



Situation of the Thai Elderly *2005*

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The Office of Welfare Promotion, Protection and
Empowerment of Vulnerable Groups,
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Preface

On the two auspicious occasions of His Majesty the King's 60 years Accession to the Throne in the year 2006 and His Majesty's 80th Birthday in the coming year 2007, it is deemed to be appropriate to undertake programs for the benefit and well-being of the elderly in Thailand. In the meantime, subject to the Act on Older Persons, B.E. 2546 which is effective on January 1, 2004 onwards, the terms and conditions thereof prescribe to promote more chances and interests to older persons than previously in all arenas either protection, care-giving or promotion of their well-being under the collaborative framework of all parts of the society.

This Situation of the Thai Elderly in the Year 2005 is part of the effort to present the studied data of older persons which are updated based on the facts, research data, surveys and statistical forecasts. It is to reflect the virtual existing situation of the elderly in various dimensions for the purpose of providing and dissemination of useful information for any parties involved to use in development and administration of the tasks concerning older persons. This Situation of the Thai Elderly in the Year 2005, is the third year of report on the situation of the Thai elderly, continuing from those of the years 2003 and 2004. Its contents are close to the previous years' reports, i.e. the size and trend of older populations, their health, their families and communities, occupations and incomes, education and learning, including the outcome of duties performance in the previous year. The preparation of the Situation of the Thai Elderly in the Year 2005 is very well assisted and supported in necessary data and information, by academics, professionals from educational institutes, government agencies and the private sector, as well as the related public entities; whom we hereby, would highly appreciate their kindness.

The Committee of Data Collation on the Elderly Situation deeply hopes that "the Situation of the Thai Elderly in the Year 2005" will provide helpful and accurate knowledge concerning older persons, and could guide to correct decision in making and implementing policies which will be most advantageous to older persons and our society as a whole.

The Committee of Data Collation on the Elderly Situation

September 2006

Situation of the Thai Elderly 2005





Executive Summary

In the Situation of the Thai Elderly in the Year 2004 Book, it shows that only about two thirds of Thai older persons are legible. Among these people, they mostly read newspaper and various printing medias. However, their selected contents, either fiction or non-fiction are unlikely to deal with the correct way or how to prepare for their quality and happy ageing.

Presently, several entities and agencies try to provide education and information which is useful to older persons in many forms such as a lecture, training, publication and dissemination through the printing medias, radio, television and other means. Mostly, it is notable that such knowledge or information just focuses on disease and healthiness, not adequately covering the news or information helpful to their job placement nor occupations nor legal rights nor knowledge concerning their general living. In addition, it does not mainly aimed at transmission of such information to the pre-retirement age or the younger so as to encourage the latter groups to early prepare for their quality ageing, or increase their knowledge and understanding of the life cycle, ageing, elderly values, and to encourage integration of all family members into the community of all ages.

Apart from the deficiency in contents and inadequacy in covering the target groups, the perspectives and the arrangement of media forms and contents for the elderly or the ageing society are not well systematized enough to ensure the effectiveness and implementation of the 2nd National Plan on Older Persons.

Consequently, to establish "the policy on development of the appropriate system to strengthen and disseminate knowledge to the ageing society" is deemed as the significant point which the government and the National Commission on the Elderly have to give priority to, because this is not only useful directly to the present and the future older persons, but it can also serve as the significant mechanism for promotion and enhancement of the related agencies of both the government and the private sectors to drive their implementation of the 2nd National Plan on Older Persons.

Prof. Sutthichai Jitapunkul

Vice President of the Committee of Data Collation on the Elderly Situation

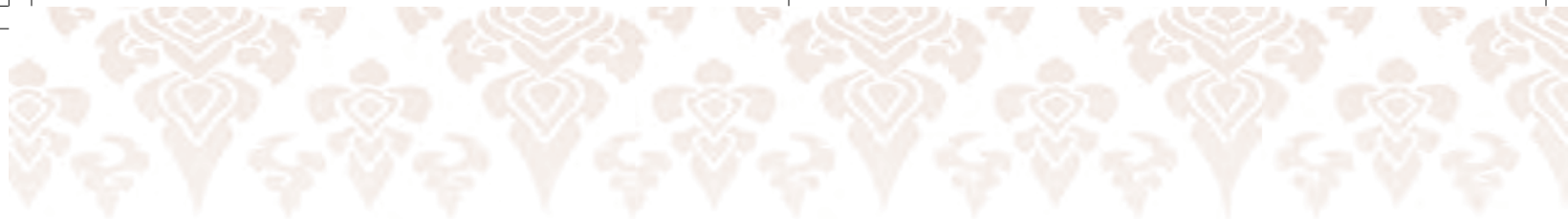
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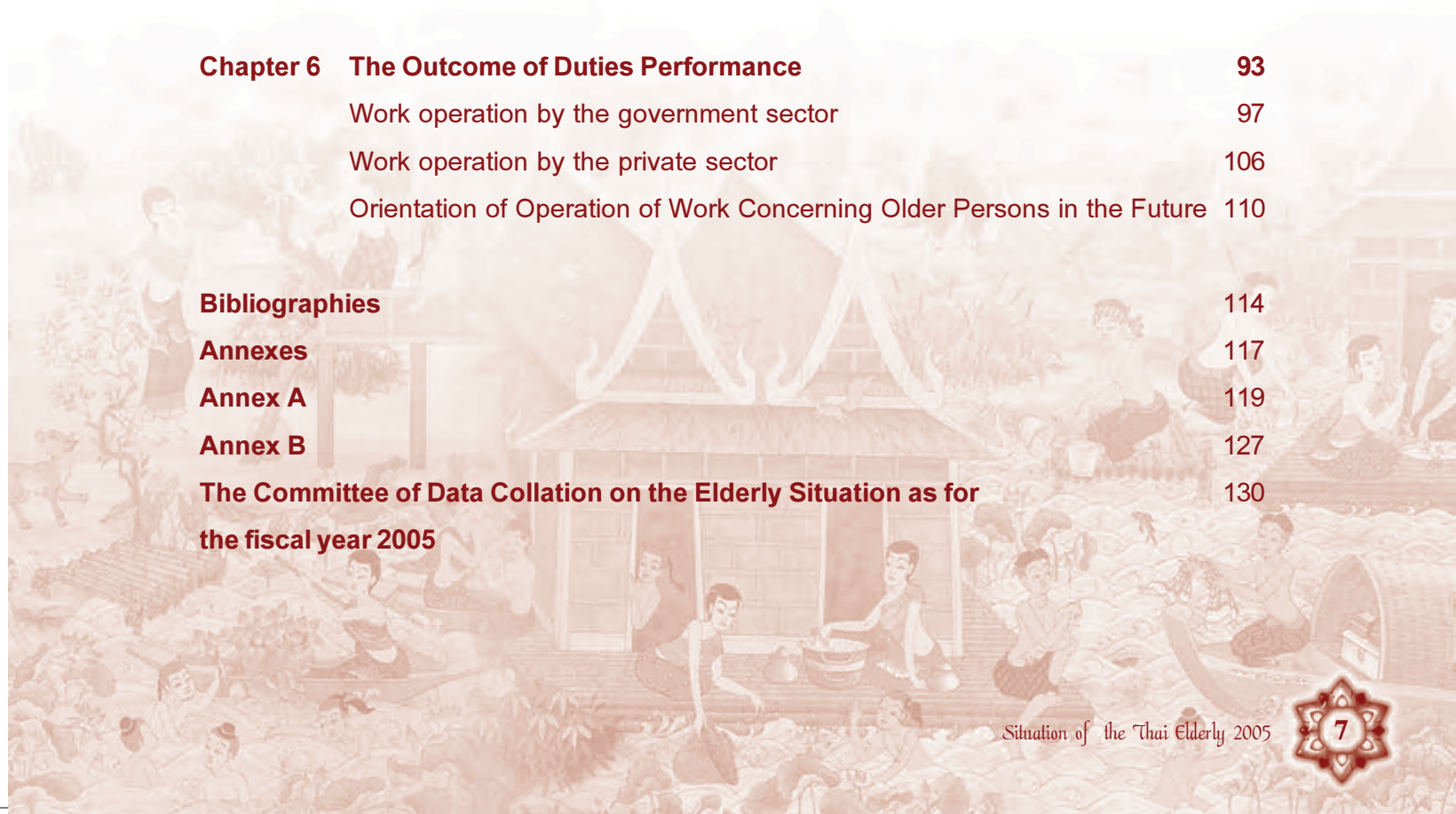
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Chapter 1

Size and Trend of Older Persons





Chapter 1

Size and Trend of Older Persons

Trend of Size and Proportions of Older Persons

The trend of number and proportions of older persons is deemed as the basic population data which reflect the change in the size of older persons and the rapidity of ageing of the Thai society variable according to the passing time. The latest data from the world population prospects by the United Nations as of the year 2004, and the data from the Office of the National Economic and Social Development Board as of the year 2003 (Tables 1 and 2), show that either the number of total populations, or the number of older persons (aged 60 years and more), or the proportions of older persons in Thailand have continually increased from the past through the present and also through the future. The particulars are as follows: Number of the total populations is approximately 26.6 million persons in 1960, increasing to 61.4 million in 2000 and expected to increase up to 72.6 million in 2025; while the number of older persons is 1.3 million persons, increasing to 5.7 million and expected to increase up to 14 million in each same year as above. It is notable that the increase rate of older persons is more rapid than that of the total populations, or we can say that the time taken in each double increase in older persons is shorter than previously, and shorter than the time of each double increase in the total populations. The increase in older persons from 1.3 million to 2.8 million persons only takes 25 years, while the increase in total populations from 26.6 million to 54.6 million persons takes approximately 30 years. Similarly, the increase in older persons from 2.8 million to 5.7 million persons only takes 15 years, and their increase from 6.7 million to 14 million persons just takes less than 20 years, respectively.

Other than increase in the size of older persons according to the time, the proportions of older persons and the median age of populations also increase rapidly: Proportions of older persons increase from 4.8% during the period before 1970, to 10.5% in 2005, and likely to doubly increase to 21.4% in the next 25 years, while the median age of the Thai populations increases from approximately 18 years to 30.5 years and up to 38.8 years in each same period





as above. Based on the international standards, any country having 10% of its populations being 60 years or more aged or having the median age of populations from 30 years onwards, shall be deemed as the ageing society. Therefore, Thailand has become the ageing society. Furthermore, among older persons, they also have longer life than previously, as proportions of the very old age group (aged 80 years or more) increase according to the passing time from approximately five hundred thousand persons (1%) in 2005, up to approximately 1.5 million persons (2%) in 2025 and forecast to increase up to approximately 4.3 million persons (6%) in 2050.

The change in the age structure of Thailand by having the rapid rate of facing the ageing since the previous decades, is resulted from decrease in population's fertility from high fertility in the past, falling to the level lower than the present and the future replacement rate within a short time. In the meantime, the death level also continually decreases. Based on the data, the total fertility rate decreases from about 6 persons per woman during the decade of B.E. 2500 to about 4 persons per woman during the decade of B.E. 2520, and to about 2 persons per woman from the beginning of the decade of B.E. 2530 onwards. It is forecast that the total fertility rate will decrease up to the level of less than 2 persons per woman in the future. On the contrary, it is found that life expectancy at birth keeps on increasing from approximately 59 years during the period before the year B.E. 2510 to approximately 70-72 years in the present and forecast to increase to approximately 75 years in the next 20 years. We may say that Thailand has less time than the developed countries to prepare for its ageing which is approaching at the continually rapid rate (see Tables in Annex A.)

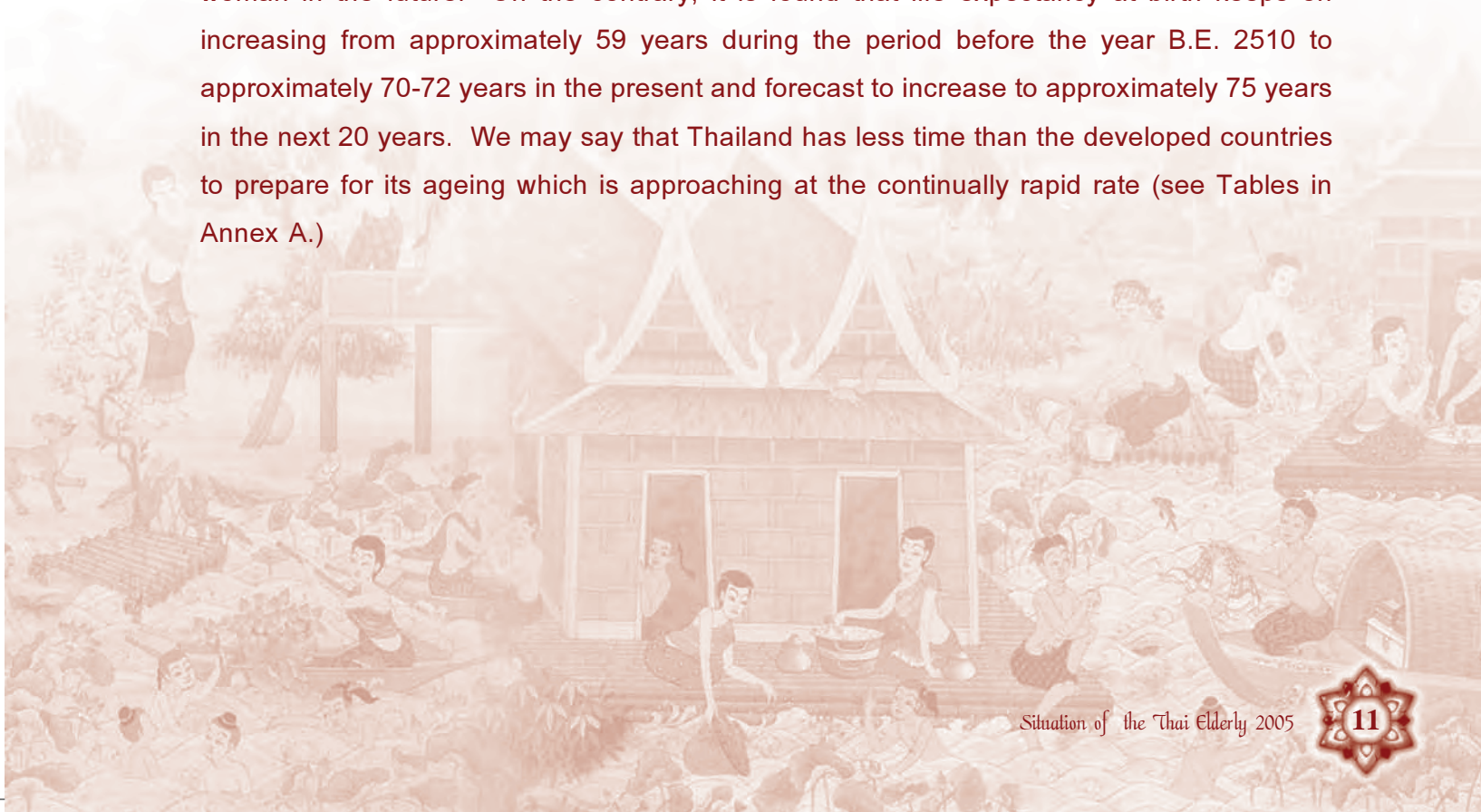


Table 1

Number of Total Populations, Number and Percentages of Persons Aged 60 years and more, Number and Percentages of Persons Aged 80 years and more, and the Median Age as of B.E. 2493-2593

Year	Total Populations (per 1,000)	The Populations aged 60 years and more		The Populations aged 80 years and more		Median Age
		Number (per 1,000)	Percent	Number (per 1,000)	Percent	
B.E.2493 (1950)	19,626	991	5.0	81	0.4	18.6
2498 (1955)	22,759	1,087	4.8	81	0.4	18.4
2503 (1960)	26,603	1,272	4.8	81	0.3	18.0
2508 (1965)	31,209	1,498	4.8	93	0.3	17.3
2513 (1970)	36,257	1,772	4.9	104	0.3	17.4
2518 (1975)	41,292	2,072	5.0	118	0.3	18.2
2523 (1980)	46,334	2,406	5.2	147	0.3	19.5
2528 (1985)	50,612	2,821	5.6	179	0.4	21.3
2533 (1990)	54,639	3,432	6.3	217	0.4	23.4
2538 (1995)	58,336	4,441	7.6	274	0.5	26.1
2543 (2000)	61,438	5,704	9.3	400	0.7	28.9
2548 (2005)	64,233	6,718	10.5	543	0.8	30.5
2553 (2010)	66,785	8,032	12.0	751	1.1	32.3
2558 (2015)	69,064	9,841	14.2	1,000	1.4	34.1
2563 (2020)	71,044	11,855	16.7	1,287	1.8	35.8
2568 (2025)	72,635	13,958	19.2	1,537	2.1	37.4
2573 (2030)	73,827	15,817	21.4	1,939	2.6	38.8
2578 (2035)	74,611	17,270	23.1	2,567	3.4	40.1
2583 (2040)	74,965	18,675	24.9	3,222	4.3	41.0
2588 (2045)	74,935	19,850	26.5	3,867	5.2	41.8
2593 (2050)	74,544	20,702	27.8	4,354	5.8	42.5

Source: United Nations (2006). World Population Prospects, the 2004 Revision.

