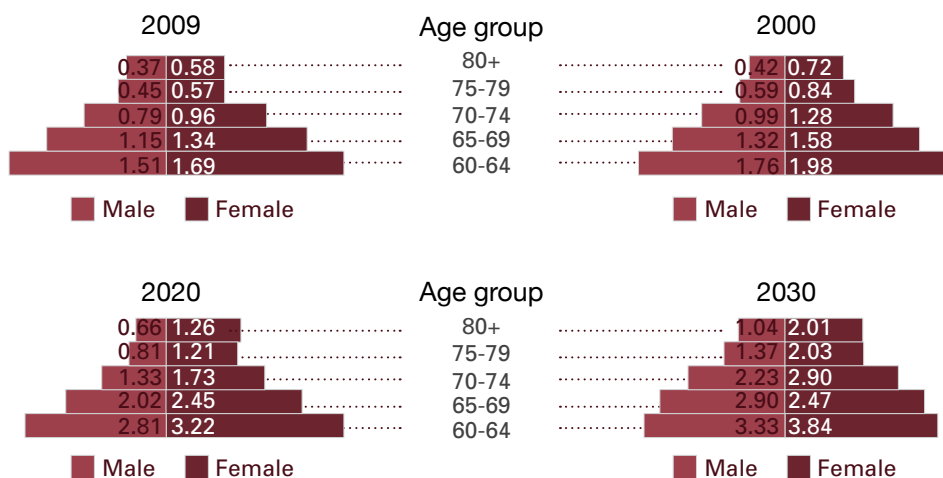
1.2 Age and gender structure of the elderly population

The rise in the proportion of the elderly population in Thailand occurred as a result of the higher growth rate in this population than any other population groups. The analysis of the change in the population age and gender structure in the elderly population (aged 60 years or over) between 2000 and 2030 has revealed that the population aged 80 years or over has the highest growth rate in terms of size and proportion when compared with other age groups. In other words, in addition to the increase in size and proportion of the elderly population, Thailand is also in a situation where there is a high rate of ageing within the elderly population itself.

Furthermore, the age and gender structure of this population also indicates an imbalance between genders in the 60 or over age group. This is because of the higher proportion of elderly women and a higher growth rate between 2009 and 2030 when compared to men. This phenomenon can be referred to as the “feminization of elderly” (Knodel and Chayowan, 2009).

The change in the age and gender structure of the Thai elderly population points towards a rising trend for the 80 and over age group in terms of size and proportion which the provision of healthcare to this group of people would pose a challenge. At the same time, the higher proportion of elderly women than elderly men, which indicate gender imbalance, means that the provision of health service should be prepared for this change. However, it is also important that the male elderly population is not overlooked despite the smaller proportion as they are also growing, but at a slower rate than the female elderly population.

FIGURE 1.2 Population pyramid of population age 60 or over by gender and by age group



Source : Estimation of Thai Population 2000-2030, Office of the National Economic and Social Development Board

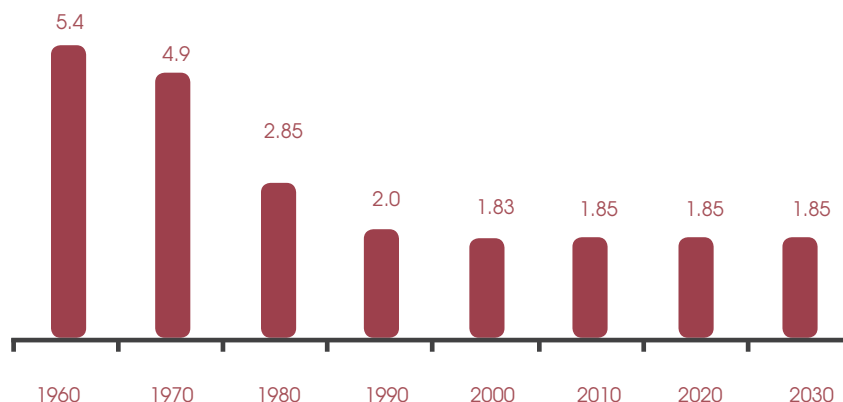
1.3 Population processes in the ageing population

1.3.1 Reduction of fertility

The rapid reduction of fertility in Thailand is the main reason for the high growth rate of the elderly population as the reduction of fertility will result in a smaller youth population, while at the same time, the mortality rate within the working population would slow down.

It should be noted that the increase in the proportion of the elderly population, as illustrated in figure 1.1, and the decrease in total fertility rate (TFR) are associated. The data on TFR, as shown in figure 1.3, reveals that TFR has been rapidly fallen from 5.4 in 1960 to approximately 2.0 in 1990 where the Thai fertility was comparable to the replacement fertility. After that, the fertility rate was gradually reduced to about 1.85 in 2010. During this period, the proportion of the elderly population has grown rapidly in a J-shape between 1960-1990 but then started to slow down and leveled off afterwards (Figure 1.1).

FIGURE 1.3 Total Fertility Rate of Thailand during 1960-2030



Source : Knodel J, Chayovan N. Papers in Population Ageing No. 5, Population Ageing and the Well-Being of Older Persons in Thailand: Past trends, current situation and future challenges. UNFPA Thailand and Asia and the Pacific Regional Office Bangkok, December 2009.

1.3.2 Reduction in mortality

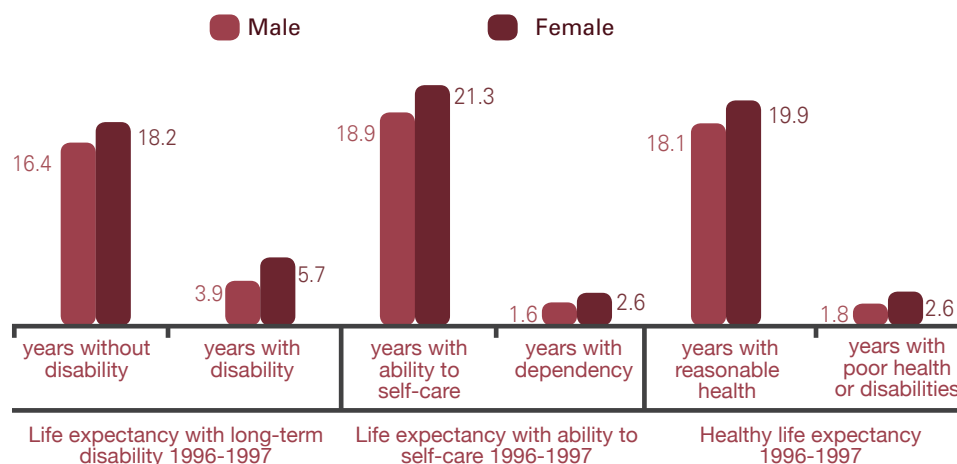
As for Thailand, unlike the reducing trend in fertility, the recent falling trend in mortality has not contributed immediately to the increase in the elderly population as the first population group that affected would be the infant and children group because mortality in this group can be reduced in number and rates much faster than the others. As mortality has been reduced enough to a certain level, the effect can then be seen in the working and elderly population. In the case of Thailand, the reduction of mortality would start to have an effect on the elderly population as the Thai fertility has fallen to an extremely low level.

However, the recent advance in medicine and public health has resulted in Thai people now living longer. Between 2005-2010, the life expectancy at birth for Thai men was 68.5 years while the figure for women was 75.0 years and it is estimated that they will increase to 73.6 years for Thai men and 79.1 year for women during the period between 2025-2030 (United Nations, 2007).

It has been said that the increase in the average life expectancy or the longevity of the population are not an indication that the quality of life has been improved. As a result, recent studies concerning life expectancy would expand the scope of study to specific types of life expectancy such as active life expectancy, healthy life expectancy and life expectancy with long-term disability.

The statistics from figure 1.4 shows the active life expectancy at age 60 which has been defined different according to the different sources. Despite the fact these sources have revealed different results, however, a number of characteristics have been shown to be quite consistent among them. All of the sources indicate that, at the age of 60 years, elderly women have longer active life expectancy, but also have longer periods of living in poor health or with disabilities than men of the same age. In both sex, the majority of years living as an elderly would be adequately healthy and not required long-term care (Knodel and Chayowan, 2009).

FIGURE 1.4 Estimates of active life expectancy at age 60 years by gender for Thailand



Source : Knodel J, Chayovan N. Papers in Population Ageing No. 5, Population Ageing and the Well-Being of Older Persons in Thailand: Past trends, current situation and future challenges. UNFPA Thailand and Asia and the Pacific Regional Office Bangkok, December 2009 Figure 4.2 page 40

1.4 Population aged 60 years or above in 2009 (according to vital registration)

1.4.1 Size and proportion of population aged 60 years or above in 2004, 2006 and 2009

The information on the Thai population compiled from the vital registration, all of whom are Thai nationals and registered in the database on 31st December 2009 as shown in table 1.1, has revealed that there were approximately 7.1 million elderly people or 11.5% of the total population. Within the elderly population, the 60-69 age group accounts for 6.3% of the total population, while in the 70-79 age group accounts for 3.8%, and the 80 or over age group accounts for 1.5%. Comparing to population in other age group, the proportion of youth population (0-14 years) was 20% and the working population (15-59) was 68%.

The proportion of the elderly population has grown by more than 1% in 5 years, from 10.18% in 2004 to 11.5% in 2009. Furthermore, within the same period, the proportions of the 70-79 and 80 or over age groups have clearly risen comparing to other elderly age group.

Table 1.1 Number and percentage of the population age 60 or over in 2003, 2006 and 2009

	2003	2006	2009
Number of population			
Total	60,549,324	61,395,496	62,194,585
Male	29,863,152	30,237,466	30,557,819
Female	30,686,172	31,158,030	31,636,766
Number of population by age group			
Children (0-14 years)	13,396,954	13,105,098	12,580,551
Working age (15-59 year)	40,991,198	41,756,928	42,437,251
Elderly (over 60 years)	6,161,172	6,533,470	7,176,819
- Starting (60-69 years)	3,493,310	3,607,117	3,928,736
- Middle (70-79 years)	1,957,558	2,133,569	2,347,376
- Lately (over 80 years)	710,304	792,784	900,707
Percentage of population by gender			
Children (0-14 years)	22.13	21.4	20.23
Working age (15-59 year)	67.70	68.0	68.23
Elderly (over 60 years)	10.18	10.6	11.54
- Starting (60-69 years)	5.77	5.87	6.32
- Middle (70-79 years)	3.23	3.47	3.77
- Lately (over 80 years)	1.17	1.29	1.45

Source : Knodel J, Source: Civil registration data, Department of Provincial Administration, Ministry of Interior

1.4.2 Geographical distribution of the population aged 60 years or above

From the study on the geographical distribution of the elderly population comparing the different provinces in Thailand (excluding Bangkok) in 2004, 2006, and 2009 as illustrated in table 1.2, it was found that Nakhon Ratchasima (second most populated province after Bangkok) had the highest number of elderly population. While the provinces which were in second and third places in 2004, was Chiang Mai and Nakhon Si Thammarat respectively. In 2006, it was Khon Kaen and Ubon Ratchathani, and in 2009, it was Khon Kaen and Chiang Mai respectively.

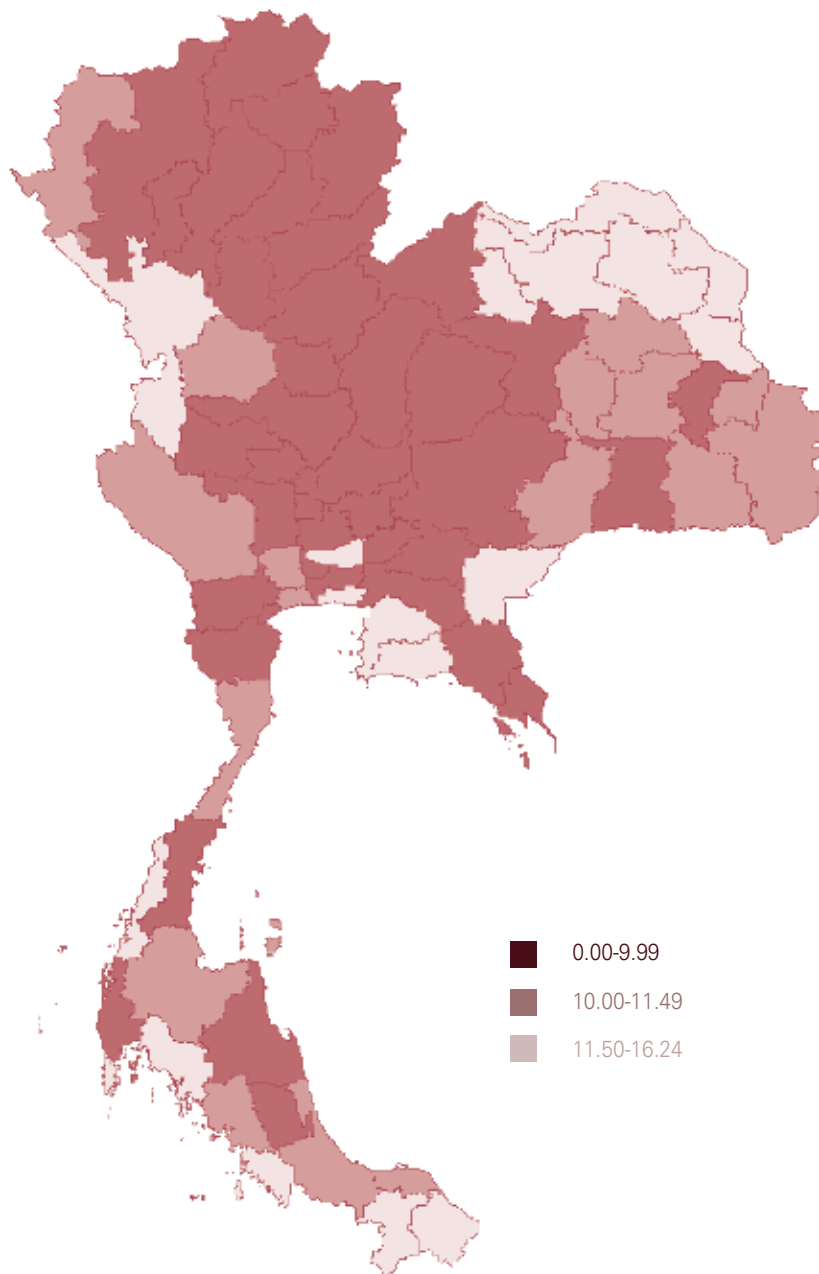
With regards to the proportion of the elderly population, the 3 provinces with the highest proportion of elderly population for 2004 and 2006 were Sing Buri, Chainat and Ang Thong ranging between 14-15%. In 2009, the order changed and the top 3 provinces were Sing Buri, Samut Songkhram and Chainat ranging between 15-16%.

Out of all the 76 provinces in Thailand, it was also found that the majority of provinces had become an ageing society, i.e. the proportion of provincial elderly population exceeded 10% of the total provincial population, and most of the 'ageing' provinces were in the Northeastern part of Thailand. Only 17 provinces were found not to have an ageing population (figure 1.5).

Table 1.2 The top 3 provinces (excluding Bangkok) with the highest total population, population age 60 or over and percentage of population age 60 or over in Thailand in 2003, 2006 and 2009

Rank	Population	Population age 60 and over	Percentage of population age 60 and over
2003			
1	Nakornrachsima(2,495,849)	Nakornrachsima250,783)	Sing Buri(14.81%)
2	Ubonratchathani(1,739,992)	Chiang Mai (181,520)	Chainat(14.30%)
3	Khon Kaen1,725,469)	NakhonSiThammarat(169,773)	Ang Thong(14.28%)
Bangkok	5,459,332	539,711	9.89
Total	60,549,324	6,161,172	10.18
2006			
1	Nakornrachsima(2,512,260)	Nakornrachsima (268,205)	Sing Buri(15.3%)
2	Khon Kaen (1,733,048)	Khon Kaen(178,536)	Chainat(14.8%)
3	Ubonratchathani(1,756,711)	Ubonratchathani (162,830)	Ang Thong(14.6%)
Bangkok	5,511,655	581,655	10.6
Total	61,395,496	6,533,470	10.6
2009			
1	Nakornrachsima(2,531,279)	Nakornrachsima (295,706)	Sing Buri(16.2%)
2	Ubonratchathani(1,769,915)	Khon Kaen202,271)	SamutSongkhram(15.8%)
3	Khon Kaen (1,741,912)	Chiang Mai (200,057)	Chainat(15.7%)
Bangkok	5,530,455	657,342	11.9
Total	62,194,585	7,176,819	11.53

FIGURE 1.5 Proportion of elderly by province in 2009



The top 3 provinces with the lowest number of elderly people were Ranong, Phuket and Mae Hong Son. Ranong was in first place throughout the period, however, Mae Hong Son had not moved up to second place until 2009 when Phuket was also dropped from second to third (table 1.3).

The top 3 provinces with the lowest proportion of elderly people were Phuket, Krabi and Sakon Nakhon which these provinces had been swapping places during the last 5 years. In 2009, the proportion of the elderly population in these 3 provinces ranged from 7-9%.

Table 1.3 The provinces (excluding Bangkok) with the lowest total population age 60 or over and percentage of population age 60 or over in Thailand in 2003, 2006 and 2009

Rank	Population	Population age 60 and over	Percentage of population age 60 and over
2003			
1	Ranong(156,280)	Ranong(13,604)	Phuket(7.1%)
2	Samut Songkhram(191,389)	Phuket(19,960)	Sakon Nakhon (7.69%)
3	Trat(205,906)	Mae Hong Son(21,938)	Nong BuaLam Phu(7.8%)
2006			
1	Ranong(160,686)	Ranong(14,671)	Krabi(8.0%)
2	Samut Songkhram (192,032)	Phuket (21,589)	Sakon Nakhon(8.3%)
3	Trat(207,616)	Mae Hong Son (22,330)	Phuket (9.5%)
2009			
1	Ranong(164,885)	Ranong(16,448)	Phuket(7.8%)
2	Samut Songkhram (191,919)	Mae Hong Son (21,768)	Krabi (8.4%)
3	Trat (210,298)	Phuket (25,662)	Sakon Nakhon (9.2%)

Source : Civil registration data, Department of provincial administration, Ministry of Interior

1.4.3 Characteristics of population aged 60 years or above

The vital registration has revealed a number of characteristics of the elderly population (table 1.4). In 2009, the proportion of female was 56% which was higher than men (44%) within this population. This proportion has not changed much between 2004-2009.

A study on the age distribution of this population has shown that in 2009 the age group with the highest proportion was the 60-69 age group which account for more than half of the elderly population. About one third of this population was in the 70-79 age group and approximately 13% were in the 80 or over age group. When analyzed with the data from 2004 and 2006, the proportion of the 60-69 age group was on a falling trend while the proportion of the 70-79 and 80 or over was on the rise.

The distribution of the elderly, according to area of residence (rural/urban) in the different regions in Thailand, has not changed as elderly people tend to live in rural more than urban area and the region with highest proportion of elderly people was the Northeastern region, followed by Central (excluding Bangkok), Northern, Southern and Bangkok region. However, the regional proportion of the elderly is changing with time. In 2009, the proportion of elderly who resided in urban area was as high as 34% with a rapidly increasing trend during the period between 2004-2009. It is possible that they emigrated to urban area in order to access health care and other social services (e.g. basic pension) more conveniently as it was found that a number of municipalities were able to pay out the basic pension to all of elderly people who lived within their jurisdiction. Unlike almost all of the tambon administrative organization (TAO) which could not entirely support their elderly population with the pension which they are entitled to (Prajubmoh et al, 2008; Siriboon, 2010).

Table 1.4 Characteristics of population age 60 or over in 2003, 2006 and 2009

Characteristics	Percentage (2003)	Percentage (2006)	Percentage(2009)
Gender			
Male	44.82	44.67	44.38
Female	55.18	55.33	55.62
Age			
60-69 years	57.00	55.21	54.74
70-79 years	31.77	32.66	32.71
Over 80 years	11.53	12.13	12.55
Residential area			
Municipality	29.55	29.99	34.25
Outside municipality	70.45	70.01	65.75
Region			
Bangkok	8.76	8.90	9.16
Central	24.98	25.11	25.27
Northern	21.27	20.76	20.25
North east	31.28	31.74	32.10
South	13.71	13.49	13.22

Source : Civil registration data, Department of provincial administration, Ministry of Interior

1.5 Population aged 100 years or above in 2009 (according to vital registration)

The subject of size, proportion and characteristics of the population aged 100 years or over is an area which has not been studied in detail, particularly at the national level. This is because of the quality of primary data which most of the surveys failed to provide detailed information, as well as the low number of elderly people in this age group which posed a problem for sampling. As a result, any study of this population at the national level must use the data from the vital registration. However, vital registration must be used with care as there are limitations related to coverage and quality of data because the data from vial registration was obtained from the self-reporting of the people. So in the case of elderly people aged 100 years or over, there is a potential which the death registration can be misreported and alter the statistics about the number of this population group.

1.5.1 Number and proportion of elderly people aged 100 years or above in 2004, 2006 and 2009

Despite the fact that the proportion of elderly people in this group accounts for less than 1% of the population during the period (table 1.5), however, the number of people in this population group is still quite substantial. In 2009 there were 13,692 people who were 100 years old or older. Nonetheless, it should be noted that both the number and proportion of elderly in this age group are lower than the figures in 2004 and 2006. This was not due to the actual reduction in size and proportion but the fact that the data had been cleaned to exclude those whose death had not been previously reported. The considerable number of elderly in this group posed a demand for economic, social and health support which may be quite different to other group of population.

Table 1.5 Number and percentage of population aged 100 or over in 2003, 2006 and 2009

	(2003)	(2006)	(2009)
Total population			
Male	29,863,152	30,237,466	30,557,819
Female	30,686,172	31,158,030	31,636,766
Total	60,549,324	61,395,496	62,194,585
Population age 100 or over			
Male	11,338	11,801	5,541
Female	15,906	16,669	8,151
Total	27,244	28,470	13,692
Percentage of population age 100 or over			
Male	0.02	0.02	0.01
Female	0.03	0.03	0.01
Total	0.04	0.05	0.02

Source : Civil registration data, Department of provincial administration, Ministry of Interior

1.5.2 Geographical distribution of the population aged 100 years or above

In 2004 and 2006, Pattani, Nakhon Si Thammarat and Chiang Mai were the top 3 provinces (excluding Bangkok) which had the highest number of elderly people aged 100 years or over. However, in 2009, the top 3 were Nakhon Si Thammarat, Yala and Samut Prakarn (table 1.6).

The top 3 provinces with the highest proportion of elderly people in this age group were Pattani, Yala and Mae Hong Son in 2004 and 2006. While in 2009, the top 3 were Yala, Ayutthya and Nonthaburi.

The top 3 provinces with the lowest number of elderly people in this group were Phuket, Amnat Charoen, and Ranong in 2004. In 2006 the top 3 provinces were Amnat Charoen, Phuket and Samut Songkhram, and in 2009, they were Phuket, Trat and Phang-Nga.

As for the provinces with the lowest proportion of elderly people in the 100 years or over age group, no provinces exclusively held the top 3 position during the period between 2004-2009. In 2004 they were Amnat Charoen, Yasothon, and Phuket. This changed to Amnat Charoen, Phrae and Roi-Et in 2006. Lastly, in 2009, the orders were Phuket, Kalasin and Rayong.

Table 1.6 The top 3 provinces (excluding Bangkok) with the highest number and percentage of population age 100 or over in Thailand according to civil registration data in 2003, 2006 and 2009

Rank	Number of elderly aged 100 or over	Percentage of elderly aged 100 or over
2003		
1	Pattani (1,704)	Pattani (0.27%)
2	Nakhon Si Thammarat (1,214)	Yala (0.16%)
3	Chiang Mai (995)	Mae Hong Son (0.13%)
Bangkok	3,551	0.07
Total	27,244	0.04
2006		
1	Pattani(1,506)	Pattni (0.24%)
2	Nakhon Si Thammarat (1,324)	Yala (0.16%)
3	Chiang Mai (1,116)	Mae Hong Son (0.15%)
Bangkok	3,622	0.07
Total	28,470	0.05
2009		
1	Nakhon Si Thammarat (591)	Yala (0.12%)
2	Yala (563)	Phra Nakhon Si Ayutthaya (0.05%)
3	Samut Prakan (558)	Nonthaburi (0.05%)
Bangkok	2,097	0.04
Total	13,593	0.02

Source : Civil registration data, Department of provincial administration, Ministry of Interior

Table 1.7 The provinces (excluding Bangkok) with the lowest number and percentage of elderly aged 100 or over in 2003, 2006 and 2009

Rank	Population age 100 or over	Percentage of population 100 or over
2003		
1	Phuket, Amnat Charoen (37)	Amnat Charoen (0.01%)
2	Ranong, Ang Thong (59)	Yasothon (0.01%)
3	Samut Songkhram, Phrae (62)	Phuket (0.013%)
Bangkok	3,551	0.07
Total	27,244	0.04
2006		
1	Amnat Charoen (32)	Amnat Charoen (0.01%)
2	Phuket (44)	Phrae (0.01%)
3	Samut Songkhram (58)	Roi Et (0.01%)
Bangkok	3,622	0.07
Total	28,470	0.05
2009		
1	Phuket (11)	Phuket (0.003%)
2	Trat (15)	Kalasin (0.01%)
3	Phangnga (20)	Rayong (0.01%)
Bangkok	2,097	0.04
Total	13,593	0.02

Source : Civil registration data, Department of provincial administration, Ministry of Interior

1.5.3 Characteristics of the population aged 100 years or above

When the characteristics of this population have been categorized, it was found that elderly women accounted for 60% of the total elderly population aged 100 years or over, and this figure has not changed much between 2004-2006. However, when consider the proportion of this elderly population according to their area of residence, there were clear changes during the period. In 2009, 47% of the elderly population in this age group lived in urban area. This figure was greatly increased from 36% in 2006, while in 2004, this number was slight lower at 35%. Part of the explanation was that the urban area is more convenient for elderly people to obtain health care and other essential social services comparing to rural area.

The region with the highest proportion of elderly people in this age group were Central, Northeastern, Southern and Northern during the period between 2004-2009.

Table 1.8 Characteristics of population age over 100 or over in 2003, 2006 and 2009

Characteristics	(2003)	(2006)	(2009)
Gender			
Male	41.62	41.45	40.47
Female	58.38	58.55	59.53
Residential area			
Municipality	35.22	36.18	46.50
Outside municipality	64.78	63.55	53.50
Region			
Bangkok	13.03	12.72	15.32
Central	25.78	26.42	29.54
North	15.75	15.67	12.79
North east	21.13	20.81	21.15
South	24.30	24.38	21.20

Source : Civil registration data, Department of provincial administration, Ministry of Interior

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2 The Elderly Health Situation



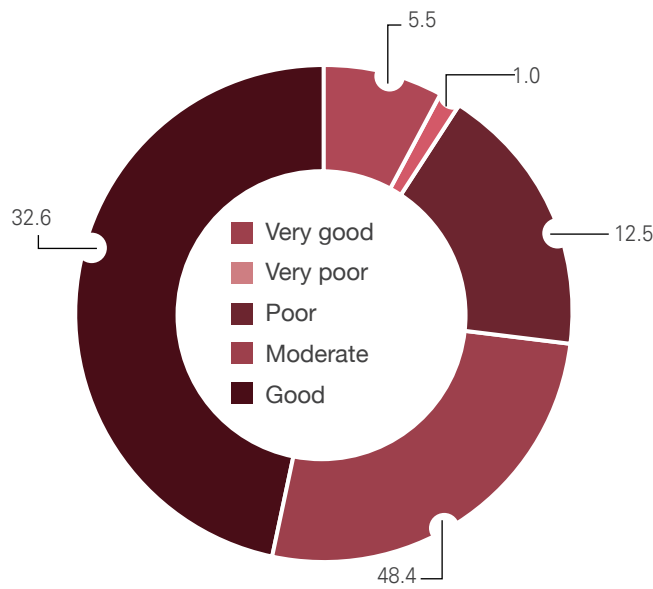
The Elderly Health Situation

The content of this chapter will be the presentation of facts obtained from surveys and report of the relevant service centers which can be divided into 4 parts. Part 1 reports information on the health status of the elderly. These are the self-evaluation of the general health status, health problems or diseases which occurred as a result of physical deterioration, the ability to fulfill activities of daily living (ADL), the ability do instrumental activities of daily living (IADL) and the situation related to fall incidence in the elderly. Part 2 describes the information from the report on AIDS in elderly population and the mortality related to the diseases. Part 3 contains the information on the morbidity and health service utilization of the elderly. Part 4 is on the behaviors of the elderly, such as dietary behavior, smoking and drinking behavior, behavior relating to physical activities, housework and occupation. Lastly, part 5 is on on Access and utilization of curative health service in the elderly.

2.1 Health status of the elderly

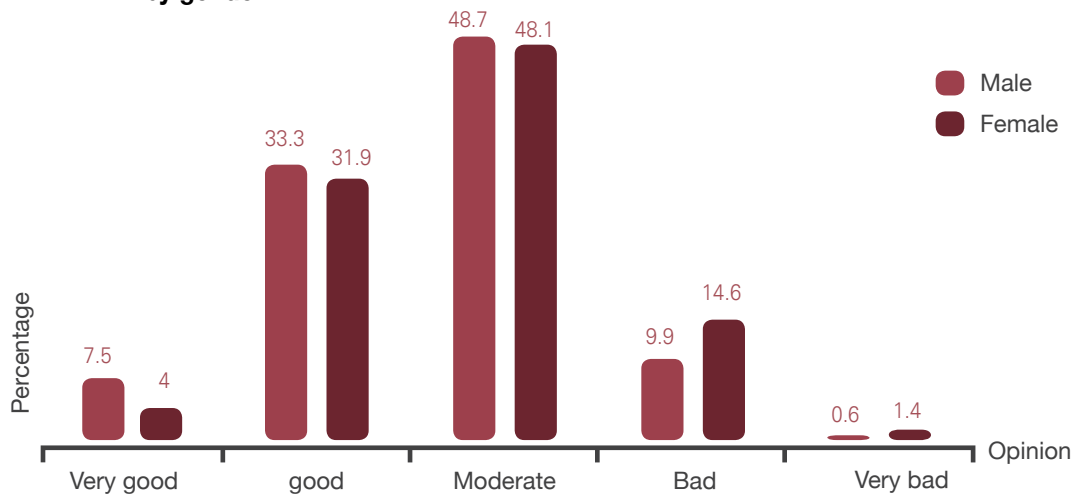
Despite the physical deterioration occurred in the elderly population, elderly people perceive themselves as having good health. The 4th National Health Examination Survey (NHES) 2008-9 which evaluate the health of 9,195 elderly people, has revealed that 48.4% evaluated themselves as having 'medium' health while 38.1% gave themselves a 'good' (32.6%) or 'very good' (5.5) health. The proportion of the elderly in this survey who assess themselves as having 'not good' or 'not good at all' health was 12.5% and 1.0% respectively (figure 2.1). When considering gender, elderly men evaluated themselves as having 'medium' or better health more than their female counterparts, while it was the elderly women who self-assessed themselves as having 'not good' health or worse more than elderly men (figure 2.2). With age, less elderly people evaluated their own health as 'good' as they become older, while more elderly people assessed themselves as 'not good' as they aged (figure 2.3). From the previous surveys, elderly people tend to self-assess their health in the direction as the majority (70-80%) would give themselves 'medium' to 'good' health, while less than 25% gave themselves a 'not good' or worse which is also on a declining trend (figure 2.4).

FIGURE 2.1 Percentage of elderly in the self-assessment of health



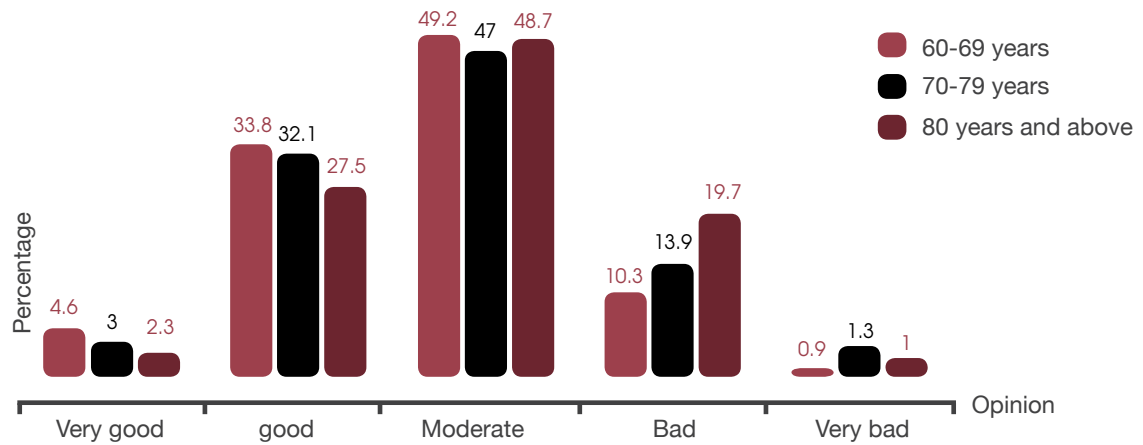
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.2 Percentage distribution of the elderly in self-assessment of health classified by gender



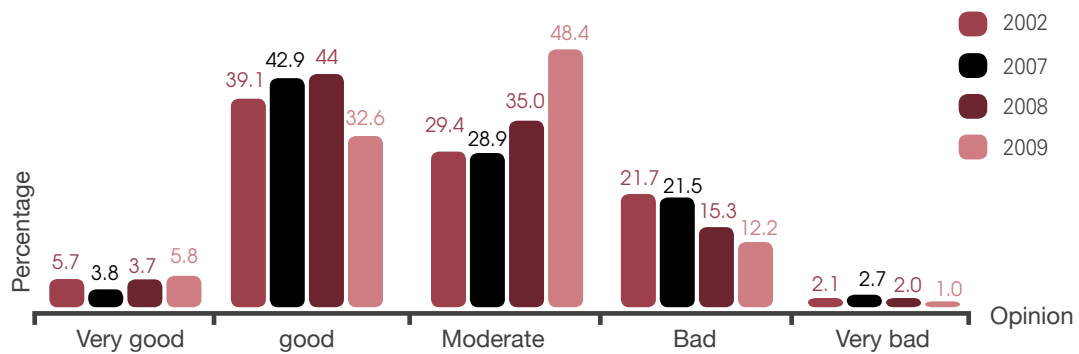
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.3 Percentage distribution of the elderly in self-assessment of health classified by age group



Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.4 Percentage distribution of the elderly in self-assessment of health classified by year

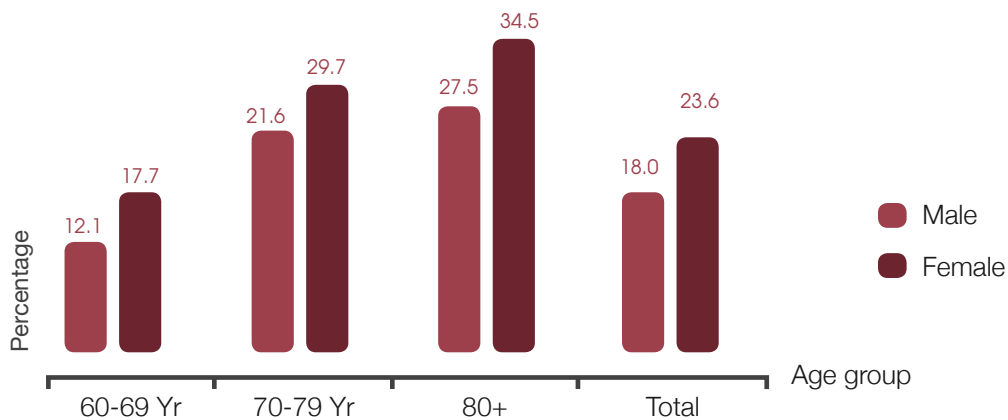


Source : 1. Survey of Elderly in Thailand in 2002, the National Statistical Office of Thailand
 2. Survey of Elderly in Thailand in 2007, the National Statistical Office of Thailand
 3 Community's health care systems for elderly vulnerable health,2008, Institute of Geriatric Medicine
 4. Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

2.1.1 Health problems or diseases from physical deterioration

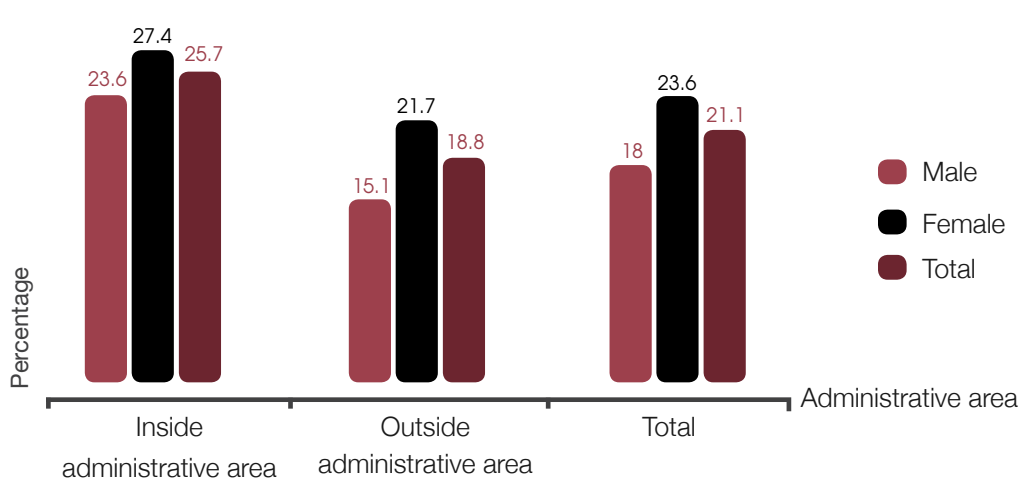
As people grow old, the internal organs begin to deteriorate resulting in the elderly being prone to diseases, particularly the deterioration of eyes which can lead to visual blur, irritation and weakness of the ciliary muscles which affects the ability of the eye to focus on small objects. The most common eye disorder in the elderly is cataract. From the 4th NHES, it was found that 1 in 5 elderly people had this condition and elderly women had a higher risk of developing cataract (23.6% in women comparing to 18.0% in men). When considering age, it was found that the risk of developing the disease in the elderly increases with age (figure 2.5). Also, the proportion of elderly people who had cataract and live in administrative areas (25.7%) was higher than outside (18.8%) (figure 2.6). Elderly people diagnosed with cataract and lived in the Bangkok region accounts for 31.1%, followed by the Southern (23.0%), and Northeastern region (16.8%). In all of the regions, except Bangkok, more elderly women are diagnosed with the disease than men (figure 2.7).