Remarks: The median age of 30 years means 50% of the populations aged less than 30 years and the other 50% aged more than 30 years.





Table 2

Number of Total Populations, Number and Percentages of Persons Aged 60 years and more, Number and Percentages of Persons Aged 80 years and more

Years	Total Population (per 1,000)	The Population aged 60 years and more		The Population aged 80 years and more	
		Number	Percent	Number	Percent
2543 (2000)	62,236	5,877	9.4	593	1.0
2548 (2005)	64,763	6,693	10.3	617	1.0
2553 (2010)	67,041	8,142	12.5	763	1.1
2558 (2015)	69,060	9,559	13.8	973	1.4
2563 (2020)	70,456	11,888	16.8	1,249	1.8
2568 (2025)	72,286	14,452	20.0	1,552	2.1

Source: The Office of the National Economic and Social Development Board (2006). Thai Population Prospects, B.E. 2543 - 2568.

Dependency Ratio or Support Ratio

The data in the Tables shown in Annexes A2 and A3, reflect the change in the age structure of Thai populations from children become more older persons during the previous several decades. That is the proportions of children (aged less than 15 years) decrease, while the proportions of older persons (aged 60 years and more) increase variably according to the passing time.

Such change in the population structure makes our Country need to establish some novelties in our administration and economy. That change in the age structure where there are more older persons than previously also causes certain changes in number of persons who act as supporters of the dependent older persons in many ways. One measure to indicate the potentiality of social support need is called the elderly support ratio or elderly dependency ratio, measured by the ratio of the 60 years and more age group per the working age (15-59 years) group.

The data in Table 3 shows that the dependency ratio of Thailand seems to reduce from 99 per 100 in B.E. 2513 (1970), to 50-52 per 100 in 2005, but likely to increase to approximately 61-63 per 100 in 2025. The reduction of the entire dependency ratio during 1970-2005 is due to the reduction in the juvenile dependency ratio arising from decrease in the total fertility rate. Regarding the increase in the entire dependency ratio in the future, it is forecast based on the

increase in the elderly dependency ratio caused by the reduction in the total fertility rate and longer life of the populations. It is notable that in 2005, every 100 persons of working ages have to support or take care of approximately 16 older persons. This ratio is likely to increase to approximately 31-32 persons in 2025 and to approximately 50 persons in 2050.

Table 3
Ratio of Entire Dependency, Ratio of Juvenile Dependency, and Ratio of Elderly Dependency as of the Years 1950-2050

Years	United Nations ¹			The Office of the National Economic and Social Development Board ²		
	Total	Juvenile	Elderly	Total	Juvenile	Elderly
B.E.2493 (1950)	89.3	79.8	9.6			
2498 (1955)	90.3	81.2	9.1			
2503 (1960)	96.7	87.3	9.4			
2508 (1965)	101.3	91.7	9.7			
2513 (1970)	99.2	89.4	9.7			
2518 (1975)	91.5	81.9	9.6			
2523 (1980)	80.6	71.2	9.4			
2528 (1985)	70.0	60.5	9.5			
2533 (1990)	61.7	51.6	10.2			
2538 (1995)	56.2	44.3	11.9			
2543 (2000)	53.6	39.3	14.3	51.7	37.4	14.3
2548 (2005)	52.1	36.2	15.9	49.9	34.4	15.5
2553 (2010)	52.2	33.9	18.3	50.1	31.9	18.2
2558 (2015)	54.9	32.8	22.1	51.2	30.3	20.9
2563 (2020)	58.3	31.9	26.4	55.7	29.6	26.1
2568 (2025)	62.6	31.4	31.2	61.2	28.9	32.2
2573 (2030)	66.6	30.9	35.7			
2578 (2035)	69.7	30.4	39.3			
2583 (2040)	73.4	30.2	43.2			
2588 (2045)	77.2	30.2	46.9			
2593 (2050)	80.4	30.3	50.1			

Sources: 1. United Nations (2006). World Population Prospects, The 2004 Revision.

2. The Office of the National Economic and Social Development Board (2006). Thai Population Prospects, B.E. 2543 – 2568.



(Provincial) Area Spread of the Elderly

In the total number of populations, the number and percentages of persons aged 60 years and more in each province between 2001 and 2005, from the Population Register, are shown in Table A4 in the Annex (although such data from the Population Register have certain limitation causing their creditability in question, it is still the only source that contains the updated data and provides details in sub-areas (Table 4)). In such Table, it shows the first 3 provinces of Thailand (excluding Bangkok Metropolis) which have the largest number of populations, and the largest number and percentages of persons aged 60 years and more between 2001 and 2005. The data thereof are notable that there is no change in the top 3 orders, i.e. the top 3 provinces which have the largest number of populations still are Nakhonratchasima, Ubolratchathani and Khonkaen, while the top 3 provinces which have the largest number of the elderly are Nakhonratchasima, Chiangmai and Nakhon srithammarat. It is found that in 2005, Nakhonratchasima has 259,023 older persons, Chiangmai has 182,783 persons and Nakhonsrithammarat has 174,557 persons. Based on the same data, the first 3 provinces which have biggest proportions of the elderly still are the provinces in the middle part, but there is a slight change in their order as follows: In 2005, Singhburi is still the province that has the largest proportions of the elderly (15.0%), next are Chainat (14.5%) and Angthong (14.4%).

Table 4

The First 3 Provinces which have the largest number of populations, the population of 60 years' age and over, and the highest percent of the population of 60 years' age and over, excluding Bangkok, Pursuant to the Population Registers as of 2001 and 2005

The Year 2001			
No.	Number of Total Populations	Number of the Population aged 60 years and over	Percentage of the * Population aged 60 years and over
1	Nakhonratchasima (2,486,323)	Nakhonratchasima (224,538)	Singhburi (13.9%)
2	Ubolratchathani (1,724,754)	Chiangmai (176,320)	Angthong (13.7%)
3	Khonkaen (1,717,238)	Nakhonsrithammarat (153,028)	Chainat (13.5%)
Bangkok	5,326,717	484,394	9.1
Whole Country	59,859,542	3,614,392	9.5



The Year 2005			
1	Nakhonratchasima (2,522,511)	Nakhonratchasima (259,023)	Singhบุรี (15.0%)
2	Ubolratchathani (1,753,417)	Chiangmai (182,783)	Chainat (14.5%)
3	Khonkaen (1,732,870)	Nakhon srithammarat (174,557)	Angthong (14.4%)
Bangkok	5,483,532	558,021	10.2
Whole Country	61,237,143	6,335,988	10.4

Regarding the first 3 provinces which have smallest number of the elderly between 2001 and 2005, there is also a slight change, i.e. the third order is changed from Trad to Maehongson in 2005, shown as follows:- the first 3 provinces with smallest number of the elderly are Ranong (14,126), Phuket (20,849) and Maehongson (21,970), while Phuket (7.3%), Sakolnakhon (7.9%) and Krabi (8.0%) are the first 3 provinces which have the lowest percentages of the elderly. (Table 5.)

Table 5

The First 3 Provinces which have the smallest number of populations, the population of 60 years' age and over, and the lowest percentage of the population of 60 years' age and over, excluding Bangkok, pursuant to the Population Registers as of 2001 and 2005

The Year 2001			
NO	Number of Total Populations	Number of the Populations aged 60 years and over	Percentage of the * Populations aged 60 years and over
1	Ranong (153,815)	Ranong (12,695)	Phuket (6.9%)
2	Samutsongkhram (194,579)	Phuket (17,519)	Sakolnakhon (7.0%)
3	Maehongson (206,875)	Trad (19,842)	Nongbualamphu and Rayong (7.2%)
The Year 2005			
1	Ranong (159,098)	Ranong (14,126)	Phuket (7.3%)
2	Samutsongkhram (193,780)	Phuket (20,849)	Sakolnakhon (7.9%)
3	Trad (207,896)	Maehongson (21,970)	Krabi (8.0%)

Remarks: *Percentages of the population aged 60 years and over calculated based on the total populations who have the Thai nationality and are known of their ages.





Composition of Older Persons

In Tables 6 and 7, it shows certain population and social aspects of the elderly in the years 2001 and 2005. As a whole, it is apparent that the composition regarding ages, genders and residence areas of older persons in 2005 are nearly unchanged from 2001: Among the older populations, there are more older women than older men. Mostly older persons in Thailand are not of very much old ages (they aged 60-79 years), this is because Thailand has just faced the population ageing, where in 100 older persons there are only approximately 9-11 older persons being very old (80 years and over). Approximately 69% of older persons live in the rural areas, while approximately 10% live in Bangkok. There are 12% living in the southern part of the Country, whereas the north-eastern part is the part having the biggest number of older persons (approximately 30%). It is notable that there is increase in percentages of older persons who live alone, from 6.3% in 2001 to 7.1% in 2005.

Regarding the marital status of Thai older persons, it is found that there is differentiation between the two genders variable according to their ages (Table 7): the older men have less proportions of being single, widowed and divorced/separated than the older women, but having more proportions of being married than the older women. This is because older men's death rate and possibility of remarriage after divorce/separation or widowhood are higher than older women. Between 2001 and 2005, it is apparent that the marital status of older men is nearly unchanged detailed as follows: 81% of them are married, approximately 16% being widowed, 2% separated/divorced and only 1% being single. Among the older women, it is apparent that there is reduction in percentage of those who are married, while there is increase in percentage of those who are widowed and divorced/separated. In 2005 almost half of the older women are widowed. It is deemed that this group, the older widows, is a significant vulnerable group which needs attention, especially very old widows with no children. (approximately 84% of older women aged 80 years and over are widowed, while widowhood found in older men is only approximately 43%.)



Table 6

Population Characteristics of the Elderly (aged 60 years and more) pursuant to the health and welfare surveys as of 2001 and 2005

Population Characteristics	Percentages	
	2001	2005
Sex		
Male	45.8	45.7
Female	54.2	54.3
Age		
60-69 years	58.7	61.5
70-79 years	30.3	29.3
80 years and more	11.1	9.1
Residence Areas		
Urban	31.0	31.1
Rural	69.0	68.9
Parts of the Country		
Bangkok	10.3	10.4
Middle	25.7	25.7
Northern	21.3	21.1
North-eastern	30.3	30.7
Southern	12.4	12.1
Number of family members		
1 person	6.3	7.1
2 person	19.3	28.9
3 persons onwards	74.4	64.0
Total	100.0	100.0

Source: The National Statistical Office, 2001 and 2005. The Health and Welfare Surveys.





Table 7

Percentages of Populations aged 60 years and over, classified according to their marital status, genders, and ages in the years 2001 and 2005

Marital Status	Male				Female			
	60-69 years	70-79 years	80 years and more	Total	60-69 years	70-79 years	80 years and more	Total
The year 2001								
Single	2.0	1.7	1.0	1.8	4.5	3.3	2.0	3.9
Married	86.4	75.7	56.3	80.9	60.8	37.1	15.8	49.3
Widowed	9.6	20.8	40.8	15.3	32.7	57.7	80.7	45.0
Divorced/Separated	1.9	1.8	2.0	1.8	1.9	1.8	1.4	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
The year 2005								
Single	1.4	1.1	0.6	1.2	4.1	2.7	1.5	3.3
Married	87.1	76.0	55.7	80.8	56.4	35.8	13.3	44.8
Widowed	9.9	21.5	42.6	16.5	35.7	59.6	83.9	49.0
Divorced/Separated	1.7	1.3	1.0	1.5	3.6	2.0	1.2	2.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: The National Statistical Office, 2001 and 2005. The Health and Welfare Surveys.

Life expectancy of Thai people

Life Expectancy: Based on the calculation of the Thai life expectancy, it shows that Thai people are likely to have longer life than previously; the women are likely to have longer life than men (this does not differ from other countries). The relevant information appears that at birth (the life expectancy at birth) women have life approximately 7 years longer than men, as women have 75 years expected for their life from birth until death, while men have 68 years expected for their life from birth until death. If both genders can survive until being 60 years of age (life expectancy at age 60 years) number of years expected for their life until death will be 19 years for men and 21 years and a half for women (it means that women have chance to live approximately 2 years and a half longer than men after the age of 60.) In case both genders can survive until 80 years of age, they both will be expected to be able to live for another approximately 6 years (life expectancy at age 80 years). That is notable that the differentiation between life expectancy of men and women will reduce according to their getting-older ages. (Table 8.)



Table 8
Life Expectancy of Thai People

Life Expectancy	Equal to
Life expectancy at birth, 2004 <ul style="list-style-type: none"> Life expectancy at birth of both male and female Life expectancy at birth of male Life expectancy at birth of female 	70.0 years 67.0 years 73.0 years
Life expectancy at birth, 2005 <ul style="list-style-type: none"> Life expectancy at birth of male Life expectancy at birth of female 	67.9 years 75.0 years
Life expectancy at birth, 2006 <ul style="list-style-type: none"> Life expectancy at birth of male Life expectancy at birth of female Life expectancy at age 60 years of male Life expectancy at age 60 years of female Life expectancy at age 80 years of male Life expectancy at age 80 years of female 	68.0 years 75.0 years 19.0 years 21.5 years 5.7 years 6.4 years
Healthy Average Life Expectancy (HALE), 2002 <ul style="list-style-type: none"> Healthy average life expectancy at birth of male Healthy average life expectancy at birth of female 	57.7 years 62.4 years

- Sources:**
1. Mahidol University, 2006. Population Journal the 5th Year, January, 2006. The Population and Social Research Institute.
 2. United Nations, 2002. World Population Aging 1950-2050.
 3. World Health Report, 2006.
 4. The Population and Social Research Institute, 1994 - 2004.

Increase Rate of Populations

From the statistics collated by the Population and Social Research Institute in 1994 and 2004, it is apparent that Thailand has the increase rate of populations at 1%. The proportions of the population aged 60 years and over increase from 6.3% in 1994 to 10.2% in 2004. The total fertility rate decreases from 2% in 1994 to 1.9% in 2004. (Table 9.)





As the life expectancy of Thai men is less than Thai women and the death rate of the former is higher than the latter (compared at the same age), it can be forecast that number of years of illness before death of men will be less than that of women. It is likely that number of older women will be bigger than older men, and older women will live their life at old age longer than older men. For that reason, older women will face their health problem arising from their longer years of worse health.

Based on the United Nations' forecast of number of Thailand's ageing populations between 2000 - 2020: The number of older persons will increase from 4.488 million to 10.037 million persons. Most of the increase will be found in the age group of 60-79 years especially older men expected to increase from 1.291 million to 3.033 million persons or equivalent to 135%, while older women aged 80 years and more will increase up to 129%, i.e. from 0.189 million to 0.432 million persons in 2020. (Figures 1 and 2.)

Table 9
Increase Rate of Populations

Increase Rate of Populations	Equal to
Increase Rate of Populations (1994-2004)	1.0%
• Percentages of Populations aged 60 years and more in 1994	6.3%
• Percentages of Populations aged 60 years and more in 2004	10.2%
Total Fertility Rate	
• Total fertility rate in 1994	2.0%
• Total fertility rate in 2004	1.9%

Sources: 1. World Health Report, 2006.
2. The Population and Social Research Institute, 1994 and 2004.



Figure 1

Forecast of number of older persons in Thailand classified according to ages (male)

Counting : Million Persons

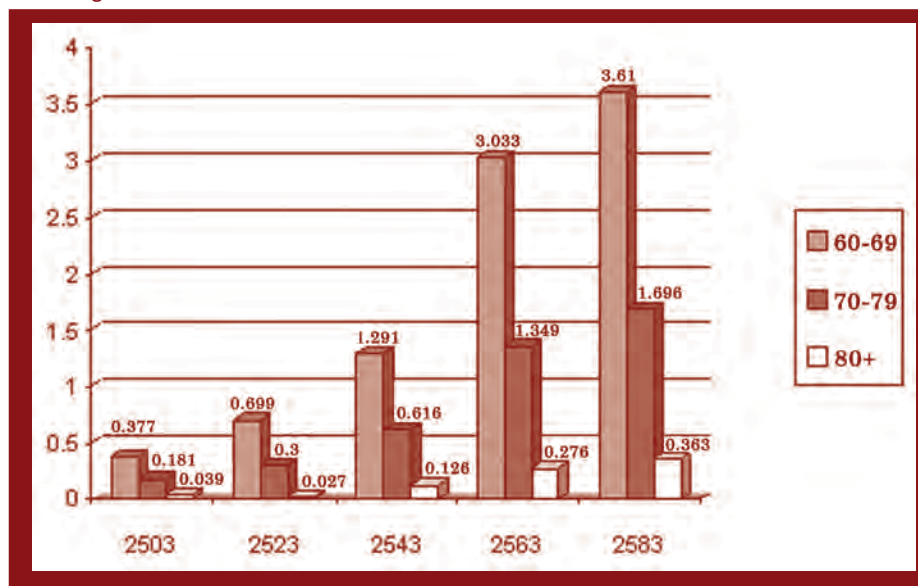
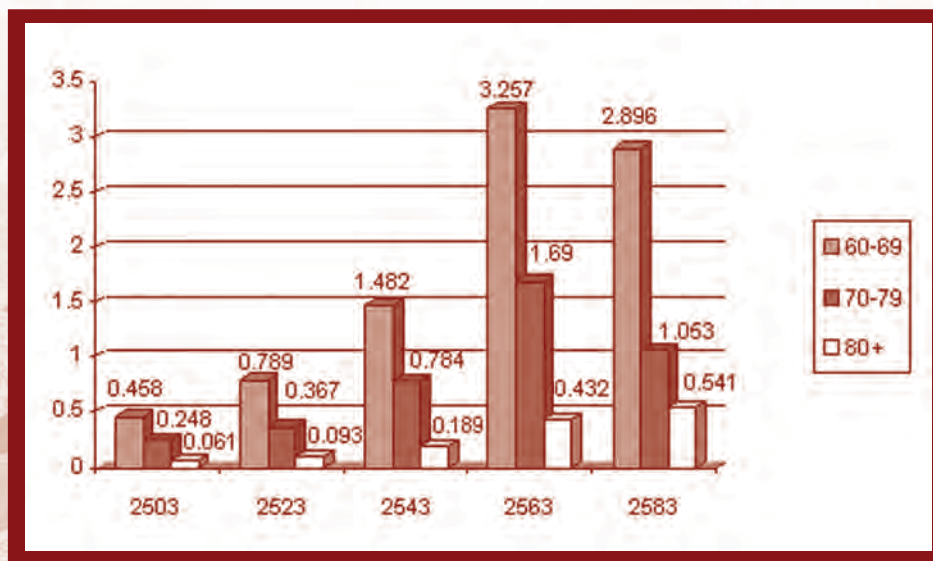


Figure 2

Forecast of number of older persons in Thailand classified according to ages (female)

Counting : Million Persons



Source: United Nations, 1985.





Chapter 2

Health of Thai Older Persons





Chapter 2

Health of Thai Older Persons

The factors either the medical and public health development, where there are several technologies and novelties being invented; or the spread of health care service units or the promotion of access to health care services in order to prevent, control, heal, rehabilitate ill persons and decrease their risks of death before the suitable age; or the success of birth control which can slow down the population increase; all are causes for the longer life of Thai people and the growing proportions of the Thai elderly. This is evidenced by life expectancy at birth of both men and women which increases every year.

Health of Older Persons

From the health and welfare survey as of 2005 carried out by the National Statistical Office, it is found that the group of ages 60 and more has largest proportions of those who are ill of chronic disease or have personal unhealthiness, i.e. 50% of all older persons. For all groups of older persons, there are 15.5% of those who are ill of chronic disease. The northern part of the Country has the largest proportions of older persons who are ill of chronic disease, i.e. 59.2%, while the southern part and the north-eastern part have the smallest proportions of older persons who are ill of chronic disease. (Table 1.)

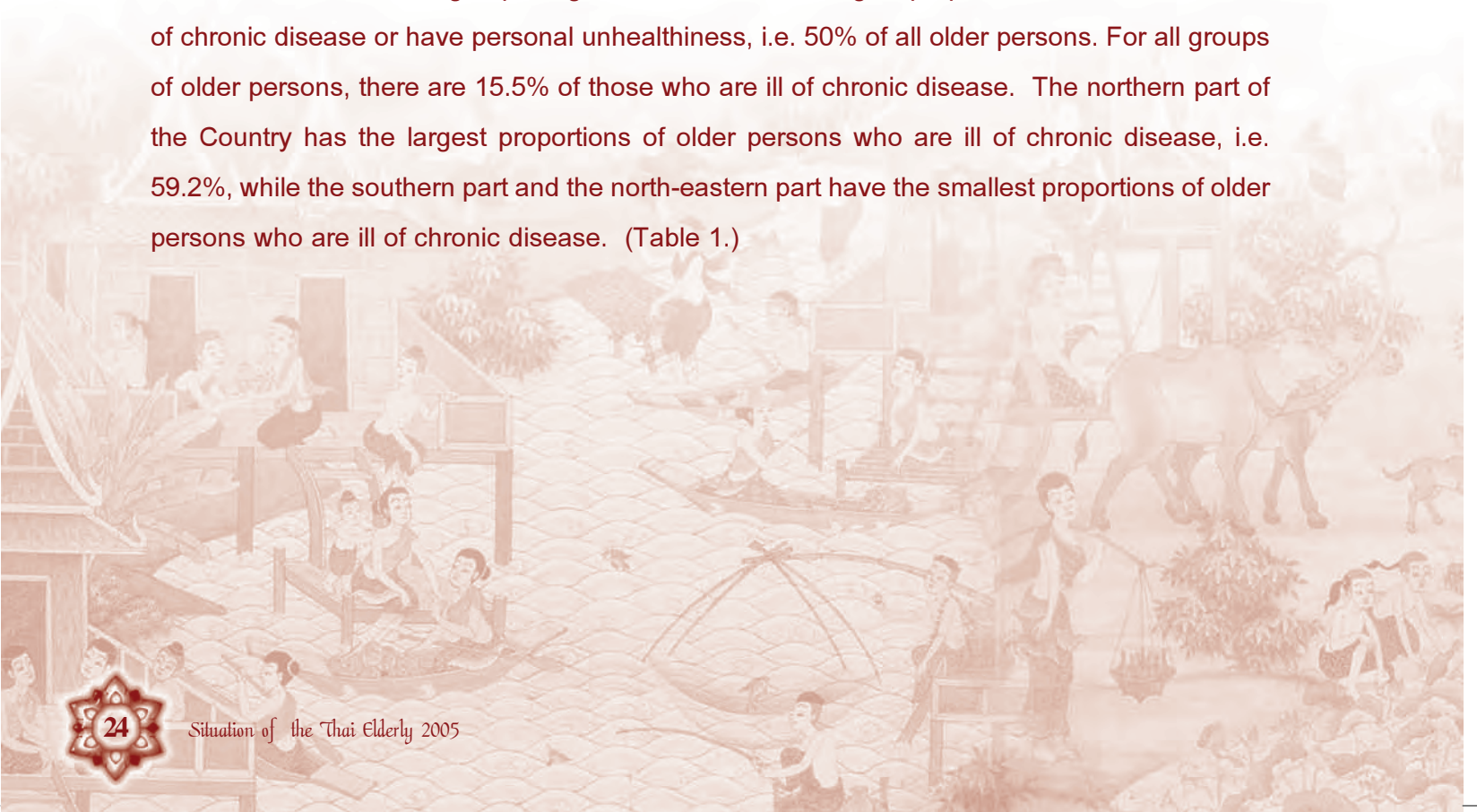




Table 1

Percentages of persons who are ill of chronic disease or personally unhealthy, classified according to ages, administration areas and parts of the Country, 2005

Age Groups (years)	Whole Country	Bangkok	Middle Part	Northern Part	Northeastern Part	Southern Part
Less than 1	2.6	2.8	1.2	15.2	2.5	1.3
1 - 4	4.8	3.4	4.4	4.4	5.2	5.5
5 - 14	4.5	4.6	4.7	6.7	3.7	4.0
15 - 24	6.1	6.4	4.4	8.0	6.8	4.5
25 - 59	17.3	11.4	15.5	24.3	18.2	14.5
60 and more	50.0	46.4	51.4	59.2	45.5	45.3
Total	15.5	12.2	15.2	21.7	14.9	12.5

Source: The National Statistical Office, the Ministry of Information and Communication Technologies, 2005. The Health and Welfare Survey.

Remarks: Percentages of those who are ill of chronic disease in each age group are calculated from the entire populations of each age group in the same part of the Country.

In consideration of age groups of the elderly who are ill of chronic disease or personally unhealthy, it shows that the group of ages 70-74 and the group of ages 75 and over have more proportions of those who are ill of chronic disease or personally unhealthy than the group of 60-64, and the group of 65-69. (Table 2.)

Regarding the elderly group which is ill of chronic disease or personally unhealthy, 42.66% being ill of hearth attack and cardio vasoconstriction, next are :- 24.34% being ill of endocrine disease, 20.85% muscular, tendon, bone and joint system disease/illness, 8% gastronomic system disease, and 7.96% respiratory disease. (Table 3.)

Table 2

**Number and Percentages of older persons classified according to their chronic disease/
personal unhealthiness, their ages and genders**

Age Groups (years)	Total			Male			Female		
	Total	Those who are ill of chronic disease/personally unhealthy	Per cent	Total	Those who are ill of chronic disease/personally unhealthy	Per cent	Total	Those who are ill of chronic disease/personally unhealthy	Per cent
Total	6,464,706	3,231,020	50.0	2,952,918	1,341,836	45.4	3,511,788	1,889,184	53.8
60-64	2,189,233	935,371	42.7	1,031,756	365,621	35.4	1,157,477	569,750	49.2
65-69	1,789,334	932,811	52.1	827,074	406,186	49.1	962,260	526,625	54.7
70-74	1,255,023	697,098	55.5	568,721	284,944	50.1	686,302	412,154	60.1
75years and more	1,231,116	665,740	54.1	525,367	285,085	54.3	705,749	380,655	53.9

Source: The National Statistical Office, 2005. The Health and Welfare Survey.

Remarks: **Chronic disease** means a disease causes abnormality, deficiencies and imperfectness of physical condition, of which the result may be a incurable disability that needs care-giving by a specialist in order to be rehabilitated to live the life according to physical and mental condition of the ill person. **Personal unhealthiness/illness** means the illness which continues making the ill person unable to be recovered within 3 months and more (but is curable), such as a headache; migraine; body pain i.e. pain of shoulder, elbow, wrist, hand, and other organs; unclear sight, other eye diseases; ear diseases; depression; psychosis; gastritis; etc.

Table 3

**Percentages of older persons who are ill of chronic disease/personally unhealthiness
classified according to diseases/illness**

Disease Groups	Percent
1. Respiratory diseases	7.96
2. Gastronomic diseases	8.48
3. Uretero-diseases	3.49
4. Cardioarterial diseases	42.66
5. Infection	0.29
6. Dermatologic diseases	1.16
7. Allergy	1.92
8. Mouth, ear, throat, larynx, eye, dental diseases	3.33
9. Gynecologic diseases	0.35
10. Delivery	-
11. Endocrinism	24.34
12. Muscular, tendon, and osteo-diseases	20.85
13. Neuroticism and psychosis	1.98
14. Unidentified disease	2.82
15. Miscellaneous	0.22

Source: The National Statistical Office, 2005. The Health and Welfare Survey.

Remarks: Details of diseases shown in Annex B.





In addition, based on the Report of the Working Team on Burden of Disease Indexes, the Ministry of Public Health, it mentions that the Thai Elderly lose their healthiness from non-contagious diseases at 85.2% of Disability Adjusted Life Year (DALY), or the number of years calculated from the death before suitable ages as well as the loss of life quality from illness or disabilities.

Chronic diseases are 60% of causes of death of the world populations. Heart attack and cerebral vasoconstriction can cause partial paralysis, paralysis, cancer, chronic respiratory constriction, and diabetes, while visual, aural disabilities and other genetic diseases can also be deemed as chronic illness which impact on burden of disease and unhealthiness of the people.

Risk Behaviors or Factors of Chronic Illness, namely

1. Malnutrition;
2. No exercise, having the life style of only sitting and sleeping; and
3. Smoking.

From the Report of the Working Team on Indexes of Disease Burdens, the Office of Policies and Strategies, the Ministry of Public Health, there are surveys and reports undertaken jointly with World Health Organization, Harvard University and World Bank, therein it is found that Thai people lose their healthiness mostly from chronic disease, although AIDS/HIV is the first cause for healthiness loss of both men and women, but when consideration of chronic disease such as the cerebral vasoconstriction which is the third top factor of both partial paralysis and paralysis in men and the second top factor of such disabilities in women, it can make Thai men have Disability Adjusted Life Year Loss of 267,567 years or 5%, while making Thai women have Disability Adjusted Life Year Loss of 280,673 years or 7%. Regarding other chronic diseases i.e. liver cancer (hepatocarcinogenesis), diabetes, heart attack, emphysema, cataract, osteoarthritis, it is found that these diseases are problems of Thai people and makes them have Disability Adjusted Life Year Loss of 3,321,096 years more than AIDS which causes only 1,333,034 years loss. (Table 4.)