FIGURE 2.5 Percentage distribution of the elderly with cataract classified by gender and age group



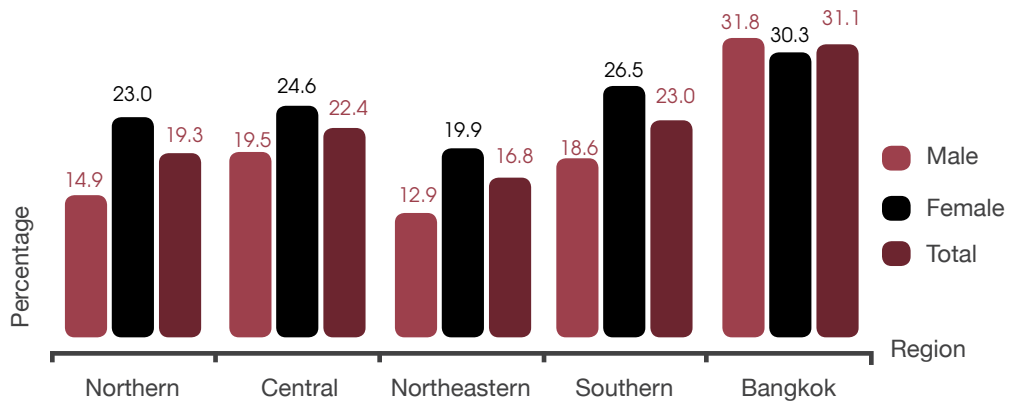
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.6 Percentage distribution of the elderly with cataract classified by gender and administrative area



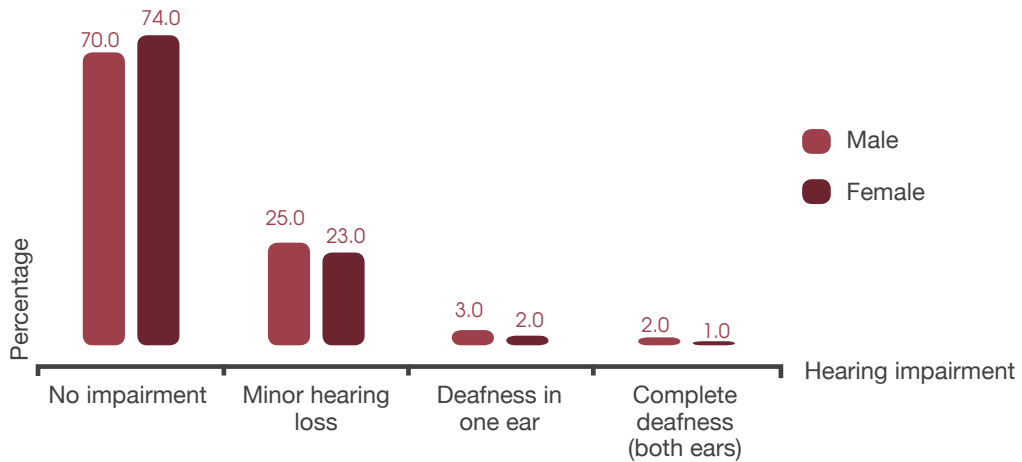
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.7 Percentage distribution of the elderly with cataract classified by gender and region and administrative area



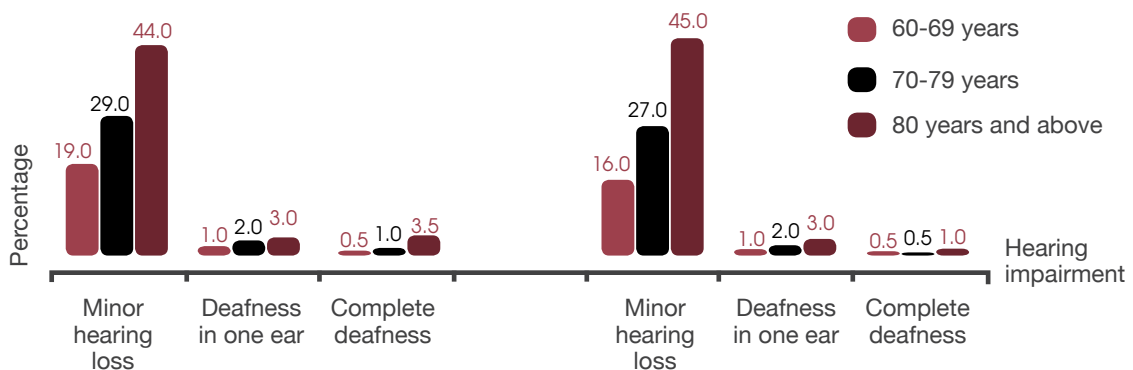
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.8 Percentage distribution of the elderly with hearing impairment by gender



Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.9 Percentage distribution of the elderly with hearing impairment by gender and age group and administrative area

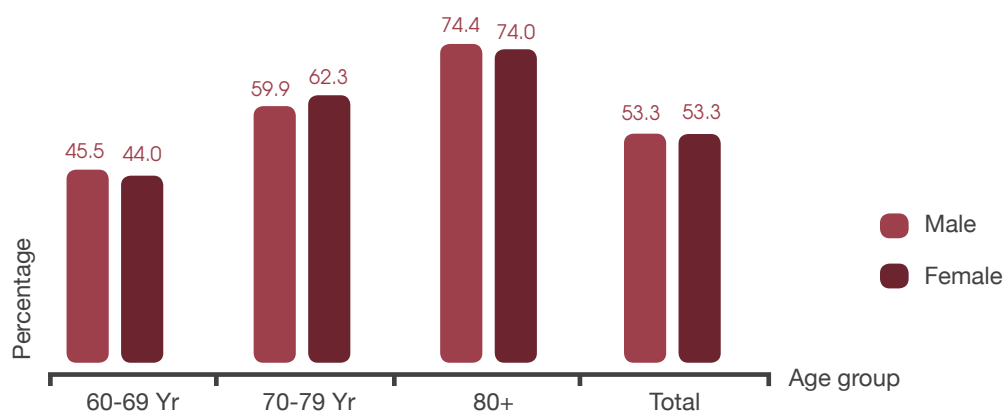


Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

In the case of hearing impairment, the most common cause was ageing. The 4th NHES has revealed that 1 in 3 elderly people experience problems with hearing, and that elderly men have more problems than women (30.0% in elderly men and 26.0% in elderly women) (figure 2.8). Also the problems get increasing worse with age in both sexes (figure 2.9).

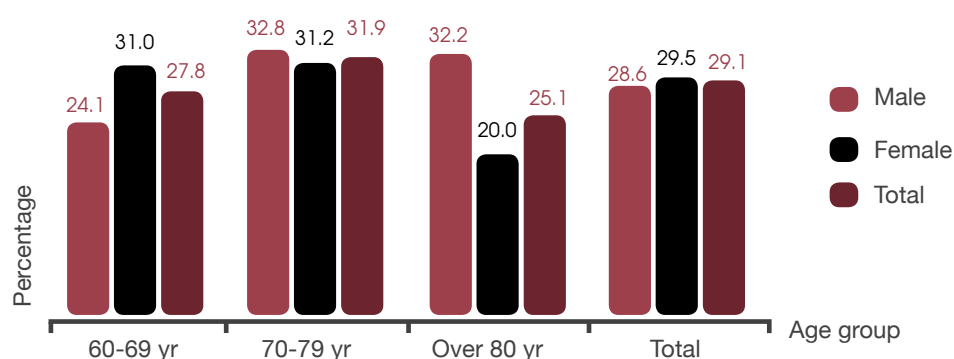
Oral health can also contribute to the quality of life of the elderly as nutrition intake, emotional expression and physical appearance are associated with his area of the body. Tooth loss can lead to inadequate chewing which subsequently lead to gastrointestinal problems. From the 4th NHES, it was found that more than 50% of the elderly population had less than 20 functional teeth and this proportion was worsened with age. However, there was no significant difference between elderly men and women (figure 2.10). Only 29.1% had some kind of denture (complete or partial) with the 70-79 age group having the highest proportion at 31.9%, while the 80 or over age group had the lowest proportion (25.1%). The problem is worse in elderly women (figure 2.11).

FIGURE 2.10 Percentage distribution of the elderly with less than 20 functional teeth by gender and age group



Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.11 Percentage distribution of elderly with less than 20 functional teeth classified by gender and age group



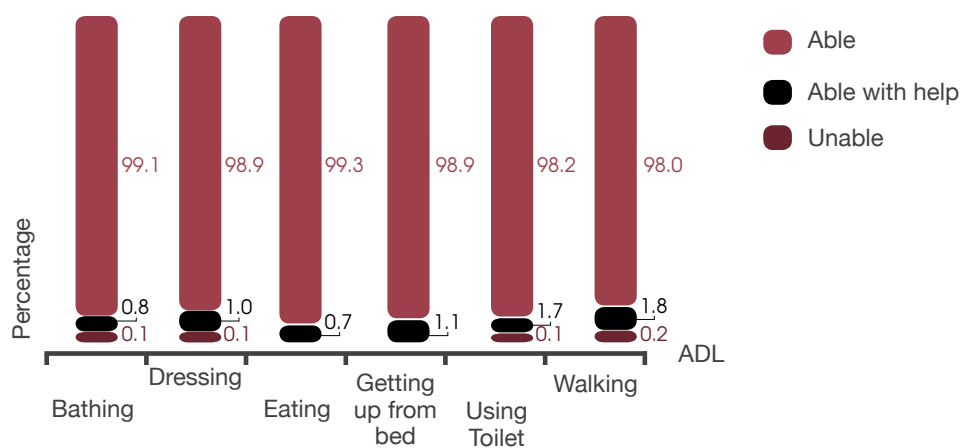
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

2.1.2 The ability to do activities

The ability to perform daily tasks have been widely used to evaluate health status in terms of body function because if they can perform those tasks, they would portray themselves as having good health. These activities have been divided into 2 types in the 4th NHES. These are the activities of daily living (ADL) and instrumental activities of daily living (IADL). ADLs have been adjusted from Barthel ADL¹ and consist of bathing, dressing, eating, getting out of bed, voluntary controlling urinary and fecal discharge, and walking (short distance). IADLs are activities relating to occupation, travelling and communication which have been adjusted from Lawton's IADL² and consist of managing money, taking medication, housework, nail clipping, walking continuously for more than 400 meters or 15 minutes, heavy lifting, travelling by driving a car or catching public transport and communication with neighbors or via telephone.

From the 4th NHES, it was found that most elderly people could perform almost every basic daily task (figure 2.12) except for the problems with urinary and fecal incontinence which approximately 30% and 22.6% of the elderly had some problems controlling urinary and fecal discharge respectively (figure 2.13). It was also found that 7.3% of the elderly had problem with performing 1 basic activity, 7.6% had problem with 2 activities and 1.4% had problems with 3 activities or more³ which these proportions increased as they grew older. This was particularly the case with the proportion of having problem with 3 activities or more which the proportion of the 80 or over age group (6.8%) was 5 times higher than the 70-79 age group (1.2%), and 10 times higher than the 60-69 age group (0.6%) (figure 2.15). When consider the proportion of elderly people resided inside or outside administrative areas, it was found that the problem was worse outside these areas for both sexes, except for the proportion of elderly women with problem performing 1 basic activity which the problem was worse inside the administrative area (figure 2.16).

FIGURE 2.12 Percentage of elderly able to do activities of daily living (ADL)



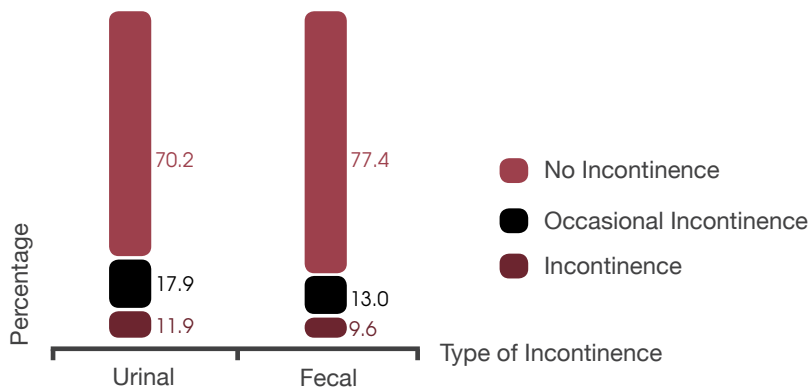
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

¹ Mahony F, Barthel DW. Functional evaluation: The Barthel index. Md State Med J. 1965 Feb; 14:64-5.

² Lawton MP, Brody EM. Assessment of older people: self-maintaining and instrumental activities of daily living. Gerontologist. 1969; 179-86.

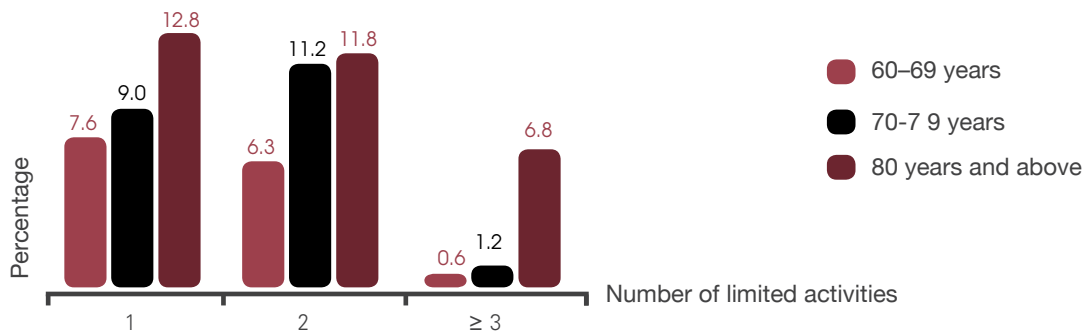
³ National Health Examination Survey Office. Report of The 4th National Health Examination Survey 2008-2009.

FIGURE 2.13 Percentage distribution of older persons with continent problem



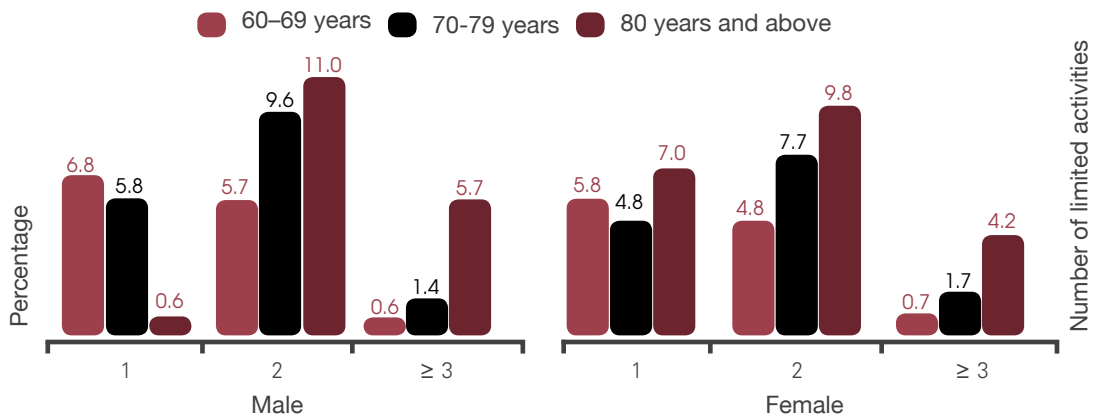
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.14 Percentage of the elderly with limitations to do ADLs, classified by age group and number of limited ADLs



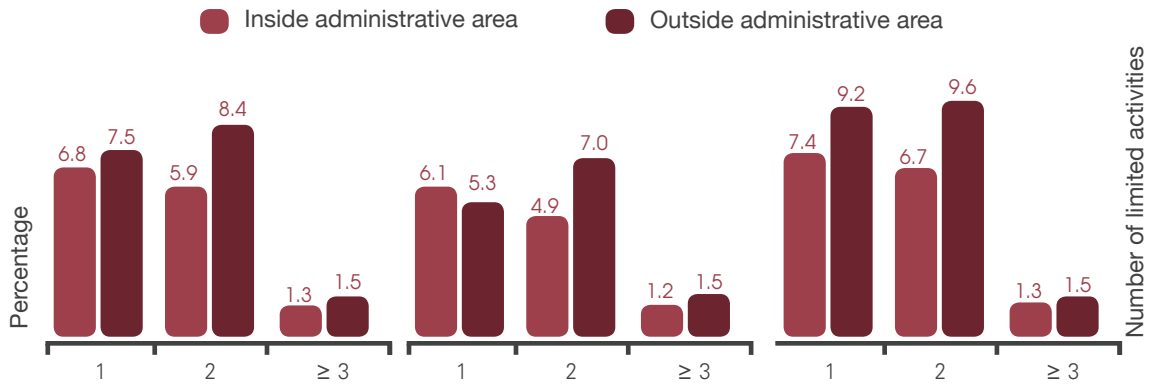
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.15 Percentage of the elderly with limitation to do activities of daily living, classified by gender and age group



Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

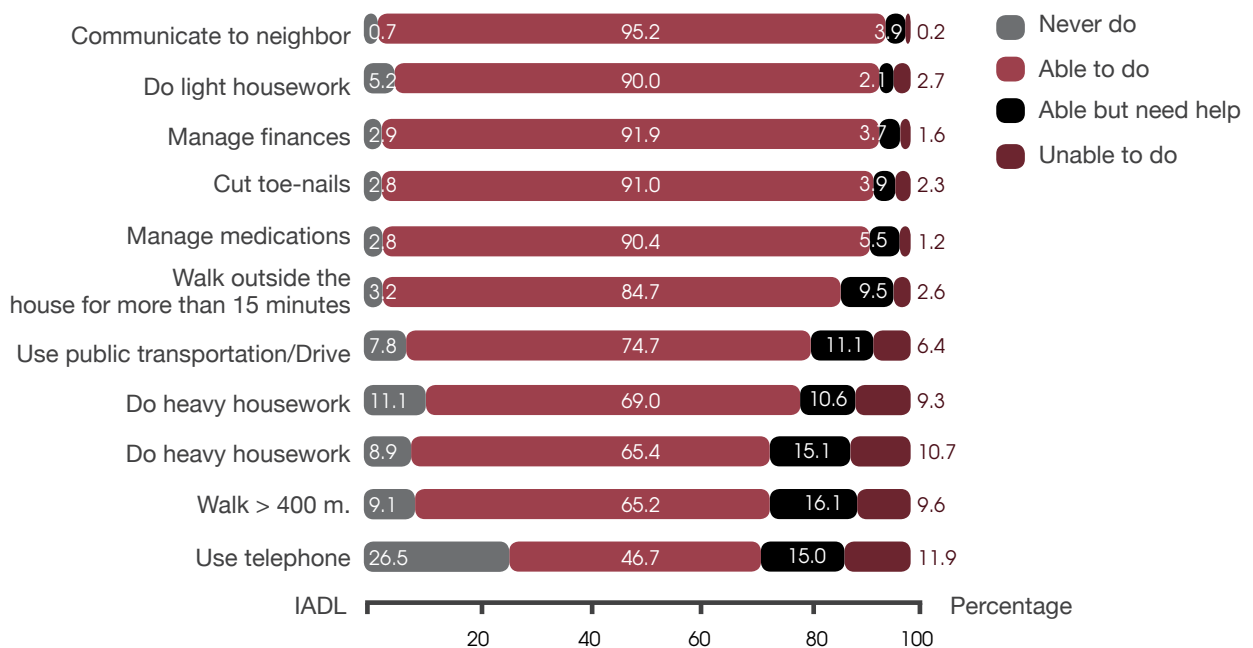
FIGURE 2.16 Percentage of the elderly with limitations to do ADLs, classified by gender and administrative area



Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

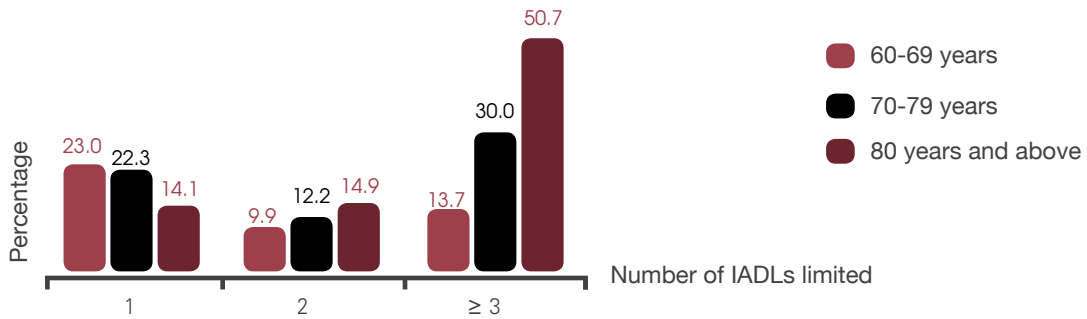
As for IADLs, more than half of the elderly could perform these tasks except for the use of telephone which only 46.7% was able to effectively communicate through this mean. 2 in 3 elderly people could do heavy lifting, walking for at least 400 meters and housework (figure 2.17). However, the majority of them had problems with 2 IADLs or more which got worse with age (figure 2.18). This was also true when considering each gender individually (figure 2.19). The problem is worse outside the administrative area than inside (figure 2.20).

FIGURE 2.17 Percentage of elderly capable of doing instrumental activities of daily living (IADLs)



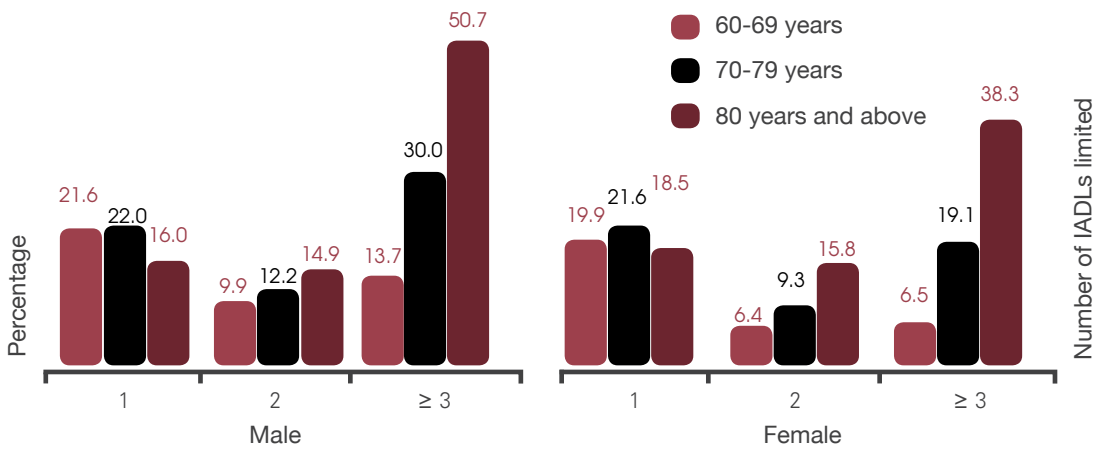
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.18 Percentage of the elderly with limitations to do IADLs, classified by age group



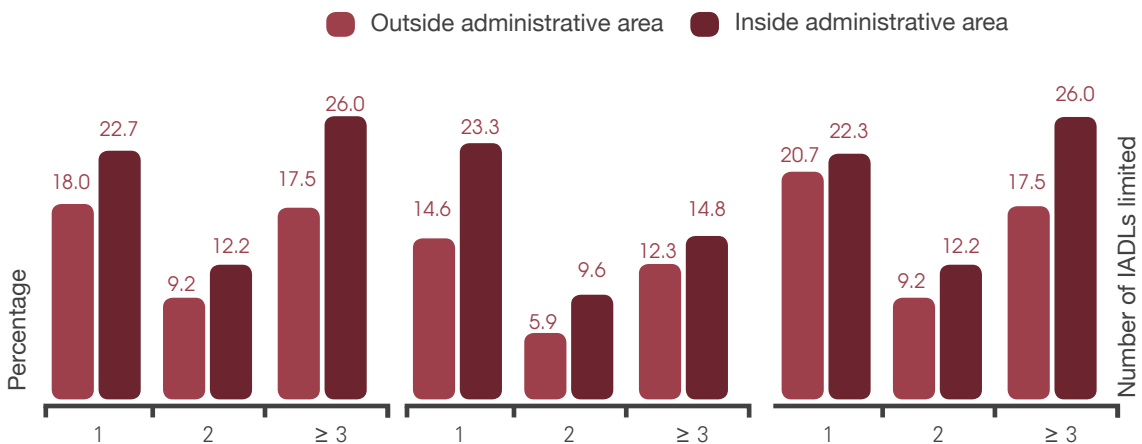
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.19 Percentage of the elderly with limitation to do IADLs, classified by gender and age group



Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.20 Percentage of the elderly with limitation to do IADLs, classified by gender and administrative area

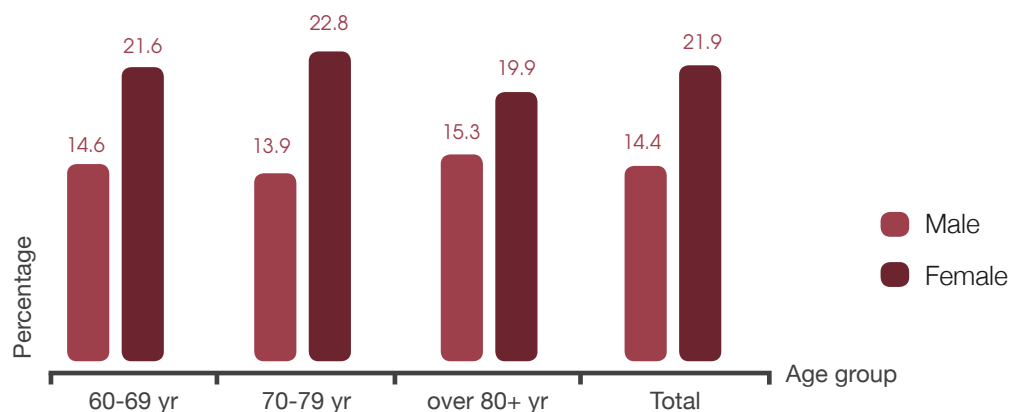


Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

2.1.3 Fall situation

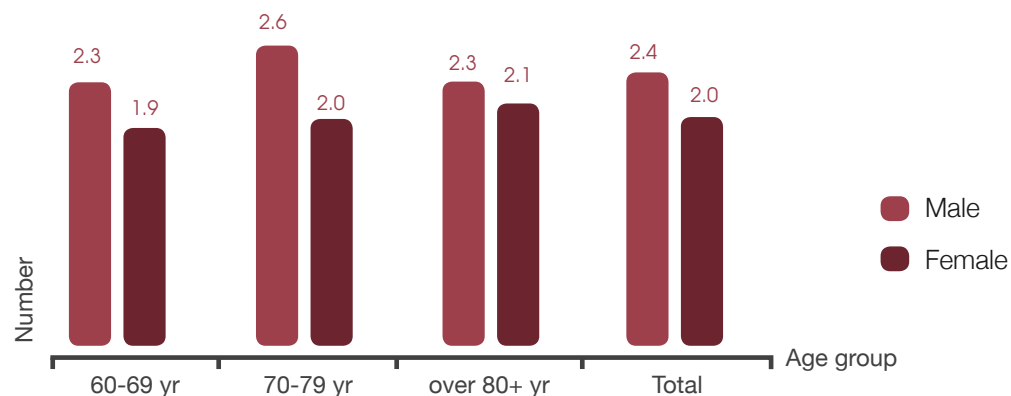
Fall is an important problem which can be found quite often and profoundly affect the elderly as it can lead to injuries and death. The 4th NHES revealed that 18.5% of elderly people had suffered from a fall and the incidence in elderly women (21.9%) almost doubled compared to elderly men (14.4%) (figure 2.21). Elderly people experienced, on average, 2 falls (figure 2.22) and 50% of them fell outside their home with higher proportion for elderly men (59.6%) than women (45.1%). However, inside their home, this proportion is higher in women (37.6%) comparing to men (24.1%) (figure 2.23). The 60-69 age group fell outside of their home more than inside, whereas the 80 or over age group fell inside their home more than any other age group for both sexes (figure 2.24). This could be explained by the fact that the majority within the 60-69 age group was still working as it was also found that 59.5% of falls outside of home occurred in workplaces (figure 2.25). The most common cause of fall for both men and women was slipping (42.2% in men and 42.8% in women) followed by tripping and loss of balance in men (38.8% and 32.1% respectively). However, in women, loss balance was the second most common (37%) followed by tripping (32.1%) (figure 2.26).