Table 4

Diseases which are significant causes for Disability Adjusted Life Year Loss (DALY Loss) in Thai Populations in the year 1999 classified according to genders

No.	Male			Female		
	Diseases	DALY Loss	Percent	Diseases	DALY Loss	Percent
1	AIDS	960,087	17	AIDS	372,947	10
2	Traffic accidents	510,907	9	Cerebral vaso-constriction	280,673	7
3	Cerebral vaso-constriction	267,567	5	Diabetes	267,158	7
4	Hepatocarcinogenesis	248,083	4	Depression	145,336	4
5	Diabetes	168,372	3	Hepatocarcinogenesis	118,384	3
6	Cardio vaso-constriction	164,094	3	Osteoarthritis	117,963	3
7	Emphysema	156,861	3	Traffic accidents	114,963	3
8	Injury, murder	156,371	3	Anemia (Iron Deficiency)	112,990	3
9	Suicide, self-injury	147,988	3	Cardio vaso-constriction	109,592	3
10	Narcotics	137,703	2	Cataract	96,091	2

Source: The Office of Policies and Strategies, 2002. Burden of Disease and Injuries in Thailand.

The relevant medical journals mention causes of chronic disease, its risk factors including risk behaviors of people, and how to reduce, abstain from and cease such behaviors. It should promote and encourage healthy behaviors in people such as taking exercise, good nutrition, reduction and cease of smoking and drinking; that will possibly reduce heart attack, cerebral vasoconstriction, the 2nd type of diabetes up to 80% and reduce cancer up to 40%.

Prevention from chronic disease then shall be deemed as a worthwhile investment. World Health Organization also issues its report on the effects of chronic disease especially in poor countries and developing countries, where such problems become more critical. It is necessary for us to lay out our relevant plan and implement such plan especially concerning its prevention in order to control the chronic disease. In this connection, there should be knowledge exchange, communication of research/study data and information undertaken especially between the public health personnel and the people.



Nutrition

Presently, other than the chronic disease or personal unhealthiness which most of the elderly are facing, another significant physical problem of them is nutrition. The rapid economic and social change in the present, impacts very much on the elderly food consuming behavior; it causes malnutrition and leads to unhealthiness in older persons. From the survey of health-care behaviors of the populations in 2005 carried out by the National Statistical Office, it shows that as a whole of the elderly, those who eat vegetables and fruits having proportions of 98.85% higher than those who do not eat vegetables and fruits (only 1.06%.) Among those who eat vegetables and fruits, older men have nearly the same proportions as older women (98.83% and 98.87% respectively); these similar proportions are also found between the elderly who live within the municipalities and those who live outside the municipalities. (Table 5.)

For the group of the elderly who do not eat high fats, there are 22.77%, among these persons, older women have more proportions than older men (23.72% vs. 21.65%.) In comparison between the administration areas, the elderly outside municipalities who eat high cholesterol foods have a little bit higher proportions than those who live within municipalities (77.47% and 76.44% respectively.) (Table 6.)

Table 5

Number and Percentages of older persons classified according to Vegetables and Fruits Consuming, genders and administration areas

Genders and Administration Areas	Total	Eating	Not Eating	Unknow
Total	6,464,703 (100.0)	68,542 (1.06)	6,390,611 (98.85)	5,550 (.12)
Genders				
Male	2,952,916 (100.0)	32,091 (1.08)	2,918,547 (98.83)	2,278 (.09)
Female	3,511,787 (100.0)	36,451 (1.03)	3,472,064 (98.87)	3,272 (.10)
Administration Areas				
Within municipalities	2,012,965 (100.0)	11,802 (.59)	1,996,071 (99.16)	5,092 (.25)
Outside municipalities	4,451,738 (100.0)	56,740 (1.27)	4,394,541 (98.71)	457 (.02)

Source : The National Statistical Office, 2005. The Survey of the Populations' Health-care Behavior.



Table 6

Number and Percentages of older persons classified according to High Fats Consuming, Genders and Administration Areas

Genders and Administration Areas	Total	Eating	Not Eating	Unknown
Total	6,464,703 (100.0)	1,472,544 (22.77)	4,987,532 (77.15)	4,627 (.08)
Genders				
Male	2,952,916 (100.0)	639,413 (21.65)	2,311,466 (78.27)	2,037 (.08)
Female	3,511,787 (100.0)	833,131 (23.72)	2,676,066 (76.20)	2,590 (.08)
Administration Areas				
Within municipalities	2,012,965 (100.0)	470,018 (23.35)	1,538,777 (76.44)	4,170 (.21)
Outside municipalities	4,451,738 (100.0)	1,002,526 (22.52)	3,448,755 (77.47)	457 (.01)

Source: The National Statistical Office, 2005. The Survey of the Populations' Health-care Behavior.

Exercise and Physical Activities for the Elderly

Physical movement means physical movement or functioning by using skeletal muscles and physical energy more than when people are in relaxation.

Exercise means physical movement which is planned or prepared to take by repeating of the same movement for certain period in order to strengthen or sustain the physical fitness.

Taking exercise in the elderly: in average, there are only 30% of the elderly who usually take exercise, but this trend is likely to be dynamic. That is in 1987 there are 21.30% usually taking exercise and increasing to 30.7% in 1997, but in 2002 it slightly reduces to 29.6%. (Table 7.)



Table 7

Percentages of Thai People Who Usually Take Exercise in 1987-2002

Years	Percentages of Those Who Take Exercise	
	Usually Take Exercise	Change Rate
1987	21.3	-
1992	25.7	+20.7
1997	30.7	+19.5
2002	29.6	+22.3

Source: The National Statistical Office, 1987, 1992, 1997 and 2002. The Survey of Sports Watching and Playing of the Population Aged 60 years and more.

Based on the survey of taking exercise, carried out by the National Statistical Office, it is found that as a whole, the group which does not take exercise has bigger proportions than the group which takes exercise, at 78.73% vs. 21.27%.

In comparison between those who take exercise in older men and older women, it is found that the proportions of older men who take exercise are bigger than older women (22.14% vs. 20.53%.) Based on the same data, in comparison between administration areas, it is found that those who live within municipalities take exercise in bigger proportions (31.19%) than those who live outside municipalities (16.78%.) (Table 8.)

Table 8

Number and Percentages of Older Persons Classified according to their taking exercise, genders and administration areas

Genders and Administration Areas	Total	Exercise	No Exercise
Total	6,401,400 (100.0)	1,361,700 (21.27)	5,039,700 (78.73)
Genders			
Male	2,922,600 (100.0)	647,300 (22.14)	2,275,300 (77.86)
Female	3,478,800 (100.0)	714,400 (20.53)	2,764,400 (79.47)
Administration Areas			
Within municipalities	1,993,100 (100.0)	621,800 (31.19)	1,371,300 (68.81)
Outside municipalities	4,408,300 (100.0)	739,900 (16.78)	3,668,400 (83.22)

Source: The National Statistical Office, 2004. The Survey of the Populations' Exercise Taking.

Taking exercise is the excellent medicine. Persons who usually take exercise are found to reduce the risks of heart attack, cerebral vasoconstriction, diabetes, osteoporosis and cancer more than those who seldom take exercise. Usually taking exercise is useful to physical and mental condition, making all systems of the body function better which will lead to healthiness and readiness to do more activities. Based on the survey of the National Statistical Office concerning people's exercise in 2004, it shows the significant reasons/factors of both older men and older women for which they take exercise which can be classified as follows: - desiring to be healthy, facing health problems, relieving their stress, and desiring to lose their weight, respectively. (Table 9.)

Table 9
Number & Percentages of Older Persons who take exercise classified pursuant to their reasons and genders

Unit: 1,000 persons

Their Reasons for Exercise	Total	Percent	Genders			
			Male	Percent	Female	Percent
1. Wanting to be healthy	1,021.3	75.0	499.0	77.1	522.3	73.1
2. Wanting to lose weight	12.6	0.9	8.6	1.3	4.0	0.5
3. Relieving their stress	35.2	2.6	24.6	3.8	10.6	1.5
4. Solving their health Problems	267.6	19.6	108.5	16.8	159.1	22.3
5. Being persuaded by a friend	9.2	0.7	1.3	0.2	7.9	1.1
6. Others	7.9	0.6	3.7	0.6	4.2	0.6
7. Unknown	7.7	0.6	1.5	0.2	6.2	0.9
Total	1,361.7	100.0	647.3	100.0	714.4	100.0

Source: The National Statistical Office, the Ministry of Information and Communication Technologies, 2004. The Preliminary Report on the Survey of the Populations' Exercise Taking.

In addition, there is the survey of types of exercise which are the most favorite of older persons, namely walking, next are jogging and aerobics. In each time of exercise, the most favorite period of time the elderly take is as follows: In older men during 21-30 minutes, next are 10-20 minutes, and 31-60 minutes respectively; while in older women during 10-20 minutes, next are 21-30 minutes and less than 10 minutes respectively.



Smoking

Based on the survey of smoking of people, it is found that the age group of 60 years and more is smoking in the number of 1.1 million persons or 17.7% of the total older persons of approximately 6.4 million persons. Among these persons, those who smoke their handmade cigarettes have the largest proportions of 904,707 persons, next are those who smoke filtered cigarettes of 146,969 persons, while those who smoke the Myanmar cigarettes and those who smoke non-filtered cigarettes have nearly the same proportions, i.e. 35,984 and 34,095 persons respectively. (Table10.)

Table 10

Number of Smoking Older Persons classified according to types of cigarettes, in 2004

Types of Cigarettes	Number
Total	1,139,840
Domestic Products	181,064
Without filters	34,095
With filters	146,969
Foreign Products	2,592
Cigars	1,576
Pipes (put the tobacco in a pipe and smoke.)	863
Simply making cigarettes (with foreign tobacco) by themselves.	904,707
Myanmar cigarettes	35,984
Others	3,851
Unknown	9,203

Source: The National Statistical Office, 2004. The Survey of Smoking.

The Impacts from HIV/AIDS

Previously the elderly are not the main target group the government took steps to prevent and control the AIDS problems, they; therefore, got a little attention in the policy making whether at the national or the international levels. The traditional practice in supporting and helping the older persons who directly or indirectly encounter the AIDS problems seems nearly leaving them solve such problems alone, although actually they are the group which is most affected by the AIDS problems as they have to bear burdens in giving care of their family member who is ill



of AIDS, and also taking care of their grandchildren whose parents died from AIDS. We may say that older persons is a group which encounter both economic and social problems arising from AIDS.

The Faculty of Nursing, Chiangmai University jointly with the Office of Economic and Social Development of the North and the Office of the National Economic and Social Development Board under the support of the United Nations Population Fund, do the Research on ***"the Analytic Report on Policies concerning HIV/AIDS vs. the Elderly"***, in 2005, therein the impacts of AIDS on older persons are summarized as follows:

1) Direct Impact

An older person who is infected with HIV from his risk behaviors will be very much affected to his physical, mental, social and economic condition, because such threatening disease happens to him at his ageing, where his health is going to be weak and his income is going to reduce from previously when he was young. The social attitude which accepts the premarital sex or adultery of men, makes older men vulnerable to be infected with HIV. Based on data of Chiangmai Province, during 1998-2003, there are 795 persons aged more than 50 years infected with HIV/AIDS, or equivalent to 4.5% of the total persons infected with HIV.

2) Indirect Impact

- Giving care of a person who is ill of AIDS: Based on the data about the epidemic of AIDS in Thailand, it shows that 70% of persons who are infected and ill of AIDS are in the care of their parents or relatives before dying. Among these care-givers, some of them are more than 70 years old, so they also need at the same time some people to take care of them. Major care-givers mostly are mothers more than fathers. However, such care-giving for AIDS ill persons shall be deemed a tough and crucial task for an older person.
- Poverty: From the data of the National Statistical Office, 2002 showing that approximately 55% of older person in the northern part of the Country earn income less than 20,000 Baht/person/year, which is deemed as a poor group. If a poor older person shall have to bear burdens in giving care of the person who is ill of AIDS which will incur expenses in his treatments, and make the older care-giver lose his/her chance to do





supplementary job. In addition, the job placement for the elderly nowadays is rather limited. It will make the poverty in the elderly more severe especially for those who take care of persons who are ill of AIDS.

- **Lack of Support System:** In such case as the northern part of the Country, the younger generations (children or grandchildren) traditionally are responsible for taking care of parents when they are old. If a child (son or daughter) died from AIDS, the support system for parents will cease when the parents become old and the old parents, therefore, have to earn their living by themselves.
- **Burdens in taking care of an orphan:** In the northern part of the Country, older persons (grandparents) shall take care of their grandchild(ren) whose father or mother died from AIDS. This will affect older persons directly apart from the lack of the support system.
- **Denunciation and restriction by the society:** An older person whose family member is ill or infected with HIV/AIDS will be denounced by his/her community. Although the government tries to provide correct knowledge and understanding of AIDS, the neighbors' dislike still remains. In addition, such group of older persons will face social restrictions as they cannot afford time to participate in any community activities because they have to take care of the AIDS ill persons or their orphan grandchild (ren).
- **Vulnerability to the infection of AIDS:** Mostly, older persons who give care of their child (son or daughter) who is ill of AIDS do not access the information about the correct ways to take care of the AIDS ill persons, as the elderly are not the target group which the government take into account to undertake the prevention and control of AIDS. Such older persons who do not obtain the correct knowledge in giving care then will be vulnerable to be infected with HIV.
- **Expense Burdens of the funeral of their child who died from AIDS:** When their child (son or daughter) or grandchild has died from AIDS, older parents shall bear expenses incurred from the funeral of the deceased which is approximately of 40,000 Baht each. It is a tough and crucial burden for the older parents to afford such amount of money. However, they shall arrange the funeral because it is deemed as the final chance to honor the deceased.
- **Mental Impact:** The older parents who lose their child from AIDS will be very sad as they lose their child prior to his/her suitable age.

Presently, there is still no exact collation of data concerning older persons who get impact from AIDS in the national level; there are only data of older persons affected by AIDS in the target areas of the projects carried out by the government in order to provide help and support to those older persons and their families. For example, the data of Chiangmai Province in 2004, show that 5% of the HIV infected persons are persons aged 50 years and more.



However, Mr. John Knodel, the specialist in research of older persons and AIDS in Thailand, has proposed how to calculate number of older persons who encounter such impact by using data of the elderly survey carried out by the National Statistical Office in 1994 and the forecast of death from AIDS undertaken by the Thai Working Group on HIV/AIDS Projection (TWG) in 2001. It can be forecast number of older persons who get impact from AIDS as follows: In each year, number of older persons who lose their child(ren) from AIDS is :-

In 2001	70,937	older persons;
In 2002	69,383	older persons;
In 2003	67,142	older persons;
In 2004	65,133	older persons;
In 2005	63,636	older persons.

Based on the information shown above, we can see that during 2001-2004 (the previous 4 years), it is forecast that there are totally 272,595 persons aged 50 years and more getting impact from losing their child (ren) who died from AIDS, and such number likely to increase to 63,636 persons in 2005.

Dementia (Alzheimer's Disease) in the Elderly

Dementia in the Elderly is deteriorating of mental functioning which impacts on various sensory systems of the body. Its syndrome is : losing memory and thinking system which will make an ill person unable to get new learning causing certain change in their personality such as emotional, inert or unresponsive, etc. Dementia will gradually increase.