FIGURE 2.21 Percentage of elderly who experienced falls in the last 6 months, classified by gender and age group



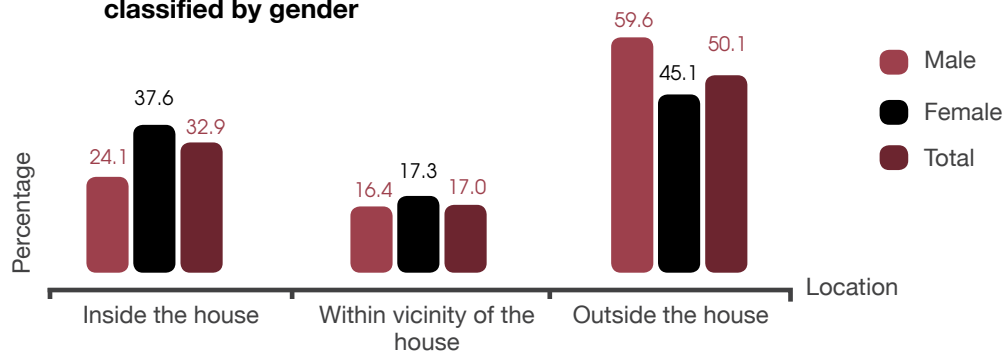
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.22 The Number of falls experienced by an elderly during the last 6 months, classified by gender and age group



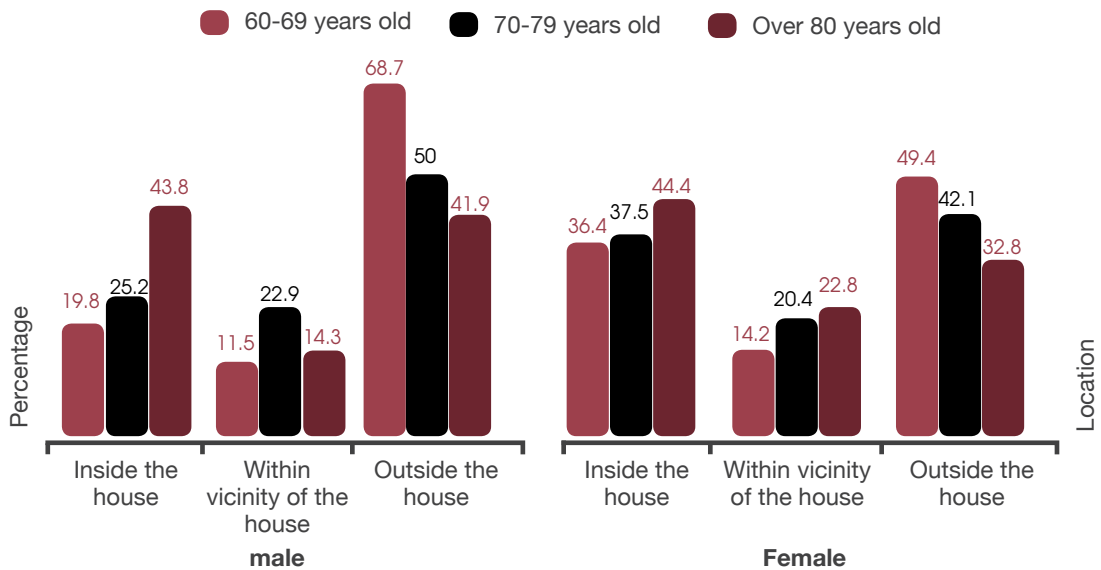
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.23 Locations where the elderly fell during the last 6 months (%), classified by gender



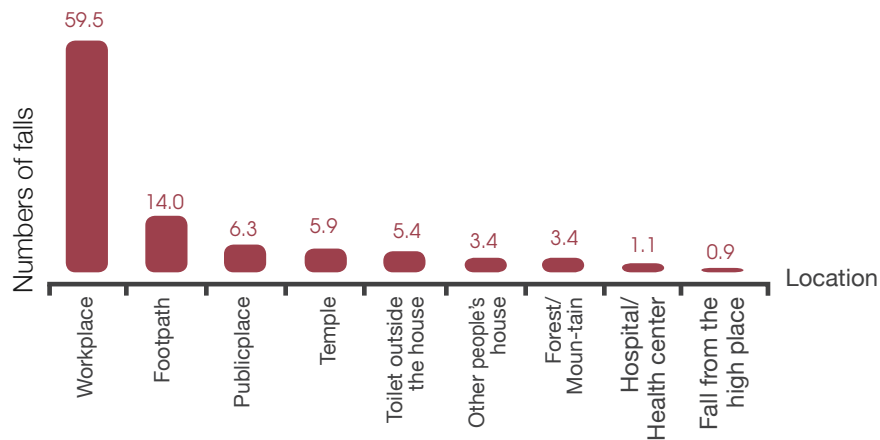
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.24 Locations where the elderly fell during the last 6 months (%), by gender and age group and administrative area



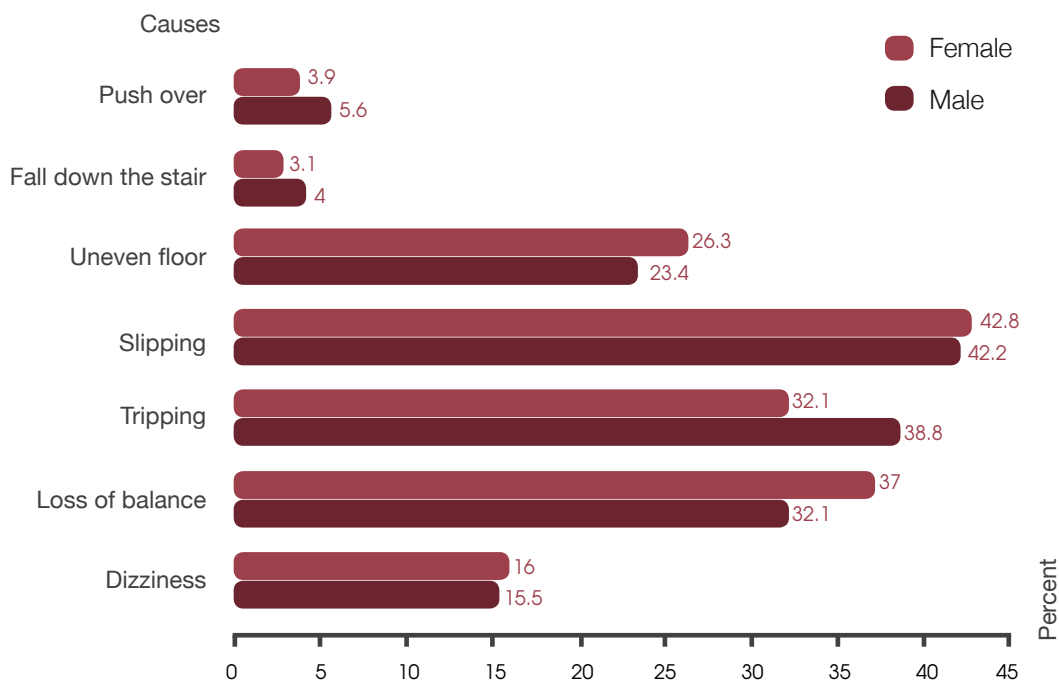
Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.25 Percentage of the locations outside the house where the elderly have fallen during the last 6 months



Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.26 Causes of falls in the elderly in the last 6 months (%)

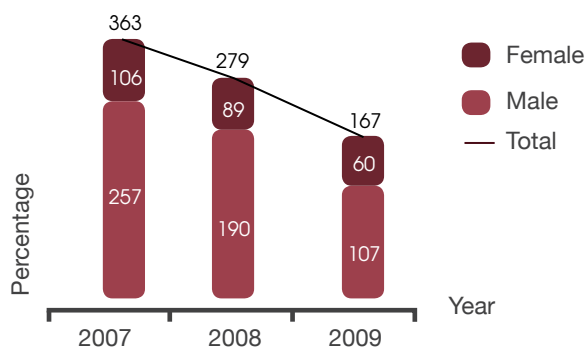


Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

2.2 Situation of AIDS in the elderly

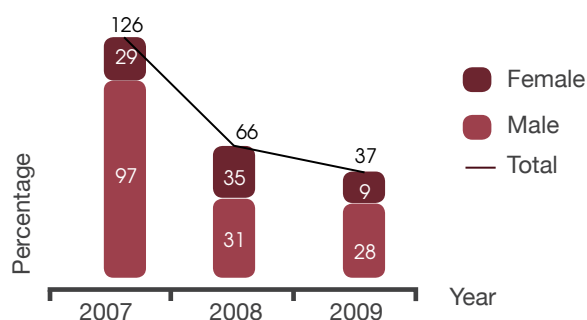
Even though there have been major advances in medicine and public health, the cure for AIDS is yet to be found. However, if HIV infection can be detected early, the patients can appropriately look after their health and continue to live normally for many years. The elderly population has been perceived as a low risk group due to the belief that elderly people rarely have sexual intercourse when compared to younger people. Nonetheless, people in any age group are susceptible to the disease. The Center for Epidemiological information at the Bureau of Epidemiology, Department of Disease Control has gathered reports on the AIDS patients from public and private health service providers. The information reveals that, of all the new cases of AIDS in 2007, 363 cases or 1.9% were elderly. In 2008, the figure was 279 new cases or 2.1%, and in 2009, it was 167 new cases or 2.3%. There were more than twice as many infected elderly men than women (figure 2.27). Mortality related to AIDS occurred every year which may be due to a delay or lack of access to treatment leading to poor survival rate. Case mortality in elderly men was higher than women (figure 2.28).

FIGURE 2.27 The numbers of HIV-infected elderly by gender and year



Source : Epidemiological Information Center, Bureau of Epidemiology, Department of Disease Control, 30 April 2010

FIGURE 2.28 The numbers of deaths from HIV/AIDs in the elderly by gender and year



Source : Epidemiological Information Center, Bureau of Epidemiology, Department of Disease Control, 30 April 2010

2.3 Morbidity and health service utilization

2.3.1 Morbidity

In this section, the morbidity in the elderly population refers to sickness, discomfort, injury which occurred as a result of accident or assault, or chronic illnesses which happened within the past 1 month before the interview date. From the Health and Welfare Survey (HWS) 2009 conducted by the National Statistics Office (NSO), it was found that 38.4% of elderly people in the survey suffered from illnesses or discomfort which the proportion was higher in female (23.8%) than male (14.6%). However, elderly people in higher age group suffered less when compared to the elderly in younger group (table 2.1). The 5 most common illnesses suffered by the elderly were respiratory diseases (48.6%), diarrhea (18.9%), oral diseases/caries/gum disease (14.8%), stomachache/indigestion/peptic ulcers (9.5%), and backache/muscle pain (3.4%) (figure 2.29). As for injuries, 3.4% of the elderly suffered from accidents or assaults with the older age group suffered less than the younger group, and female slightly more than male (table 2.2). Also, almost half (48.8%) of the injuries were fall (table 2.3). For chronic conditions, 54.9% had some kind of chronic diseases with higher proportion of women (33.6%) than men (21.3%) elderly people seemed to suffer less from new chronic diseases in the older age groups comparing with younger groups (8.5% in the 80 or over age group compared to 25.5% in the 60-69 age group). The most common chronic conditions during the period between 2003-2009 were cardiovascular diseases, endocrine diseases, and musculoskeletal disease with cardiovascular diseases having a rising trend (figure 2.30).

Table 2.1 Percentage of elderly who had been ill within the last month before the according to gender and age

Illness	Gender			Age			
	Male	Female	Total	60-69	70-79	80+	Total
Total	42.6	57.4	100.0	52.4	33.6	14.0	100.0
No	28.0	33.6	61.6	34.3	19.3	8.0	61.6
Yes	14.6	23.8	38.4	18.1	14.2	6.1	38.4

Source : The Health and Welfare Survey 2009, National Statistical Office

Table 2.2 Percentage of elderly suffered from accident and injuries within the past month before the interview according to gender and age

Accident or Injuries	Gender			Age			
	Male	Female	Total	60-69	70-79	80+	Total
Total	42.6	57.4	100.0	52.4	33.6	14.0	100.0
No	41.1	55.6	96.7	50.8	32.5	13.4	96.7
Yes	1.5	1.8	3.3	1.6	1.1	0.6	3.3

Source : The Health and Welfare Survey 2009, National Statistical Office

Table 2.3 Top 3 causes of accident or injuries last suffered by the elderly (the most recent event), classified by gender and age group.

Accident or Injuries	Gender			Age			
	Male	Female	Total	60-69	70-79	80+	Total
Fall	19.7	29.1	48.8	17.0	18.6	13.2	48.8
Other accidents	6.7	6.5	13.2	7.0	3.5	2.7	13.2
Harm caused by animals or insects	3.2	6.2	9.4	6.5	2.1	0.8	9.4

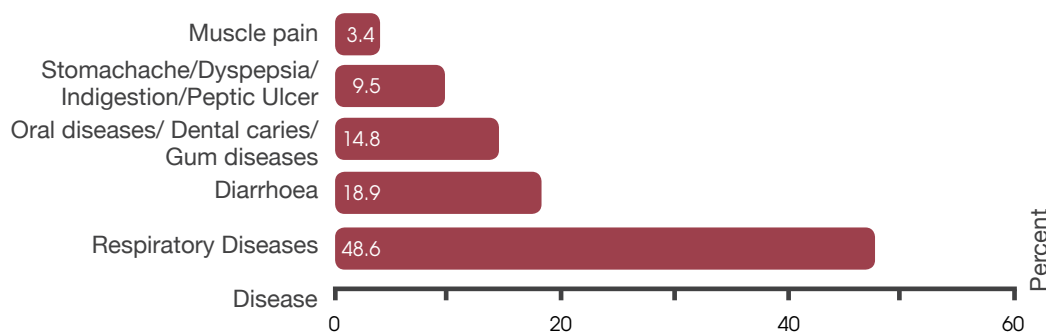
Source : Civil registration data, Department of provincial administration, Ministry of Interior

Table 2.4 Percentage of elderly with chronic illnesses classified by gender and age group

Disease	Gender			Age			
	Male	Female	Total	60-69	70-79	80+	Total
Total	42.6	57.4	100.0	52.4	33.6	14.0	100.0
No	21.3	23.8	45.1	26.9	12.7	5.5	45.1
Yes	21.3	33.6	54.9	25.5	20.9	8.5	54.9

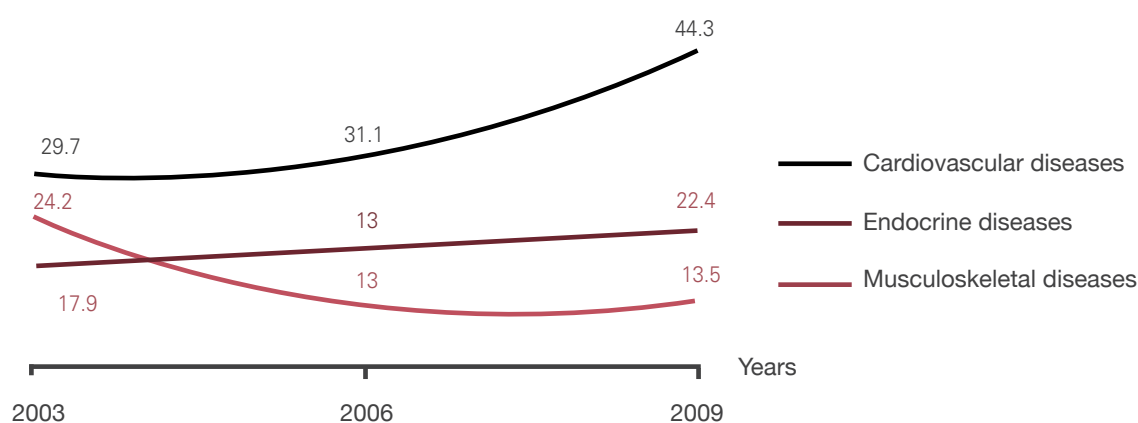
Source : The Health and Welfare Survey 2009, National Statistical Office

FIGURE 2.29 The top 5 diseases or illnesses in the elderly (the most recent before the interview)



Source : The Health and Welfare Survey 2009, National Statistical Office

FIGURE 2.30 The top 3 chronic diseases in elderly, classified by year



Source : The Health and Welfare Survey 2009, National Statistical Office

2.3.2 Utilization of health services

From the HWS 2009, it was shown that 63.5% of elderly people utilized the health service for their chronic conditions within the last month before their interview date, with 54.6% utilized only once, and 8.9% utilized more than once. Elderly women used the service more than men and this tend to decrease as they become older (table 2.5). The last most common causes for using the service were chronic conditions (53.7%), illnesses or discomfort (44.6%), and accidents or assaults (1.7%) (table 2.6). All of these resulted in a disruption of daily tasks (17.5%) which elderly women were disrupted more than men, and the younger age group disrupted more than the older (table 2.7). In addition to curative health services, elderly people also utilized the health promotion services as well with the majority of the service used being the annual health check-up (53.8%) (table 2.8). As for the utilization of the in-patient services in the last 12 months before interview, 10.1% of the elderly used the service with more women (6.1%) using this service more than men (4.0%) (table 2.9). The most common cause for utilizing in-patient services were illnesses (90.1%) followed by accidents (9.9%) (table 2.10). When consider the type of health care providers, the most common providers which the elderly used were general/regional hospitals (45.7%), community hospitals (37.8%) and private providers (9.0%) (figure 2.31), and the reasons for using the provider of choice were either because the elderly were registered to that particular provider on Universal Coverage or Social Security scheme (45.0%), it was close to home or convenient to travel to (18.2%), or he/she was referred to that provider (12.8%) (figure 2.32). The length of stay as an in-patient was 8 days on average (ranged from 1-99 days) with the mode being 2 days (figure 2.33).

Table 2.5 Percentage of elderly utilizing medical services for their chronic conditions within the last month, classified by gender and age

	Gender			Age			
	Male	Female	Total	60-69	70-79	80+	Total
Total	38.7	61.3	100.0	46.5	38.1	15.4	100.0
No	15.1	21.4	36.5	17.3	13.4	5.8	36.5
Yes, once	20.5	34.1	54.6	25.6	20.9	8.1	54.6
Yes, more than once	3.1	5.8	8.9	3.6	3.8	1.5	8.9

Source : The Health and Welfare Survey 2009, National Statistical Office

Table 2.6 Percentage of causes of ill-health suffered by the elderly, classified by and gender age group

Illness in the last time	Gender			Age			
	Male	Female	Total	60-69	70-79	80+	Total
Total	38.2	61.8	100.0	47.7	37.2	15.1	100.0
Illness	17.3	27.3	44.6	22.0	15.9	6.7	44.6
Accident/Assault	0.8	0.9	1.7	0.9	0.5	0.3	1.7
Chronic disease	20.1	33.6	53.7	24.8	20.8	8.1	53.7

Source : The Health and Welfare Survey 2009, National Statistical Office

Table 2.7 Percentage of elderly who were prevented to do their daily routine activities by their illnesses (the most recent event), classified by gender and age

Status on disruption of daily routine	Gender			Age			
	Male	Female	Total	60-69	70-79	80+	Total
Total	38.2	61.8	100.0	47.8	37.2	15.0	100.0
Able to continue	30.8	51.7	82.5	39.4	30.6	12.5	82.5
Prevented	7.4	10.1	17.5	8.4	6.6	2.5	17.5

Source : The Health and Welfare Survey 2009, National Statistical Office

Table 2.8 Percentage of utilization of non-curative health service by the elderly, classified by gender and age

Types of non-curative health service	Gender			Age			
	Male	Female	Total	60-69	70-79	80+	Total
Total	39.7	60.3	100.0	54.7	34.4	10.9	100.0
Annual health check up	23.2	30.6	53.8	31.3	17.6	4.9	53.8
Scheduled appointment but not for their chronic conditions	11.2	19.9	31.1	15.1	11.8	4.2	31.1
Others	5.3	9.8	15.1	8.3	5.0	1.8	15.1

Source : The Health and Welfare Survey 2009, National Statistical Office

Table 2.9 Percentage of elderly utilizing in-patient services during the past 12 months, classified by gender and age group

Utilization of health service in the past 12 months	Gender			Age			
	Male	Female	Total	60-69	70-79	80+	Total
Total	42.6	57.4	100.0	52.4	33.6	14.0	100.0
No	38.6	51.3	89.9	48.2	29.4	12.3	89.9
Yes	4.0	6.1	10.1	4.2	4.2	1.7	10.1

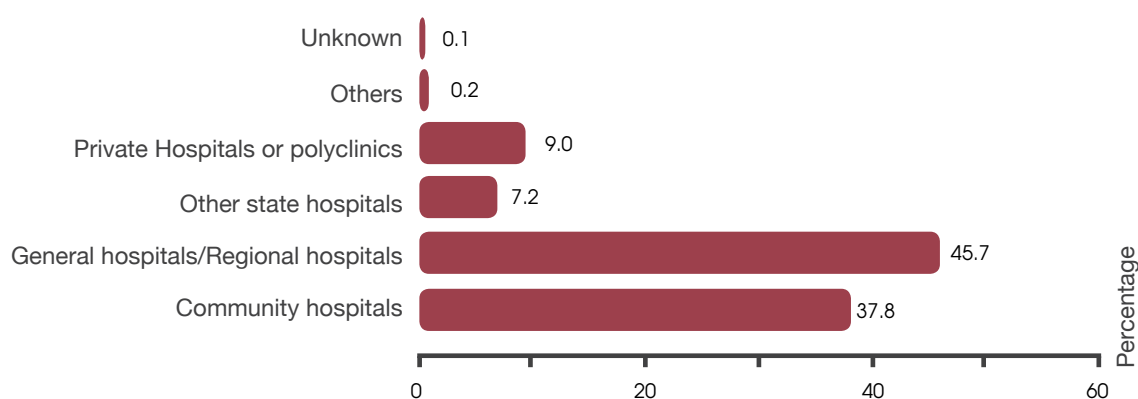
Source : The Health and Welfare Survey 2009, National Statistical Office

Table 2.10 Proportion of causes of in-patient admission by the elderly (the most recent admission), classified by gender and age

Causes	Gender			Age			
	Male	Female	Total	60-69	70-79	80+	Total
Total	40.3	59.7	100.0	42.1	40.8	17.1	100.0
Disease	36.0	54.1	90.1	37.4	37.3	15.4	90.1
Accident	4.3	5.6	9.9	4.6	3.6	1.7	9.9

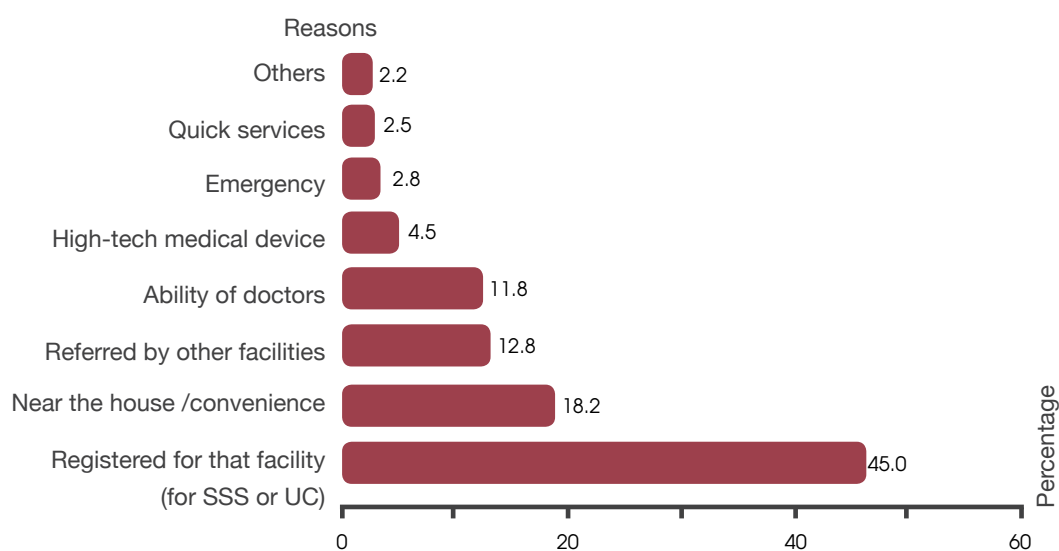
Source : The Health and Welfare Survey 2009, National Statistical Office

FIGURE 2.31 Types of health services facilities utilized by the elderly for in-patient service (the most recent), classified by gender and age group



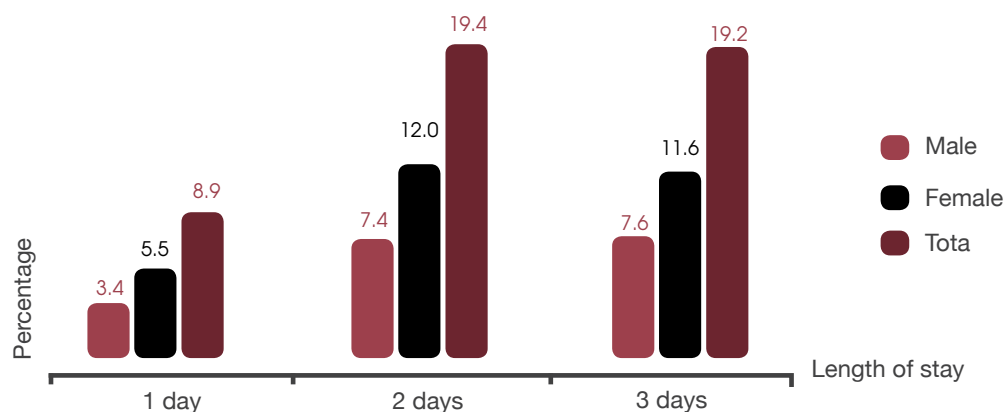
Source : The Health and Welfare Survey 2009, National Statistical Office

FIGURE 2.32 Reasons for utilizing the health facilities of choice by the elderly for in-patient service (most recent)



Source : The Health and Welfare Survey 2009, National Statistical Office

FIGURE 2.33 The length of stay in hospital per admission by the elderly (most recent), classified by gender



Source : The Health and Welfare Survey 2009, National Statistical Office

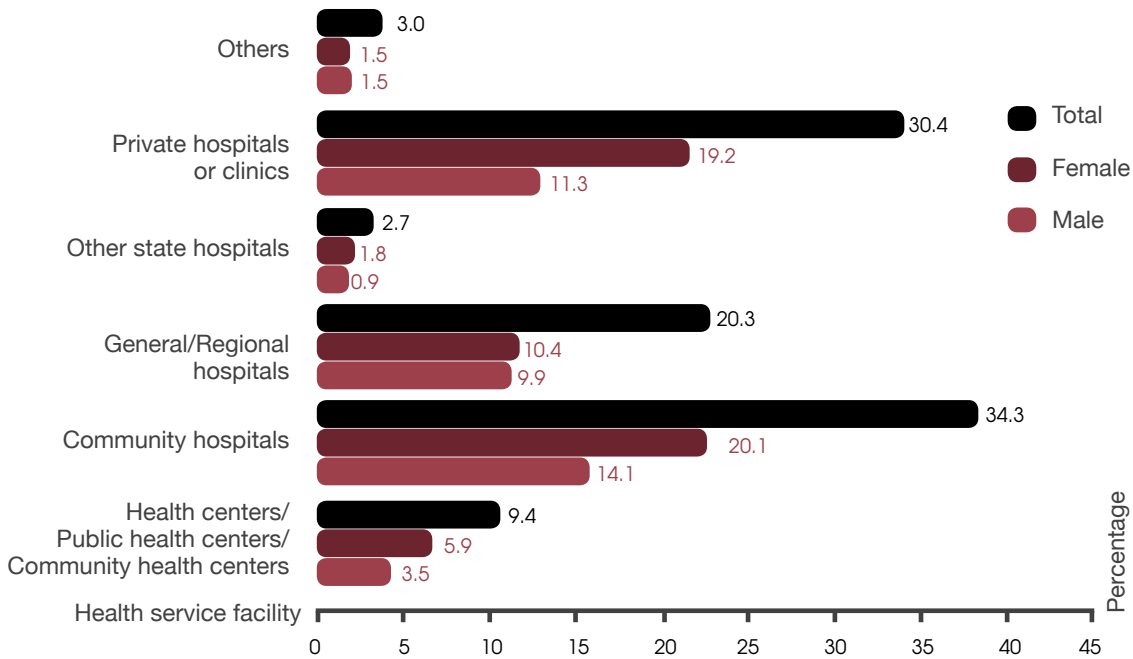
Furthermore, within the period of 12 months prior to the interview date, 8.9% of them used the dental service with the proportion higher in women than men, and the 60-69 age group utilized more than the other age group (table 2.11). The most utilized last dental service providers used by the elderly were state providers (66.7%), and private providers (30.4%) (figure 2.34). The most common type of dental service last used was tooth extraction (51.8%), followed by denture fitting (17.7%), cleaning and periodontitis treatment (10.9%), and dental check-up (7.2%) (figure 2.35). When considering the health benefit schemes which the elderly used to obtain dental service, the most common schemes used were Universal Coverage Scheme or UC (74.5%), followed by the Civil Servant Medical Benefit Scheme (CSMBS), state pension for civil servants or state enterprise benefit (21.6%) (table 2.12).

Table 2.11 Percentage of elderly who utilized dental services within the past 12 months before the interview, classified by gender and age

Causes	Gender			Age			
	Male	Female	Total	60-69	70-79	80+	Total
Total	42.6	57.4	100.0	52.4	33.6	14.0	100.0
No	38.9	52.2	91.1	46.8	30.9	13.4	91.1
Yes	3.7	5.2	8.9	5.6	2.7	0.6	8.9

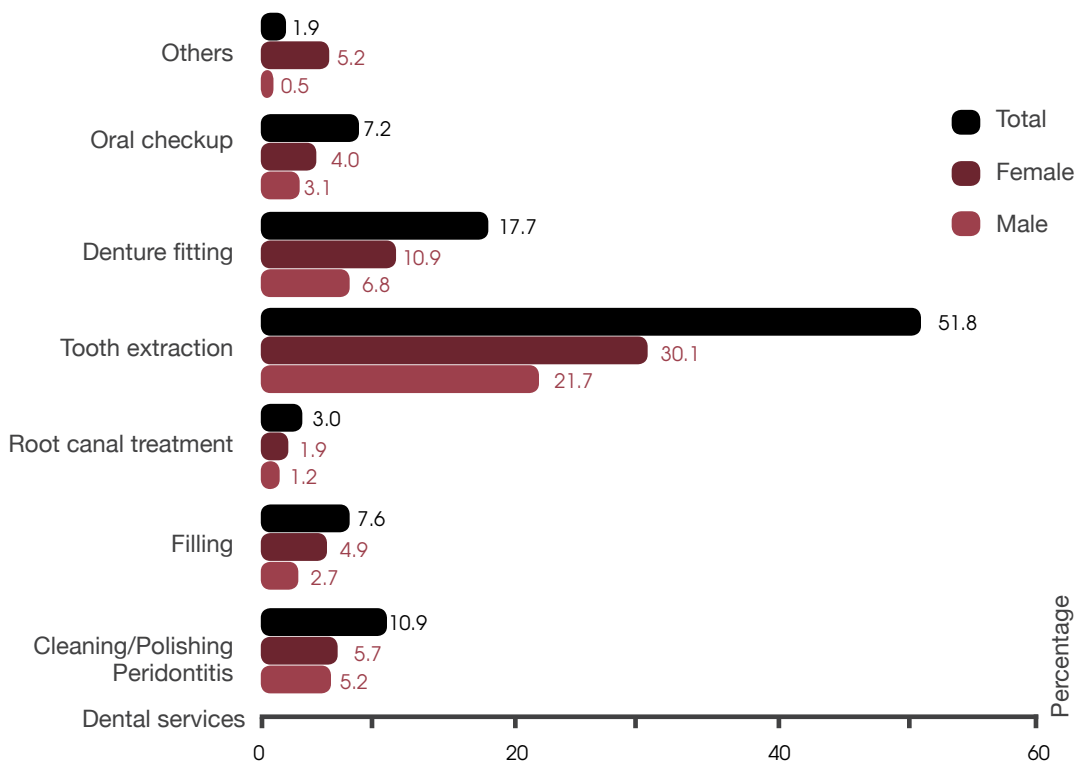
Source : The Health and Welfare Survey 2009, National Statistical Office

FIGURE 2.34 Health service facilities used by the elderly for dental services (most recent), classified by gender



Source : The Health and Welfare Survey 2009, National Statistical Office

FIGURE 2.35 Types of the dental services used by the elderly (most recent), classified by gender



Source : The Health and Welfare Survey 2009, National Statistical Office

Table 2.12 Percentage of health care benefit scheme used by the elderly, classified by gender and age

	Gender			Age			
	Male	Female	Total	60-69	70-79	80+	Total
Total	42.6	57.4	100.0	52.4	33.6	14.0	100.0
Not have	0.6	0.9	1.5	0.7	0.5	0.3	1.5
UC	31.0	43.5	74.5	39.2	25.1	10.2	74.5
Social security scheme	0.6	0.4	1.0	0.9	0.1	0.0	1.0
Civil servant medical benefit scheme	9.8	11.8	21.6	10.6	7.6	3.4	21.6
Health insurance	0.2	0.3	0.5	0.4	0.1	0.0	0.5
Others	0.4	0.5	0.9	0.6	0.2	0.1	0.9

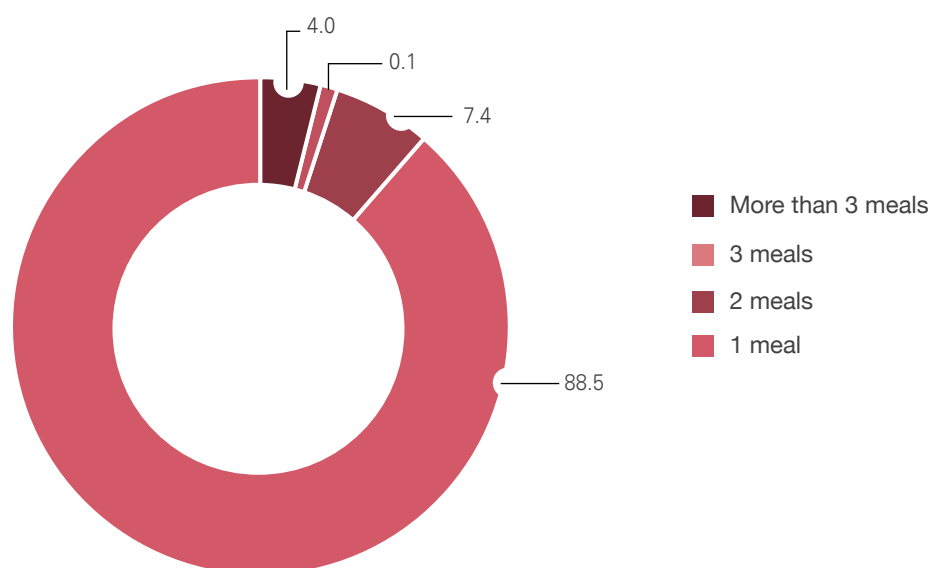
Source : The Health and Welfare Survey 2009, National Statistical Office

2.4 Health behavior of the elderly

2.4.1 Eating behavior

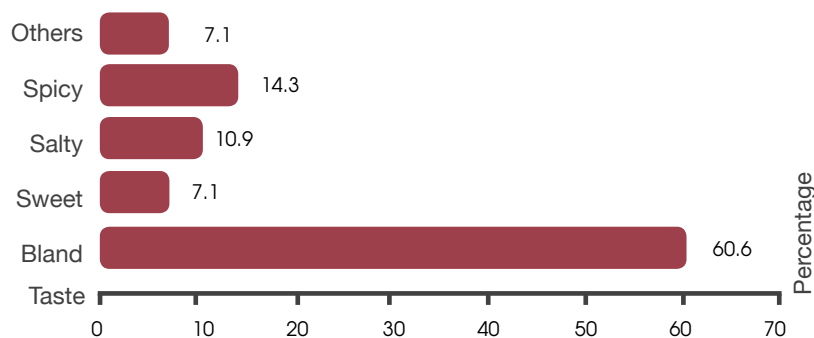
Quality of food with low energy but high nutrition should be emphasized when considering the dietary intake for elderly people. This is because the energy needed for daily tasks is reduced and the lower rate of metabolism in the elderly, whereas the requirement for minerals and vitamins remains the same. NSO conducted a survey on health behavior of the population in 2009 which also included eating behavior. These are the main meals, snack intake, taste of food preferred, and frequency of food intake. It was found that the majority of elderly people ate 3 main meals per day (88.5%) followed by 2 main meals per day (7.4%) (figure 2.36). The majority of food taken were bland (60.6%), followed by spicy (14.3%) and salty (10.9%) (figure 2.37). The majority of the elderly ate food according to their body needs and the most common type of food was fruits and vegetable (61.3%), followed by meat and meat products (29.9%), while only 3.8% took nutrition supplement (table 2.13). More than half (64.9%) of elderly people ate between meals and the main reasons were “they wanted to” (42.2%), or “they were hungry” (38.6%) (figure 2.38). Most of the elderly did not eat anything that would pose a risk to their health, especially Western food and snack (table 2.14).

FIGURE 2.36 Number of main meals consumed by the in elderly



Source : The Health and Welfare Survey 2009, National Statistical Office

FIGURE 2.37 Taste of food consumed by the elderly



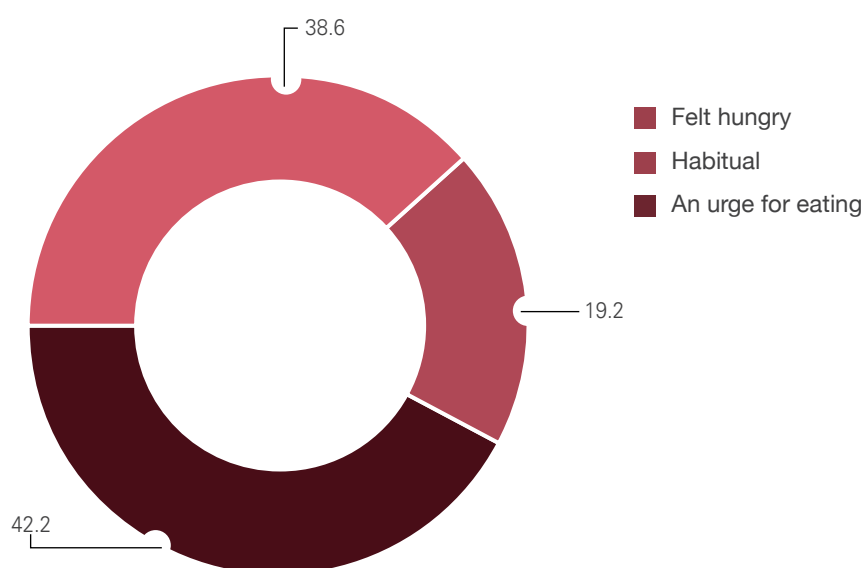
Source : The Health and Welfare Survey 2009, National Statistical Office

Table 2.13 Percentage of type and frequency of dietary intake by the elderly

Type of Food	Frequency of consumption : week				
	Not take	1-2 days	3-4 days	5-6 days	Everydays
Meat	3.9	26.0	25.2	15.0	29.9
Vegetable and Fruit	1.0	7.7	13.6	16.4	61.3
Food supplement	84.2	8.1	2.6	1.3	3.8
Vitamin and mineral	83.1	6.7	2.8	1.3	6.2

Source : Behavior and Health Survey 2009, National Statistical Office

FIGURE 2.38 Reasons for food consumption between meals by the elderly



Source : Behavior and Health Survey2009, National Statistical Office

Table 2.14 Percentage of frequency of dietary intake by the elderly

Group of Food	Frequency of consumption : week				
	Not take	1-2 days	3-4 days	5-6 days	Everydays
High Fat	19.7	49.0	20.1	5.8	5.4
Snacks	80.9	14.1	2.9	0.7	1.3
Fast food	96.6	3.0	0.3	0.1	0.1
Carbonated drink/ Sweet drink	55.4	17.0	6.5	3.1	18.1

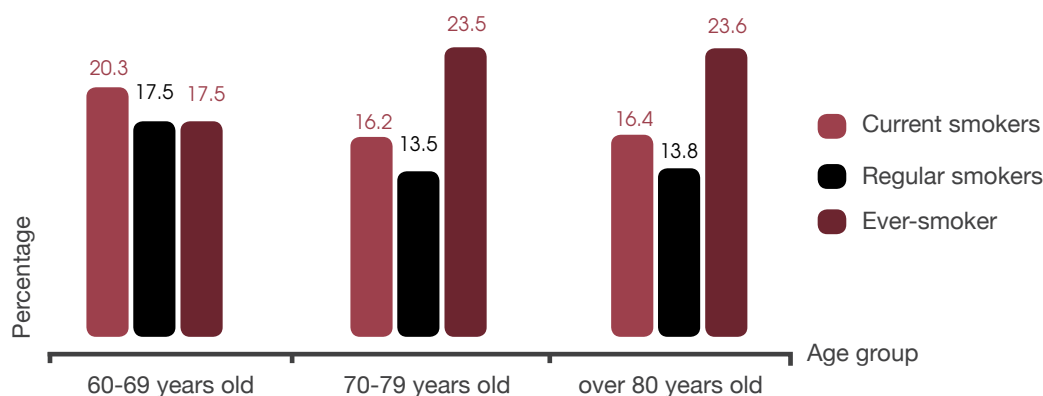
Source : Behavior and Health Survey 2009, National Statistical Office

2.4.2 Smoking and drinking behavior

Cigarettes contain around 4,000 ingredients, 42 of which are known carcinogens. Cigarette smoking is one of the most important risk factor for lung cancer (80-90%) and can cause other diseases, such as cardiovascular diseases, chronic obstructive pulmonary diseases and peptic ulcers. From the 4th NHES, it was found that 20.3% of elderly people aged between 60-69 years old smoked and 17.5% smoked regularly which was the highest when compared to the 70-79 and the 80 or over age group (figure 2.39). in all age group, elderly men smoked more than elderly women in the same age group, particularly in the 60-69 age group where men smoked 10 times more than women. However, smoking in elderly men showed a decreasing trend as they became older and the proportion almost halved in the 70-79 age group when compared to the 60-69, but there were no significant change between the 70-79 and the 80 or over age groups. In elderly women, the trend increased slightly as they became older (figure 2.40). The initiation age of

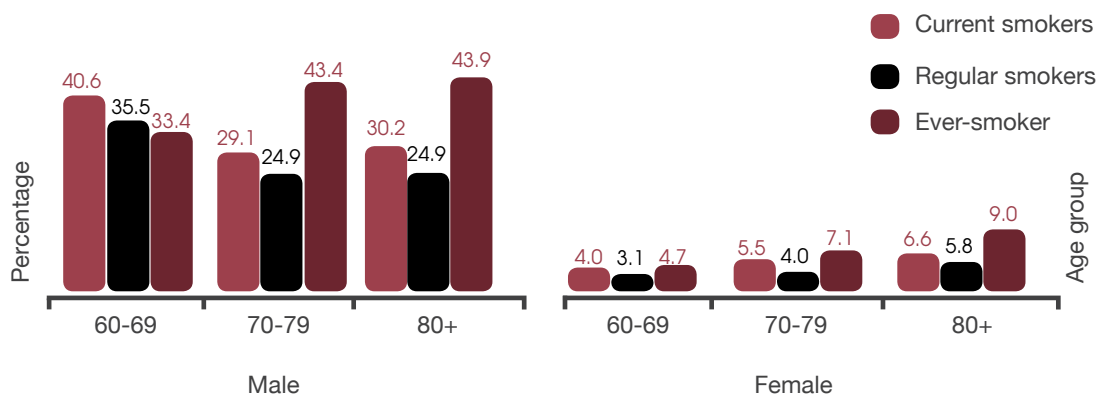
smoking was 21 on average in all of the age groups, with men started earlier when they were 19. For elderly women, the initiation age were 25 in the 80 or over age group, 28 in the 70-79 group, and 29 in the 60-69 (table 2.15). For regular smokers, the average number of cigarettes smoked was between 5-10, which the figures were between 9-14 for male regular smokers and 3-11 for female. This number fell as they became older for both elderly men and women (table 2.16).

FIGURE 2.39 Percentage of the elderly who smoked, classified by age group



Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

FIGURE 2.40 Percentage of elderly who smoked, classified by gender and age group



Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

Table 2.15 Number and Average age of initiation of smoking (with standard deviation or SD) in elderly smokers, classified by gender and age group

Age group	Male			Female			Total		
	Number	Average age of initiation	SD	Number	Average age of initiation	SD	Number	Average age of initiation	SD
60-69 Yr	1,829	19.1	12.6	341	29.0	21.7	2,170	21.0	16.8
70-79 Yr	1,145	19.1	14.1	340	28.3	26.0	1,485	21.5	19.9
80+	337	19.4	15.7	132	25.1	22.8	469	21.3	19.5

Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

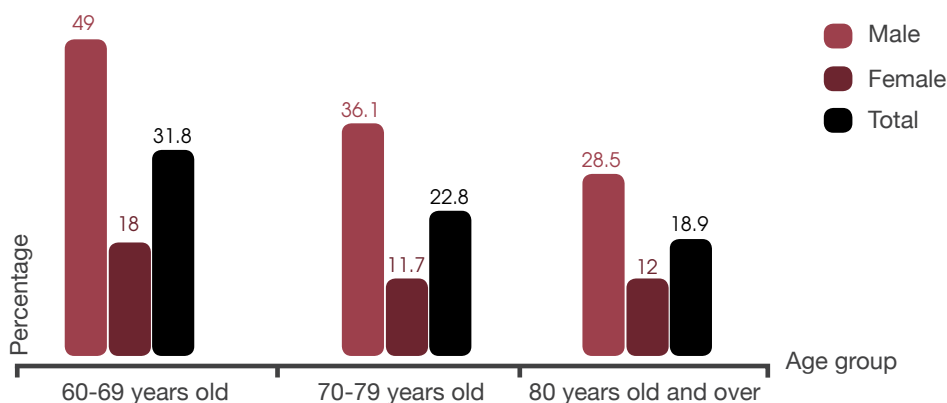
Table 2.16 Number of cigarettes smoked per day in regular elderly smokers, classified according to gender and age group

Age group	Male			Female			Total		
	Number	Average number of cigarette	SD	Number	Average number of cigarette	SD	Number	Average number of cigarette	SD
60-69 Yr	280	9.7	14.2	22	11.6	27.5	302	9.9	15.3
70-79 Yr	105	8.2	12.3	7	4.6	4.3	112	8.0	12.2
80+	22	5.9	9.1	5	3.5	3.1	27	5.7	9.2

Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

Drinking of alcohol, which include whiskey, beer, wine, brandy and traditional alcoholic drinks, in Thailand is on a rising trend and this has been linked to the development of chronic illnesses, such as hypertension, cirrhosis, peptic and duodenal ulcers and esophageal cancer. Furthermore, alcohol is one of the main causes of traffic accidents in Thailand. Drinking of alcoholic drinks regularly is harmful and hazardous to health. From the 4th NHES, it was found that alcohol consumption fell for both elderly men and women as they became older. The proportion of elderly men in the 60-69 age group who drank was the highest, at 49.0%, more than 2 times higher than women of the same age group. In the 70-79 age group, 36.1% of elderly men drank which was 3 times higher than women. Lastly, in the 80 or over age group, 28.5% of elderly men drank, which was twice the proportion of women who drank (figure 2.41). Elderly people started drinking at the age between 25-29 years on average. For elderly men, the start age was lower between 22-25 years while it was between 38-42 years for women (table 2.17).

FIGURE 2.41 Percentage of the elderly who consumed alcohol during the last 12 months, classified by gender and age group



Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

Table 2.17 Number and average age of initiation for alcohol consumption (with SD) of drinking elderly, classified by gender and age group

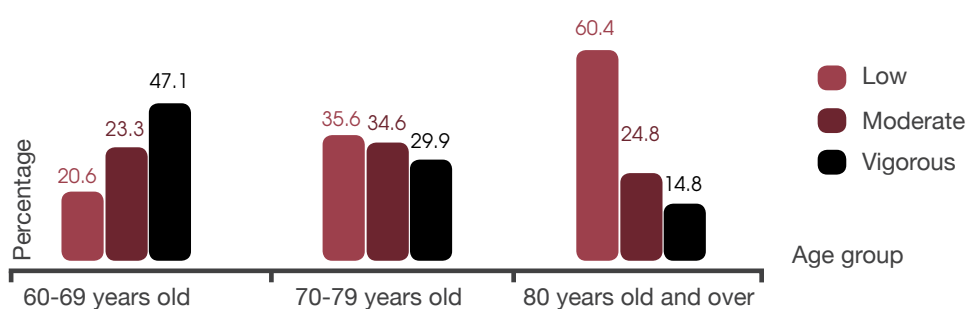
Age group	Male			Female			Total		
	Number	Average age of initiation	SD	Number	Average age of initiation	SD	Number	Average age of initiation	SD
60-69 Yr	1,119	22.0	19.2	353	38.0	26.6	1,472	25.5	27.9
70-79 Yr	468	25.6	24.5	119	42.5	33.1	587	29.6	30.7
80+	83	23.7	22.9	37	39.0	43.9	120	29.0	35.7

Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

2.4.3 Physical activities

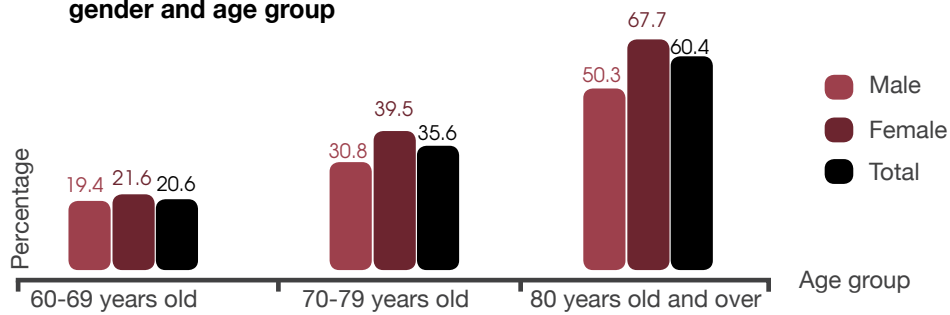
Physical activities lead to the use of muscles and movement which resulted in energy utilization. This includes work related to occupation, house work, and hobbies. Physical activities done on a daily basis can lead to good health and need not be done continuously as it can be accumulated throughout the day. From the 4th NHES, it was found that elderly people has the tendency to do less physical activities as they became older. In the 60-69 age group, the proportion of elderly people who did high level of physical activities was 47.1%, compared to 14.8% in the 80 or over group (figure 2.42). When considering the proportion of the elderly who did not have enough physical activities, the 80 or over age group had the highest proportion (60.4%) followed by the 70-79 group (35.6%) and the 60-69 group (20.6%). This problem is higher in elderly women than men in all age group (figure 2.43).

FIGURE 2.42 Percentage of elderly undertaking physical activities, classified by age group and intensity



Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

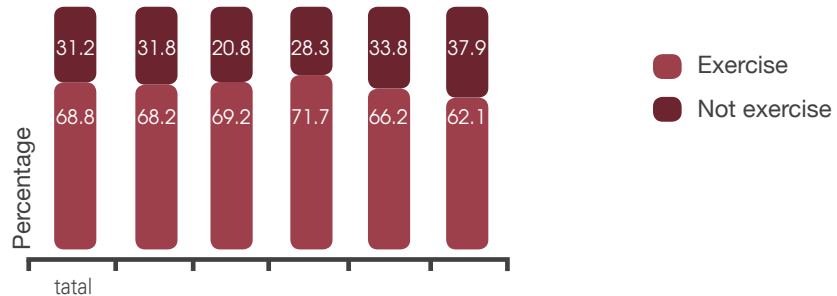
FIGURE 2.43 Percentage of elderly taking insufficient physical activities, classified by gender and age group



Source : Thailand population health examination survey IV 2008-2009, National Health Examination Survey Office

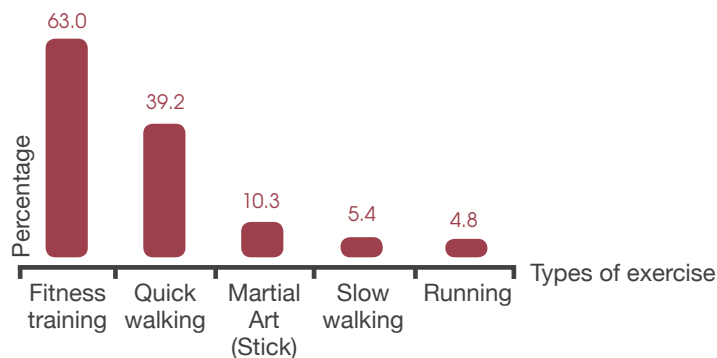
Exercises are physical activities which required planning and preparation. This type of activities is done repetitively in order to increase or maintain fitness, promote health, and prevent diseases such as ischemic heart diseases, hypertension, and arthritis. Furthermore, exercise can relieve stress and improve sexual competence. There is a number of popular ways to exercise, such as jogging, and kung fu dancing. The Bureau of Health Promotion, under the Department of Health, has conducted a study on the health status of the Thai elderly and found that 68.8% of the elderly in rural area exercised. However, this proportion reduced as they became older (figure 2.44). The most popular type of exercise was stretching (63.0%), followed by fast walking (39%), martial art dancing (10.3%), slow walking (5.4%) and jogging (4.8%) (figure 2.45).

FIGURE 2.44 Percentage of the elderly who exercised, classified by gender and age group



Source : Study of elderly health status in rural area, Bureau of Health Promotion, Department of Health

FIGURE 2.45 Types of exercise undertaken by the elderly (Top 5)



Source : Study of elderly health status in rural area, Bureau of Health Promotion, Department of Health

2.5 Access and utilization of curative health service in the elderly population

The analysis on the health service usage database on elderly was done by the Health Insurance System Research Office (HISRO), and the information included the utilization of curative service, using the 3 main health benefit schemes (CSMBS, SSS and UC). The important findings are outlined below.

2.5.1 The proportion of elderly people sorted according to schemes

The 3 main health benefit schemes covered approximately 62.2 million people in 2009, 13% of which were elderly people aged 60 years or over. However, the proportions of elderly people in each scheme were different (table 2.18). CSMBS has the highest proportion of elderly people (26%) which the number increased around 5% every year. In the UC scheme, the elderly accounted for 13% and was increasing at a rate of 4% annually.

Table 2.18 Proportions elderly in the 3 health care schemes

	CSMBS	SSS	UC
<60 Yr	75%	99%	87%
> 60 Yr	25%	1%	13%

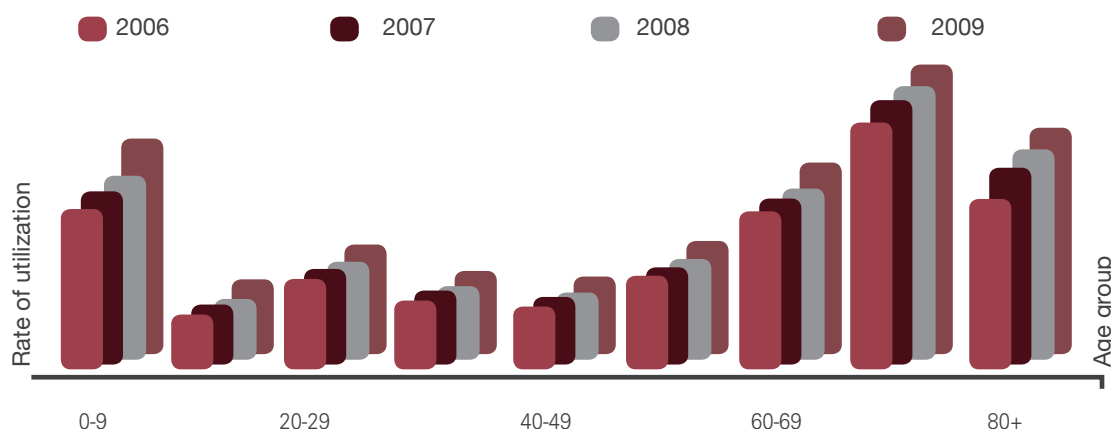
Source : Health Insurance System Research Office, 2009

2.5.2 The utilization rate for in-patient service

Overall, the utilization rate of this service was higher in newborn but this would decrease as they grew older. However, the utilization would be high again as they approached the old age (60 years) but the level would drop again as the elderly became older (figure 2.46).

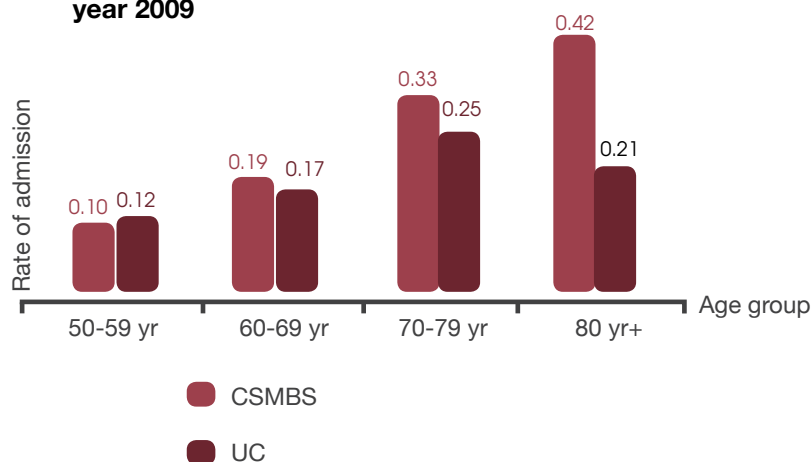
The trends of utilization rate within each age group were all rising between the periods of 2006-2009. The 70-79 age group had the highest utilization rate, followed by the 80 or over age group (figure 2.47).

FIGURE 2.46 Rate of utilization of in-patient service by the elderly 2006 - 2009, classified by age group



Source : Health Insurance System Research Office, 2009

FIGURE 2.47 Rate of hospital admission of elderly in universal coverage (UC) scheme and civil servant Civil servants' medical benefit scheme (CSMBS) in fiscal year 2009



Source : Health Insurance System Research Office, 2009

2.5.3 Types of complaints as reasons for service utilization

From data analysis of in-patients between 2006-2009, it was found that the rate of service utilization in each of the disease groups were quite constant. The main cause for hospitalization for the elderly was cardiovascular diseases, followed by respiratory diseases, which the rate was higher in older age group. Other leading causes were gastrointestinal diseases, infectious diseases and urogenital diseases which were quite constant across the age groups. For other causes, such as tumors and eye diseases, the utilization rate fell with age (table 2.19).

Table 2.19 Types of illnesses and injuries which led to admission for the elderly, classified by age

Type of illness	Pre-Elderly	Elderly			
	45-49 Yr	60-69 Yr	70-79 Yr	80+	Average
Cardiovascular diseases	10%	14%	16%	18%	15%
Respiratory diseases	8%	11%	14%	18%	14%
Gastrointestinal diseases	13%	11%	10%	10%	10%
Infectious diseases	11%	10%	9%	10%	10%
Genitourinary diseases	10%	8%	8%	9%	8%
Neoplasms	12%	10%	7%	5%	8%
Eye diseases	3%	8%	8%	5%	7%
Endocrinal disease	5%	7%	6%	5%	6%
Symptom and indications	5%	5%	6%	6%	6%
Injuries and poisoning	10%	6%	5%	5%	5%

Source : Health Insurance System Office, 2009

2.5.4 In-patient care expenditure according to age group

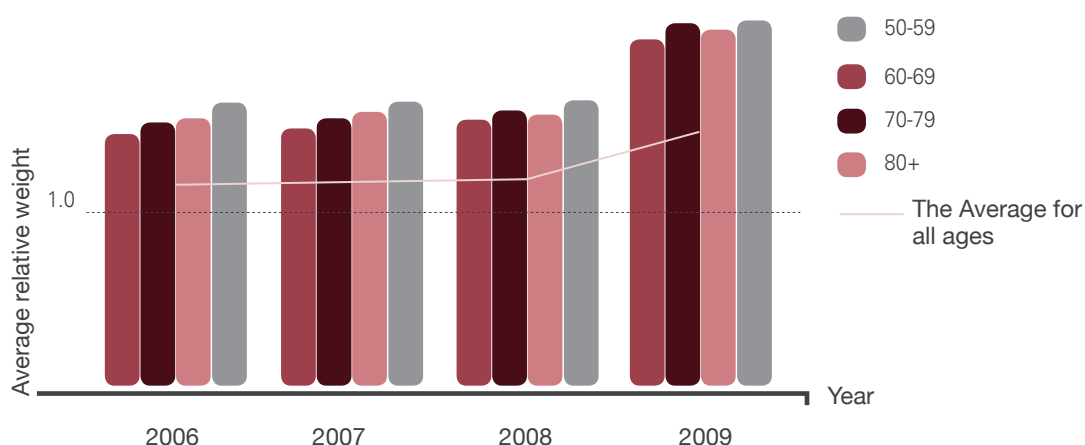
Even though the number and proportion of elderly people could be regarded as the minority in the population, however the rate and proportion of service utilization were generally high. This could have a financial impact on the health system. However, the impact may be different across the schemes as the proportions of utilization by the elderly were different in each scheme leading to different financial burden.

In CSMBS, the proportion of in-patient services utilized by the elderly in 2009 was 53% and accounted for 63% of total in-patient care expenditure. The corresponding figures for UC scheme were 24% and 35%. However, for the SSS, the financial impact was negligible, at 1%, as almost all of the insurers were of working age.

When compared the adjusted relative weight of diagnosis-related group (DRG), using the 4th edition, between 2006-2009, it was found that (figure 2.48):

- (1) The adjusted relative weight was on a rising trend.
- (2) The relative weight for the elderly increased with age.

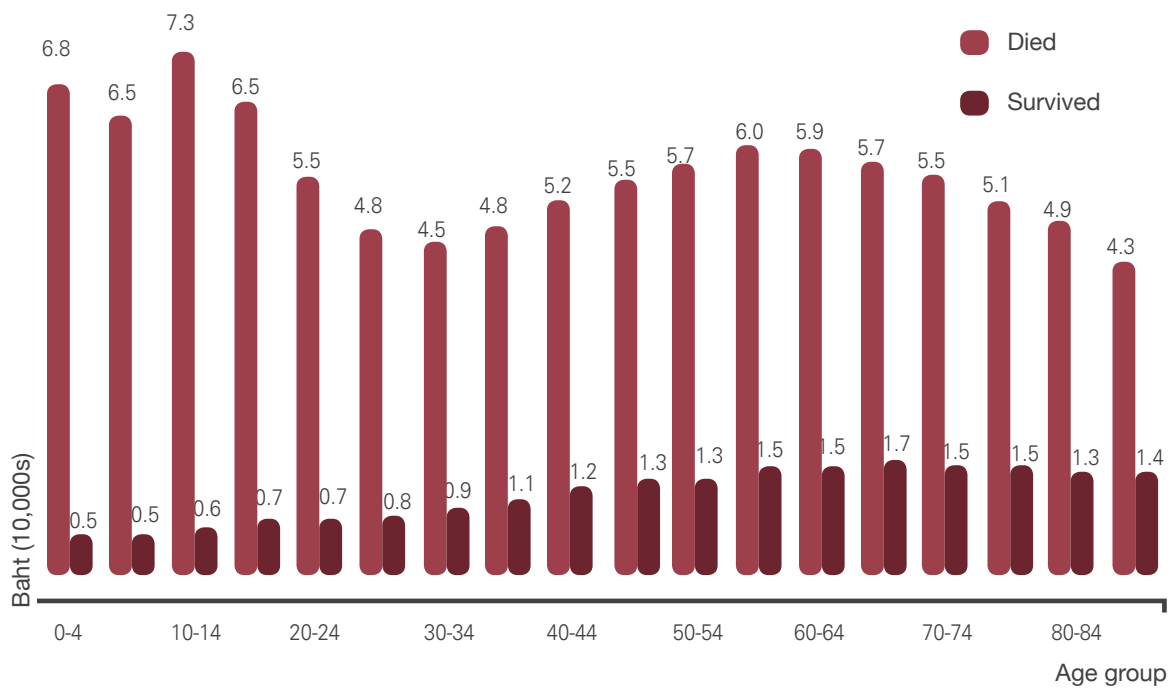
FIGURE 2.48 Average relative weight of diagnosis related groups (DRG) by age group in fiscal year 2006-2009



Source : Health Insurance System Research Office, 2009

The high level of expenditure in the elderly population may partly occurred due to the fact that the mortality rate of this population was higher than any other age group, and the cost of health care during the last years of life can be expensive. When compared the annual expenditure for health care for those who died and those who did not die in each age group, it was found that there were clear differences in all of the age group. The average health care expenditure for those who died ranged between 40,000-70,000 baht per person per annum, whereas the corresponding figure for those who did not die ranged between 5,000-12,000 baht (figure 2.49).

FIGURE 2.49 The annual expenditure of elderly patients who died or survived by age group (1 RW = 10,000 Baht)



Source : Study of elderly health status in rural area, Bureau of Health Promotion, Department of Health

CSMBS had the highest proportion of utilization by the elderly, which almost double the national average and the proportion in the UC scheme. The elderly population had a high rate of utilization and expenditure comparing to other age group, and the trend was also increasing. The reason for this was partly due to the high mortality rate within this population, and the higher cost of care.



3 Elderly care and welfare



Elderly care and welfare

The provision of elderly care and welfare in Thailand was mainly the responsibility of the state agencies. Since the enactment of the Senior Citizens Act of B.E. 2546, there have been a number of state and private organizations which took part in the provision of benefits for the elderly in order to allow them live in the community and society with security and good quality of life. Such benefits include health care benefit, protection, income security, accommodation and access to legal protection (Social Welfare Promotion Act, B.E. 2546).

This chapter covers the overview of care and welfare for the elderly population which includes the policy implementation, income security, health and social care by the family and community, the roles of volunteers, promotion of participatory processes, welfare on accommodation, elderly care in correctional facilities, and legal assistance for the elderly.

3.1 Policy implementation on the care and welfare for the elderly

3.1.1 The implementations by the National Committee for Senior Citizens

The National Committee for Senior Citizens was established in accordance to Article 4 of the Senior Citizens Act, B.E. 2546, which chaired by the Prime Minister. The Committee consists of 28 members and experts who represent the state agencies, educational institutes, and public organizations. The primary mission of this committee is to coordinate and promote the implementation of the policies on senior citizens.

- The Committee consists of 9 sub-committees tasked with the following responsibilities:
- The National Senior Citizens' Day.
- Basic pension for Senior Citizens.
- National system for saving for the purpose of retirement pension.
- Home care volunteers for the elderly.
- Public relations.
- Community all-purpose centers for the elderly program (pilot).
- Monitoring and implementation of the National Plan for Senior Citizens.
- Monitoring of senior citizens right in accordance with the Senior Citizen Act, B.E. 2546.
- Promotion and mobilization of the agenda on long-term elderly care.

In 2009, the committee held 6 meetings in order to push forwards important policies for the elderly as followed

- 1) The policy on universal basic pension has been implemented since April 2009 resulting in a monthly payout of 500 baht to the elderly who were not receiving other welfare and benefit from state agencies.
- 2) The National Senior Citizens' Day takes place on 9th April of every year, and in 2009, the Sub-Committee overlooking these activities organized a special event to celebrate the occasion. The "National Senior Citizen" awards were also presented to the winners on that day.
- 3) Every elderly would receive funeral allowance of 2,000 baht in the case of death since August 2009.
- 4) With regards to the 2nd National Plan for Senior Citizen (2002-2021), the Ministry of Social Development and Human Security developed a monitoring and evaluating system for the plan together with the National Statistics Office (NSO) and the College of Population Studies, Chulalongkorn University. This would allow the Plan to be adjusted and updated. After the evaluation, the Committee assigned the responsible Sub-Committee to develop protocols and processes for this adjustment by using the results of the evaluation, and allow the participation of all the stakeholders.
- 5) With regards to the National System for Saving for the purpose of retirement pension, the preliminary results of a study on pension fund were presented. The pension fund would cover all labor, creating equity and enhance security at old age. In the long term, it would also effectively decrease the state burden on this issue.
- 6) Annually, the report on the Thai elderly situation would be produced and its finding would be reported to the Cabinet. This is in accordance with the Senior Citizens Act, B.E. 2546. The findings from the 2007 report have been presented to the Cabinet on 3rd February 2009.

3.2 Provision of welfare, security and financial aid for the elderly

3.2.1 Provision of financial welfare for the elderly

1) Community welfare fund for the elderly

As part of the government policy, in 2007, the Committee and Sub-Committees for Community Welfare Promotion, at national and provincial level respectively, were set up by the Minister for Social development and Human Security. The government would allocate funding for the communities in order to establish a welfare fund for the provision of basic welfare to the local people. The mobilization of funds would be according to the regulations pre-established by the community.

In 2009, the government in power was still supportive of this policy and continued to provide funding to the community by contributing on par with the contribution by the community and LAOs in a 1:1:1 ratio. There were 2990 community welfare funds which received government support in this fashion covering 21,975 villages. Out of the 2,990 community welfare funds, 32.6% (974 funds) were funds in the Northeastern region, 20.7% (619) were in the Northern region, and 17.1% (512) were in the Southern region. There were 1,044,318 fund members who put their own saving into the fund worth 617.72 million baht in total, accounted for 73% of total fund values. The rests were contribution from the government (163.63 million baht or 20%), the LAOs (35.77 million baht or 4%), and other sources (23.17 million baht or 3%). Table 3.1 shows the number of members already benefited from the funds in 2009.

Table 3.1 Information on Community Welfare Funds (as of January 2010)

Region	Number of funds	Number of villages		Members		Total Value of Funds		Contributions (baht)			Number of welfare recipients			
		Total	participated	Founding	Present	Founding	Present	LAOs	CODIs	Others	Total	Chil-dren	Elderly	Dis-abled
Bangkok&East	341	6,198	2,473	10,820	87,192	2,050,297	93,164,429	1,127,000	18,876,064	2,079,854	4,723	17	107	-
Up Central&West	544	12,589	4,522	12,178	164,002	2,329,824	99,502,295	6,212,964	29,813,882	6,050,305	1,431	88	366	91
Northeast	974	33,117	8,215	14,010	294,471	14,960,510	120,339,540	18,303,499	51,871,147	1,521,418	2,204	273	60	12
South	512	8,660	2,475	24,243	272,803	4,364,466	181,668,523	2,829,358	30,277,239	2,270,112	3,229	379	462	122
North	619	14,515	4,110	23,862	225,850	8,567,128	123,047,436	7,302,870	32,834,784	11,256,076	3,276	185	266	40
Total	2,990	75,079	21,795	85,113,044,318	32,272,225	617,722,223	35,775,691	163,673,116	23,177,765	14,863	942	1,261	265	

Remarks : The number of welfare recipients was cited the performance report of each fund

- LAOs are Local Administrative Organizations

- CODIs are Community Organization Development Institute (Public Organization)

2) Basic pension for the elderly

The provision of basic pension for the elderly has been devolved from the Ministry of Social Development and Human Security to the Department of Local Administration, Ministry of Interior since 2002. The municipalities and the tambon administrative organizations (TAO) were responsible for the registration of the elderly, validation of eligibility and payment of basic pension. The eligible elderly, who must be living in poverty or abandoned, would be entitled to 500 baht per month.

However in 2009, the government introduced a scheme which aimed to universally promote income security for the elderly. As a result, the coverage of basic pension was extended to all elderly people aged 60 year or above who were not receiving other state pension.

From April 2009, the scheme was fully implemented and all senior citizens were entitled to the basic pension and would be paid 500 baht per month. At the beginning of 2009, there were 1,828,456 elderly people who benefited from the scheme resulting in almost 11 million baht payout. The figures increased to 5,652,893 elderly people or 80% by the end of 2009 (table 3.2). The top 3 provinces with the highest number of elderly on basic pension scheme are listed according to region in table 3.3.

Table 3.2 Number of basic pensioners and the allocated budget

Year	Number of Basic Pensioners	Region
2003	399,362	1,437,703,200
2004	440,000	1,584,000,000
2005	527,083	1,897,498,000
2006	1,073,190	6,439,140,000
2007	1,755,266	10,531,596,000
2008	1,755,266	10,531,596,000
2009	5,652,893	33,917,358,000

Source : Department of Local Administration, 2009

Table 3.3 Number of basic pensioner in 2009 fiscal year, classified by region

Region	Top 3 provinces with the highest number of basic pensioners (number in brackets)
Northern Region	Chiang Mai (106,531)
	Nakhon Sawan (90,286)
	Lampang (66,592)
Central Region	Suphanburi (69,698)
	Nonthaburi (67,090)
	Chonburi (66,214)
Northeastern Region	Nakhon Ratchasima (121,425)
	Khon Kaen (89,494)
	Ubon Ratchathani (89,910)
Southern Region	Nakhon Si Thammarat (122,854)
	Songkhla (105,865)
	Surat Thani (68,464)

Source : Department of Local Administration, 2009

As for the Bangkok area, in 2009, there were 430,493 elderly people registered in the scheme amounting to almost 1.3 billion baht. These figures increased almost ten folds when compared with the period before the implementation of universal basic pension scheme. The district with the most enrolled elderly was Bangkae (16,015 people), followed by Jomthong (14,162) and Bangsue (12,789).

3) Elderly fund

The elderly fund was set up in 2005, in accordance to the Senior Citizens Act, B.E. 2546 with an aim to cover the expenditure on elderly protection, promotion and support. Initially, the fund was allocated with a 30 million baht budget and was gradually increased each year. In 2009, the budget has increased to 80 million baht and the government extended the credit limit which an elderly person can apply for a personal loan from the fund to 30,000 baht. The previous figure was 15,000 baht per person.

Apart from personal loan, an elderly person can apply for an occupational loan. In 2009, 3,138 individual elderly people took out this loan totaling to more than 51 million baht. There were also 22 group loans (2 million baht) and more than 27 million baht was used to support 193 projects which promote activities in the elderly.

The majority of vocational loan was used in the farming sector (1,102 cases), followed by retailing (939), animal rearing (823), and service (177). Out of the 193 activity promotion projects, 87 of them were used to organize workshops, and 58 were used to promote physical activities (table 3.4).