The data from the relevant international research show that there is 1% of dementia in older persons aged more than 60 years and will 2 times increase in each 5 years. Therefore, when getting older, people will be more vulnerable to dementia.

Dementia can be caused by many factors such as malnutrition, cerebral infection, cerebral vasoconstriction, declination of metabolism, brain disturbance.



The syndrome of Alzheimer's Disease is found in 3 aspects as follows:

1. Deficiency in memory, thinking system and reasoning, such as forgetting the things usually used, forgetting the wordings for speech, being confused with date and time and places, being unable to remember their known or familiar persons, etc.
2. Change in behaviors, such as being emotional, easily touchy, aggressive, mistrustful, depressive, unresponsive, some of them are misled or have hallucinations, etc.
3. Deficiency in performing daily living activities, such as being unable to use the equipment, devices, appliances in the house which they previously used, unable to visit the familiar places or unable to do activities or hobbies they previously did, etc.

Data from the study of occurrence of dementia/Alzheimer's Disease in the elderly carried out by specialists of the Alzheimer's Disease International Institute, London, UK, by random of the target groups of older persons in the member States of WHO in various regions, both male and female, and then dividing into 2 group: first group aged 60-84 years and second group aged 85 years and more. The discovery from this study leads to forecasts of the elderly dementia as of 2001, 2020 and 2040 respectively.

Based on data of such study, it shows that presently there are approximately 24.3 million older persons around the world suffering Alzheimer's Disease. It is forecast that number of the elderly who suffer Alzheimer's Disease will increase approximately 4.6 million persons in each year (or increase 1 person in every 7 seconds.) Therefore, number of the elderly who suffer Alzheimer's Disease will doubly increase in each 20 years or will reach approximately 8 hundred thousand persons in 2040. Most of these older persons live in the developing countries.

The Table showing the forecast of older persons who suffer Alzheimer's Disease in Thailand in 2005, 2020 and 2040.

Years	Number of Thai Older Persons Who Suffer Dementia (persons)
2005	194,000
2020	367,000
2040	810,000

Source: Alzheimer's Disease International : 2005.

Based on the data in the above table, it indicates that presently occurrence of dementia in the Thai elderly is at approximately 3.1% of the total Thai older persons and trends to continually increase in 2020 and 2040 respectively.

Medical Expenses Support

Medical expenses support is deemed as a kind of welfare of health security for the people, which is granted by the government or the private entities. Based on the survey of health and welfare carried out by the National Statistical Office, it shows that in 2005 there are totally 6.4 million older persons, while 6.2 million of them receive medical expenses support, or equivalent to 96.9%. Among the older persons who receive medical expenses support, 2.8 million (96.6%) are older men, and 3.4 million (96.6%) are older women.

In consideration of their age groups, the older persons who receive the medical expenses support in each age group are in large proportions (more than 95%) (see Table 11.) Regarding each part of the Country, it is apparent that more than 90% of older populations in every part receive the medical expenses support, while 89.1% of those who live in Bangkok Metropolis receive such support. (Table 12.)

Table 11
Number & Percentages of Older Persons who receive medical expenditure support classified according to their ages and genders

Age Groups (years)	Total			Male			Female		
	Number	Receiving Support	Percent	Number	Receiving Support	Percent	Number	Receiving Support	Percent
Total	6,464,706	6,267,969	96.9	2,952,918	2,861,842	96.9	3,511,788	3,406,127	96.9
60-64	2,189,233	2,124,232	97.0	1,031,756	996,482	96.6	1,157,477	1,127,750	97.4
65-69	1,789,334	1,740,767	97.3	827,074	809,310	97.9	962,260	931,457	96.8
70-74	1,255,023	1,214,111	96.7	568,721	543,191	95.5	686,302	670,920	97.8
75 and more	1,231,116	1,188,859	96.6	525,367	512,859	97.6	705,749	676,000	95.8

Source: The National Statistical Office, 2005. The Health and Welfare Survey.

Remarks: Medical Expenditure Support means welfare in providing the medical fees when being ill, such as medicine expenses, fees of a care unit/room in hospital, including medical equipment, artificial organs for replacement of the impaired/lost ones. Such support may be provided by the government or the private entities in the forms, namely the ultimate card of health security, social security, compensation fund, civil servants' medical benefit security, health insurance made with an assurance company, other welfare provided by employers, etc.





Table 12

**Number & Percentages of older persons who receive medical expenditure support
classified according to administration areas and parts of the Country**

Administration Areas & Parts of the Country	Total	Receiving Support	Percent
Total	6,464,706	6,267,969	96.9
Within municipalities	2,012,966	1,880,131	93.4
Outside municipalities	4,451,740	4,387,838	98.5
Total	6,464,706	6,267,969	96.9
Bangkok	673,640	600,316	89.1
Middle Part	1,664,342	1,609,094	96.7
Northern Part	1,361,147	1,334,638	98.1
North-eastern Part	1,983,942	1,952,209	98.4
Southern Part	781,635	771,712	98.7

Source: The National Statistical Office, 2005. The Health and Welfare Survey.

In addition, by the government's policy of provision of health security to all people under the 30 Baht Healing All Diseases Project (subsequently changed to be called the "30 Baht Helping Thai People Be Prevented from Diseases Project" with the ultimate card (UC)), which has been implemented since 2002, it is found that in 2005, 95% of Thai people get any one of such health security, while 97% of the elderly get one type of such health security (data from the health and welfare survey, the National Statistical Office, 2005.) Among the elderly, 74% have the ultimate card, 21% having civil servants' medical benefit security (CSMBS) and 3% having none health security.

It is notable that almost all older persons have the security to ensure them to be able to access the medical services provided by the government. If the benefit under such health security system and its services can be achieved the full sphere and adequacy in covering of all target groups, where everyone can access the services conveniently; the problems of inaccessibility of medical services and medical expenditure burdens of people and the elderly then can be fully or nearly fully solved. However, the existing Thai health security system along with its medical services still have many limitations for the elderly which arise from the limitation on the granted interests and the promptness of such system itself.



Chapter 3

Family and Community





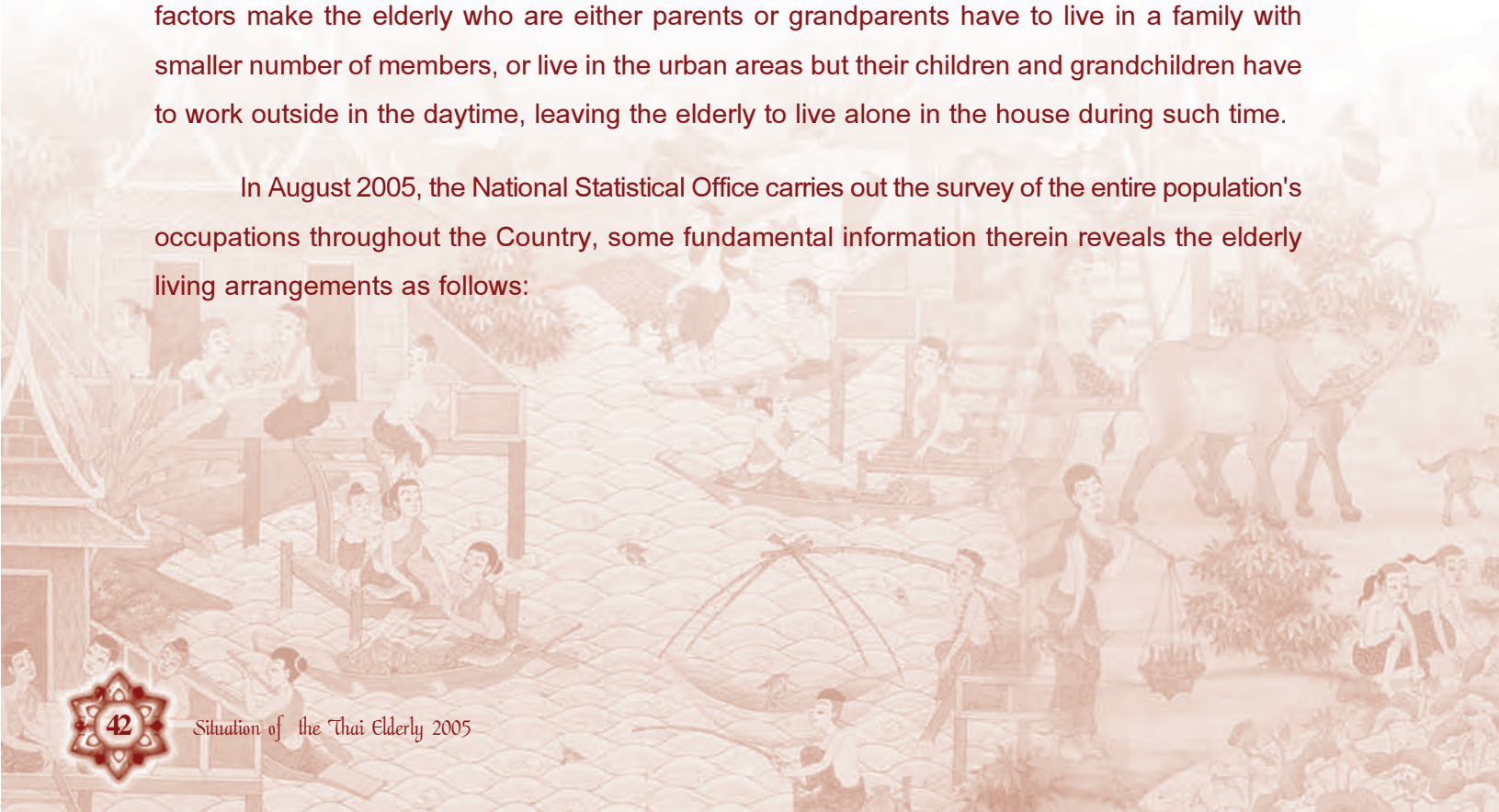
Chapter 3

Family and Community

The Elderly and Family

The current economic and social change is the significant cause of smaller size of Thai families. Formerly, the Thai families are a kind of extended family, where there are several generations of members living together, from great-grandparents, grandparents, parents, children, grandchildren, and even great-grandchildren. Subsequently, in the present Thai families trend to have smaller number of members because each family prefers having less number of children than the past, making the size of families become smaller than before. The fast economic and social change in the present is also a cause of the elderly smaller families, where they are likely to live alone at home more than previously. This is because the younger generation (their children and grandchildren) who previously lived together with them have to separate to live in other places for the reasons of education and labor migration, especially to the economic zones or the urbanized or industrial provinces which have good economy. All of such factors make the elderly who are either parents or grandparents have to live in a family with smaller number of members, or live in the urban areas but their children and grandchildren have to work outside in the daytime, leaving the elderly to live alone in the house during such time.

In August 2005, the National Statistical Office carries out the survey of the entire population's occupations throughout the Country, some fundamental information therein reveals the elderly living arrangements as follows:



The Elderly and Their Status

Living the life during ageing among the course of economic and social change as presently, the significant points we should take into account are lifestyles, number of family members who the elderly live with, and the status/roles of the elderly in their family.

Table 1 shows that most of the Thai elderly like to live in their home by being the family leader at 58%, next are:- 22% being spouses, 16% being parents, parents-in-law, and only 3% being relatives, subordinates, and servants.

Table 1
Number & Percentages of the Population aged 60 years and more classified according to their status/roles in their family

Unit : 1,000 persons

Their Status/Roles	Whole Country					
	Total		Within Municipalities		Outside Municipalities	
	Number	Percent	Number	Percent	Number	Percent
Older Persons	6,716.7	100.0	1,902.3	100.0	4,814.4	100.0
Family Leader	3,919.9	58.4	1,064.3	55.9	2,855.6	59.3
Wife & Husband	1,488.3	22.2	390.0	20.5	1,098.3	22.8
Parents, Parents-in-Law	1,094.6	16.3	349.3	18.4	745.3	15.5
Other Relatives	206.8	3.1	93.7	4.9	113.1	2.4
Subordinate and Servant	7.1	0.1	5.0	0.3	2.1	a

Source: The National Statistical Office, 2006. The Elderly and Work. a means less than 0.1.

Remarks: Family leader means the person selected as the leader by other family members who live in the same house. The leader shall be fully responsible for governing or providing economic support and welfare to other family members.

Table 2

Number & Percentages of the Population aged 60 years and more classified according to their status/roles in their family, and parts of the Country

Unit:1,000 persons

Their Status	Bangkok		Middle Part		Northern Part		North-eastern Part		Southe Part	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Older Persons	606.6	100.0	1,596.9	100.0	1,432.0	100.0	2,219.1	100.0	862.2	100.0
Family Leader	316.6	52.2	937.2	58.7	855.2	59.7	1,289.8	58.1	521.1	60.4
Wife or Husband	128.5	21.2	350.0	21.9	313.6	21.9	487.8	22.0	208.4	24.2
Parents, Parents-in-Law	121.6	20.0	253.0	15.8	219.1	15.3	391.6	17.6	109.3	12.7
Other Relatives	37.3	6.2	54.1	3.4	44.0	3.1	49.3	2.2	22.0	2.6
Subordinate & Servant	2.6	0.4	2.5	0.2	0.1	a	0.5	a	1.3	0.2

Source: The National Statistical Office, 2006. The Elderly and Work.

The Elderly Who Live Alone

Based on the data in Table 3, the proportions of the elderly who live alone are at 7.1%, this rate is very much different between older men and older women, i.e. there are 8.5% older women living alone, while 5.5% older men living alone. Among older persons who live alone, the group of ages 80-84 years has the biggest proportions (9.4%), next are the group of ages 75-79 years (8.8%), the group of 85 years and more (7.8%), and the group of 70-74 years (7.6%).

Regarding the older persons who live alone, when consideration according to parts of the Country, it is found that the northern part has the biggest proportions of older persons who live alone (at 9.1%), next are middle, southern and north-eastern parts namely 7.8%, 6.1% and 6.6% respectively. (Table 4.)





Table 3

Number & Percentages of older persons who live alone classified according to age groups and genders

Ages & Genders	Total	Living Alone	Not Living Alone	Total	Percent of Those Who Live Alone	Percent of Those Who Do Not Live Alone
Total	6,464,706	459,150	6,005,556	100.0	7.1	92.9
60-64	2,189,232	125,141	2,064,091	100.0	5.7	94.3
65-69	1,789,334	130,150	1,659,184	100.0	7.3	92.7
70-74	1,255,023	95,957	1,159,066	100.0	7.6	92.4
75-79	640,938	56,477	584,461	100.0	8.8	91.2
80-84	340,128	31,939	308,189	100.0	9.4	90.6
85 and more	250,051	19,486	230,565	100.0	7.8	92.2
Male	2,952,918	162,341	2,790,577	100.0	5.5	94.5
60-64	1,031,756	37,630	994,126	100.0	3.6	96.4
65-69	827,074	51,173	775,901	100.0	6.2	93.8
70-74	568,721	35,454	533,267	100.0	6.2	93.8
75-79	291,839	22,305	269,534	100.0	7.6	92.4
80-84	144,362	7,839	136,523	100.0	5.4	94.6
85 and more	89,166	7,940	81,226	100.0	8.9	91.1
Female	3,511,788	296,809	3,214,979	100.0	8.5	91.5
60-64	1,157,476	87,511	1,069,965	100.0	7.6	92.4
65-69	962,260	78,977	883,283	100.0	8.2	91.8
70-74	686,302	60,503	625,799	100.0	8.8	91.2
75-79	349,099	34,172	314,927	100.0	9.8	90.2
80-84	195,766	24,100	171,666	100.0	12.3	87.7
85 and more	160,885	11,546	149,339	100.0	7.2	92.8

Source: The National Statistical Office, 2005. Processing from the Data of the Health and Welfare Survey.



Table 4

Number & Percentages of older persons who live alone classified according to parts of the Country

Parts of the Country	Living Alone		Not Living Alone		Total	
	Number	Percent	Number	Percent	Number	Percent
Total	459,149	7.1	6,005,557	92.9	6,464,706	100.0
Bangkok	27,144	4.0	646,496	96.0	673,640	100.0
Middle Part (excluding Bangkok)	130,308	7.8	1,534,033	92.2	1,664,341	100.0
Northern Part	124,188	9.1	1,236,959	90.9	1,361,147	100.0
North-eastern Part	125,814	6.6	1,858,128	93.7	1,983,942	100.0
Southern Part	51,695	6.1	729,941	93.4	781,636	100.0

Source: Processing from the Data of the Health and Welfare Survey, 2005. The National Statistical Office.

Care-giving for the Elderly

Home Health Care

Due to the economic and social change which arises from reduction in the birth rate but increase in older populations, the forms of health-care services have to be modified to suit such change in the population structure, whereby the home visit and the home health care are recommended for those who are ill of chronic disease. Subsequently, when the Health Security for All Project is initiated (the 30 Baht Healing All Diseases), the home health care is included in health-care benefit under the health protection and promotion program. The home health care is initiated by the Department of Health, the Ministry of Public Health, which is a proactive health care for the purpose of giving care continually for those who are ill of chronic disease and those who have disabilities, after their being discharged from hospital. The home health care is provided by the multi-professional team, i.e. physicians, nurses, pharmacists, physical therapists, psychologists, social development officers, in full sphere services, such as wound dressing for chronic wounds in diabetes & bedsores, changing the NG tube (naso-gastronomic tube) for those who cannot eat foods by themselves, changing the oxygen tube for those who are ill of chronic lung disease, emphysema, giving the physical therapy for those who are partially paralyzed and fully paralyzed along with training their relatives to be able to give such therapy to





the ill persons themselves, advising how to take medicine, measuring the blood pressure and measuring sugar and starch in the blood for diabetics, providing consultancy services to their relatives and providing medical care services to the ill persons. These services are provided consistent with the problems and the need of the ill persons assessed by the health-care team through its visit to their home. Before the ill persons' being discharged from hospital, the home health care team will set up its visit plan, providing pre-advice and pre-training to their relatives. After their being discharged from hospital, the team subsequently implements its visit plan.

The Home Health Care is focused on rehabilitation of the ill persons to make them recovered from their disease. In case of incurability, such health-care service is provided just to slow down or prevent them from further illness, or further disabilities which may arise from the incorrect care-giving. That will lead to the elderly well-being and happily living within their communities. Under the Home Health Care Program, ill persons will be taken care of by their relatives or their close relationship persons under advisory supervision and training provision by public health officers, who will give correct knowledge of care-giving both at hospital and at home.

Presently, the elderly representative organizations/clubs play the significant role in home health care, by paying a visit to the ill older persons at their houses or helping them in the form of a peer group, which will rehabilitate the elderly mental condition. Some of these persons act as voluntary field workers after being trained by public health officers (of hospitals or medical services centers), whereby they will perform their duties by visiting and giving care for older persons in the target communities.

Subsequently, the Department of Health extends and expands the home health care into hospitals to give care for patients of all ages including the elderly which need more special care than other ages. Such program of Home Health Care is developed at the mid of 2005, thereby there are 26 pilot hospitals (see Table 5), and in 2006 the Ministry of Public Health prescribes all hospitals and medical institute hospitals in each province to provide home health care. There are 50% of communities' hospitals also providing the home health care. In this connection, the Department of Health arranges the Knowledge Exchange Stage for hospitals in each area/region, provides training of home health care to health-care personnel to make them giving care to patients in correct ways, as well as prepares manuals of home health care to disseminate as guidelines of such health care-giving.



Table 5

The Home Health Care Pilot Hospitals in 2005

Medical Service Centers	Hospitals	Provinces
Medical Service Center 1 Bangkhen	1. King Rama III Hospital (area hospital) 2. Bangbuathong Hospital (community hospital)	Nonthaburi Nonthaburi
Medical Service Center 2 Saraburi	1. Lopburi Hospital (area hospital) 2. Thawung Hospital (community hospital)	Lopburi Lopburi
Medical Service Center 3 Cholburi	1. Chachoengsao Hospital (area hospital) 2. Sanamchai Khet Hospital (community hospital)	Chachoengsao Chachoengsao
Medical Service Center 4 Ratchaburi	1. Ban Pong Hospital (area hospital) 2. Ban Lad Hospital (community hospital)	Ratchaburi Phetchaburi
Medical Service Center 5 Nakhonratchasima	1. Chaiphaphum Hospital (area hospital) 2. Kasetombun Hospital (community hospital)	Chaiphaphum Chaiphaphum
Medical Service Center 6 Khonkaen	1. Roi Ed Hospital (area hospital) 2. Muansuang Hospital (community hospital)	Roi Ed Roi Ed
Medical Service Center 7 Ubolratchathani	1. Sakolnakhon Hospital (area hospital) 2. Phangkhn Hospital (community hospital)	Sakolnakhon Sakolnakhon
Medical Service Center 8 Nakhonsawan	1. Sawanpracharak Hospital (center) 2. Thatako Hospital (community hospital)	Nakhonsawan Nakhonsawan
Medical Service Center 9 Phitsanulok	1. Phra Buddhachinarat Hospital (center) 2. Bangrakam Hospital (community hospital)	Phitsanulok Phitsanulok
Medical Service Center 10 Chiangmai	1. Lampang Hospital (center) 2. Hangchat Hospital (community hospital) 3. Pa Sang Hospital (community hospital)	Lampang Lampang Lamphun
Medical Service Center 11 Nakhon Sri Thammarat	1. Suratthani Hospital (center) 2. The Crown Prince Hospital of Chawang (community hospital) 3. Health Promotion Hospital, Medical Service Center 11	Suratthani Nakhon Sri Thammarat Nakhon Sri Thammarat
Medical Service Center 12	1. Princess Narathiwat Rajanakharindra Hospital (area hospital) 2. Takbai Hospital (community hospital)	Narathiwat Narathiwat



Home Care-givers

The Bureau of Empowerment for Older Persons under the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, the Ministry of Social Development and Human Security, has initiated the pilot project of Home Care-givers in the 4 parts of the Country, with 2 provinces each part, 1 subdistrict per each province, totally 8 provinces, namely Chiangmai, Phitsanulok, Phetchaburi, Suphanburi, Khonkaen, Roi Ed, Suratthani and Songkhla. Such project is undertaken through the collaboration between the government, the private and the public sectors especially communities focusing on integration of all parties into giving care of older persons in their own communities. The Project has objectives to train or provide correct knowledge and skills concerning the elderly care-giving to home care-givers. The knowledge and skills trained in such Project are : - general knowledge of ageing, concepts of the elderly vs. change, elderly psychology, promotion of elderly healthiness, elderly care-giving skills, basic elderly medical treatments, moral and ethics of elderly care-giving, services and the elderly networks, and roles of the home care-givers. This is to promote the home care-givers to use such knowledge and skills to take care and rehabilitate older persons who have no care-givers or who cannot perform their daily living activities, at their home in the target communities.

The Home Care-givers will perform their duties as follows: pay a visit at home to arrange foods, medicine, clean the body and arrange dressing, clean the house and its surroundings, help patients in taking exercise, take patients to see the doctor, visit patients at hospital and visit them again after being discharged from hospital and staying at home, take them to have recreation outside their home, take them to participate in any religious and social activities arranged in their villages/communities, and participate in various relevant support, etc. This is to make older persons achieve their good life quality/well-being and able to live in their family and community with happiness.

The Pilot Project of Home Care-givers has continually been undertaken since its beginning until present. During the past 2 years, 2003-2004, 564 care-givers have been trained and have given their health-care services to 5,593 older persons in the target communities. It may say that this Pilot Project serves as the significant base of the community-based home health care, where older persons are supported by their own community members. We may say that these care-givers joining with the community's various parties which are involved in the elderly



care-giving have formed the networks in providing social welfare to the destitute and the vulnerable groups in the target communities, either the trouble elderly or any other trouble persons. In addition, this Project can serve as the prototype of other home care-givers to guide the promotion and extension of health-care services planned to be undertaken by any other relating entities.

Subsequently, in the fiscal year 2005, the Project of Home Care-givers is extended in the additional 15 provinces, i.e. Chainat, Samut Songkhram, Singburi, Chaiyaphum, Udonthani, Ubolratchathani, Yasothon, Nakhonratchasima, Sakon Nakhon, Phayao, Phetchabun, Uthairit, Lampang, Nan and Trang, making a total of 23 provinces under such Project.

In addition, many government agencies show their interest in this Project and have taken as their guidelines to implement their own projects to provide the elderly care-giving. For example, Phitsanulok Province is going to expand the Home Care in each of its subdistricts, Chiangmai Province has expanded in its 3 additional subdistricts, Suratthani Province has expanded in 1 additional subdistrict, and Udonthani has expanded in 2 additional subdistricts. In Bangkok Metropolis, there are also similar projects being carried out in many communities.

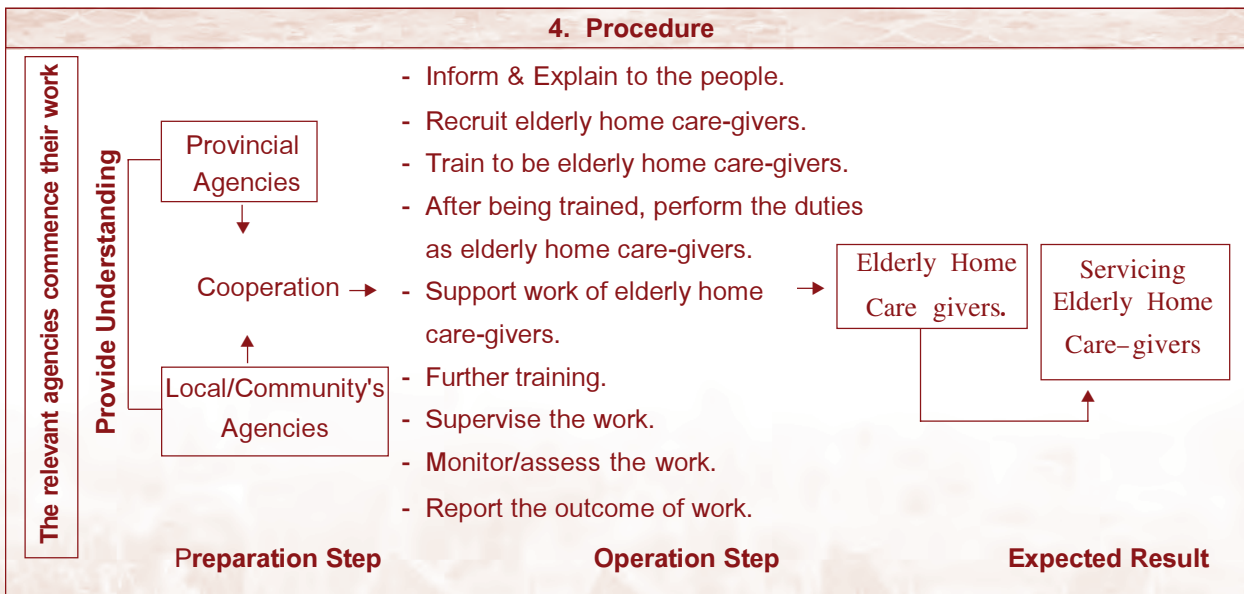
Under the Project of Home Care-givers, the government aims at the multilateral participation of the Ministry of Social Development and Human Security, the local administration agencies and the public, in promotion of establishing home care-givers in every community in order that these persons can serve as the main mechanism of the elderly care-giving which will take care and help the older persons who have no care-givers or who cannot perform their daily living activities. The government hopes to drive up such Project under the systematized and effective steps in order to achieve the full accessibility of community-based health-care services to all older persons which will enable them to have good life quality. In 2005, there are 2,073 home care-givers having been trained and giving their care services to approximately 10,300 trouble older persons of the target group.

The model of the Project of Home Care-givers is concluded through various methodologies, namely philosophy, concept, principle, procedure, and composition as shown in Diagram herebelow:





1. Philosophy	2. Base of Concept	3. Principles
Encourage the community's conscience of giving care of the elderly.	<ul style="list-style-type: none"> • Taking care of older persons to help them live in communities with happiness and preventing them from being abandoned at the end of their life. • Integration into giving care of older persons (the government-the private-the public sectors.) • Maintaining the culture of the warm care society. • Strengthening the role of local administration agencies and elderly care-giving networks. 	<ul style="list-style-type: none"> • Partners • Participation/ integration • Flexibility • Suiting such places/ regions • The elderly benefit.



5. Procedure

<ul style="list-style-type: none"> • Field Workers <ul style="list-style-type: none"> - Elderly Home Care-givers - The Committee of Home Care-givers 	<ul style="list-style-type: none"> • Older Persons <ul style="list-style-type: none"> - With no care-givers. - Unable to help themselves. - Being abandoned. - Being neglected. - Receiving mal care-giving. 	<ul style="list-style-type: none"> • Support <ul style="list-style-type: none"> - The agencies involved. - Providing support. 	<ul style="list-style-type: none"> • Elderly Care-giving <ul style="list-style-type: none"> - Knowledge - Health-care activities - Guidelines on duty performance for elderly care-givers The Committee of Home Care-givers - Guidelines on how to support work of home care-givers. The agencies involved commence their work. The supporting agencies. The area supporting centers.
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In the meantime, regarding the elderly care-giving perspectives, Associate Prof. Sasiphat Yodphetch of the Faculty of Social Development Science, Thammasat University, has undertaken the Research on the "Long-term Home Care for the Elderly". This Research has objectives to study the facts concerning family and community-based health care for the elderly, by analysis of various researches and data collated from field working. Samples of the Research consist of 316 older persons, 516 communities' members, families' members which are divided into 1,581 main care-givers, and 1,600 other members, as well as 640 communities' leaders from 32 selected villages of 16 provinces which cover all parts of the Country. The Research shows that most of older persons at 63.5% receive care from their own children (sons and daughters). Among these care-givers, daughters have bigger proportions (71.1%). The major reason for which children play their role as care-givers of parents is the Thai social values and culture which prescribe children to take care of older parents as expression of gratitude. This factor/ reason is high at 46%. We can see that most of the elderly care-givers still are children of the elderly who live with the elderly in the same home. The significant problem of the family-based elderly health care is income. The Research further shows factors which impact on the elderly living within their own families as follows: capacities in performing their daily living activities, roles of care-givers and economic condition of their families. For the community-based health care, the communities' leaders think that families play the significant role of care-giving, while communities have to provide health-care services which meet with the need of older persons and make such services to cover all older persons in a form of free services. Based on the Research, it is found that there are 3 groups of the elderly risky to have problems in living with family, namely the group of the elderly who live with their poor family, the group of the elderly who cannot perform their daily living activities and the group of the elderly aged 60 years and more who still act as the care-givers themselves. Their most found problem is income.