Table 3.4 Number of programs and loans supported by the Elderly Funds

Year	Number of approved programs	Total grant amount	Number of Individual loans approved	Individual loan amount	Number of group loans approved	Group loan amount
2007	40	9,935,415	717	9,500,000	-	-
2008	69	5,504,803	1,560	23,210,109	10	942,560
2009	200	27,523,924	3,138	51,082,208	22	2,071,000

Source : Bureau of Empowerment for Older Persons, 2009

4) Financial aid for the elderly during a crisis

The Ministry of Social Development and Human Security is the main agency for looking after elderly people who are in need of financial assistance which they have announced 2 regulations for the scheme which all Thai elderly people are eligible to apply.

In 2009, there were 12,426 elderly people who successfully applied for this loan amounting to 12.8 million baht (table 3.5).

Table 3.5 Number of elderly who received assistance on accommodation, food and clothes

Year	Number of elderly receiving assistance	Budget allocated
2005	7,633	15,266,000
2006	6,000	12,000,000
2007	5,591	11,182,000
2008	5,591	11,182,000
2009	12,462	12,765,900

Source : Bureau of Empowerment for Older Persons, 2009

5) Funeral allowance for the elderly

Since August, 2009, the allowance is given in accordance to the ministerial regulation of the Ministry of Social Development and Human Security which, in the case of death, all Thai elderly person is entitled to 2000 baht for his/her funeral expenses. This is one of the government policies which aim to alleviate the burden caused by funeral expenses. In 2009, this allowance was given out for 22,046 cases worth more than 44 million baht (table 3.6).

Table 3.6 Number of elderly who received funeral allowance

Year	Number of elderly who received funeral allowance	Budget allocated
2005	13,629	27,258,000
2006	17,962	35,924,000
2007	19,814	39,628,000
2008	17,962	35,924,000
2009	22,046	44,092,000

Source : Bureau of Empowerment for Older Persons, 2009

3.3 Health and social care for the elderly at home and community

3.3.1 Home health care for the elderly

The Department of Health, Ministry of Public Health has been provided home health care for the elderly since 2005 with an aim to promote health and quality of life in elderly people and also to strengthen the system for the provision of long-term care for the elderly within the community.

In 2009, the Department of Health has requested for the Health Centers in area 1-12 to select a 'good practice' for elderly home health care. The objective was to find 12 'good practices' from 12 areas which would cover the care of 3 groups of elderly: independent elderly, partially independent elderly, and dependent elderly. Examples of 'good practices' for the dependent were 'health promotion campaigns on specific diseases for the elderly' and 'elderly home care by elderly care volunteers'.

3.3.2 Health Promoting Temple

In the Thai society, Buddhist temples are considered to be spiritual centers and Buddhist monks are the spiritual leaders who have great influence on the community. As elderly people regularly visit temples, the Department of Health came up with the concept of 'health promoting temples' in order to allow religion to take part in promoting elderly health.

The program, started in 2003, was closely monitored and evaluated by the Department of Health and was well received by the religious stakeholders and community. Regular workshops for monks were frequently organized in order to allow knowledge transfer between communities and religious institution. Since the implementation of the program, 540 temples passed the evaluation with distinction, and 1,446 temples passed the basic evaluation.

3.3.3 Community mental health care for the elderly

The Bureau of Mental Health Development, Ministry of Public Health has been developing a model for delivering mental health care in the elderly since 2007 with an aim to develop knowledge and guideline in this area. Numerous media and communication aids have been produced to educate the elderly population to prevent mental health problems such as depression, loneliness, and cognitive deterioration in the elderly.

In 2009, the Bureau emphasized its effort on the implementation of a pilot project in Surat Thani province which promote the participation and coordination of a number of stakeholders within the community (e.g. TAO, health care provider, elderly groups) to provide key activities such as the development of elderly database, organizing workshop, and training in order to provide knowledge in the delivery of mental health service to the elderly.

3.3.4 Home elderly care for group with high dependency

This program is a new initiative by the Department of Social Development and Welfare, and pilot projects were under way in 12 provinces. These were Lampang, Khon Kaen, Songkhla, Patumthani, Chiang Mai, Trang, Samut Prakarn, Phitsanulok, Nakhon Ratchasima, Lopburi, Nakhon Si Thammarat, and Ubon Ratchathani. The objective of the program is to provide adequate care to elderly people who are highly dependent, fragile, disabled and in need of assistance. The activities in the program include training for family members to take care of his/her elderly relatives, and the general public who are interested in taking part in elderly care. The program required multi-sectoral efforts from the community, local government, and health care providers in order to drive the program forward. This is particularly important in the screening of an elderly individual with high dependency which requires budgetary support to improve human capacity, infrastructure and other service provision for elderly care. In 2009, the number of highly dependent elderly under this pilot program was 458 people.

3.4 Support for volunteer in the provision of home and community care for the elderly

3.4.1 Home care volunteers for the elderly

The Ministry of Social Development and Human Security initiated this program in 2002 with an aim to develop and expand the system of elderly care and protection, and extend coverage of care and other state welfare to the elderly via network of volunteers which also allow the elderly to continue living with their family and with good quality of life. This program has been approved for scaling up by the cabinet on 10th April 2007 and universal coverage must be achieved by 2013.

As of 2009, the number of home care volunteers had risen to 9,894 in 75 provinces and could look after 91,794 elderly people as illustrated in table 3.7.

Table 3.7 Number of elderly care volunteers and the elderly under their care

Year	Number of provinces in the scheme	Number of volunteers	Number of elderly under care
2004	8	528	3,134
2005	12	848	7,336
2006	15	2,383	20,122
2007	75	4,577	37,495
2008	75	6,800	75,597
2009	75	9,894	91,794

Source : Bureau of Empowerment for Older Persons, 2009

3.4.2 “Friends help friends” volunteer

The Senior Citizen Council has introduced the scheme with an aim to utilize the capacity of elderly people, who are still able, as volunteers to care for the elderly who are unable to look after themselves. This is to promote the quality of life of those elderly people and enable them to live in the community. In 2009, there were 5,250 volunteers under this scheme helping around 3,750 elderly people (table 3.8).

Table 3.8 Performance of “Friends help Friends” program in 2008-9

Year	Number of ‘Friends help Friends’ volunteers			Number of Elderly under care
	Clubs/Center	Elderly	Other age	
2008	367	8,074	2,936	7,360
2009	150	3,750	1,500	3,750

Source : Senior Citizen Council of Thailand 2009

3.5 Participation of elderly people in social activities

3.5.1 Community all-purpose centers for the elderly

The Bureau of empowerment for Older Persons started the project, firstly as pilot projects in 7 provinces (Chiang Mai, Phitsanulok, Khon Kaen, Sakon Nakhon, Pattalung, Chonburi and Phetchaburi with an aim to use the center for various activities for the elderly and other community members. The center would be managed by the community and provide activities related to the promotion of opportunities for older people to learn and develop new skills, and encourage them to take part in social activities within the community which would also stimulate them further develop the physical, mental, emotional, social and intellectual aspects of themselves.

In 2009, the centers were evaluated in order to study the performance and the influencing factors, as well as to compare these findings between the 9 centers and to adjust how the centers should operate in the future. The evaluations have shown that the project was a sound initiative and the scaling up of the project should be supported with the LAOs responsible for the implementation and the Ministry of Social Development and Human Security and Ministry of Interior providing technical assistance. It was also found that a community all-purpose center could accommodate between 800-1000 people participating various activities during the day.

3.5.2 Social service center for the elderly in Dindaeng (Bangkok)

The Bangkok Metropolitan Administration (BMA) has opened a social service center at Dindaeng district, Bangkok in order to provide various services and activities for the elderly, such as, exercise and physical therapies. An elderly person who wishes to use these services needs to become a member of the center, which is free of charge, but require traveling to the center.

3.6 Creating a suitable environment in the community for the elderly

The Bureau of Empowerment for Older Persons, working jointly with the Faculty of Architecture, Chiang Mai University, has undertaken a pilot study and survey in 2 tambons (Mae Hia, and Nongtong Pattana) in Chiang Mai as preparation for the project on the model development of community environment adjustment for the elderly. Information on suitable housing and community for the elderly has been disseminated in rural areas of the Northern region which include guideline and good practice in order to increase the awareness on this issue. In 2009, the Bureau organized “2 generations” camp in Chiang Mai in order to promote and raise awareness on the importance of elderly-friendly environment to the public and the relevant state agencies.

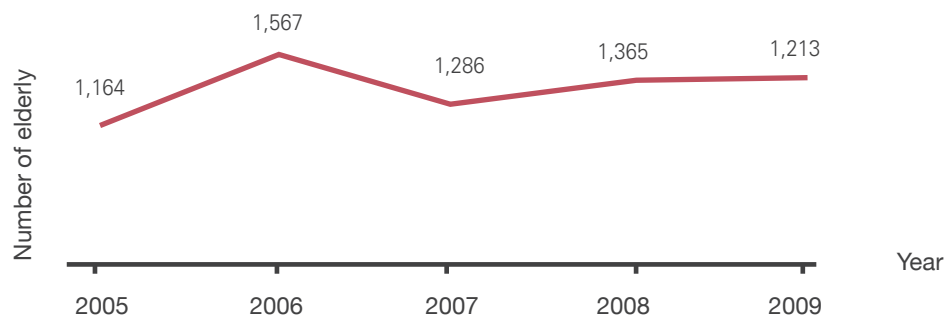
Furthermore, the Bureau encouraged the participation of various stakeholders within the community in the environmental adjustment and the mobilization of resources to support this. The emphasis was on the durability of housing in order to ensure safety for the elderly and the availability of suitable amenities for them in public places which financial support would be provided to implement the changes both in housing condition and public facilities. The budget set for changes in each place was 15,000 baht.

In 2009, changes in housing conditions have been done in 2523 houses and alterations have been made in 900 public places nationwide.

3.7 Elderly care in institutions

The Department of Social Development and Welfare has set up centers for welfare provision development for the elderly in order to provide assistance in the form of elderly nursing home for the ones who are abandoned, or unable to live with their families for whatever reasons. There are currently 12 such centers in various provinces in the country which can house approximately 1,500 elderly people. As of 2009, there were 1213 elderly who lived in the centers (figure 3.1).

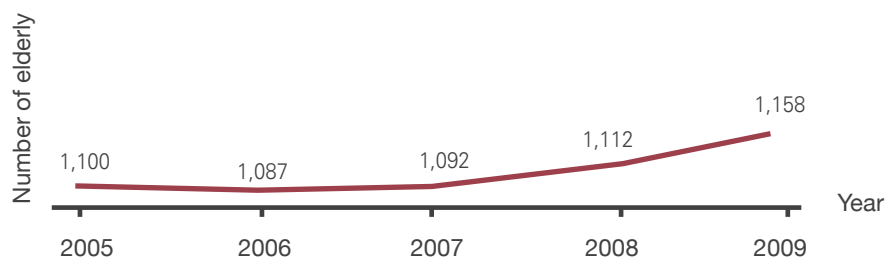
FIGURE 3.1 Numbers of elderly under care of Social Welfare Development Centers



Source : Department of Social Development and Welfare, 2009

In addition to this, the Department of Local Administration has 13 elderly nursing homes which have been devolved from the Ministry of Social Development and Human Security since 2002, and provide similar services to the welfare provision development centers. The nursing homes are located in various provinces in the country and they are under the authority of the provincial administrative organization at their location. In 2009, there were 1,158 elderly people who lived in the nursing homes (figure 3.2).

FIGURE 3.2 Number of elderly under care of Elderly Welfare Facilities (Nursing Home)



Source : Elderly Welfare Facilities (13 centers), Department of local administrative

The BMA has set up “Ban Bangkae 2 Elderly Service Center” to provide long-term care and nursing home services for elderly women in Bangkok who live in poverty and in need of assistance. The center also provides other assistance to the elderly who live within the vicinity by providing food and other essential supplies. The center has been offering such assistance to 1100 elderly people in 2009, and the nursing home in the center can accept about 150 elderly women.

There is also an emergency elderly shelter for those who required immediate assistance and they can stay up to 15 days. The service is provided by BMA.

3.8 Legal services and elderly care in correctional facilities

The Department of Corrections has implemented a measure to promote the quality of life and development of elderly people who are placed in correctional facilities. A number of projects has been implemented and maintained to provide welfare, to promote quality of life and to develop skills to elderly inmates. In 2009, there were 3737 elderly inmates placed in correctional facilities. 3027 of these were male and 710 were female. To cover the cost of these projects, the Department has allocated 2.6 million baht to 129 correctional facilities under its jurisdiction (table 3.9).

Table 3.9 Number of elderly inmates in correctional facilities which had development and quality of life promotion for elderly inmates

Year	Number of elderly inmates	Number of correctional facilities receiving support	Budget allocated
2007	3,055 Male 2,345 Female 710	81	600,000
2008	3,345 Male 2,703 Female 642	126	1,261,500
2009	3,737 Male 3,027 Female 710	129	2,600,000

Source : Department of Corrections, Ministry of Justice, 2009

Furthermore, the Rights and Liberties Protection Department has organized a ‘justice clinic’ in every province to provide legal counseling and advice for everyone who needs them, including the elderly. In 2009, the clinic provided legal assistance to 1343 elderly people (table 3.10).

Table 3.10 Provision justice clinics nationwide

Year	2008			2009									Total
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Male	62	40	75	54	53	38	30	47	54	39	37	35	564
Female	88	60	73	60	81	80	63	47	54	74	49	50	779
Total	150	100	148	114	134	118	93	94	108	113	86	85	1,343

Source : Rights and Liberties Protection Department, 2009

3.9 Overview of elderly care and welfare provision

When considering the overview of achievement in the area of elderly care and welfare in 2009, it was found that they were conformed to the 2nd and 3rd strategies (promotion and social protection for the elderly) within the 2nd National Plan for Senior Citizens (2002-2021).

With regards to promotion, participation from elderly people and the civic group representing them continued to develop quite well and the scope of activities has been expanding further than before. This could be illustrated from the higher number of civic groups, social activity clubs involved in the past year. There was also more variety in technical support and resources from the state provided through the network of civic groups.

The issue on housing and environmental safety for the elderly is also important in the eye of governmental agencies who are directly responsible for their well-being. This has been reflected by the fact that these agencies were actively disseminating information in order to raise awareness and to encourage changes in housing and facilities, both public and private, to create an elderly-friendly environment. This is in addition to the changes these agencies made to their facilities themselves.

The development of system for the provision of economic and social protection allowed elderly people to universally access the basic pension scheme which resulted in a payout of 500 baht per month to every elderly person aged 60 years or above (excluding those who were on other state pension) since April 2009.

Furthermore, other financial assistance through Elderly Funds, which were subsidized by the government, provided support for activities which promote opportunities for jobs and provide income for the elderly. The promotion of social activities for the elderly has been organized for more than 4 years (2005-2009) and support on these activities continued to increase. There were also Community Welfare Funds in various locations, and nationwide, there were almost 3,000 such funds. These funds were set up to promote saving and provide benefit and welfare to all community members, including the elderly.

Importantly, the Senior Citizen Act, B.E. 2546, which were put in effect in 2004, is an important legal tool which clearly defines the services or benefits the elderly should receive, particularly the public services which the state provides. As a consequence, the state agencies must comply with the law to take part in the provision of these services to the elderly and improve access to them. The processes to develop a system for elderly care by the family and community have been quite successful in promoting participation and cooperation from the different stakeholders which resulted in technical knowledge transfer from governmental agencies to the community and a system for volunteer recruitment for elderly care. At the same time, the community all-purpose center for the elderly has been responding well to the needs of elderly people which the community played an important part.

It could be said that the mobilization and participation from different stakeholders in providing elderly care has been slowly advancing, but with continuity. However, the interests from the government agencies involved in the provision of elderly care are quite encouraging. There have been a number of initiatives in various forms in the provision of elderly care in the community, such as health promotion, income generation, vocational promotion and the scaling up of such programs. From the evaluation of the 2nd National Plan for Senior Citizens during the first 5 years (Prachuabmoh, 2008), it was found that 97% of the LAOs have organized and sponsored programs or activities for the elderly within their jurisdiction.

From these achievements, it could be concluded that the current direction for elderly care has resulted in positive outcome which occurred as a consequence of effective multi-sectoral participation, the sharing of knowledge, skill and experience between stakeholders, and solidarity to achieve the goal of improving the quality of life for the elderly.



4 Employment, income and saving in the elderly population



Employment, income and saving in the elderly population

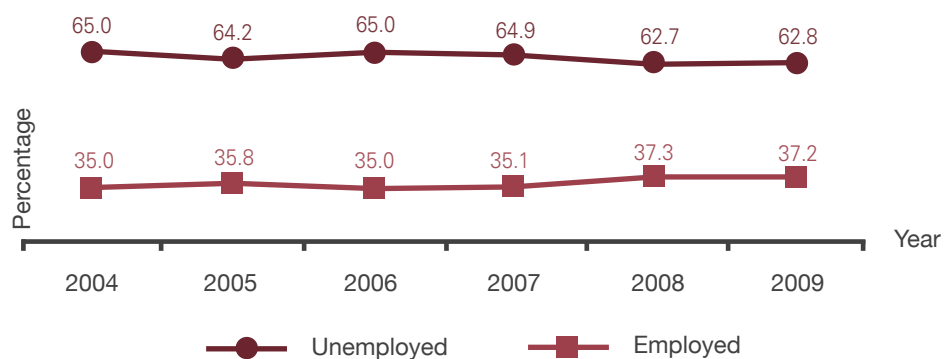
The information on employment in the elderly population reveals the changing role of the elderly in providing income to support themselves and their family. It also shows their capacity to live independently with dignity, while not rely on the support from their younger family members nor the society. As Thailand is becoming an ageing society, the increase in number and proportion of elderly people will have an impact on the social and economic structure for the elderly population, such as the impact on health status, morbidity, welfare and elderly care.

The rise in life expectancy occurred as a result of a better health system and increased health awareness in the population meant that the majority of the elderly population is still in good health. Because of this, they are able to work and earn income to support their family and themselves, even though they have gone past their retirement age. This is a good thing and the government should encourage and support the elderly population to continue working according to their abilities and health status in order to allow them to live with pride and dignity, and to contribute to the society.

4.1 Employment

From the population employment survey between 2004 and 2009 conducted by NSO, it was found that the proportion of working elderly increased from 35% in 2004 to 37.2% in 2009 (figure 4.1).

FIGURE 4.1 Employment rate in the elderly between 2004-2009



Source : Employment Survey 2006-2009, National Statistical Office

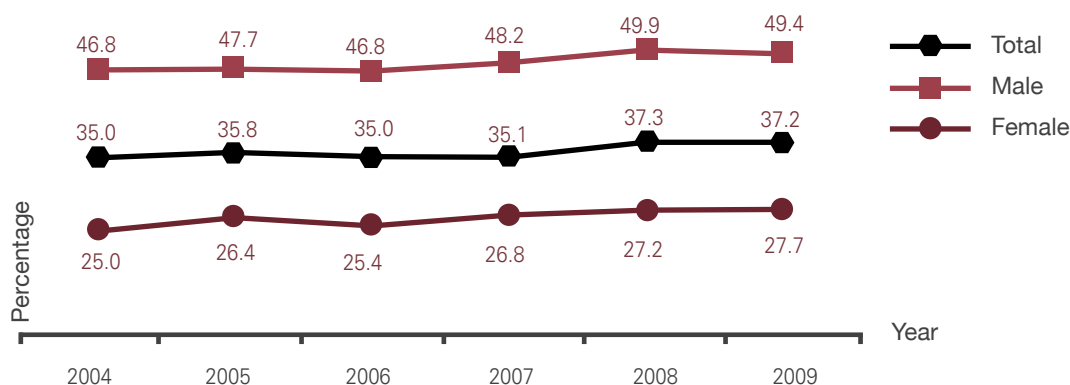
Table 4.1 Employment status of the elderly between 2004-2009

	Employment Status																	
	2004			2005			2006			2007			2008			2009		
	Total	Employed	Un-Employed	Total	Employed	Un-Employed	Total	Employed	Un-Employed	Total	Employed	Un-Employed	Total	Employed	Un-Employed	Total		
Sex																		
Total	100.0	35.0	65.0	100.0	35.8	64.2	100.0	35.0	65.0	100.0	35.1	64.9	100.0	37.3	62.7	100.0	37.2	62.8
Male	100.0	46.8	53.2	100.0	47.6	52.4	100.0	46.8	53.2	100.0	48.2	51.8	100.0	49.9	50.1	100.0	49.4	50.6
Female	100.0	25.0	75.0	100.0	26.4	73.6	100.0	25.4	74.6	100.0	26.8	73.2	100.0	27.2	72.8	100.0	27.7	72.3
Admin Area																		
Municipality	100.0	27.5	72.5	100.0	26.9	73.1	100.0	26.5	73.5	100.0	27.9	72.1	100.0	28.5	71.5	100.0	43.4	56.6
Outside Municipality	100.0	38.3	61.7	100.0	39.6	60.4	100.0	38.3	61.7	100.0	39.7	60.3	100.0	40.9	59.1	100.0	40.7	59.3
Region																		
Bangkok	100.0	20.3	79.7	100.0	17.8	82.2	100.0	18.2	81.8	100.0	20.3	79.7	100.0	20.6	79.4	100.0	21.5	78.5
Central	100.0	32.9	67.1	100.0	33.6	66.4	100.0	32.4	67.6	100.0	33.7	66.3	100.0	34.3	65.7	100.0	34.9	65.1
Northern	100.0	36.0	64.0	100.0	37.1	62.9	100.0	35.7	64.3	100.0	38.2	61.8	100.0	37.7	62.3	100.0	38.4	61.6
Northeast	100.0	37.7	62.3	100.0	39.5	60.5	100.0	38.1	61.9	100.0	39.1	60.9	100.0	41.7	58.3	100.0	40.8	59.2
Southern	100.0	43.3	56.7	100.0	42.8	57.2	100.0	41.7	58.3	100.0	43.6	56.4	100.0	42.7	57.3	100.0	41.9	58.1

Source : Employment Survey, National Statistical Office

When consider gender, administrative area and region, the proportions of working elderly increased for both male and female, but the proportion of working elderly men was higher (49.4% in men and 27.7% in women in 2009) (figure 4.1 and 4.2). Proportions of working elderly increased in all regions. Bangkok had the lowest proportion (21.5%) comparing to other regions, while the region with the highest proportion was the Southern region (41.9%), followed by the Northeastern region (40.8%) (table 4.1).

FIGURE 4.2 Employment rate of elderly between 2004-2009, classified by gender



Source : Employment Survey 2006-2009, National Statistical Office

4.2 Economic activities

At present, even though Thailand has undergone major industrial development, however, the majority of working elderly were in the agricultural sector. This was particularly the case in rural areas. In order to illustrate the differences in the employing sectors, the economic activities of the elderly will be divided into employment in the agricultural sector and non-agricultural sector.

From the data on the working elderly population analyzed according to economic activities during the period between 2004-2009, it was found that the proportion is higher in the agricultural sector (58.6% in 2009). This may be due to the fact that no compulsory retirement age has been set in the sector. However, the proportion of elderly working in the non-agricultural sector rose from 38.8% in 2004 to 41.4% in 2009 (table 4.2).

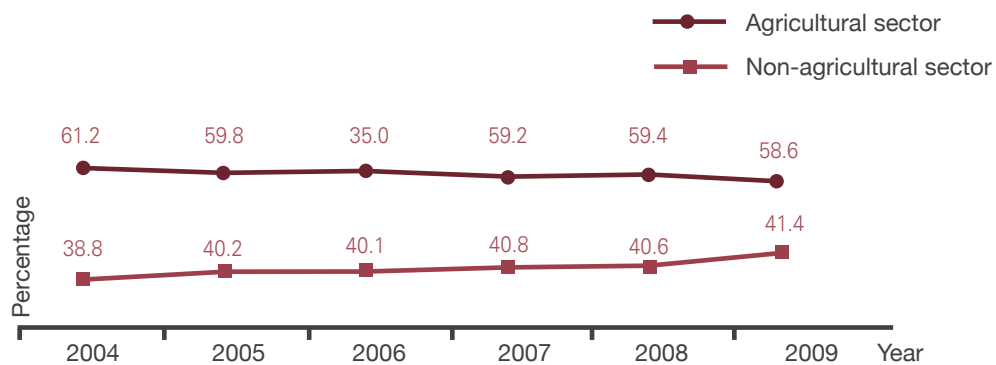
Table 4.2 Percentage of economic activities undertaken by the elderly between 2004-2009

	Economic Activities (Agricultural or Non-Agricultural Sector)																	
	2004			2005			2006			2007			2008			2009		
	Total	Agricultural	Non-Agricultural	Total	Agricultural	Non-Agricultural	Total	Agricultural	Non-Agricultural	Total	Agricultural	Non-Agricultural	Total	Agricultural	Non-Agricultural	Total		
Sex																		
Total	100.0	61.2	38.8	100.0	59.8	40.2	100.0	59.9	40.1	100.0	59.2	40.8	100.0	59.4	40.6	100.0	58.6	41.4
Male	100.0	63.8	36.2	100.0	64.0	36.0	100.0	63.8	36.2	100.0	63.2	36.8	100.0	63.1	36.9	100.0	62.4	37.6
Female	100.0	53.7	46.3	100.0	53.4	46.6	100.0	53.7	46.3	100.0	52.9	47.1	100.0	53.5	46.5	100.0	52.9	47.1
Admin Area																		
Municipality	100.0	24.1	75.9	100.0	23.8	76.2	100.0	23.7	76.3	100.0	23.7	76.3	100.0	24.1	75.9	100.0	23.4	76.6
Outside Municipality	100.0	72.3	27.7	100.0	71.8	28.2	100.0	71.8	28.2	100.0	71.5	28.5	100.0	71.8	28.2	100.0	70.8	29.2

Source : Employment Survey 2004-9, National Statistical Survey

Remark : Economic activities are referred to as activities which lead to productivity, whether in products or service (e.g. rice farming, laundry service)

FIGURE 4.3 Economic activities undertaken by the elderly between 2004-2009



Source : Employment Survey 2006-2009, National Statistical Office

4.3 Employment status

The majority of elderly people worked as an employer in a private business with no employee (62.1% in 2009), or helped out his or her family business without pay. However, the proportion of elderly people worked as an employee was increasing, while the trend on the proportion of elderly who worked as an employer slightly decreased from 4.9% in 2004 to 4.1% in 2009. The proportion of elderly workers in the private sector reduced from 14% in 2004 to 12.7% in 2009. This was in contrast in the public sector where the proportion of elderly governmental employees slightly increased from 1.0% in 2004 to 1.4% in 2009 (table 4.3).

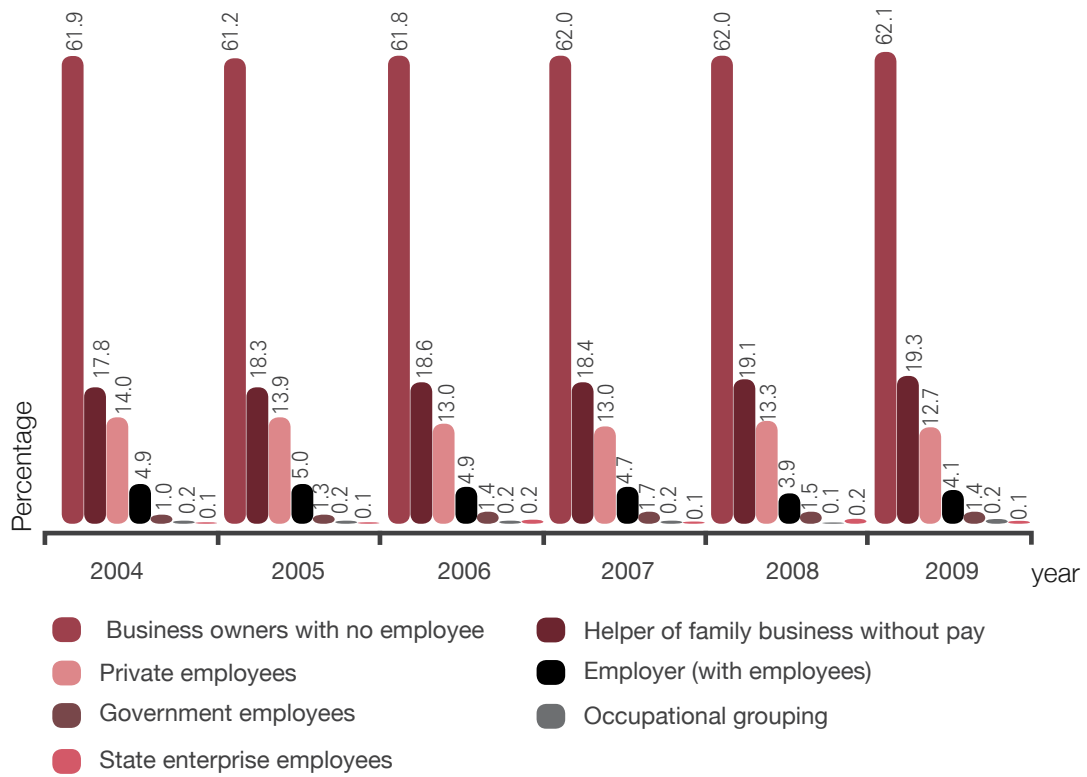
Table 4.3 Percentage of working elderly 2004-2009, classified by employment status

	Employment Status																	
	2004			2005			2006			2007			2008			2009		
	Total	In Municipality	Outside Municipality	Total	In Municipality	Outside Municipality	Total	In Municipality	Outside Municipality	Total	In Municipality	Outside Municipality	Total	In Municipality	Outside Municipality	Total	In Municipality	Outside Municipality
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Employer (with employee)	4.9	8.4	3.8	5.0	7.8	4.2	4.9	8.6	3.9	8.0	3.8	3.9	6.7	3.1	4.1	7.5	3.1	3.1
Employer (with employees)	61.9	55.6	63.9	61.2	55.2	62.9	61.8	54.1	63.9	54.5	64.0	62.0	55.7	63.8	62.1	55.9	64.1	64.1
Help family business without pay	17.8	16.9	18.1	18.3	17.1	18.7	18.6	17.5	18.8	17.8	18.5	19.1	17.7	19.5	19.3	17.4	19.9	19.9
Government employees	1.0	1.9	0.7	1.3	2.4	1.0	1.4	2.6	1.1	2.7	1.4	1.5	2.8	1.1	1.4	2.5	1.0	1.0
State Enterprise Employees	0.1	0.5	*	0.1	0.3	0.1	0.2	0.5	0.1	0.3	0.1	0.1	0.3	0.1	0.1	0.2	0.1	0.1
Private Sector Employees	14.0	16.6	13.2	13.9	17.0	13.0	13.0	16.5	12.1	16.5	12.0	13.3	16.6	12.4	12.7	16.3	11.6	11.6
Partnership	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.2	0.1	0.3	0.3

* lower than 0.06

Source : Employment Survey 2004-2009, National Statistical Office

FIGURE 4.4 Employment status of working elderly between 2004-2009

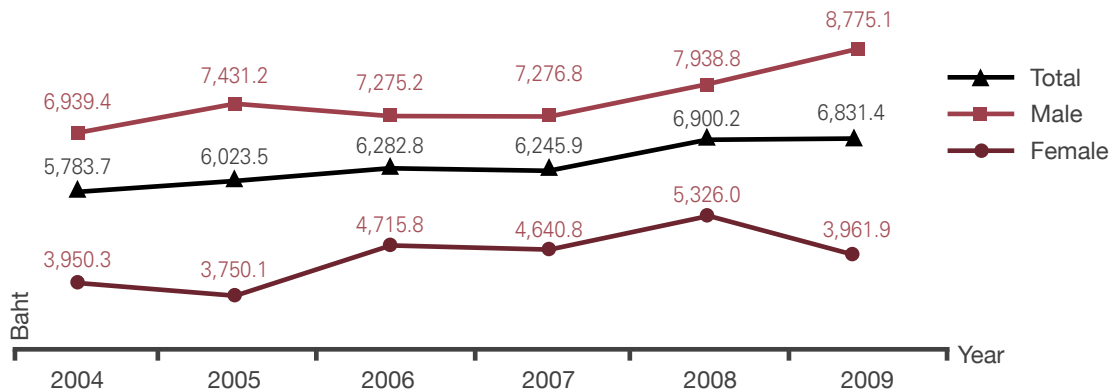


Source : Employment Survey 2006-2009, National Statistical Office

4.4 Income and working hours

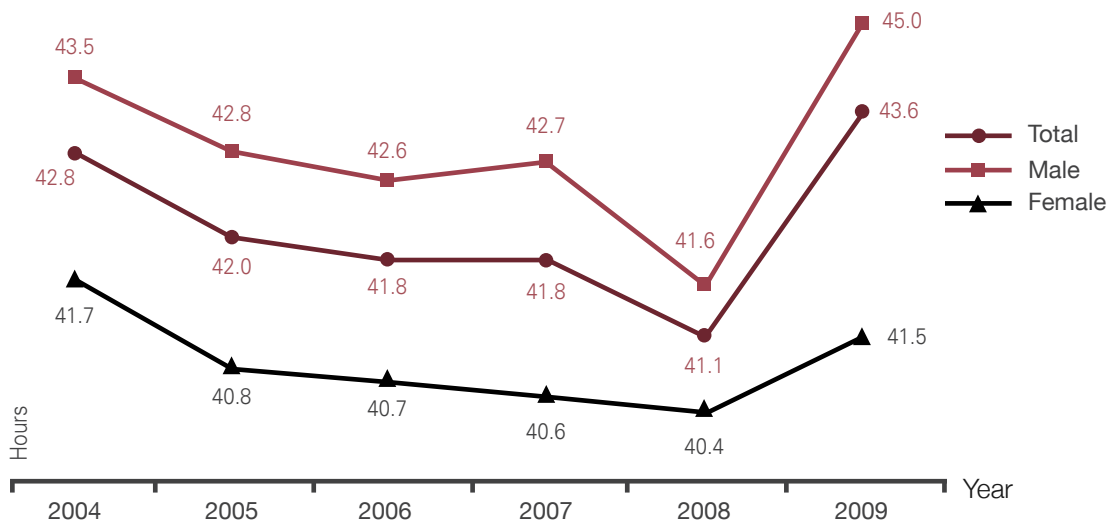
From the survey of employment status of the population, it was found that the level of income and working hours of the elderly who worked as employees was increasing during the period between 2004-2009 (table 4.4). The average income for elderly employees increased from 5,784 baht per month in 2004 to 6,831 baht per month in 2009 and the working hours rose from 42.8 hours per week to 43.6 hours per week during the same time period (figure 4.5 and 4.6).

FIGURE 4.5 Average monthly salary of elderly between 2004-2009, classified by gender



Source : Employment Survey 2006-2009, National Statistical Office

FIGURE 4.6 Average working hours per week in elderly between 2004-2009, classified by gender



Source : Employment Survey 2006-2009, National Statistical Office

When compared across gender, it was found that the average wage for elderly men was higher than elderly women (8,775 and 3,962 baht respectively) and the working hours were also higher in men (45 and 41.5 hours respectively) in 2009.

It was also found that, in 2009, the level of income was 3 times higher for the elderly who lived inside the municipality area (14,157 baht per month compared to 3,485 baht for those who lived outside). This was also the case for working hours which was higher inside the municipality area (45.3 hours per week compared to 42.9 hours per week for those who live outside).

When consider the regional differences, it was found that in 2009 Bangkok enjoyed the highest level of income (25,919 baht per month) and reducing working hours when compared with previous years, though it was still the highest (46.7 hours per week). Working elderly people in the Central region earned 6,160 baht per month, while in the Northern region, the figure was 3,233 baht per month. Elderly workers in the Southern region had the shortest working hour (39.3 hours per week) (table 4.4).