In addition, the Research proposes its analysis which reveals that the previous social welfare provision for the Thai elderly was in the framework of relieving the problems, where older persons were classified as the destitute and vulnerable which have to be supported by the State. Although that concept has been changed to promote and enhance participation of communities' members, the framework of relieving the problems still influences the set up of welfare system. It should, therefore, modify the future health-care services to be a long-term care system, so that it can achieve the intention of elderly development.





In such regard, the Research proposes to undertake the family-based long-term care system for older persons in Thailand, where determination of explicit roles and responsibilities of institutes and entities involved as well as establishment of the guidelines of long-term care system will be very important. There shall be integration of collaboration in all levels, from the national level regarding the policies and legislative procedure, the local level regarding the guidelines and usage of resources in administration, and the community level regarding the identification of problems and needs of communities members; all these factors are significant for the effective and efficient implementation of the long-term care system. Regarding the guidelines of the future family-based long-term care system, it should take account of establishing the income strengthening system either by encouraging people to enter into the social security, or savings programs, or forming the community elderly funds, or any health-care services which strengthen older persons and their families. Such system should combine social services with health-care services. In addition, it should extend and expand the services to any institutes involved in the elderly problems. In this connection, it should encourage supportive spirit in communities' leaders as well as enhance the voluntary field workers system to be strengthened. It is to help and support older persons who are still able to earn their living to sustain their working life as long as possible. In case of those who are unable to earn or help themselves, there should be services provision. The real objective of the long-term care system is to promote the elderly well-being.

Participation of the Elderly

The promotion of activities which enhance participation of older persons has objectives to encourage them to join in activities arranged by the society for their groups to develop their physical and mental health. It is also to promote any activities which can develop communities of which the older persons are members. Older persons are the group of persons which has more leisure in the daytime or stays at home longer than previously when they were of working ages. There are many procedures to encourage older persons to gather into groups both formal and informal procedures. Normally, when older persons gather into a group, they usually talk, discuss, exchange their opinions, as well as transfer and exchange their knowledge and experience. It is notable that the trend of enhancing older persons to join in groups is more explicit than previously. This is because the executive agencies, especially various ministries, such as the Ministry of Public Health, the Ministry of Social Development and Human Security, Bangkok Metropolitan Administration, including the Elderly Council Association of Thailand, etc. all realize and recognize the significance of participation of older persons in social activities by means of their membership in their representative groups or clubs.

Participation of Older Persons in Their Representative Clubs/ Associations

Presently, both the government and the private agencies and entities in the Capital and in local administration areas, especially provinces and municipalities cooperate in promotion and support of the gathering and joining of older persons into groups, clubs or associations. The significant point to be considered in such regard is the readiness of the elderly together with knowledge and concepts of forming such clubs/associations, where the activities which encourage the elderly participation should be emphasized. In operation of such clubs/associations, it should have the systematized administration system, rules or regulations, offices and budgets of the clubs/associations. Activities to be arranged by the clubs/associations should meet the need and be in compliance with the interest of the elderly, thereby the elderly will subscribe for membership on a voluntary basis. In the meantime, the supervising agencies and entities shall provide technical and resource support including advisory services to those clubs/associations, so that they can successfully arrange activities responsive to the best benefit of older persons.

Currently, there are approximately 8,582 elderly clubs/associations under the networks of the Elderly Council Association of Thailand. In addition, there are independent elderly clubs/associations being formed under the support of the government agencies, educational institutes, state enterprises, as well as local administration agencies, etc.

Participation of Older Persons in Culture

Based on data of the Ministry of Culture, it shows that older persons in each part of Thailand still play the significant role as persons worthy of respect, who serve as the prototype in continuing and conserving the Thai culture. Various government agencies, therefore, focus on arranging activities for the elderly, on an equal basis as other ages. The activities arranged by these agencies can be classified into 5 aspects, namely:-

1. Activities of gratitude for the elderly, such as activities to exalt reputations of the awarded persons who make value contribution to culture, who mostly are older persons.
2. Activities to transfer culture knowledge, such as transfer of local intellect, fine art exhibitions, domestic culture shows, artistic work, handicrafts, etc., thereby older persons are invited as guest speakers or lecturers to transfer their knowledge to the younger generation both inside and outside educational institutes.





3. Activities enhancing general participation of the elderly, such as festival processions, campaigns, and cultural voluntary tasks, etc.
4. Knowledge and entertainment/recreational activities for the elderly.
5. Activities concerning preparation of elderly data/information, such as the Cultural Elderly Brain Bank Record, etc.

In addition, in each year the Office of the National Cultural Commission, the Ministry of Culture, searches, selects and announces to praise and exalt reputations of the National Artists in each field, and also give rewards to persons who create or perform valuable work to the culture which is nationally or internationally accepted. The awarded persons are persons who have long time experience, most of them, consequently, are older persons. Presently, the elderly who are exalted as the National Artists are in the number of 114 persons, while those who are awarded the cultural prize are in the number of 130 persons; all these people shall receive monthly allowance and other welfare from the Cultural Work Promotion Fund of the Office of the National Cultural Commission.

In addition, the elderly can be deemed the valuable personnel of families and communities as they can provide useful advice, teaching and making advantageous decision for their children and communities. Every local culture agency needs the elderly valuable contribution, where they employ or invite the elderly to join in their work. Therefore, the skillful/ qualified older persons play the important role and are required to participate in many cultural organizations established under the support of the government, such as there being approximately total 5,000 older persons joining in the Provincial Cultural Councils, the district cultural councils, the subdistrict cultural councils, the Provincial Culture Centers, and the Integrated Thai Culture Center under the communities' network program.

Participation of Older Persons in Religious Activities

Based on the survey of cultural activities participation in 2005, it shows that the older persons aged 60 years and more participate in all types of religious activities in the largest proportions among all age groups. Among these persons, those who listen to a sermon, observe the precepts, practice meditation on the Buddhist sabbath are approximately of 42.5%, 18.7% and 12.3% respectively. Regarding those who perform the daily religious activities, such as, saying their prayers and making merit/making a food offering to a monk, are of 32.8% and 20.9% respectively.



Table 6
Number & Percentages of Older Persons (aged 60 years and more) who
participate in performing religious activities compared with other ages, 2005

Participation in Religious Activities	Total	Age Groups (years)			
		15-19	20-24	25-59	60 and more
Listening to a sermon (number : unit = 1,000 persons)	100.0 (46,820.2)	100.0 (5,136.6)	100.0 (5,357.3)	100.0 (30,160.4)	100.0 (6,165.8)
No	54.9	69.2	70.9	54.6	31.1
Yes					
Everyday	2.3	1.0	0.4	1.9	6.9
On the weekend	8.3	5.5	4.8	8.6	12.2
On Buddhist sabbath	25.6	15.2	16.2	25.6	42.5
Others	8.9	9.1	7.8	9.4	7.3
Observing the precepts (number : unit = 1,000 persons)	100.0 (46,748.5)	100.0 (5,133.4)	100.0 (5,356.4)	100.0 (30,107.4)	100.0 (6,155.1)
No	73.4	81.5	80.0	74.4	56.2
Yes					
Everyday	5.4	4.0	4.2	5.3	8.5
On the weekend	0.1	0.1	0.2	0.1	0.1
On Buddhist sabbath	8.3	4.6	4.3	7.6	18.7
On religious days	6.0	4.4	4.2	5.8	10.6
On festival days	5.9	5.0	6.5	6.1	5.4
Others	0.8	0.4	0.8	0.9	0.5
Meditation (number : unit = 1,000 persons)	100.0 (46,769.3)	100.0 (5,133.4)	100.0 (5,358.8)	100.0 (30,122.3)	100.0 (6,154.9)
No	85.9	88.9	90.8	87.5	71.4
Yes					
Everyday	1.5	1.2	0.6	1.0	4.5
On the weekend	0.4	0.5	0.4	0.4	0.2
On Buddhist sabbath	4.4	2.0	1.6	3.7	12.3
On religious days	3.0	2.0	1.9	2.5	7.0
On festival days	4.1	4.3	4.1	4.1	3.9
Others	0.8	1.1	0.6	0.8	0.8





Participation in Religious Activities	Total	Age Groups (years)			
		15-19	20-24	25-59	60 and more
Saying prayers (number : unit = 1,000 persons)	100.0 (46,818.3)	100.0 (5,135.2)	100.0 (5,364.1)	100.0 (30,150.8)	100.0 (6,168.1)
No	43.5	48.9	56.0	44.0	25.7
Yes					
Everyday	15.8	13.4	9.0	14.0	32.8
On the weekend	0.6	0.4	0.8	0.7	0.5
On Buddhist sabbath	18.2	8.3	10.7	19.2	27.8
On religious days	7.0	6.6	7.7	7.2	5.2
On festival days	12.0	12.5	13.4	12.8	6.2
Others	3.0	9.9	2.3	2.1	1.9
Making a food offering to a monk (number : unit = 1,000 persons)	100.0 (46,813.5)	100.0 (5,137.2)	100.0 (5,361.8)	100.0 (30,141.5)	100.0 (6,173.0)
No	15.2	24.2	22.7	13.0	12.1
Yes					
Everyday	8.3	2.6	2.5	7.7	20.9
On the weekend	1.9	1.6	1.8	2.1	1.1
On Buddhist sabbath	21.6	13.4	15.4	22.4	30.3
On religious days	16.1	18.2	17.5	16.4	12.5
On festival days	33.5	37.4	36.2	35.0	21.0
Others	3.2	2.6	3.9	3.5	2.1
Offerings dedicated to the Sangha (number : unit = 1,000 persons)	100.0 (46,779.4)	100.0 (5,137.0)	100.0 (5,356.4)	100.0 (30,116.8)	100.0 (6,169.3)
No	35.2	47.4	44.9	32.2	31.2
Yes					
Everyday	0.2	a	0.2	0.1	0.4
On the weekend	0.5	0.5	0.7	0.6	0.3
On Buddhist sabbath	4.5	2.2	2.5	4.8	6.9
On religious days	19.3	15.0	15.5	20.2	21.4
On festival days	35.5	31.2	32.2	36.8	35.6
Others	4.8	3.6	4.0	5.3	4.2

Source: The National Statistical Office, the Ministry of Information and Communication Technologies, 2005. Pages 24-25, The Survey of Participation in Culture Activities.

Remarks: a means less than 0.1.



Environments and Residences

Based on the survey of the elderly residences in 2002, carried out by the National Statistical Office, it shows that 81.2% of older persons are the owners of their residences. On the other hand, we may say that most of Thai older persons have their own residences. Regarding styles of their residences, it is found that 42.4% of older persons live in a residence with high base, which they have to climb stairs for entering and exiting the residence. Such style of residence is the normal style generally seen in the rural areas of Thailand. Regarding their usage of the inner toilet/lavatory of their residence, it is found that most of older persons (86.6%) use a lavatory with septic tanks, which they have to sit on their heels. Such lavatory is inconvenient and unsuitable either for those who are going to have old ages or those who already have old ages, especially persons who suffer osteoarthritis or spine pain. However, there are rather a few of studies/researches on the physical structure of the elderly residences and environments, while the pictures of the Thai elderly in the rural areas are continually presented through various medias. We usually see that many older persons in the rural areas especially the remote ones are still very trouble and poor, which forces them to live in a house and environment unsuitable/unfriendly to their physical condition. Therefore, the Department of Social and Welfare Development, the Ministry of Social Development and Human Security, plans to carry out the Project to modify, improve and repair residences including community's activities places for the elderly. Its objectives are to improve and repair residences of older persons especially those who live in the rural areas, such as repair the roofs, improve the stairs, change the lavatories, fix a rail for the elderly to hold for support, etc. The budgets of such project is estimated of approximately not exceeding 10,000 Baht per house, and not exceeding 15,000 Baht per community's activities place. The Project is expected to be done in 2006 in the number of 2,450 houses/families, and 880 activities arrangement places. The execution and management of the Project will be undertaken by taking account of the elderly friendly and safety environment concept together with the application of the Ministerial Rules of the Ministry of Interior, B.E. 2548 (2005) which prescribe buildings to set up facilities for disabled persons and older persons. Presently, the Project is in process of undertaking in all provinces throughout the Country.





However, presently we may see that many entities which deal in public buildings/facilities begin to observe the criteria on designs for disabled persons and older persons. For example, many department stores begin to arrange parking, slopes and toilets for disabled and older persons; moreover, toilets in some buildings have facilities for little children and pregnant women. The good sample of these facilities is petroleum stations of the Petroleum Authority of Thailand (PTT), where there are toilets for disabled and older persons as shown in Figure 1. Other public buildings also have such facilities as shown in Figures 2 and 3.



Figure 1
Showing Symbols of Toilets
for Disabled Children and Older Persons,
in the PTT's petroleum stations

Figure 2
Showing the entrance slope to
the Tourists Service Center



Even a building which is not quite big, if the owner/landlord realizes such significant point, he/she will also arrange facilities for disabled and older persons, such as entrance slopes, and electric switches and plugs which suit disabled and older persons, as shown in Buildings in Figures 4 and 5.





Figure 3

Showing the entrance slope to the Tourists Service Center



Figures 4, 5

Showing an electric switch - plug, and a door knob suitable for disabled and older persons

Other facilities, such as roads, passages, footpaths, and mass transportation systems are also important for the transportations and communications of disabled and older persons. The relevant agencies should, therefore, pay attention to this matter; so that older persons can conveniently live their life and achieve their autonomy.

Figure 6

Showing the footpath suitable for older persons



The appropriate accessories and equipment for disabled and older persons are arranged in toilets in many buildings, such as Figure 7. Figure 8 shows the entrance slope instead of stairs. There are also certain buildings being designed under the concept of the Design for All/ Universal Design, which are readily accessible to all people, either juvenile or disabled or ageing groups. That will lead to the Society of All Ages.





Figure 7

showing accessories and inner condition of a suitable toilet.



Figure 8

showing an entrance slope instead of stairs.