Table 4.4 Average monthly wage and weekly working hours of the elderly, classified by gender, area of residence and region

	Average Monthly Wage						Average Weekly Working Hours					
	2004	2005	2006	2007	2008	2009	2004	2005	2006	2007	2008	2009
Sex												
Male	5,783.7	6,023.5	6,282.8	6,245.9	6,900.2	6,831.4	42.8	42.0	41.8	41.8	41.1	43.6
Female	6,939.4	7,431.2	7,275.2	7,276.8	7,938.8	8,775.1	43.5	42.8	42.6	42.7	41.6	45.0
Total	3,950.3	3,750.1	4,715.8	4,640.8	5,326.0	3,961.9	41.7	40.8	40.7	40.6	40.4	41.5
Admin Area												
Municipality	11,396.0	13,008.0	12,696.1	12,415.3	13,112.9	14,157.2	48.6	47.6	47.4	47.3	46.8	45.3
Outside Municipality	3,379.1	3,241.0	3,714.9	3,722.7	4,278.1	3,485.0	40.9	40.4	40.3	40.3	39.5	42.9
Region												
Bangkok	19,437.5	23,561.0	21,554.6	20,783.2	23,780.7	25,919.4	53.6	52.9	51.6	52.5	50.2	46.7
Central	5,644.1	6,373.2	6,398.3	5,666.6	5,694.1	6,159.6	45.8	45.1	44.7	45.1	44.9	45.2
Northern	3,003.9	2,496.2	2,973.3	3,125.7	3,351.0	3,222.7	42.8	41.5	42.5	42.6	42.3	42.2
Northeast	3,816.4	3,318.5	3,922.2	4,333.1	4,175.7	3,717.1	42.0	41.7	41.2	41.2	40.1	43.9
Southern	4,201.8	4,271.5	4,455.8	5,022.0	8,762.0	4,694.2	35.1	35.3	35.1	34.0	32.9	39.3

Source : Employment Survey 2004-2009, National Statistical Office

4.5 Employment in the informal sector

The majority of elderly workers are in the informal sector who are not protected and have no social security in accordance with the Labor Protection Act. Elderly workers who are in the informal sector can be categorized into 2 groups:

- i. Salaried employees: e.g. labor, cleaner, chauffeur
- ii. Freelance: e.g. taxi drivers, business and farm owners

From the survey of informal sector workers conducted by NSO in 2009, it was found that there were 2.79 million elderly workers in the informal sector, or 91% of the total working elderly population. In other words, 9 in 10 elderly workers were without social security or welfare, and lack the bargaining power to claim what they were entitled to according to the labor laws.

Comparing to previous years, it was found the proportion of elderly workers who were in the informal sector remained relatively unchanged. However, there were more elderly female workers in this sector, increased from 90.6% in 2007 to 92.6% in 2009, while the proportion for men fell slightly from 91.6% to 90.0% during the same period (table 4.5).

Table 4.5 Number and percentage of elderly workers in the formal and informal sectors 2007-9, classified by gender

	Informal Sector Workers			Formal Sector Workers		
	2007	2008	2009	2007	2008	2009
Number						
Total	2,513,665	2,551,808	2,797,589	257,235	252,658	275,434
Male	1,460,319	1,491,635	1,618,492	158,695	155,132	180,588
Female	1,053,346	1,060,174	1,179,097	98,540	97,526	94,845
Percentage						
Total	90.7	91.0	91.0	9.3	9.0	9.0
Male	90.2	91.6	90.0	9.8	9.4	10.0
Female	91.4	90.6	92.6	8.6	8.4	7.4

Source : Survey of informal sector labour 2007-2009, National Statistical Office

4.6 Occupational injuries and accidents in the elderly

In 2009, it was found that 16.6% of elderly workers in the informal sector had experienced injuries or accident while they were working in the past 12 months before the interview. This type of incidence appeared to be on the rise as the proportions in 2007 and 2008 were 15.9% and 16.1% respectively. The most frequent type of accidents or injuries encountered by the elderly was injuries by sharp object (67.9%), followed by fall (19.1%). When compared the figures from 2009 with the figure from 2008, it was found that the proportions of injuries from sharp object and chemicals were rising while the proportions of other injury types fell (table 4.6).

Table 4.6 Percentage of elderly informal sector workers who suffered from occupational hazards, classified by gender and types

	2007			2008			2009		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Ever experienced injuries or accidents from occupation	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No	84.1	83.1	85.5	83.9	83.3	84.8	83.4	80.9	83.4
Yes	15.9	16.9	14.5	16.1	16.7	15.2	16.6	19.1	16.6
Type of injuries	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Fall	24.6	24.1	25.6	20.4	19.9	21.1	19.1	20.1	17.7
Injuries from sharp objects	61.8	61.8	61.7	62.5	63.2	61.5	67.9	66.7	69.8
Burn	1.4	0.6	2.7	3.8	2.3	6.1	2.6	1.5	4.3
Traffic Accidents	1.8	2.6	0.5	3.5	4.5	1.8	2.2	2.6	1.5
Electric Shock	0.2	0.2	0.1	0.5	0.7	0.1	0.5	0.7	0.2
Collision	6.7	6.4	7.2	6.6	6.2	7.3	5.2	5.8	4.2
Chemical Exposure	1.3	2.1	*	1.0	1.2	0.8	1.4	1.7	0.9
Others	2.2	2.1	2.2	1.7	1.9	1.3	1.0	0.8	1.3

* lower than 0.06

Source : Survey of informal sector labour 2007-9, National Statistical Office

4.7 The extent of injuries/accidents suffered by the elderly and health care utilization

When compared with previous years, it was found that the proportion of utilization of in-patient service by elderly workers as a result of occupational injuries or accidents fell from 12.8% in 2008 to 8.8% in 2009. However, the utilization of the UC scheme for this type of injuries increased from 63.1% in 2007 to 68.0% in 2009. This was also the case for private health insurance which rose from 1.3% in 2008 to 6.9% in 2009.

Elderly male workers used more in-patient services as a result of occupational accidents and injuries when compared to elderly women (9.7% and 7.4% respectively), and the majority (68%) used UC scheme to access this type of care. Around 6.9% of elderly worker used private insurance to cover the cost of care for the injuries. Looking at the past years, the proportions of health care utilization through UC, SSS, CSMBS and state enterprise benefit appeared to be rising (table 4.7 and 4.8).

Table 4.7 Percentage of severity of occupational injuries suffered by elderly informal workers between 2007-9, classified by gender

Severity of injuries	2007			2008			2009		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Minor injuries	62.7	67.3	62.7	66.0	64.1	68.8	68.5	68.4	68.7
Injured but did not seek medical help	25.4	24.8	25.4	21.2	22.4	19.5	22.7	21.8	24.0
Injured and require hospital admission	12.0	7.9	12.0	12.8	13.5	11.7	8.8	9.7	7.4

Source : Survey of informal sector labour 2007-9, National Statistical Office

Table 4.8 Percentage of source of financing for in-patient health care used as a result of occupational injuries between 2007-9, classified by gender and scheme

Source of Financing for health care	2007			2008			2009		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Employer	-	-	-	0.1	0.1	0.0	-	-	-
Family member	-	-	-	0.1	0.0	0.2	0.3	0.0	0.9
Out of pocket	19.3	18.6	21.2	18.5	15.6	23.5	15.4	15.7	14.9
UC	63.1	67.1	53.2	64.3	65.6	62.0	68.0	66.1	72.2
SSS/Compensation Fund	0.9	1.3	0.2	2.9	3.1	2.7	1.1	1.6	0.0
CSMBS/State Enterprise	6.7	4.7	11.7	7.7	9.7	4.0	5.7	4.4	8.5
Private Insurance	4.2	3.4	6.2	1.3	0.6	2.5	6.9	9.1	2.4
Others	5.7	5.0	7.5	5.2	5.3	5.0	2.6	3.3	1.1

Source : Survey of informal sector labour 2007-9, National Statistical Office

4.8 Problems in informal sector employment

4.8.1 Problems in workplace

The proportion of elderly people in the informal sector who experienced problems in their workplace increased from 19.8% in 2007 to 21.8% in 2009. The main problems were inappropriate level of wage, heavy workload and discontinuity. The problem with the wages had been rising from the previous years from 45.9% in 2008 to 54.7% in 2009.

When consider the gender differences, the proportion of male and female elderly workers in the informal sector who experienced problems were virtually the same but the nature of problems were different as there were still gender gaps in the working hours, wage and the availability of welfare and benefits.

Female elderly workers experienced more problems with wage (56% in female compared 53.8% in male), working hours (1.5% in female compared to 1.1% in male), and the lack of welfare (3.2% in female and 1.8% in male) than her male counterpart.

Male elderly workers had more problems with working out of normal hours (2.3% in male compared 1.1% in female) discontinuity of work (16% in male and 14.7% in female), and no holiday (1.8% in male and 0.6% in female).

Table 4.9 Percentage of elderly who had problems at work between 2007-9, classified by gender and type of problem

Severity of injuries	2007			2008			2009		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Ever experienced problem at work	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No	80.2	80.4	80.2	79.4	78.7	80.3	78.2	78.2	78.2
Yes	19.8	19.6	19.9	20.6	21.3	19.7	21.8	21.8	21.8
Type of problems	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Wage	54.7	53.0	56.9	45.9	46.4	45.3	54.7	53.8	56.0
Heavy Workload	19.8	20.7	18.6	25.0	25.1	25.0	22.8	23.0	22.6
'Uncivilized' working hours	1.5	1.8	1.2	1.7	1.6	1.8	1.8	2.3	1.1
Discontinuity	17.9	18.0	17.7	19.3	19.4	19.1	15.4	16.0	14.7
Long Working Hours	1.5	1.5	1.5	1.1	0.7	1.7	1.3	1.1	1.5
No Day-Off	2.2	2.3	2.0	2.6	2.9	2.3	1.3	1.8	0.6
Not Allow to take holiday	0.3	0.5	0.1	1.0	1.1	0.8	0.3	0.2	0.3
No benefit	2.1	2.2	2.0	3.3	2.8	4.2	2.4	1.8	3.2

Source : Survey of informal sector labour 2007-9, National Statistical Office

4.8.2 Problems with environmental working conditions

Comparing to previous years, the problems with environmental working conditions had been reduced from 16.2% in 2008 to 12.9% in 2009. The problem was slightly higher in women than in men (13.4% and 12.5% respectively). However, the main problems were the unsuitable working posture, inadequate lighting, problems with smoke dust and smell, and inappropriate noise level. The problems with smoke and dust were increasing from 12.8% in 2008 to 15.1% in 2009. It was also the case for lighting which rose from 14.7% in 2008 to 16.5% in 2009. However, the problems on unsuitable working posture and poor ventilation slightly decreased (table 4.10).

Table 4.10 Percentage of elderly suffering from environmental problems in workplace between 2007-9, classified by gender and type of problems

	2007			2008			2009		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Ever experienced environmental problems in workplace	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No	87.3	87.3	87.2	83.8	83.6	84.0	87.1	87.5	86.6
Yes	12.7	12.7	12.8	16.2	16.4	16.0	12.9	12.5	13.4
Type of problems	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Congested/Small working space	2.3	2.8	1.6	1.6	2.0	1.0	1.8	1.4	2.4
Dirtiness	9.4	10.7	7.6	8.7	9.5	7.7	8.8	8.5	9.2
Poor ventilation	1.2	1.3	1.1	1.1	1.0	1.3	0.3	0.4	0.2
Inappropriate posture while working	49.0	45.4	54.1	54.7	51.3	59.6	53.5	51.8	55.6
Dust, smoke and smell	13.3	12.1	15.0	12.8	14.1	10.9	15.1	17.5	12.1
Excessive noise	0.9	1.4	0.3	1.7	2.3	0.8	1.6	1.9	1.3
Poor lighting	17.7	20.3	14.0	14.7	14.5	15.0	16.5	16.5	16.5
Others	6.2	6.0	6.3	4.7	5.4	3.6	2.4	2.0	2.8

Source : Survey of informal sector labour 2007-9, National Statistical Office

4.8.3 Problems with occupational safety

Safe working condition should be the most important consideration for the employer, particularly when there are elderly employees who may be more prone to accidents and injuries due to the physical and visual deterioration.

Comparing to the previous years, it was found that this type of problem was falling, from 9% in 2008 to 7.7% in 2009. When consider the causes of problems, the majority of incidence involved chemicals (64.8% in 2009), followed by unsafe machinery (16.2%). Both of these problems were increasing from previous years.

The proportion of working elderly men who were in unsafe working condition was higher than elderly women (9.7% in men compared to 7.9% in women). Working elderly men had more safety problem associated with unsafe machinery and working at height/underground/underwater than working elderly women. However, elderly women encountered more problems which involved chemicals and danger to eyes and ears (table 4.11).

Table 4.11 Percentage of elderly who had safety problems at work between 2007-9, classified by gender and cause of problems

	2007			2008			2009		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Ever experienced safety problems at work	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No	93.1	92.1	94.5	91.0	90.3	92.1	92.3	91.0	94.0
Yes	6.9	7.9	5.5	9.0	9.7	7.9	7.7	9.0	6.0
Cause of problems	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Exposure to Chemical agents	52.3	56.5	43.9	62.8	63.4	61.8	64.8	63.6	67.3
Unsafe Machinery	13.9	13.8	14.1	14.3	14.8	13.5	16.2	18.8	10.9
Auditory/Visual	18.6	13.0	30.0	12.5	10.2	16.5	10.9	9.9	13.0
Working in elevated, underground or underwater places	4.2	4.9	3.0	3.3	4.5	1.2	3.1	3.6	2.2
others	11.0	11.9	9.1	7.1	7.2	7.0	4.9	4.1	6.6

Source : Survey of informal sector labour 2007-9, National Statistical Office

4.9 Protection, promotion of quality of life, saving, and appropriate vocational training and support

The Senior Citizen Act, B.E. 2546 stated that elderly people should be protected, promoted, and provided with sufficient vocational support and training. As a result, the Ministry of Labor has implemented the following programs:

- 1) Programs relating vocational promotion were aimed to encourage able and enthusiastic elderly to work and support themselves in order to reduce the burden on the younger generation and the society. These include job fair, vocational education and sessions which invite skilled elderly people teach others.
- 2) Programs relating to the protection, promotion of quality of life, and saving were aimed to financially and rationally prepare the working population for retirement and elderly life. These include the extension of benefit package of the SSS to include pension for the insured aged over 55, and knowledge dissemination workshops.

Table 4.12 Labour protection and support of elderly 2007-2009

Activities	2007	2008	2009
1) Activities related to vocational promotion			
1.1 Employment Service			
- Vacant positions	1,997	1,556	2,169
- Number of job seekers	1,563	1,515	2,233
- Positions filled	956	780	668
1.2) 1.2 Vocational Promotion			
- Vocational counseling	7,531	6,523	4,469
- Information leaflet	21,466	26,792	16,118
- Vocational training for freelance (various program)	1,126	2,237	4,946
- Number of trained people who successfully find jobs	388	671	235
1.3 Vocational Training			
- Vocational training service	1,481	1,363	5,151
- Invitation for elderly who are expert to become instructor or to be in Labour Skill Standard Sub-Committee	18	60	84
2) Activities related to promotion and protection of quality of life and saving			
2.1 Promotion of skill development			
- Training of female employees to prepare for elderly life	8,197	3,118	9,024
2.2) 2.2 Protection of the insured aged 55 and over			
-Payout of retirement pension to the insured	1,489	2,163	2,640

Source : Performance Report for 2009 fiscal year, Ministry of Labor

4.10 The situation on saving in Thailand

The Thai economy has been growing steadily between 2003-2009. The economic growth in 2008 was 2.5% which led to an increase in the level of disposable income from 3,691,646 million baht in 2003 to 5,803,102 million baht in 2008, or an average increase of 9.4% per annum. The disposable income per capita had risen from 57,698 baht to 87,288 baht during the same period. Despite the economic crisis in 2008 which led to an economic slowdown, the situation on income was still on the rise.

Table 4.13 **Income and saving in Thailand**

Year	2003	2004	2005	2006	2007	2008
Disposable Personal Income (Disposable Personal Income)						
- Total (million baht)	3,691,646	4,090,863	4,457,665	4,891,655	5,337,532	5,803,102
- Per Capita (Baht)	57,698	63,394	68,475	74,597	80,821	87,288
- Growth Rate Per Capita (%)	9.1	9.9	8.0	8.9	8.3	8.0
Personal Outlay						
-Total (million baht)	3,441,650	3,771,332	4,128,926	4,469,641	4,665,491	5,127,301
-Per Capita (Baht)	53,791	58,442	63,425	68,162	70,645	77,123
- Growth Rate Per Capita (%)	8.6	8.6	8.5	7.5	3.6	9.2
Personal Saving						
-Total (million baht)	249,996	319,531	328,739	422,014	672,040	675,801
-Per Capita (Baht)	3,907	4,952	5,050	6,436	10,176	10,165
- Growth Rate Per Capita (%)	15.4	26.7	2.0	27.4	8.1	- 0.1
Personal Saving as % of Disposable Personal Income	6.8	7.8	7.4	8.6	12.6	11.6
Net Saving (million baht)						
GDP	867,530	984,320	1,038,276	1,352,612	1,678,548	1,579,160
Using GDP at Current Market Price (million baht)	5,917,369	6,489,476	7,092,893	7,841,297	8,493,311	9,075,493
% of Net Saving to GDP	14.7	15.2	14.6	17.2	19.7	17.4
Population Size (1,000 people)	63,982	64,531	65,099	65,574	66,041	66,482

Source : National Income of Thailand, 2008, Bureau of National Accounts, Office of the National Economic and Social Development Board

The level of saving in Thailand also enjoyed an upward trend during the period between 2003-2007, increasing from 867,530 million baht to 1,579,160 million baht. However, the level dropped down in 2008 to 1,579,160 million baht, or by 5.9% due to a decrease in the level of saving from both the public and private sectors. The proportion of net saving in the private sector was 68.4% of the total net saving which was down from the previous year by 2.9%. This also led to a slowdown in the level of net saving from households and not-for-profit organizations. The public net saving, which include saving from the government and state enterprises, was also down by 11.8% (The government net saving was reduced by 19.6% and the figure for state enterprise was 3.9%). The combined effect resulted in the reduction of the level of net saving as a proportion of gross domestic products (GDP) from 19.7% in 2007 to 17.4% in 2008.

However, person saving reversed the trend and continued to rise from 249,996 million baht in 2003 to 672,040 million baht in 2007. The reason for this trend was due to the slowdown in spending even though the income continued to rise, leading to high level of saving. This was particularly the case in 2007 when the growth rate of personal saving enjoyed an increase of 58.1% when compared to 2006. The political and economic uncertainty, the civil unrest in the 3 southern provinces along the border and fluctuating oil prices greatly contribute to the increase. However, the 2008 figures had only shown a slight growth in saving when compared to the previous year. The level of personal saving in 2008 was 675,801 million baht, and the level of personal saving per capita remained virtually the same when compared the figures from 2007 and 2008. The overall increase in the proportion of saving reflected the change in spending behavior in Thailand to a more cautious approach and long-term positive effect on the individual who saved up to prepare for retirement. As a result, the strategy in promoting saving should emphasize on education on the benefit of saving, consolidation, tax measures and improve access and choice for saving.

4.11 The National Saving Funds

The International Labor Organization (ILO) has forecasted that within the next 20 years, Thailand would have a higher proportion of elderly people. Currently, there are 6 working people for every elderly person. However, ILO predicted that there would 4 working people for every elderly person in 20 years time. This means that there would be less working people to look after the elderly population.

Table 4.14 Estimate of Thai Population

Year	2009	2011	2013	2015	2017	2019	2021	2023	2025
Total Population	67,280.11	68,217.54	69,080.92	69,871.88	70,589.27	71,230.26	71,790.66	72,266.66	72,658.93
Youth Population	14,978.06	14,607.64	14,219.05	13,860.65	13,564.64	13,309.33	12,978.37	12,652.96	12,336.05
Working Population	45,203.09	46,069.55	46,797.49	47,325.56	47,613.44	47,670.15	47,617.91	47,416.54	47,097.04
Elderly Population	7,098.95	7,540.35	8,064.38	8,685.67	9,411.19	10,250.78	11,194.38	12,197.16	13,227.84
Working:Elderly	6.37	6.11	5.80	5.45	5.06	4.56	4.25	3.89	3.56
Dependency Rate	15.70	16.37	17.23	18.35	19.77	21.50	23.51	25.72	28.09

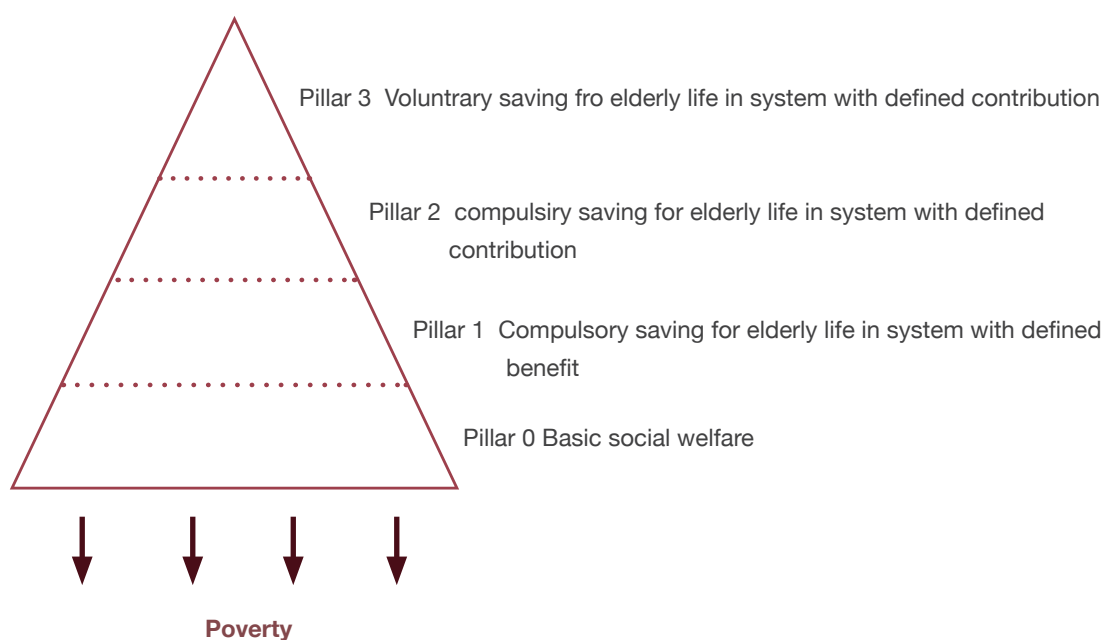
Source : Estimation by ILO

Because of this, a system for long-term saving for retirement will have an important role in better supporting the future elderly population and to alleviate the socioeconomic problems affecting them. At present, the existing system for long-term saving in Thailand can be outlined as followed.

- The current system for long-term saving for elderly life

There were initiatives developed to be used as tools for systematic long-term saving in order to provide income security for elderly people since 1987. The system has been gradually improved, and at present, system now consists of multiple pillars which people can contribute the minimum level of saving, which is compulsory, or voluntarily save more.

Diagram 4.1 Structure of Multi-Pillar National Saving for Elderly System



Policy direction on long-term saving for elderly life in order to alleviate the financial problems

Long-term saving is important for providing protection and financial security for the general public when they grow old as it can prevent them from falling into poverty. Even though there are currently many channels for long-term saving available, but only 30% of the working population who are employees in the formal sector, are covered. As a result, the Fiscal Policy Office (FPO), the Ministry of Finance, initiated a number of studies to find a suitable system for long-term saving which would cover the other 70% of the working population. This involved field studies, stakeholder seminars, and public hearings in order to ensure that the new system would yield maximum benefit. From these studies and activities, a recommendation on the National Saving Funds Program was made to the Sub-Committee responsible for this issue which they have approved the plan in principle. The recommendation was then proposed to the National Committee for Senior Citizen which the Committee also approved in principle on 23rd July 2009.

On 20th October 2009, FPO have drafted the National Saving Fund Act and submitted to the cabinet for its approval. The cabinet approved in principle and forwarded the draft to the Council of State for review.



5 Access to educational aid and the process of life-long learning



Access to educational aid and the process of life-long learning

Currently, Thai elderly people can access information relating to old age through various media, such as radio, television and the internet. There is also self-learning materials which they can access and the educational institutions and other learning sources are promoting educational activities and the concept of life-long learning to the elderly in order to develop themselves, keep up with the ever-changing world and to learn new things. Furthermore, the elderly themselves can be the resource persons and transfer their knowledge and experience to others.

The government agency, who is mainly responsible for this, is the Ministry of Education and a ministerial order has been announced to allow elderly people to access information, education news and the means to adopt the concept of life-long learning with relative ease.

5.1 ‘Study at your convenience’ and access to news and information for the elderly

The concept of ‘study at your convenience’ is a program aiming to promote self-learning in the elderly as well as encouraging them to access information and knowledge from the different media in community libraries and learning centers by themselves. The Ministry of Education has set up ETV, a television channel, as well as radio programs and exhibition for the elderly to learn together with the general public. The ‘study at your convenience’ program would allow the elderly to learn about how their counterparts live their lives and they can choose to learn according to their needs and interests at the time when they are ready.

From the survey on the utilization of this program by the elderly by the Ministry of Education between 2007-2009, it was found that elderly people are using this more and more over the years, partly because there were more media outlets and educational resources which elderly people can access. In 2009, there were 159,221 elderly people who had used this service. Out of these, 40.5% (64,461) were from the Central region, 27% (43,023) were from the Eastern region, 14.1% (22,469) were from the South, and the rest were from the Northern and Northeastern regions (table 5.1).

Table 5.1 Number and percentage of elderly who used ‘study at your convenience’, classified by region and fiscal year

	2007	%	2008	%	2009	%
Central Region	10,887	24.4	2,022	24.0	64,461	40.5
Northern Region	10,636	23.8	2,022	24.0	14,576	9.2
Northeastern Region	15,914	35.6	1,691	20.1	14,693	9.2
Eastern Region	2,255	5.0	1,443	17.1	43,023	27.0
Southern Region	4,993	11.2	1,245	14.8	22,469	14.1
Total	44,685	100.0	8,423	100.0	159,221	100.0

Source : Office of Non-Formal Education Promotion, Ministry of Education, 2009

5.1.1 Media outlets and learning centers

Even though elderly people have gained considerable working and living experience, however, they still need to continue to learn and develop themselves in order to improve their quality of life. The access to information and knowledge would be crucial to allow them to achieve this goal. Such information includes: suitable nutrition requirement and physical activities, basic self-care and what to do when they become sick, how to use and store medicine, and how to access information on welfare which they are entitled to. There are a number of ways which an elderly can access information.

1) Radio programs

Media outlet through radio is an important tool in reaching the elderly as it is cheap, fast and convenient. As a result, the Ministry of Education has been supporting a number of radio programs which can be divided into 3 types.

- (1) Radio programs for curriculum studies. There are 1,040 radio programs of this type broadcasting in many provinces, such as “Knowledge for improving quality of life Program” and “Promotion of Life-Long Learning Program”.
- (2) Radio programs for “study at your convenience” in the elderly and general public broadcasting through 4 radio frequencies. There are 5,674 programs providing education and information on languages, vocational promotion, mental health, religions, art and culture, entertainment, and documentary.
- (3) Community radio programs by universities and other educational institutions which try to insert tips or bit of knowledge into the main radio programs to get across to elderly in rural areas.

2) Television programs

Elderly people can watch ETV, a television channel run by the Ministry of Education, which has 47 television programs on languages, vocational, health, religions, short documentary, and news.

3) Life-long learning centers

The learning centers can be categorized in to 8 types according to the National Education Act, B.E. 2542. These are library, museum, art gallery, zoo, public park, botany garden, science park, and sport center. All of these can be used by the elderly to access information and for leisure. As for libraries, there are various types of libraries which the general public can use, such as university libraries, provincial libraries, district libraries and mobile libraries.

4) Online learning aids

The Ministry of Education developed a website called “Education Management for the Elderly” which allowed them to learn according to their capacity and interests. The website can be accessed on <http://ageingnfe.go.th> or www.dei.ac.th.

5.2 Life-long learning model for the elderly

5.2.1 Education on the ageing process from childhood

In order to become an elderly person with good quality of life, it is necessary to start the preparation in childhood so they plan ahead, understand elderly people who are living among them. This would allow them to live with the elderly in harmony and then grow old to become an elderly who are valuable and contributing to the society.

Currently, the Office of the Commission for Basic Education has developed the Basic Education Core Curriculum, B.E. 2551 in order to insert knowledge on elderly people for primary and secondary school children. From the curriculum, they will learn about the ageing process which the content can be divided into 3 parts.

1. Health and physical education: This is aimed to teach about health and how each family member can live their lives in a sustainable way.
2. Social, religious and cultural studies: These are about how Thai people harmoniously live together in the Thai society with respect and gratefulness to the elderly.
3. Vocational studies: These are to develop the students in a holistic manner in order to teach them vocational skills to support themselves and family for better quality of life.

In 2009, there were 22,425 schools under the Office of the Commission for Basic Education which had adopted the new curriculum which would allow the students to learn and understand more about elderly people. Furthermore, it would also help them to better look after elderly people in their families or communities.

Apart from the new curriculum, there were also extra-curricular activities which were organized to bond the young generation with the old.

5.2.2 Non-formal education for the elderly

Even though elderly people has accumulated a body of knowledge and experience to a certain extent, however, there are some who has yet to formally gained the basic education qualification (namely, primary and secondary school certificates). In 2009 fiscal year, there were 7,283 elderly people trying to gain either primary or secondary school certificates in the non-formal education system. This figure dropped by almost half when compared to the number of elderly studying for these certificates in 2008. Most of the elderly who were in non-formal education in 2009 were from the Northeast (2,654 people or 36.4%), followed by the South (2,627 people or 36.1%) (table 5.2).

Table 5.2 Number and percentage of elderly who take non-formal education at primary and secondary level 2007-9, classified by region and fiscal year

	2007	%	2008	%	2009	%
Central Region	106	9.5	1,274	9.4	1,049	14.4
Northern Region	787	70.3	3,938	29.2	600	8.2
Northeastern Region	155	13.9	7,022	52.0	2,654	36.4
Eastern Region	61	5.5	559	4.1	353	4.9
Southern Region	10	0.8	708	5.3	2,627	36.1
Total	1,119	100.0	13,501	100.0	7,283	100.0

Source : Office of Non-Formal Education Promotion, Ministry of Education, 2009

5.2.3 Higher education in the elderly

There are an increasing number of elderly people who wish to study at higher education level between 2006 and 2009. The figure was 2,150 elderly people in 2006 which rose to 2,950 in 2008 and increase even further to 3,623 in 2009. The majority of them study at bachelor degree level (2,959 or 81.7%), and around 663 elderly people, or 18.3%, were studying at higher levels (table 5.3).

Table 5.3 Number and percentage of elderly in higher education 2007-9*, classified by year and level of education

	2007		2008		2009	
	Number	%	Number	%	Number	%
Below Undergraduate level	53	2.6	33	1.1	1	0.0
Undergraduate level	1,751	81.3	2,306	78.2	2,959	81.7
Post-Graduate Level	346	16.1	611	20.7	663	18.3
Total	2,150	100.0	2,950	100.0	3,623	100.0

Source : Report of personal information, Office of the Higher Education Commission, Ministry of Education

Remark: Information from personal information database was compiled from 23 state universities, 5 Rajamangala Universities, 34 Rajabhat Universities, and 21 Private Universities

* no information for 2007 academic year from the Office of the Higher Education Commission

When consider the type of education institution, in 2009, the majority elderly people in higher education studied in state universities (3,477 people or 95.97%). Out of those who studied in state universities, 37.99% studied in Rajabhat Universities, 0.55% studied in Rajamangala Universities and the rest studied in other state universities (table 5.4).

Table 5.4 Number and percentage of elderly in higher education in 2009, classified by type of university

	Below Under-graduate		Under-graduate		Post-graduate		Total	
	Number	%	Number	%	Number	%	Number	%
State Universities								
Public Universities	-	-	1,729	59.66	408	70.59	2,137	61.46
Rajabhat Universities	1	0.03	1,152	39.75	168	29.07	1,321	37.99
Rajamangala Universities	-	-	17	0.59	2	0.35	19	0.55
All State Universities	1	0.03	2,898	79.99	578	15.95	3,477	95.97
Private Universities	-	-	61	1.68	85	2.35	146	4.03
Total	1	0.03	2,959	81.67	663	18.30	3,623	100.00

Source : Report of personal information, Office of the Higher Education Commission, Ministry of Education

Remark : Information from personal information database was compiled from 23 state universities, 5 Rajamangala Universities, 34 Rajabhat Universities, and 21 Private Universities

5.2.4 Continuous Education (short courses) for the elderly

Further to the formal and non-formal education systems, elderly people who are interested may gain new specific knowledge, skill and experience which suits their needs, through various short courses. This can be divided into 3 types.

1) Continuing professional development

This is aimed to develop knowledge and skills of the elderly for their occupational needs in order to allow them to remain in a job and earn income. There are a number of courses which the elderly could take such as agricultural course, art, handicraft, traditional medicine and astrology.

2) Daily living skill development

This is to enhance knowledge and skills according to individual needs and to stimulate the thoughts of elderly people to enable them to manage themselves and the environment around them. Examples of daily living skill development courses are Chinese language for communication course, basic singing course, and basic internet and computer courses.

3) Social and community development

The courses are designed to integrate knowledge and skills which the students have to develop and strengthen the society and community in accordance to the sufficiency economy philosophy.

In the 2009 fiscal year, there were 90,103 elderly people who had attended a continuous education course. The number had been dropping compared to the figures in 2007 (110,234) and 2008 (148,941). Most of the elderly took courses on daily living skill development (32,957 people or 36.6%), followed by social and community development courses (32,518 or 36.1%). This was an indication which showed that elderly people were interested in adapting their lifestyle and take part in social development activities (table 5.5).

Table 5.5 Number and percentage of elderly in continuous education (short courses) 2007-9, classified by activities

	2006	%	2007	%	2008	%	2009	%
Vocational Skill Courses	4,993	14.6	17,234	15.6	28,550	19.2	24,628	27.3
Life Skill Courses	17,342	50.6	17,918	16.3	49,387	33.1	32,957	36.6
Social and Community Development Courses	11,942	34.8	75,073	68.1	71,004	47.7	32,518	36.1
Total	34,276	100.0	110,234	100.0	148,941	100.0	90,103	100

Source : Office of Non-Formal Education Promotion, Ministry of Education, 2009

Table 5.6 Summary of results on Non-Formal Education and 'Study At Your Convenience' programs for elderly 2009, classified by region

No	Region	Basic Education			Continuous Education			Study at your convenience	Total
		Grade 1-6	Grade 7-9	Grade 10-12	For Vocational Skill	For Life Skill	For Social and community Development		
1	Central	307	308	434	6,923	8,663	5,788	64,461	86,884
2	Eastern	129	239	232	863	1,644	1,428	14,575	19,110
3	Northern	1,489	1,003	162	5,373	6,895	8,177	14,693	37,792
4	Southern	150	83	120	5,277	6,360	9,070	43,023	64,083
5	Northeastern	1,270	755	602	6,192	9,395	8,055	22,469	48,738
	Total	3,345	2,388	1,550	24,628	32,957	32,518	159,221	256,607

Source: Office of Non-Formal Education Promotion, Ministry of Education, 2009



6 Capacity of the elderly



Capacity of the elderly

The capacity of the elderly can be indicated by the ability to take part in various activities which are beneficial to their family, community, society and themselves. The activities related to themselves and family could be considered as the most important as it demonstrate the capacity of the elderly in supporting themselves and their family in order to live their lives normally within the society.

As one retires and become old, this marks as the end of their working life, and the point which there would be socioeconomic changes. Most elderly people work in the agricultural sector. However, there may come a time when they have to stop working in the field but can still continue to perform light-labor for a while, and by using more of what they know and their experience to contribute and support themselves. Some elderly people shifted from the agricultural sector to something else which is not as labor intensive as it suits their physical status and allow them to socialize with their counterparts.

As a result, this chapter will describe, first, the capacity of the elderly to work, followed by the capacity to develop individually and collectively. The last point will be on the senior citizens who have been honored for their contribution to the society.

6.1 Capacity of the elderly to work and earn income

6.1.1 Occupational capacity

The problem of insufficient income in the elderly has been a chronic problem which cannot be alleviated. Even though the government has implemented policies which intend to provide them with basic pension to promote income security, but it only provide part of the solution and so some elderly people are required to find new jobs or develop themselves to increase their value. Another solution to this problem is to provide more job opportunities to those who are still able to work.

Elderly Fund is a possible financial source which elderly people can take out a loan without interests in order for them to use it as capital for their line of work or businesses. In 2009, 3,138 elderly individuals successfully applied for a loan as shown in table 6.1.

Table 6.1 Amount of loan from the Elderly Funds lent by the elderly in 2009

Loan Types and Amount	Number of Loan Applicants	Number of Successful Applications	Total Amount (Baht)
Individual Loan			
Loan with Credit Limit of 15,000 baht	5,309	2,808	43,641,669.00
Loan with Credit Limit of 30,000 baht	1,070	330	7,440,539.00
Total for Individual Loan	6,379	3,138	51,082,208.00
Group Loan			
Loan with Credit Limit of 100,000 baht	57	17	1,700,000.00
Loan with Credit Limit of between 50,000-99,999 baht	-	5	371,000 .00
Total for Group Loan	-	22	2,071,000.00
Total amount for both type of loans : 53,153,208.00 baht			

However, it should be noted that only 49.19% were successful in their loan application when they applied individually, and the success rate was down to 38.59% when they applied in groups. This shows that a large proportion of elderly did not have access to financial resources and that the state cannot respond to their needs sufficiently. As a result, more should be done to improve access to these resources.

Types of occupation and businesses

Most of the loans used in occupation or business by the elderly were in the farming sector, as they used to be in since before their retirement. The items which they spent on were fertilizers, seeds/buds, and soil renourishment. Another sector which a lot of the loans was used for was in the retailing sector and livestock (table 6.2).

Table 6.2 Nature of Occupation which the individual loans were used for

Type of Occupation	Number	Nature of Occupation
Agriculture	1,102	Rice farming (all type), Salt farming
		Flower vegetable farming, fruit farming, rubber farming, farming Palm farming
		Mixed Tapioca farming farming
Commerce	939	General Grocery, Fresh vegetable, Cashew nuts, clothes, toys, books
		Catering Noodles, Food, Rice noodles, Curry puff, Somtam, fruits
		Bakery Sweet dessert, pastries, confectionary
		Beverage Traditional coffee, carbonated drinks
Livestock/Fishery	823	Livestock Poultry farm, Buffalo farm, Pig farm
		Fishery Fish farm, Frog farm
Service	177	Mechanic/Technician, Contractor, Laundry service, Sewing, Computer, Internet and Salon
Handicraft	97	Weaving of Cloth, Mat and Basket

As for group loans, the Elderly Fund has a regulation which allowed no more than 5 people to make a joint application with a credit limit of not over 100,000 baht. In 2009, most of the successful applications which were used in the agricultural sector (farming, livestock and fishery), while 3 of them were used in textile industry, and 1 in retailing (table 6.3).

Table 6.3 Nature of occupation which group loans were used for

Type of Occupation	Number of group loans	Nature of Occupation
Agriculture	9	'Sufficiency' agriculture, production of organic fertilizers and biological fertilizers, and mushroom farm
Livestock	4	Cattle rearing, pig farm, buffalo farm, others
Fishery	4	Farming of Catfish, shrimp and other marine fish
Handicraft	3	Production of artificial Sacred Plant , Cloth weaving, other handidraft
Commerce	1	Fried pork with garlic

6.1.2 Income earning capacity

The Bureau of Social Welfare is the main agency in running the Social Welfare Development Centers, which there are 12 centers nationwide. In 2009 these centers supported the activities which elderly people were hired as a resource person in passing on knowledge and experience to the society. There were 2,402 elderly people who took part as resource persons. There was also a program which recruit elderly volunteer to provide elderly care to their weaker or disabled counterparts. In 2009, there were 600 paid volunteers providing elderly care to 3,525 people.

The Senior Citizen Council of Thailand and The Foundation for Senior Citizen Promotion of Thailand have jointly organized a vocational promoting program for the elderly. This program provides vocational support for elderly people who are still in good health and wish to attend vocational training courses. In 2009, the program was organized in 5 provinces. Examples of the activities are mushroom growing, fishery, and fruit growing.

The choice of training which the elderly choose to receive is to enhance and add on to their existing occupation. Most of these elderly work in the agricultural sector and so it may be necessary to introduce new technology to elderly people in order to increase productivity and value to their goods.

6.2 Capacity of the elderly to develop individually and collectively

The initiative to improve themselves, individually or collectively, usually starts from the gathering and formation of elderly social club. From the statistics obtained from the Senior Citizens Council of Thailand in 2009, it was found that there were 21,155 such clubs in Thailand, increased from the previous year by 1,680 clubs, and the region with the highest number of clubs were the Northern region (table 6.4).

Table 6.4 Number of social clubs for the elderly in the Senior Citizen Council Network

Region	2008	2009
Bangkok	330	368
Central	1,938	2,314
Northern	6,954	10,029
Northeastern	8,876	7,050
Southern	1,377	1,394
Total	19,475	21,155

Source: Annual Report 2009, Senior Citizen Council of Thailand

The fact that more clubs were being formed indicates that elderly people had the needs to take part in social activities and other activities which benefit themselves and the society as a whole. These activities are supported and managed by the club's committee who coordinated their efforts with the Council, and some activities also receive government subsidies. In 2009, elderly social clubs and civic groups representing the elderly requested financial support from the government to organize 200 programs for the elderly resulting in a budget allocation for these programs of over 29 million baht (table 6.5).

Table 6.5 Type of activities supported by the Elderly Fund and amount of budget approved

Types	Number of Programs	Budget (baht)
1. Knowledge support and training for the elderly	87	6,465,002.-
- Herb Farming		
- Rights of Elderly		
- Proposal Development for Grant Application from the Elderly Fund		
- Research for Knowledge Development		
- Community Welfare Development		
- Vocational Training		
2. Health Promotion	58	2,978,664.-
- Exercise and Physical Activities		
- Thai Traditional Massage		
- Nutrition		
- Petanque		
- Meditation and Other Religious Activities		
3. Conservation of Culture and Wisdom	28	1,285,845.-
- Thai Traditional Musical Instrument Courses		
- Thai Traditional Singing		
- Folk Music and Production of Instrument		
- “Serng Phoothai” dancing		
- Thai Traditional Martial Arts		
- Basket Weaving		
- Cloth Weaving		
- Folklore		
- Herbs		
- Traditional Flower offering (Bysri-Sookwan)		
4. Strengthening of leadership in Elderly Groups and Network	10	650,215.-
- Activities for Enhancing Relationship in the Family and between networks		
- Meetings and Seminars to develop the Committee, its Members and Network		
5. Provision of Amenities for the Elderly in Public Places Program	7	466,870.-
6. Volunteers for Elderly Home Care Program	4	135,900.-
7. Other Activities	6	8,267,738.-
- Implementation of Resolutions of the National Committee for Senior Citizen	4	
- Production of the report on “Situation on the Thai Elderly Population 2008”	1	
- National Senior Citizen Day 2009	1	
Total	200	29,001,294

Furthermore, the Thai Health Foundation (ThaiHealth), partner of the Senior Citizen Council, also provide financial support to clubs, associations or any agencies who organize activities related to the elderly. In 2009, ThaiHealth provided almost 6 million baht for 109 programs. In addition to this, the Council also initiated a volunteer program for elderly care ('friend helps friend'), which recruited able elderly volunteers to look after their less able counterpart. The program was allocated 7.7 million in budget for 2009.

6.3 Social honors achieved by elderly people

6.3.1 National Senior Citizen Award

The National Committee for Senior Citizen is responsible for the selection process of the National Senior Citizen Award which would be granted to senior citizens who is a good role model to the general public, and has greatly contributed to the society. In 2009, the honor went to Professor Poonsub Nopawongse Na Ayudhya who was an expert in education administration recognized at both domestic and international level, established the Faculty of Education and dedicated her life to the development of education system in Thailand.

6.3.2 Other honors

1) National Artist

The Office of the National Culture Commission, Ministry of Culture is responsible for the selection of able Thai artists who have contributed and created exceptional artwork in the area of visual arts, literature and performing arts. Those who are selected would be granted the title of 'National Artist'. In 2009, there were 8 artists granted with the title.

- (1) **Professor Preecha Thaotong in the field of painting (visual art)** who has been creating Thai contemporary arts for the past 39 years and recognized for his style of 'shading' in his artwork.
- (2) **Mr.Ongart Satrapan in the field of contemporary architecture (visual arts)** who was the archetype of contemporary architecture, and able to harmoniously blend traditional art with modern art while reflecting their origins. He was awarded the Baird Prize by Cornell University for his achievements.
- (3) **Ms.Penpan Sittitrai in the field of fine arts and sculpture (visual arts)** who is exquisite in the creation of carvings (of wood, fruits and vegetables) which has been viewed by international audience.
- (4) **Mr.Seksan Prasertkul in the field of short story, documentary, novel and poetry (literature)** who has been producing various types of literature over the past 30 years, many of which were closely related to his life experience. A number of his early work was based on his view and emotion of the clash on the 14th October 1973, while his later work was rich in eastern philosophy and wisdom.
- (5) **Mr.Jatuporn Rattanwaraha in the field of traditional Thai dancing and performing arts (performing arts)** who is a 'master' of Khon (traditional Thai performing art) in the Royal Palace, performing on various occasion to the Royal Family.
- (6) **Mr.Uthai Kaewla-iaid in the field of traditional Thai music (performing arts)** who was a ra-nard apprentice of the late Luang Praditpairoh (Sorn Silapabunleng). He has shown his musical talent in terms of his musical abilities and composition, and he performed solo in the World Re-Nard Concert hosted by Thailand.
- (7) **Ms. Munthana Morakul in the field of music and singing (performing arts)** who was an acclaimed singer and her popularity had not faded even today. Her

most famous work included Renu-dok-fah, Sin-ruk-sin-suk and Chula-tri-koon.

- (8) Mr. Prayong Chuenyen in the field of country music and composition (performing arts)** who has more than 40 years of experience in music and started his career playing trumpet. He has been with a number of bands, including Ruam Dao Krajai 2510, and produced many composition work, such as Nhao eek pee, Jodmai jak naew nah and Long rua ha ruk.

2) Recognition of virtue and accomplishment

(1) Sukree Charoensuk Prize: The award is for those who have contributed to the society in the field of music promotion. In 2009, the prize was awarded to Prof. Poonpit Amatyakul for his expertise in musical studies and history of music.

(2) National Volunteer of The Year 2009: this prize is awarded on 21st October of every year to volunteers who greatly contribute to social activities. In 2009, 227 volunteers received the award, 7 of which were staff of the Senior Citizen Council. Their names are listed below.

- i. Dr. Bunloo Srirpanich
- ii. Mr. Wanlop Jirawanont
- iii. Ms. Bunjong Niwasabutr
- iv. Mr. Prayad Chaikiart
- v. Mr. Arun Worachun
- vi. Mr. Punja Muenwongse
- vii. Mr. Thong-in Jitdee

3) International recognition

The Prince Mahidol Award is an international recognition granted to honor the achievement in medicine and public health of the late Prince Songkhla, the Prince Father. The prize is awarded to exceptional candidate who has greatly contributed in either the field of medicine or public health. In 2009, Mr. Meechai Weerawaitaya received the award for his contribution in the field of public health.

6.4 Capacity of the elderly to pass on knowledge and conservation

6.4.1 Elderly knowledge bank program

In 1979, the Elderly Knowledge Bank Program was initiated and began to register experts in 23 fields who were willing to participate in the program and share their knowledge and experience for the benefit of the community. There are currently 6,528 elderly people registered in the bank. More information can be found in <http://opptgg.opp.go.th>.

6.4.2 Teacher of Thai Wisdom

The 'Teacher of Thai Wisdom' Program, supported by the Ministry of Education, aims to gather experts in 9 fields of knowledge considered to be Thai heritage. These are knowledge in the fields of agriculture, industry, handicraft, Thai traditional medicine, management of natural resources and environment, community fund and businesses, arts, language and literature, philosophy, religion, and traditional culinary arts. In 2009, there had been 341 teachers passing on their knowledge and wisdom to 300,000 students. Furthermore, books of this knowledge have been published and distributed to all the libraries in Thailand for those who are interested to read and learn.

6.4.3 Elderly 'brain bank' volunteer

The 'Brain Bank' project is an initiative which aims to mobilize the existing valuable human resources, i.e. retired elderly, and recruit them as elderly volunteer to contribute to the society. This pool of elderly volunteer would act as a national think tank and work as a collective to further develop the society and Thailand as a whole. Their main role would be to become key persons and consultants to various projects in the public or private sector.

In 2009, there were 3,597 volunteers in the project from all over the country. These volunteers could be divided in 21 categories and the majority of them were experts in the field of education (27%). There were more male volunteers (72%) than female (28%) and most of them live in Bangkok and the vicinity (47%). Around (78%) of volunteers graduated with higher education degrees.

6.4.4 Extension of mandatory retirement age of lecturer in universities

The extension of mandatory retirement age for lecturers in universities was implemented as it is evident that the experience and expertise accumulated by these lecturers would be extremely useful for the students and for the management of knowledge and institution, which their efforts would be crucial in the capacity development of younger generations to be utilized for the country development in the future. In 2009, there were 3,816 lecturers who were aged 60 years or older, with almost all of them (3,501) working in state universities. 2461 of them were holding the position of assistant professor or higher.

6.4.5 'Learn Art with the National Artists' program

This program is supported by the Ministry of Culture and it is aimed to conserve the Thai artistic value and to ensure that this part of the Thai cultural heritage is not lost. As of 2009, there were 118 National Artists who played an important role in passing on their skills and expertise to the younger generation.

From the information on the capacity of the elderly, it can be seen that they still have the capacity to work and support themselves. Some were even awarded with prizes as a sign of recognition by the society of their extraordinary achievement. However, the information is not yet complete as the surveillance is being improved for it to be able to capture a more complete picture. This development is essential for the younger generations to understand this aspect better.



7 Crucial Development of the Situation on the Elderly in 2009



Crucial Development of the Situation on the Elderly in 2009

7.1 National Senior Citizen of 2009: Professor Poosub Nopawongse

Professor Poosub Nopawongse Na Ayudhya was born on Wednesday 12th October 1910 in Bangkok during the reign of King Rama V. Her parents were Mr. Hans Gaier, a German businessman, and Ms. Jiam Kraiyong, a courtier in the Suan Sunandha Palace. While she was 3 and a half years old, she was offered as a courtier to Queen Saovabha (later known as Queen Mother Sri Bajrindra, a title bestowed by her son, King Rama VI) and was granted the name, Poosub. However, because of her young age, she was sent to Princess Valaya Alongkorn, The Princess of Bejraburi, for her to be fostered and educated.

At a very young age, Professor Poosub showed a lot of potential and intelligence. As a result, under the patronage of Princess Valaya Alongkorn, she went to Rachini School and then later accepted to the Faculty of Arts, Chulalongkorn University, which she was the first generation of students to graduate from the faculty. She began her career at the Department of General Education, Ministry of Education, but later, she was awarded with the Baber Scholarship to study educational psychology at the University of Michigan, United States of America. When she returned, she transferred her post to work as permanent lecturer at the Faculty of Arts, Chulalongkorn University.

Professor Poosub married to Professor M.R. Chirayu Nopawongse, an ex-dean of the Faculty of Arts, Chulalongkorn University, who was later appointed as a Privy Councillor. Even though, they do not have any children, but they have been living happily throughout their 50 years of marriage and also contributed their life and expertise to good of the nation.

While she was working at the Faculty of Arts, Professor Poosub realized the importance of education and teacher training at undergraduate level. As a result, she initially set up a small teacher education department within the faculty and develop the gradually develop the department to become the Faculty of Education in 1957, which she was appointed as her first dean and she remained in the position for 14 years. She also the founder of the Department of Nursing (which later become the Faculty of Nursing), the Department of Psychology, Department of Physical Education, and Satit Chula School (used for teacher training by Faculty of Education).

Apart from her work in the university, she was involved in many social activities. For examples, she was the founder and chairwoman of the Katawethin Foundation, Under the Royal Patronage of King Rama IX, with an aim to support the Royal Project and to repay the kindness of the King. She

was also one of the co-founders and first chairwoman of the Association of Sathree Udonsuksa of Thailand, Under the Patronage of HRH Princess Galyani Vadhana, and the co-founder of Zonta Club in Thailand.

Furthermore, Professor Poonsub was a key figure in the conservation of Thai identity, particularly the correct usage of Thai language. She was the chairperson of a committee on the campaign for Thai language of Chulalongkorn University which proposed to the government to establish the National Thai Language Day. The proposal was eventually accepted in 1999 and the announcement was made for 29th July of every year to be the National Thai Language Day. On the 29th July 1962, King Rama IX attended the conference on Thai language usage at the Faculty of Arts, Chulalongkorn University.

In addition to this, Professor Poonsub donated a piece of land in Rayong province with an area of 2 rai and 54.3 Wa² to Chulalongkorn University to be used in the activities of the Faculty of Education in 1978. In 2006, she submitted her house and land to HRH Princess Maha Chakri Sirindhorn which the Princess later granted the house and land to the Faculty of Education and BMA to be used as a museum and library for youth and the interested general public to use as a learning source.

After retirement, Professor Poonsub still held many position of importance in various councils and foundations, such as, the National Education Commission, National Research Council, National Culture Commission, Zonta Club (Bangkok), and Katawethin Foundation, Under The Royal Patronage. Also, due to the recognition she received both at domestic and international level, she received numerous awards from the Education Association of Thailand, Chulalongkorn University and the Ministry of Education. The honors which could be considered as the most prestigious was when she was granted the title of Honorary Royal Scholar, and decorated with a Knight Grand Cordon (Maha Paramapon Chang Puak) and a Dame Grand Commander (Thutiya Chulachomklao Wiset) insignias by His Majesty the King.

Even though Professor Poonsub has become an elderly, she is still considered to be in good physical and mental health and is able to fulfill her duties as chairperson, consultants, and other key roles in various organizations, both public and private. This is not including other short-term commitment which her expert opinions were requested. So it could be said that she is one of the most hard-working elderly person in Thailand.

Over long period of her life, Professor Poonsub Nopwongse Na Ayudhya has dedicated her life to the national education development and the society which her various achievements have greatly benefited the public. Furthermore, her virtue and wisdom have been a great example and role model to others. Consequently, the members National Committee for Senior Citizen were in concurrence to give the National Senior Citizen Award to Professor Poonsub Nopwongse Na Ayudhya.

7.2 Amendment of the 2nd National Plan for Senior Citizen (2002-2021)

In 2007, the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, together with the College of Population Study have developed a system for monitoring and evaluation of the 2nd National Plan for Senior Citizen, and conducted a study by using the system. The results of the evaluation have highlighted the progress, problems, obstacles, the different processes and directions for the policy on the elderly, and more importantly, the recommendation for changes in the plan. As a result, the College of Population Study was tasked with the amendment of the plan which aimed to update the plan to take into account the changes in socioeconomic circumstances and to use the amended plan as a framework for the mobilization and drive to turn the plan into reality by developing action plans for the responsible agencies.

Direction for implementation

The amendment of the 2nd National Plan for Senior Citizen may be done as followed

- 1) Using the information from the evaluation of the plan during the period between 2002 and 2006.
- 2) Analyzing situations which may affect the implementation of the plan. These consist of
 - a. Analysis of elderly demographic situation.
 - b. Summarizing the result of the monitoring and evaluation of the plan during the first 5 years.
 - c. Synthesis of policies, laws and other plans which are related to the elderly.
 - d. Raising challenging agenda for future plans
- 3) Allowing all the stakeholders to participate and voice their opinion/recommendations through brainstorming meeting regarding the amendment of the plan.

The results of the amendment

The amended plan was adjusted by compiling and synthesizing from the recommendations from the brainstorming and other sessions, as well as the information from the evaluation, the current socioeconomic and demographic situation, and the government policy. From the brainstorming sessions and debates, a new philosophy, “Elderly people is a source of victory for the society”, for the plan was announced,

“Elderly people are neither opportunity-deprived nor a burden to the society, but they can participate as a force for social development. Because of this, they should be supported and assisted by their families, communities, and the state to allow them to live with value and dignity, and be able to maintain their health in a good state for as long as possible. At the same time, those elderly who are having difficulties and in need of further assistance, they should be able to receive this from their families, communities and the state with consideration to access and equity. The provision of security for the elderly is a process which helps creating the stability for the society which required participation from all stakeholders.”

The amended plan still keeps the 5 strategies but the main interventions and the details have been changed. As shown in table 7.1, there have been additions to the main interventions and indices for the amended plan in order to take into account the changing situation on politics, economy, society, and demography. One of the important changes made was in the promotion of value and discipline in saving in all ages under the strategy on the promotion and development of the elderly. More emphasis has been put on the involvement of the locals in organizing more elderly-related activities and key performance indices on the allocation of funds to support these activities have been put in place. As for the strategy related to social protection for the elderly, there has been an addition to the secondary interventions on health securities, such as, provision of essential vaccine for disease prevention and health promotion, and provision of assisting equipment for activities of daily living. Also, another secondary intervention which has been added is on the supporting network. Examples of these interventions are the development of a service provision system for health care, social services and community long-term care, and development of humanitarian protocols to help the elderly in the case of natural disaster. Furthermore, the amendment was done on the key performance indicators for better assessment of the plan which would take into account the economic, social, physical well-being and mental well-being dimensions.

Table 7.1 Number of primary and secondary interventions and indices measuring progress of the strategies in the National Plan for Senior Citizens before and after amendment

Strategy	Primary Intervention		Secondary Intervention		Index	
	Before	After	Before	After	Before	After
Strategy 1	3	3	11	7	10	7
Strategy 2	6	6	16	15	10	15
Strategy 3	4	4	12	15	26	22
Strategy 4	2	2	5	7	5	8
Strategy 5	4	3	-	-	6	4
Total index	-	-	-	-	-	4
Total	19	18	44	44	57	60

Another important difference in the plan is that the responsible agencies have been specified in the plan, and so the interventions can be executed in an efficient and timely manner.

Apart from the amendment itself, the limitations and essential conditions have been considered, as well as the direction for the implementation of the plan.

Limitations

- 1) The economic crisis between 2008-9 may have a major negative impact on the quality of life of the elderly population. This population group is the most vulnerable to poverty and economic problems and this may have an effect of the financial ability of the government to implement the plan as previously scheduled.
- 2) The fluctuation in politics may result in the discontinuity of the implementation, or even halted if the new government has a passive view or opposing attitude to the plan.

Essential conditions

- 1) The changes in the age structure of the population will be swift and severe. In the last 15 years of the plan, the elderly population will increase to about 20% of the entire population and the population aged 80 year or over will grow faster than any other age group. As a result, the implementation of the plan cannot be postponed or delayed. The essential condition is to place the issue on the elderly on the national agenda in order to place this issue on high priority and in the public domain, to minimize the effect of policy fluctuation between governments.
- 2) The realization of the plan must proceed with substantial results and emphasize on the coordination and integration of all the relevant agencies and stakeholders, including the LAOs, in order to align their understanding and to combine their resources to obtain results. The National Committee for Senior Citizen, Bureau of Empowerment of Older Persons and Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups are central to this effort.
- 3) The promotion of participation by the local administrative organizations and the private sector in the implementation would contribute to the success of the plan.
- 4) As there are rapid changes in the demography, economy and other social and environmental factors, it is crucial that the monitoring and evaluation of the plan occur constantly, as well as the amendment, in order to keep the plan updated.

7.3 Elderly long-term care: From the National Senior Citizen Assembly to the National Health Assembly

The United Nations have disclosed that the support ratio of the working population aged between 15-64 year to the elderly population aged 65 years or above in Asia is around 10-16 to 1 in 2000. The estimation for the next 40 years , or until 2050, the support ratio would be reduced to 2.7-4.8 to 1, except for the Japanese population which the ratio would be reduced from 4 to 1 to 1.4 to 1 as it has the highest number of elderly people in the region. This is due to the overall trend of a gradual decrease in the working population across Asia. As a result, the number of working people, who are responsible for the productivity of the nation and support of elderly people, would be reduced leading to a negative impact on the ability of a country to produce and financially support the increasing elderly population.

In Thailand, the data from the NSO has revealed that, by the year 2025, the elderly population in Thailand would increase from 11% to 20%, or approximately 14.5 million elderly. More importantly, elderly people are living longer which means that the duration of them being in the state of dependence would also be longer. Currently, the life expectancy in Thailand is 69.5 year for men and 76.3 years for women (Population and Social Research Institute, 2010), whereas the support ratio would be decreased from 6:1 to 2:1 by the year 2030 (NSO, 2007).

The rapid increase in the number of Thai elderly is a fact which the government needs to be aware and actively seeking for a way to handle the situation effectively. The National Senior Citizen Assembly is a platform for the civic group and its network on the elderly to raise an agenda which would be proposed to the government. The assembly, which took place in April 2009, was the second of its kind and organized once a year by the Bureau of Empowerment for Older Persons. In 2009, one of the main agenda which was put forward for the Assemble to consider and debate was the issue on long term elderly care which was defined as comprehensive elderly care which covers all dimensions of care, including the social, health, economic and environmental dimensions, given to those who are in difficulties as a result of chronic diseases, or disabilities, and may be able partially help themselves or not at all. The care would be provided formally, by health and social workers, or informally, by family, friends and neighbors. The Assembly was attended by various elderly groups, the private sector, educational institutions, local government, and other state agencies.

The 2nd National Senior Citizen Assembly has led to the following recommendations on the issue of elderly long-term care.

1) Promotion of elderly to help themselves as much as possible and for as long as possible.

- 1.1 To promote the elderly to be able to generate enough income to sustain themselves.
- 1.2 To promote the elderly to look after their physical and mental health.
- 1.3 To promote the strengthening of elderly groups and clubs.
- 1.4 To promote religious institutions to participate in providing spiritual care to the elderly.

2) Promotion of home elderly care

- 2.1 To promote the family and carer's capacity in providing quality care to the elderly in order for them to have the necessary knowledge and skill for the task.
- 2.2 Provision of home visits.
- 2.3 Provision of Home health care.
- 2.4 Provision of personal care by public health workers, social service workers and care volunteers.
- 2.5 To modify housing and environmental conditions and to provide necessary prostheses and other equipment for care.

3) Promotion of community elderly care

- 3.1 To set up service facilities in the community.
- 3.2 To arrange for a social worker to be case manager and involved in the management of community welfare provision.
- 3.3 To arrange transport for elderly who are sick to and from health service facilities.
- 3.4 To review the laws and regulations for the local administrative organizations to allocate earmarked funds for activities related to the elderly.
- 3.5 To arrange a facility in the community to provide comprehensive elderly care.
- 3.6 To set up an information system for the elderly in the community.

4) Elderly care in service facilities

- 4.1 To develop clear policies which support and promote all the relevant agencies to set up service facilities and provide elderly care with good coverage.
- 4.2 To assign a responsible agency for the registration of the elderly and the provision of care.
- 4.3 To control and regulate schools and elderly care facilities to have good standard.
- 4.4 To promote large local administrative organizations and private organizations in the provision of elderly long-term care within their jurisdictional area.
- 4.5 To set standard for elderly care at the national level and integrate social and health care together when providing service in a service facility.
- 4.6 To arrange and prioritize elderly residence according to the required level of care in order to ensure that the elderly was put into the correct facility.

5) Carers

- 5.1 To develop supporting plans for the production and training of human resources, in both the health/social worker group and family/community group, in order to ensure that there would be adequate number of qualified carers available.
- 5.2 To plan human resource management by linking the efforts of the formal carers (i.e. health/social workers), informal carers (e.g. family, volunteers), and trainers.
- 5.3 To provide elderly carer at home and in the community.

After the recommendation was developed, the National Committee for Senior Citizen reached an agreement to assign the responsible agencies, such as BMA, National Health Commission Office (NHCO), Ministry of Labor, and Ministry of Education, to support and mobilize the implementation in accordance to the recommendation above with the Ministry of Social Development and Human Security and Ministry of Public Health to be the main ministries responsible. Furthermore, in July 2009, the Committee approved to set up a Sub-Committee to overlook the all activities (including research, knowledge management, and realization of research to policy) relating to the mobilization of the agenda on elderly long-term care, and assigned the Ministry of Public Health as the lead agency.

However, the agenda on elderly long-term care was an issue which was widely followed and concerned by the public, especially among those who were involved in activities related to the elderly. A number of research studies had been conducted to find a solution for this problem related to aged society, which was expected to fully affect Thailand within the next decade. The issues on elderly long-term care at home with family members as carer, and the issues on the provision of this service in a facility (e.g. nursing home) were the 2 areas which were being extensively studied. Though, according to a study by Suwanrada et al (2009), most elderly people prefer their family members to care for them.

As a result of widespread interests and concerns on this issue, the agenda was given the priority and proposed in the 2nd National Health Assembly, organized by NHCO in December 2009. The content of the proposal related to elderly long-term care has been outlined below.

The development of long-term care system for dependent elderly people

The 2nd National Health Assembly, having considered the report on the development of long-term care for dependent elderly people;

Well aware that Thailand is becoming a truly ageing society, that a large number of elderly people have to face chronic illnesses, infirmities or disabilities and become more dependent on others for help, and that health promotion and disease prevention measures for all people before they become old as well as for the elderly will ensure good health, reduce multiple infirmities and delay dependency;

Concerned about the rapidly decreasing number of potential caregivers and ability of the family to take care of the elderly and concerned that the working population has to bear a heavier burden in caring and supporting the elderly, resulting in lower quality of life of the elderly and working persons and that the elderly with infirmities or disabilities who are without caregivers or assistance from the community or who cannot get access to health service will become risk (vulnerable) groups, and that this is a matter of considerable concern;

Taking note that the central and local authorities including some communities have started to provide long-term care for the elderly in the family and community in such forms as volunteers or strong senior citizens visiting and helping the elderly in need, nurses from primary care units taking care of the elderly who cannot get up from their beds and that the attempts are still beset with such problems as inappropriate systems, lack of integration of social and health services, shortage of personnel, inadequate knowledge of the caregivers and lack of a clear support system;

Agreeing that there is an urgent need to put in place a long-term care, that dependent elderly people should be cared for at home or in the community by civil society with senior citizen groups as support, that as the local government organizations are close to the family and community and equipped with adequate administrative capability they should develop a care system for the elderly who could not help themselves at home, as well as providing budgetary support for their daily routine activities, procurement of rehabilitative equipment and traveling expenses, and that the local government organizations should improve the environment, housing and develop an inter-institution linkage for the elderly who wish to seek a high level of care and that the local government organizations should develop measures and standards for long-term care for the elderly in public and private institutions;

Hereby issues the following resolutions:

- 1) Approving the principle that the State has the duty to manage and provide care for dependent elderly people and adopting the principle of long-term care for the elderly in Thailand, bearing in mind that such care is based on the family and community, that the care will be given in public and private institutions that closely cooperate and support each other in a unifying manner, and urging the government to set a long-term care policy for dependent elderly people as a national agenda;
- 2) Requesting the local government organizations to:
 - 2.1 Act as the host in coordinating with local organizations to set up a committee responsible for developing a long-term care for dependent elderly people, with representation from the elderly on the said committee and to specify a responsible party for the task, as well as including the matter in the development of local bylaws or annual local plans;

- 2.2 Develop an elderly database of every sub-district or area to cover all dependent categories;
 - 2.3 Support costs and expenses for improving the living environment and providing benefits of the family that cares for the elderly;
 - 2.4 Put in place centers and daycare centers to care for, shelter and rehabilitate the elderly as needed by the locality.
 - 2.5 Promote community volunteer to care for the elderly in the communities;
 - 2.6 Urge the civil society, especially senior citizen groups and health assembly partners, to work with local government organizations to push forward local policies on long-term care for the elderly and incorporating the matter in the bylaws concerned, as well as inspecting, monitoring and assessing the work.
- 3) Requesting the Ministry of Social Development and Human Security to work with the Ministry of Interior, Ministry of Public Health, Ministry of Education, Ministry of Culture, Ministry of Labor, Ministry of Transportation, professional organizations and partner networks concerned to:
 - 3.1 Consider increasing subsistence allowances for the dependent elderly as distinct from general allowances for the elderly;
 - 3.2 Jointly develop the capabilities of local government organizations by providing various kinds of knowledge including health care for the elderly, management, personnel development, and budgeting so that it is possible to provide long-term care for dependent elderly people in the family and community;
 - 3.3 Consider having a separate agency to register long-term care establishments with the condition that those institutions for the elderly that need medical/nursing services shall register with the Medical Registration Division to ensure proper supervision and standards;
 - 3.4 Support knowledge and skill trainings for relatives of the elderly and non-professional personnel such as volunteers and senior citizen groups to raise awareness about care for the elderly covering health, economic and social dimensions, while the paid caregivers should further developed under professional supervision;
 - 3.5 Provide personnel to act as care manager for long-term care;
 - 3.6 Support primary care units in their work to take care of the health of the elderly and rehabilitate them at home, as well as providing necessary medical equipment support, including relocating the patients as need be;
 - 3.7 Develop Social Welfare Development Centers for the elderly to provide standard health and social services and to serve as demonstration centers for local government organizations to learn from and further extend the work;
 - 3.8 Study impacts from policies or measures relating to dependent elderly people.
 - 4) Requesting the Ministry of Education together with the Ministry of Public Health to produce and maintain professional personnel concerned, including physiotherapists, occupational therapists, nurses in community medicine, nurses for the elderly, physicians specialized in the elderly, social workers, psychologists and paraprofessionals.
 - 5) Requesting the Ministry of Public Health, Thailand Nursing Council, Ministry of Social Development and Human Security, and Ministry of Interior to jointly develop standards and mechanisms to care for dependent elderly people at the national level with participation from the community, locality, and elderly, as well as ensuring such supervision to cover the public and private sectors.

- 6) Requesting the Secretary-General of the National Health Commission to report the progress to the 4th National Health Assembly.

From the resolution of the National Health Assembly relating to elderly long-term care, it can be seen that the main agencies mentioned in the National Health Assembly Resolution were effectively identical to the ones in the recommendation by the National Senior Citizen Assembly.

The problem from ageing population is an issue which would have a long-term negative impact on a number of things, such as the productivity, saving, and the macroeconomics of the country. While the solution of providing better elderly care with better access and coverage would help alleviating the problem, however, it is also very important that all the responsible agencies in elderly care and the related activities continue to give priority to the issue and that the relationship and linkage between these agencies are sustained and improved in order to maintain effective multi-sectoral participation in all processes and ensure that this problem is being solved in a coordinated manner. It is essential that the standard of elderly care must be set, as well as a system for regulation and monitoring which must be developed. Furthermore, the equity dimension must not be ignored and elderly both in urban and rural areas should have adequate access to the service.

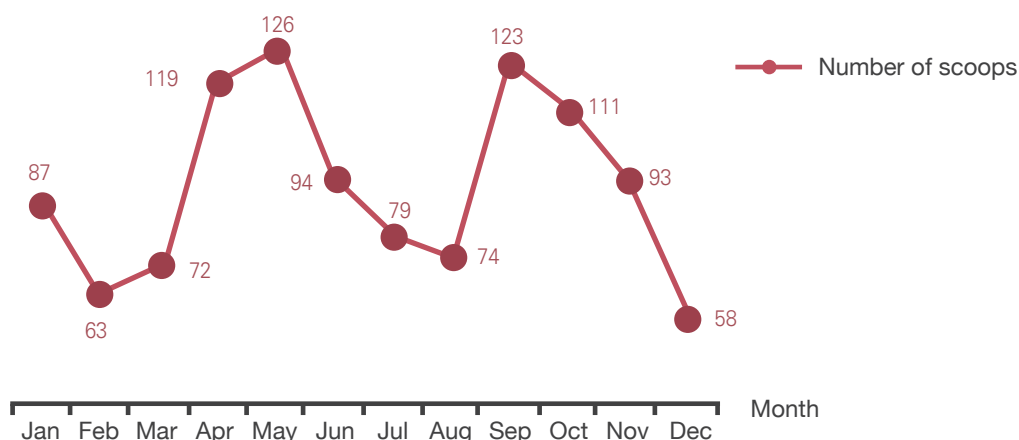
With the government who sees the issue of ageing society and elderly care as an important national agenda, the timing may be appropriate to push this policy towards a clear and practical solution. The policies on universal basic pension which allow every elderly people to receive 500 baht per months, and the funeral allowance of 2,000 baht per person as well as the National Saving Funds which is in the pipeline, are examples of the commitment this government has shown to alleviate the plight of the elderly population. However, the issue of long-term elderly care has not been properly resolved.

Even though the problem of ageing population is not yet severe and it would take a decade for Thailand to become an 'aged' population, one may feel that long-term elderly care is not a pressing matter. However, the matter requires comprehensive and committed preparation and planning in order to accommodate the situation in 5 or 10 years time from now. This includes the preparation in the policy and service provision to handle the rapidly increasing number of elderly in Thailand. The responsible agencies, such as the Ministry of Social Development and Human Security and Ministry of Public Health, must review their current missions and assignments in order to ensure that they comply with the resolution and recommendation made by the 2 national assemblies. They may also need to self-evaluate on their capacity, human resources, priority setting and also look at the relevant laws and regulations in order to plan for the tasks ahead. This is to ensure that long-term elderly cares are comprehensive, beneficial to the Thai society and able to deal with the future of Thailand being an aged population.

7.4 Elderly Situation in 2009 as reported in the media

From the compilation of news related to the elderly in 2009, by the Foundation of Gerontology Research and Development Institute, which were published via printed media and the internet, there were 1099 news scoops from 35 different sources (figure 7.1).

FIGURE 7.1 News on the elderly in 2009, classified by month



When looking at the ones which were published through printed and online newspaper in 2009, it was found that the monthly periods which had important dates relating to the elderly had high frequency of publication. April, which has Family Day and National Senior Citizen Day, had 119 new scoops, and May had 126 scoops. The high frequency during this period may be due to the start of the universal basic pension scheme.

Elderly news peaked again during the period between September-October, when the mandatory retirement began to take effect for government officers resulting in a change in occupation and/or lifestyle. In September, there were 123 news scoops, while the figure for October was 111 which are mostly news on how to prepare for elderly life and health tips.

7.4.1 Type of news and elderly situation

The types of news published relating to the elderly in 2009 can be divided into 6 groups.

Group 1: Statistics of the Thai elderly population

The media presented the statistics of Thai population which had been updated and disseminated the results of surveys citing the statistics which pointed towards a rapid increase in the elderly population and the decreasing support ratio. This was to try to raise the awareness of the government and the related agencies about the situation and stimulate them into action.

In April when the National Senior Citizen Day and Family Day took place, the 2nd National Senior Citizen Assembly was opened discussing the matter on elderly care which the Ministry of Social Development and Human Security revealed that there were 7.2 million elderly people, or 11.3% of the total population. Furthermore, the Ministry estimated that, in 2022, this percentage would go up to 18%, and by 2039, the number of elderly would increase by 2 folds (Thai Post Online, 19th May 2009; Siamrath, 20th May 2009).

At the same time, the 2008 statistics from the NSO revealed that the proportion of the working population (15-59) were 67.4% of the entire population. When compared with the proportion of elderly population at 11.2%, the NSO deducted that the support ratio for Thailand in 2008 was approximately 7:1 (Matichon, 10th May 2009).

In addition, the NSO showed the 2009 statistics on the opinion of the public on the issue of the elderly and it was found that 68.5% of the population was aware of the increasing number of elderly. 89.7% agreed that preparation should be made for elderly life. However, 76% expected to rely on their children when they became old and 32.9% felt that the financial source to support them when they became old would come from their children (Manager Daily, 29th June 2009).

The international Labor Organization (ILO) published a report on “Valuable jobs for the working elderly population in Thailand” which pointed out that the population structure of Thailand is moving towards an ageing population much faster than other ASEAN nations except for Singapore which would have an impact on Thailand’s productivity and socioeconomic development. Furthermore, ILO estimated that the proportion of the elderly population would increase from 10.55% to 20.22% by 2028. Also the dependency ratio would also double from 15.7% to 31.88% in the same period.

At the end of 2009, the Foundation of Gerontology Research and Development Institute predicted that there will be 14.5 million elderly people, or 20% of the population by the 2025. Also the proportion elderly aged 80 years and above will continue to rise from 10% to 12% by 2030.

On the issue of carer, it was found that the number of elderly care network, including younger relatives, who look after elderly people was declining significantly. The support ratio expected to fall from 6 carers per elderly to 2 carers per elderly by 2030. It was also revealed that there were 7.5% of elderly people who lived alone (Komchadluek Online, 14th December 2009; Thai Post, 16th December 2009).

The sources of statistics on the elderly presented in the news were mostly agencies related to elderly care, academics, and not-for-profit organizations, such as Ministry of Social Development and Human Security, Ministry of Public Health and National Statistics Office.

Group 2: Elderly policies

The news on elderly policies was mostly originated from politicians at local and national level. During the time when the political landscape was highly polarized and when political protests were occurring frequently, the current Democrat government, under the leadership of Abhisit Vejjajiva, continued to press forward with the policies which he had announced, particularly the policies on elderly welfare and decentralization. In addition to political sector, the academics also played an active role in pushing policy to practice.

The recommendations from academic and not-for profit organizations still emphasized on the provision of income security for the elderly through policies to increase income from work, saving promotion and pension system. This was repeatedly stressed on the news.

In January 2009, Dr. Worawet Suwanrada from the Faculty of Economics at Chulalongkorn University presented his research on Simulation model for financial sustainability of pension system based on community funds. The study looked at the feasibility in setting up community welfare fund which would provide pension for the elderly, and from the analysis, it was found that in the long-term, the fund would be unsustainable if it was managed at the local level. As a result, it was recommended that the government should be responsible in laying the foundation for a national pension system (Thai Rath Online, 7th January 2009).

Dr. Jitti Mongkolchai-Arunya, the Dean of the Faculty of Social Science at Thammasart University, expressed his view that the basic pension scheme, initiated by the Democrat government, was a high risk policy as it used a vast amount of budget and it appeared to be unsustainable. Furthermore, the trend on the number of elderly is on the rise, and so a system for long-term saving for elderly life must be developed and it should be linked with the community welfare system. (Thai Rath Online, 6th February 2009).

In March 2009, the Foundation of Gerontology Research and Development Institute organized a policy brainstorming meeting on the ‘Design for National Pension System’ at the Chulabhorn Institute Conference Room with Dr. Ammar Siamwalla as chaired. The result was the framework for National Pension System development and it was forwarded to the Sub-Committee responsible on the issue (Krungthep Dhurakij Online, 11th March 2009).

In April 2009, the National Senior Citizen Assembly considered the draft resolution on the issue of elderly long-term care and developed a proposal to the government as followed: 1) Promotion of elderly to help themselves as much as possible and for as long as possible; 2) Promotion of home elderly care; 3) Promotion of community elderly care; 4) Promotion of elderly care in service facilities; 5) Support for carers and human resource management (Pim Thai, 9th April 2009).

Meanwhile, the government also continued to promote the awareness on the newly implemented universal basic pension scheme which the payout would start on the National Senior Citizen Day. The media continually covered the issue on income security for the elderly, including the recommendations from Dr. Worawan Charnduaiwit of TDRI, which proposed 2 guidelines for compulsory saving as income security in elderly life, and another from the Foundation of Gerontology Research and Development Institute which asked the Ministry of Finance to develop a National Pension Fund System as soon as possible (Post Today, 8th April 2009; Prachachart Dhurakij, 13th-15th April 2009).

Later in the month, both TDRI and FPO each proposed guideline for a system for the provision of pension at the national level. The TDRI's system was called the National Pension Fund, while the name of FPO's system was Saving Fund for Elderly Life. The FPO's model was to have a compulsory saving scheme for the working population aged 15-60 years which they had to pay a minimum amount of 100 baht monthly into the fund. However, the workers had the option of saving more which would determine the extra benefit which the saver would receive. The state would subsidize and co-pay 50 baht into the fund if the person has been saving continuously for 10 years (Krungthep Dhurakij, 28th April 2009).

FPO further proposed that their model should initially be adopted and then adjusted it later on according to the proposal by the academic institution. The target population for the scheme would be freelancers who were not covered by any of the existing pension systems. FPO then organized 4 different public hearings in 4 different regions in Thailand in order to present the findings of these hearings to the government later on.

At the same time, the Foundation of Gerontology Research and Development Institute arranged a public policy debate on 'The National Universal Pension System... a Sustainable System for the People' in order to develop a recommendation on the draft Saving Fund for Elderly Life Act, which Dr. Ammar Siamwalla argued that the Saving Fund for Elderly Life should be unified with the Social Security Fund as the latter already had a large pool of people. It also had legal status, the contribution was compulsory. (Krungthep Dhurakij Online, 1st September 2009; Komchadluek Online, 1st September 2009).

On central government policy

One of the urgent government policies was the universal basic pension scheme which was one of the interventions implemented to stimulate the economy. This was followed by a number of elderly policies. On the National Senior Citizen Day in 2009, the Prime Minister declared that it was the intention of this government to expand this opportunity of getting basic pension of 500 baht per month to every senior citizen in Thailand:

“as for the elderly policy in the next phase, the issue of providing income security for the elderly in a sustainable manner must be considered by promoting long-term saving which the government must co-contribute, in a similar way the government has done in the Social Security Fund or the Civil Servant Pension Scheme, or even the Community Welfare Fund.”

The registration for the basic pension scheme started in February 2009, and in the 2009 fiscal year, there were 5.9 million people who had already received the pension (Thai Rath Online 17th

August 2009). However, before its implementation, the legislation process had been quite problematic because of the content which required amendment had financial and fiscal implications. Nonetheless, the government managed to complete the amendment and press ahead with the policy.

Furthermore, the government wanted to lay down the foundation for setting up the National Pension System (to be known later as the National Saving Fund for Elderly) in order to provide income security for the elderly in the long-term and a system to promote saving as a whole. The Finance Minister agreed with the principle of developing such system which the contribution from the government would be different in each group of workers. For workers aged between 20 and 30 years, the government would contribute 50 baht for every 100 baht saved by the worker. The figures for workers aged between 31-50 years would be 80 baht, and for older workers (50 and over) the figure would be 100 baht per 100 baht saved. The benefit from the pension fund was that the government guaranteed an interest rate of not less than the interest rate for 1-year fixed deposit account and the pension would be paid after the worker had reached the age of 60 years old in installments. The minimum payment for each installment would be between 2,000-2,500 baht per month and when this was combined with the monthly basic pension of 500 baht, an elderly should receive between 2,500-3,000 which should be reasonable to sustain his or her daily living (Matichon Online, 20th July 2009).

However, the timing of the public hearings on the National Saving Funds for Elderly coincided with the action by the Social Security Office (SSO) to try and to extend its coverage to informal workers. The relevant change made by SSO was to provide retirement pension as one of its benefit package. The pension would be financed from the contribution of the worker which SSO would take a portion of this to invest. Any return of investment would then be paid out to the worker when he/she reached the age of 55.

The main difference between these 2 funds was the guarantee of interest rate, whereas the SSS invest the funds and provide no guarantee on the return. (Post Today, 23rd July 2009).

At the same time, the Department of Local Administration proposed to the cabinet for an approval of the budget for the basic pension scheme and the related activities of 1,729 million baht. The 'related activities' referred to the search for 150,000 elderly people who had not registered for the scheme and were not identified in previous surveys. These were done by the village health volunteers which 550 million baht was allocated in the budget to compensate them.

In addition to the mentioned policies, the government approved the increase of credit limit for a loan from the Elderly Fund which elderly people can apply for. The limit was increased from 15,000 baht to 30,000 baht per person. The purpose of the fund was to provide elderly people with capital for farming or other business. The Ministry of Social Development and Human Security was mainly responsible the scheme.

On local government policies

At the beginning of 2009, M.R. Sukhumbhand Paribatra was elected as Governor of Bangkok. During his election campaign, he had outlined a number of policies for the elderly which he intended to increase welfare benefit for them. He visited the community to find out the real extent of the problem on order to develop a comprehensive solution for them.

After he won the election, a number of elderly policies were implemented, such as vocational training, elderly health care, increased channels which elderly people can meet and communicate through club activities and the internet. Furthermore, a project was underway to build a hospital in Bangkhuntien District as a comprehensive health care and rehabilitation center for the elderly (Thai Rath, 9th February 2009; Matichon Online, 24th February 2009).

Meanwhile, the BMA had proposed a 3-year plan related to its activities for the elderly to the National Committee for Senior Citizen in order to coordinate its efforts for the elderly. The committee acknowledged the plan and currently in the process of approving it. This plan consists of 4 aspects and 17 programs in total.

1. Health aspect : There were 5 programs related to health, such as projects on community service center for the elderly, 'Age Watch Program', and day care.

2. Medical service aspect: There were 3 programs, including elderly inter-disciplinary hospital care, development of nursing home model, and capacity building for personnel in elderly care.

3. Social aspect: There were 6 programs, such as center for self-learning and vocational training, pension program, and development of management system for activities related to the elderly.

4. Physical and environmental aspect: There were 3 programs, including development of standard for environmental and housing design for the elderly, Elderly-friendly Public Facility Program, BMA Aging Friendly City Program.

Group 3: Preparation to handle ageing society in Thailand

The preparation for the ageing society in Thailand was reflected by the news on the innovation in elderly health care, rehabilitation and technology related to amenities for the disable and elderly, as well as the preparation for housing and environment to make them elderly-friendly.

In April, the Foundation of Gerontology Research and Development, ThaiHealth, National Committee for Senior Citizens, and Faculty of Architecture, Chulalongkorn University organized a seminar on "The Thai Society and Creation of Space for the Elderly" in order to brainstorm and develop a recommendation on this issue. Prizes were also given to prototype designs which adjusted the environment to suit the elderly (Komchadluek Online, 5th May 2009).

Furthermore, the National Housing Authority, Ministry of Social Development and Human Security, and Phetchaburi Provincial Administrative Organization jointly developed a prototype for elderly-friendly housing design which the budget for this project was estimated to be around 25 million baht (Komchadluek, 13th may 2009).

Group 4: Products and services

News on products and services for the elderly were usually on health services. Many private organizations tried to promote their products and services through the news to provide choice for elderly consumers. This type of news can be divided into 4 groups

Health screening: Many private hospitals advertised their service, usually in package, to the elderly in order to promote health and prevent diseases.

Elderly care: From the projection on the need of carers by dependent elderly for the next 20 years by the Foundation of Gerontology Research and Development Institute and Health System Research Institute (HSRI), it was found that the number of elderly under care by family members would increase from 67,395 people in 2005 to 79,888 in 2015. Whereas the number of dependent elderly who would like to hire a carer would increase from 25,675 to 31,955 people within the same time period. As a result, there was an expanding market for nursing home businesses (Krungthep Dhurakij, 7th July 2009).

Life Assurance and Insurance: After the assurance business sector had successfully proposed a change in tax structure in order to withdraw the barrier which was preventing the assurance businesses, particularly on pension fund products, from growing. This led to a boom in the sector (Siam Dhurakij, 19th-22nd September 2009).

Travel and Entertainment: Various agencies, including the Tourism Authority of Thailand and Faculty of Architecture, Chulalongkorn University, organized an event on “ Alternative Tourism... which is barrier-free for everyone” in order to launch a tourism map for the disable and elderly (Khaosod, 1st August 2009). Furthermore, on the National Senior Citizen Day, the admission to the cinemas, amusement parks and other tourist attractions were charged at a discounted price or free.

Group 5: Elderly Personal News

One of the hottest good news on an elderly person was the news on Professor Poonsub Nopawongse na Ayudhya who received the National Senior Citizen Award of 2009. Another scoop, towards the end of the year, covered the National Volunteer Awards which were given to 227 volunteers (Matichon, 21st October 2009).

However, there was also bad news which reflected a worrying situation on the elderly. There was an incident in February 2009 where a middle-aged woman used a kitchen knife to kill her mother, aged 82, after a quarrel. It was found out later that the middle-aged woman had a history of mental illness.

An elderly woman aged 85 who lived alone and under poverty had to look for pieces of wood to sell as firewood to support her life. Her house registration and ID card were also lost and so she could not register to receive welfare (Komchadluek Online, 13th March 2009).

There were also various news scoops which covered a number of elderly being either abandoned or abused, or both (Thai Rath Online, 10th June 2009; Thai Rath Online, 25th June 2009; Khaosod Online, 21st July 2009).

Group 6: Knowledge and Information on Service Provision

- 1) Giving general information and knowledge related to the elderly
There was an example of this in Manager Online (16th April 2009) which gave information of 9 ways to look after elderly people (appropriate diet, exercise, get some fresh air, avoid all vices, prevent accidents, weight-watching, avoid inappropriate use of drugs, look out for abnormalities, and go for health screening every year).
- 2) Giving information on elderly rights
There was news on the urgency shown by the government in expanding elderly welfare and rights. The coverage on the meetings held by the National Committee for Senior Citizens approved several additions such as, the extension of coverage for medical care and public health services, increase in vocational training, and promote participation of the elderly in social activities within the community.
- 3) Giving knowledge and health service
 - i. The National Health Security Office (NHSO) announced the 10-plan mission for health service for 2009 which emphasized on access and equity, good service, and patients' satisfaction.
 - ii. There were campaigns to increase awareness on seasonal diseases in the elderly and the health situation during that time period.
 - iii. Provision of elderly care was still a big issue from 2008 to 2009 which NHSO proposed a scheme for elderly day care for dependent elderly who did not have carer during the day to allow the relative to work. A pilot program was launched in Chiang Mai (Thai Rath, 22nd January 2009).
 - iv. Ministry of Public Health prepared to make a proposal to the cabinet to boost the production of assistant nurse for elderly care and to financially support community activities for the elderly to participate after they found that there were more than 1 million dependent elderly (Than Sethakij Online, 24th November 2009).

- v. Businesses and public service providers in elderly care were enjoying high growth. As a result, the Department of Skill Development was organizing training courses for elderly carer which was in high demand (Ban Muang 4th August 2009).
- 4) Provision of elderly welfare by LAOs
The majority of news scoops covered the problems related to the disbursement of basic pension to eligible elderly people. There were numerous complains in various areas, such as incomplete payment or violation of regulations.
- 5) Activities for the elderly
Apart from the personal news coverage which set a good example, there were also scoops which recognized the contributions of groups, clubs or activities to the elderly and society as a whole. An example of this was the “Friends Help Friends” campaign and the “Mobile Drug Cabinet” program in Lampang.

7.4.2 Sources of news

From the news which has already been mentioned, it could be said that they came from several sources. These can be divided into 7 groups as followed.

- 1) Politicians at national level who were in the government coalition informed the public on urgent national policy on the elderly.
- 2) Politicians at national level who were in the opposition who disagreed with government policy when politically possible.
- 3) Local Politicians who informed the public about the success of national policies.
- 4) Government Officers and Employees who informed about the progress on the implementation of the policy and results.
- 5) Academics and Not-For-Profit Organizations who provided information on the situation as well as policy recommendation and the results of program evaluation.
- 6) Private Sector who informed about business opportunities and services available.
- 7) Journalists who cover the news about the elderly from their perspective.

As for issues covered in the news, the 4 most popular issues in printed and online newspaper in 2009 were:

- 1) News on income security and financial assistance for the elderly such as the news on basic pension scheme and the National Saving Fund for Elderly.
- 2) News on knowledge sharing and elderly care.
- 3) News on the situation on ageing society and human resource in elderly care.
- 4) News which reflected the problems faced by the elderly such as abandonment and abuse.



8 List of research on the Elderly in 2009



List of research on the Elderly in 2009

This chapter compiles all the research and academic work on the elderly which have been completed and disseminated in 2009. The compilation consists of research at policy, operational and community levels. The research can be classified into 7 categories as followed:

1. Health and nutrition
2. Income security
3. Housing
4. Ageing population
5. Local/Community
6. News and education
7. Quality of life

The list of research shown in this chapter was gathered from various academic journals and other printed material. The sources of these studies are as followed:

- Education institutes, such as Chulalongkorn University, Mahidol University, Thammasart University.
- Public health agencies, such as Institute of Geriatric Medicine (Department of Medical Services, Ministry of Public Health), Health Promotion Center (Department of Health, Ministry of Public Health), Council of Nursing.
- Agencies related to social and economic development, such as Ministry of Labour, Ministry of Social Development and Human Security.
- Research agencies, such as Thailand Research Fund, National Research Council of Thailand.
- Private developmental agencies, such as Foundation of Thai Gerontology Research and Development Institute.

Title	Researcher	Sources	Electronic Sources
Health and Nutrition			
Development of fructooligosaccharide (FOS) Food Supplement Products from Plants for Digestive Disorder and Elder	Jiradej Manosroi	Thailand Research Fund	http://www.trf.or.th/keydefault.asp
Health service provision system for the frail elderly in the community	Orawan Kuha, Nanthasak Thammanawat	Thammasart University Library Call No.: WT120 . ๑.455	http://library.tu.ac.th/cms/
Frequent health problems in the elderly and prevention measures	Prasert Assantachai	Thammasart University Library Call No.: WT100. ๑.635	http://library.tu.ac.th/cms/
Study on the elderly with early stage of dementia in Makhamsoong sub-district, Phitsanulok	Amornrat Niamsawan	Health Promotion Center 9, Phitsanulok	http://hcp9.anamai.moph.go.th/research/index.php?option=com_content&task=view&id=96%itemid=51
Study on health promotion activities and health status of the elderly in Horklong sub-district, Phitsanulok	Piyaphan Trakulthip	Health Promotion Center 9, Phitsanulok	http://hcp9.anamai.moph.go.th/research/index.php?option=com_content&task=view&id=96%itemid=51
Research project on development of anti-aging program	The Supreme Patriarch Center on Aging	Institute of Geriatric Medicine, Department of Medical Services, Ministry of Public Health	http://www.agingthai.org/page/ 1775
System for provision of elderly long-term care to promote security in the elderly	Dr. Worawet	Working group for capacity promotion for the elderly, Ministry of Social Development and Human security (tel. 022555850-7)	022555850-7
Health problems related to foot and shoes in the elderly	Dootchai Chaiwanichsiri, Siriporn Chanchai, Natthiya Tantisirawat	Library of the National Research Council of Thailand	http://www.riclib.nrct.go.th/scripts/wwwi32.exe/[in=book2.parl]?^t2006=206501&^t2003=11018^t2000=ผู้สูงอายุ

Title	Researcher	Sources	Electronic Sources
Health and Nutrition			
Effectiveness of clinical practice guideline for pain management in the elderly after a major surgical operation in Sanpatong Hospital, Chiangmai	Kannika Chantara	๑ 215867, Library of the National Research Council of Thailand (tel. 025612445, ext. 470, 478)	http://www.riclib.nrct.go.th/scripts/wwwi32.exe/[in=book2.parl]?^t2006= 206501&^t2003=1101&^t2000=ผู้สูงอายุก
nutritional intake and status of the elderly	Ubonwan Pantha	๑ 217066, Library of the National Research Council of Thailand (tel. 025612445, ext. 470, 478)	http://www.riclib.nrct.go.th/scripts/wwwi32.exe/[in=book2.parl]?^t2006= 206501&^t2003=1101&^t2000=ผู้สูงอายุก
Family support for the elderly with major depression in the community	Sirivan Piriyakhuntorn	๑ 219217, Library of the National Research Council of Thailand (tel. 025612445, ext. 470, 478)	http://www.riclib.nrct.go.th/scripts/wwwi32.exe/[in=book2.parl]?^t2006= 206501&^t2003=1101&^t2000=ผู้สูงอายุก
Clinical practice guideline development for management of urinary incontinence in the elderly in geriatric clinic, Chiangrai Prachanukroh Hospital	Khatika Pingkasun	๑ 220160, Library of the National Research Council of Thailand (tel. 025612445, ext. 470, 478)	http://www.riclib.nrct.go.th/scripts/wwwi32.exe/[in=book2.parl]?^t2006= 206501&^t2003=1101&^t2000=ผู้สูงอายุก
Health status of the elderly in area 17	Linda Siriphuban, Supanee Kaewpinit	๑ 221057, Library of the National Research Council of Thailand (tel. 025612445, ext. 470, 478)	http://www.riclib.nrct.go.th/scripts/wwwi32.exe/[in=book2.parl]?^t2006= 206501&^t2003=1101&^t2000=ผู้สูงอายุก
Development of holistic model for continuing care for chronic diseases in the elderly : A case study in super-tertiary hospital	Amornpun Teeranut	๑ 222637, Library of the National Research Council of Thailand (tel. 025612445, ext. 470, 478)	http://www.riclib.nrct.go.th/scripts/wwwi32.exe/[in=book2.parl]?^t2006= 206501&^t2003=1101&^t2000=ผู้สูงอายุก
Development of quality assurance model for older person's care assistants	Siriphan Sasat, Pranom Rodkhamdee, Tuanjai Phakdiptom	Thai Journal of Nursing Council 25(1):38-52	http://www.tnc.or.th/journal_ne.php

Title	Researcher	Sources	Electronic Sources
Health and Nutrition			
Development of community capacity in the Northern region of Thailand for provision of long-term care for the elderly: Phase 1	Pongsiri Prathnadi, Linchong Pothibhan	Foundation of Thai Gerontology Research and Development Institute (TGR)	http://www.thaitgri.org
Good practice model for elderly care by family members in urban areas and Bangkok	Narirat Jitramontree	Foundation of Thai Gerontology Research and Development Institute (TGR)	http://www.thaitgri.org
Good practice model for elderly care by family members in Thai rural area	Sasipat Yodpetch	Foundation of Thai Gerontology Research and Development Institute (TGR)	http://www.thaitgri.org
Study of long-term elderly care facilities in Thailand	Siriphan Sasat	Foundation of Thai Gerontology Research and Development Institute (TGR)	http://www.thaitgri.org
System integration for long-term elderly care in Thailand	Sasipat Yodpetch	Foundation of Thai Gerontology Research and Development Institute (TGR)	http://www.thaitgri.org
Reproductive health for the elderly Income security	Khemika Yamarat	Foundation of Thai Gerontology Research and Development Institute (TGR)	http://www.thaitgri.org
Financial Security			
The number of unskilled migrant workers from Myanmar, Lao and Cambodia in the future and the demand of migrants for the aging society	Tanapong Potipiti	Thailand Research Fund	http://www.trf.or.th/keydefault.asp

Title	Researcher	Sources	Electronic Sources
Nutrition			
The project of suitable occupation and earned income opportunities in accordance with older workers: Final report	Somrak Raksasap, Karnchane, Kungwanpornisiri, Nongnuch Intarawiset	Thammasart University library	http://library.tu.ac.th/cms/
Financing for long-term elderly care in Bangkok Metropolitan area	Worawet Suwanrada	Foundation of Thai Gerontology Research and Development Institute (TGR)	http://www.thaitgri.org
Forecasting model for predicting financial sustainability of pension system funded by community fund	Worawet Suwanrada	Foundation of Thai Gerontology Research and Development Institute (TGR)	http://www.thaitgri.org
National Pension System Design (Phase 1)	Worawet Suwanrada	Foundation of Thai Gerontology Research and Development Institute (TGR)	http://www.thaitgri.org
National Pension System Design (Phase 2)	Worawan Charnduiwit	Foundation of Thai Gerontology Research and Development Institute (TGR)	http://www.thaitgri.org
Mathematical model for income security in the elderly for informal sector labour	Suwatana Sripirom	Foundation of Thai Gerontology Research and Development Institute (TGR)	http://www.thaitgri.org
How to create more Job opportunities for the elderly?	Nongnuch Soonthornchawakarn	Foundation of Thai Gerontology Research and Development Institute (TGR)	http://www.thaitgri.org
Problems related to basic pension for the elderly	Worawet Suwanrada, Apaphan Khamwachirapithak	Thammasart University Library Call No.: HV1484.192 3475	http://library.tu.ac.th/cms/
Occupation and opportunities for getting incentive suitable for the elderly	Ministry of Labour	Ministry of Labour	http://www.mol.go.th/

Title	Researcher	Sources	Electronic Sources
Housing			
Architectural design for long-term vocational facilities for the retired in accordance to the sufficiency economy concept	Tanaporn Wongdontree, Tanapon Panthasen, Pratuang Honggaranakorn	Journal of Demography	http://www.cps.chula.ac.th/
Development program for aging health promotion city in Phitsanulok	Peeratom Boonyarattapan	Thailand Research Fund	html_th/th_event_new_book.htm
Home safety for the elderly	Chaweewan Denpaibul	Thammasart University Library Call No.: 020/2553	http://www.trf.or.th/keydefault.asp
Housing and community for the elderly in rural area of Northern region, Thailand	Withoon Liawrungruang	Thammasart University Library	http://library.tu.ac.th/cms/
A new agenda for developing housing for elderly in Thai society	Naporn havanon, Teerawan Wattanothai	Thammasart University Library Call No.: HV1454 .146	http://library.tu.ac.th/cms/
Ageing population			
Promotion of quality of life for people aged 45 years or over in Pathumthani	Srimuang Palungrit, Pensri Kawewongprasert, Sanam Puengbua	Journal of Demography, 25(1). College of Population Study, Chulalongkorn University	http://www.cps.chula.ac.th/pop_info_2551/Image+Data/Publications/Journal/journal-11-24/t-journal25-1.html
Ageing society: Guideline and measures to handle this problem in the future	Sureerat Kewhok	Thammasart University Library	http://library.tu.ac.th/cms/
Meeting minute in a brainstorming session on "Ageing society: Guideline and measures to handle this problem in the future"	The War Veterans Organization of Thailand	219233 Library of the National Research Council of Thailand (tel. 025612445, ext. 470, 478)	http://www.riclib.nrct.go.th/scripts/wwwwi32.exe/[in=book2.par]/?^t2006=216449&^t2003=1201&^t2000=ผู้สูงอายุ

Title	Researcher	Sources	Electronic Sources
Local/Community			
Research report: Suitable model and approach for provision of social welfare for the elderly by the local administrative organizations	Kiriboon Jongwutthiwet	Thammasart University Library	http://library.tu.ac.th/cms/
Political participation by the elderly in Bangsaotong subdistrict, Samut Prakarn	Supaporn Sukkasem	๓ 217021, Library of the National Research Council of Thailand (tel. 025612445, ext. 470, 478)	http://www.riclib.nrct.go.th/scripts/wwwi32.exe/[in=book2.par]/?^t2006=214096&^t2003=1181&^t2000=ผู้สูงอายุ
Community process for promotion of physical activities amongst the elderly in Bankokchum village, Lumpang	Yongyuth Kaewtem	๓ 223247, Library of the National Research Council of Thailand (tel. 025612445, ext. 470, 478)	http://www.riclib.nrct.go.th/scripts/wwwi32.exe/[in=book2.par]/?^t2006=220676&^t2003=1221&^t2000=ผู้สูงอายุ
News and education			
Demographical study on the Thai elderly population and their well-being: Previous trends, current situation and future challenges	John Knodel & Napaporn Chayovan	College of Population Study, Chulalongkorn University	http://www.cps.chula.ac.th/html_th/th_event_new_book.htm
Informal education and education 'at your convenience' for the promotion of learning and preparation for ageing in working adults: Issues, demands and model	Archanya Rattana-Ubol et al.	Foundation of Thai Gerontology Research and Development Institute (TGRi)	http://www.thaitgri.org

Title	Researcher	Sources	Electronic Sources
Quality of life			
Poverty situation of the elderly and management model to promote quality of life of the Thai elderly	Suwinee Wiwatwanich	Thailand Research Fund	http://www.trf.or.th/keydefault.asp
Violence against the elderly in Thailand: A review of knowledge and current situation	Jiraporn Ketpitchayawattana, Suwinee Wiwatwanich	Foundation of Thai Gerontology	http://www.thaitgri.org
Multi-dimension knowledge on the elderly between 2002-2007: A review (8 issues/1 edition)	Suwinee Wiwatwanich	Research and Development Institute (TGR)	http://www.thaitgri.org
Prize for good practice for elderly-friendly building and places: A promotional activity	Naowarat Chumyung	Foundation of Thai Gerontology Research and Development Institute (TGR)	http://www.thaitgri.org
Prize for good practice for elderly-friendly building and places: The contest	Trirat Jarutat	Foundation of Thai Gerontology Research and Development Institute (TGR)	http://www.thaitgri.org
Expectation and satisfaction in media news coverage by the elderly in the municipality area of Chiangmai	Warunluk Nopprasert	๓ 221057, Library of the National Research Council of Thailand (tel. 025612445, ext. 470, 478)	http://www.riclib.nrct.go.th/scripts/wwwi32.exe/[in=book2.par]?^t2006=206501&^t2003=1101&^t2000=ผู้สูงอายุ



9 Appendix

List of the Committee for the Production of the 2009 Report on the Situation of the Thai Elderly Population

1.	Dr.Banloo Siriphanich	Foundation of Thai Gerontology Research and Development Institute	President
2.	Mrs.Thida Sripaiphan	Senior Citizen Council of Thailand, under the Royal Patronage	Member
3.	Mrs.Kannika Ekepaophan	Bureau of Saving and Investment Policy, Fiscal Policy Office, Ministry of Finance	Member
4.	Mrs.Preeya Mittranon	National Statistical Office	Member
5.	Mrs.Chirawan Mathuam	National Statistical Office	Member
6.	Mrs.Paranee Wattana	Office of the National Economic and Social Development Board	Member
7.	Mr.Jiraphan Kalaprawit	Office of the National Economic and Social Development Board	Member
8.	Ms.Kulthida Lertpongwattana	Office of the National Economic and Social Development Board	Member
9.	Mrs.Orasa Khowinta	Bureau of Policy and Strategy, Ministry of Public Health	Member
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