Remarks to the Figures

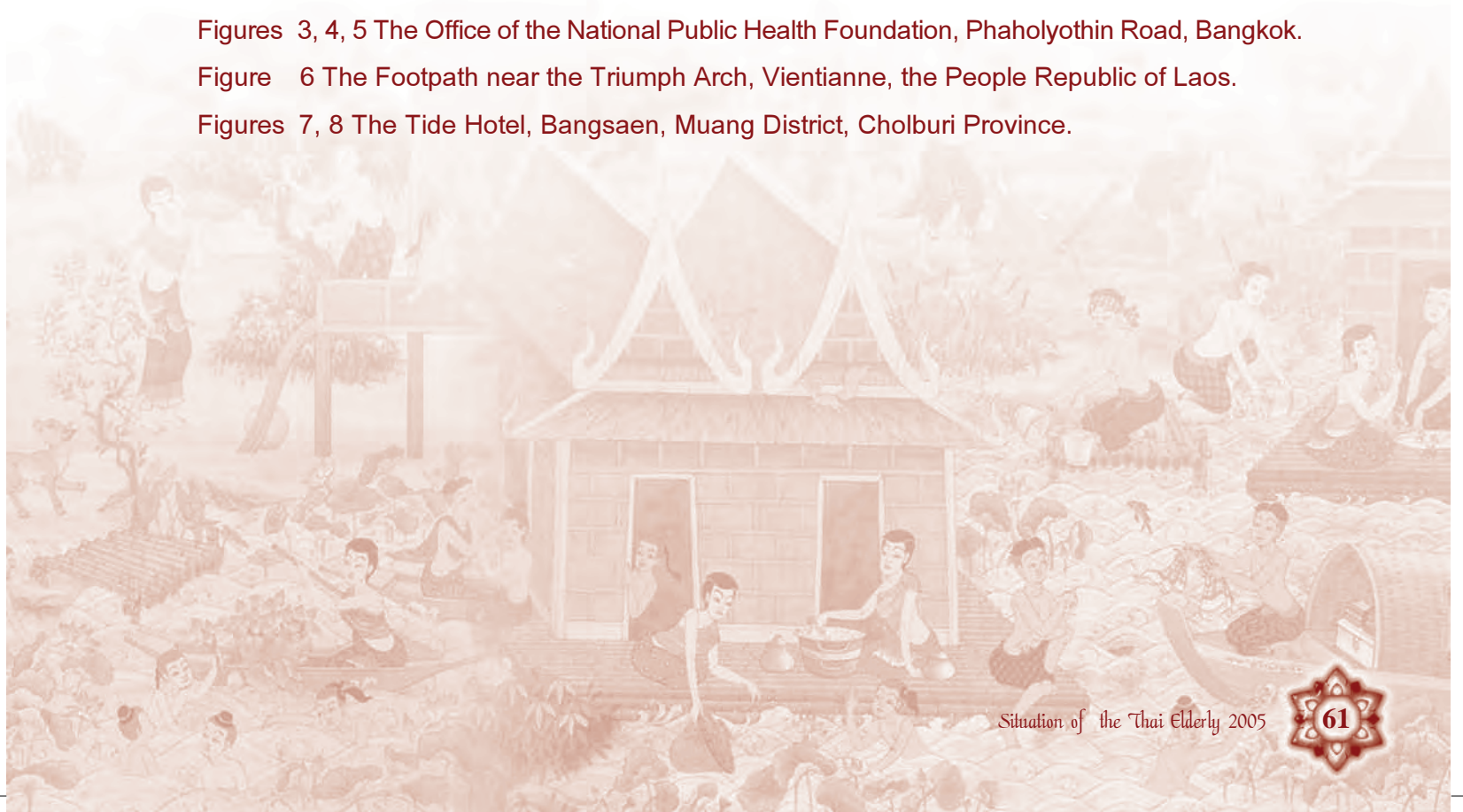
Figure 1 The PTT's Petroleum Station at the transit point on the Motor Way.

Figure 2 The Northern Tourists Service Center, Khuntan Area.

Figures 3, 4, 5 The Office of the National Public Health Foundation, Phaholyothin Road, Bangkok.

Figure 6 The Footpath near the Triumph Arch, Vientianne, the People Republic of Laos.

Figures 7, 8 The Tide Hotel, Bangsaen, Muang District, Cholburi Province.





Chapter 4

Work and Income





Chapter 4 Work and Income

Occupations are one of the elderly income sources to earn both their own selves' and their family's living. Furthermore, occupations can reflect their physical and mental condition, including their sustaining capacity. To live one's life valuably to one's own self, family and even to all others is a wish of everybody. Presently, many older persons even of older ages than the retirement age, are still obligated to work to earn their living and their family's living. Consequently, inclusion of the elderly in the national workforce is widely deemed as good concept, whereby we should provide occupational chance to those healthy older persons who have the capacity, readiness and intention to maintain their working after retirement, by putting them on the jobs suiting their physical and mental condition. This will enable older persons to achieve stable and happy life with their dignity.

Working Condition

Based on the survey of the population's employment, in the second quarters of 2001 and 2005, it shows that percentages of the working older persons trend to increase from 30.3% in 2001 to 37.1% in 2005. In consideration separately according to their genders and the parts of the Country, percentages of the working older persons have increased both in older men and older women; whereas the older men have bigger proportions than older women (49.8% vs. 26.6%.) The proportions of the working older persons in all parts of the Country increase, while the proportions of those who live in Bangkok have a slight decrease from 18.8% to 18.0%. It is notable that the working older persons in Bangkok have the smallest proportions compared with all other parts, while the working older persons in the southern part have the largest proportions (45.3%.) Working condition of the elderly can reflect the individual output, i.e. of older persons themselves and of the Country as a whole. (Table 1.)





Table 1

Percentages of Older Persons classified according to their work condition

Genders, Administration Areas & Parts of the Country	Work Condition					
	2001			2005		
	Total	Employed	Unemployed	Total	Employed	Unemployed
Genders						
Total	100.0	30.0	69.7	100.0	37.1	62.90
Male	100.0	41.7	58.3	100.0	49.8	50.20
Female	100.0	20.5	79.5	100.0	26.6	73.40
Administration Areas						
Within municipalities	100.0	23.8	76.2	100.0	27.8	72.22
Outside municipalities	100.0	33.2	66.8	100.0	40.7	59.30
Parts of the Country						
Bangkok	100.0	18.8	81.2	100.0	18.0	82.00
Middle	100.0	29.4	70.6	100.0	34.8	65.20
North	100.0	31.2	68.8	100.0	36.2	63.80
North-east	100.0	30.8	69.2	100.0	41.2	58.80
South	100.0	38.6	61.4	100.0	45.3	54.70

Source: The National Statistical Office, 2001 and 2005. Calculation based on the Survey of the Population's Employment, the 2nd Quarter.

Economic Activities

Although presently Thailand has developed its industries more than previously, in 2003, most of its populations still work in agriculture at 34.8% (Data of Agriculture Census 2002 presented in www.nso.go.th.) Most of the elderly work in agriculture as such job has no retirement age. The elderly, therefore, can work in such section as long as their possible health or as their desire. Based on the survey of the population's employment in the second quarter, it shows that proportions of older persons who work in agriculture section increase : In 2001, 61.0% of the working older persons work in agriculture, and in 2005 such proportions increase to 61.5%. (Table 2.)

Table 2

Percentages of the Working Older Persons classified according to their economic activities

Genders & Administration Areas	Economic Activities					
	2001			2005		
	Total	Agriculture	Non-agriculture	Total	Agriculture	Non-agriculture
Genders						
Total	100.0	61.0	39.0	100.0	61.5	39.5
Male	100.0	65.2	34.8	100.0	66.7	33.3
Female	100.0	54.1	45.9	100.0	53.6	46.4
Administration Areas						
Within municipalities	100.0	24.7	75.3	100.0	23.2	77.6
Outside municipalities	100.0	72.3	27.7	100.0	71.8	29.9

Source: The National Statistical Office, 2001 and 2005. Calculation based on the Survey of the Population's Employment, the 2nd Quarter.

Remarks: An economic activity means any activity which has its produce either in forms of products or services, such as, culture of rice, textiles, laundries, etc.

Based on the survey of informal employment in 2005, carried out by the National Statistical Office (Tables 3 - 5), it shows that approximately 2.6 million older persons still work. Among these persons, approximately 2.3 million persons or 90.3% of the total elderly labor are informally employed/ self-employed. Regarding the self-employed group, there are approximately 1.4 million older men, and approximately nine hundred and eighty thousand older women. However, in comparison of proportions between both genders, older women who are self-employed have bigger proportions than older men (92.4% vs. 88.8%.)

In the self-employed group, those who are injured or have an accident from working are found at approximately 13%. Mostly they are injured by knife, next are:- falling down, being inflamed and having accidents from vehicle. Among these persons, older men who are injured by knife and in a vehicle accident have bigger proportions than older women, while older women who are injured from falling down have bigger proportions than older men.

In consideration according to administration areas, it is found that the self-employed older persons who live outside municipalities being injured by knife or sharp object, and falling down in bigger proportions than those who live within municipalities. On the contrary, it is found that older persons in municipalities have the proportions of being inflamed and injured in a vehicle accident bigger than those who live outside municipalities.

Table 3
Number and Percentages of the Employed Older Persons (both informally employed or self-employed and formally employed) classified according to their genders

Employed Older Persons	Number			Percentages		
	Total	Male	Female	Total	Male	Female
Total	2,591,466	1,529,203	1,062,263	100.0	100.0	100.0
Formally employed	251,103	170,718	80,385	9.7	11.2	7.6
Informally employed	2,340,363	1,358,485	981,878	90.3	88.8	92.4

Source: The National Statistical Office, 2005. Data from the Informal Employment Survey.

Table 4
Number and Percentages of Informally Employed (Self-employed) Older Persons Aged 60 years and more classified according to injuries & accidents from work and genders

Injuries and Types of Injuries	Number			Percent		
	Total	Male	Female	Total	Male	Female
Total	2,340,363	1,358,485	981,878	100.0	100.0	100.0
No injury	2,036,840	1,179,130	857,710	87.0	86.8	87.4
Injury	303,523	179,355	124,168	13.0	13.2	12.6
- Falling down	74,353	37,932	36,421	3.2	2.8	3.7
- Injured by knife	172,577	105,676	66,901	7.4	7.8	6.8
- Injured by fire/ hot water	9,355	5,153	4,202	0.4	0.4	0.4
- Vehicle accidents	9,352	7,406	1,946	0.4	0.5	0.2
- Shocked by electricity	61	61	0	a	a	0
- Crashed /hit by an object either horizontally or vertically	6,282	4,862	1,420	0.3	0.3	0.2
- Injured by chemicals	5,860	3,625	2,235	0.2	0.3	0.2
- Others	25,683	14,640	11,043	1.1	1.1	1.1

Source: The National Statistical Office, 2005. Data from the Informal Employment Survey.

Remarks: a means less than 0.02.

Table 5

Number and Percentages of Informally Employed (Self-employed) Older Persons Aged 60 years and more classified according to injuries & accidents from work and administration areas

Injuries and Types of Injuries	Number			Percent		
	Total	In Municipalities	Outside Municipalities	Total	In Municipalities	Outside Municipalities
Total	2,340,363	433,382	1,906,981	100.0	100.0	100.0
No injury	2,036,840	383,911	1,652,929	87.0	88.6	86.7
Injury	303,523	49,471	254,052	13.0	11.4	13.3
- Falling down	74,353	12,247	62,106	3.2	2.8	3.3
- Injured by knife	172,577	25,648	146,929	7.4	5.9	7.7
- Injured by fire/ hot water	9,355	3,404	5,951	0.4	0.8	0.3
- Vehicle accidents	9,352	3,024	6,328	0.4	0.7	0.3
- Shocked by electricity	61	61	0	a	a	0
- Crashed /hit by an object either horizontally or vertically	6,282	2,323	3,959	0.3	0.5	0.2
- Injured by chemicals	5,860	651	5,209	0.2	0.2	0.3
- Others	25,683	2,113	23,570	1.1	0.5	1.2

Source: The National Statistical Office, 2005. Data from the Informal Employment Survey.

Remarks: a means less than 0.02.

Working Status/Job Position

As the elderly labor is not desired by the labor market or employers compared with the labor of working ages 15-59 years, it is found that as a whole, most of the elderly do their own business/self-employment with no other employees, at 62.4% in 2001 and increase to 62.9% in 2005. Next is being assistant of their family business without wages/salaries at approximately 17.0%-18.0%. Proportions of older persons who act as employer has decreased from 5.2% in 2001 to 4.6% in 2005, while proportions of their occupational integration have a slight increase, from 0.2% in 2001 to 0.3% in 2005. For the group of the elderly who are employees, it is found that in the private sector, proportions of the elderly employees have decreased from 13.9% in 2001 to 13.0% in 2005. (Table 6.)





Table 6

Percentages of the working older persons classified according to their working status

Working Status	Number			Percent		
	Total	In Municipalities	Outside Municipalities	Total	In Municipalities	Outside Municipalities
Total	100.0	100.0	100.0	100.0	100.0	100.0
Employer	5.2	9.2	3.9	4.6	6.8	4.0
Self-employed with no employees	62.4	54.0	65.1	62.9	55.8	64.8
Assisting in family business with no salaries	17.3	14.7	18.1	17.8	18.7	17.6
Government employee	1.0	2.1	0.7	1.3	2.1	1.0
State enterprise employee	0.1	0.2	0.1	0.1	0.4	0.0
Private enterprise employee	13.9	19.5	12.1	13.0	16.1	12.2
Gathered and formed an occupational Group	0.2	0.3	0.1	0.3	0.1	0.3

Source: The National Statistical Office, 2001 and 2005. Calculated based on the Survey of the Population's Employment, the 2nd Quarter.

Income and Working Hours

It is hereby considered only the income and working hours of the group of older persons who are employees, either government, private or state enterprise employees. In comparison between the years 2001 and 2005, it shows that average income and working hours of older persons have decreased (Table 7) : Older persons have their average monthly income decreasing from 5,535 Baht to 4,919 Baht. In the meantime, their average working hours have also decreased from weekly 40.4 hours to weekly 39.8 hours.

In comparison of income and working hours between older men and older women in 2005, it is found that the average monthly income of older men is higher than older women (5,753 Baht vs. 3,436 Baht), while their average working hours are not different. It reveals that the labor fees of older men are higher than those of older women (the hourly labor fees of older men are of 36.0 Baht, while older women are of 21.6 Baht.)

In 2005, the older persons who live within municipalities have 3 times more average weekly income than those who live outside municipalities (those who live within municipalities have 9,863.1 Baht per month, and those who live outside municipalities have 3,069.4 Baht per month.) In addition, older persons in municipalities have average weekly working hours (approximately 8-9 hours per week) more than those outside municipalities. When calculation of their average hourly income, it is found that those who live within municipalities have hourly wages of 52.8 Baht, while those who live outside municipalities have only 20.2 Baht. It shows that the labor fees for older persons in municipalities are higher than those outside municipalities.

In comparison of older persons in various parts of the Country, it is found that in 2005, older persons in Bangkok Metropolis have the highest average income and working hours, i.e. 18,093.1 Baht per month and 52.1 hours per week. Next is older persons who live in the middle part of the Country, getting 4,878.5 Baht per month and 44.7 hours per week, while those who live in the northern part have the least average income, i.e. 2,469 Baht per month, and those who live in the southern part have the least average working hours, i.e. 33.3 hours per week.

Table 7

Working Older Persons classified according to their average income and working hours

Genders, Administration Areas and Parts of the Country	Average Monthly Income		Average Weekly Working	
	2001	2005	2001	2005
Total	5,534.8	4,918.8	40.4	39.8
Male	6,375.0	5,753.1	40.1	39.9
Female	3,905.8	3,436.2	41.1	39.8
Administration Areas				
Within municipalities	9,153.3	9,863.1	47.9	46.7
Outside municipalities	3,531.5	3,069.4	38.1	38.0
Parts of the Country				
Bangkok	13,793.6	18,093.1	54.2	52.1
Middle	5,322.8	4,878.5	45.6	44.7
North	2,215.3	2,469.0	43.1	39.6
North-east	5,557.7	3,157.5	34.2	38.4
South	2,814.3	4,374.9	35.2	33.3

Source: The National Statistical Office, 2001 and 2005. Calculated based on the Survey of the Population's Employment, the 2nd Quarter.





Inclusion of the elderly labor in the workforce trends to continually increase. This is resulted from change in the population structure which turns to be the ageing population, with their more proportions and longer years of life. In addition, the elderly achieve more healthiness and more effective access to health-care services. The economic pressure is also another factor causing sustaining of the elderly labor in the workforce even at their post retirement. Pursuant to the National Plan on Older Persons, Issue 2 (B.E. 2545-2564), it prescribes strategies of the elderly promotion on health-care knowledge, integration and strengthening of their representative organizations, their work and income, support of skillful/qualified older persons. The government and relevant agencies shall, consequently, have their explicit implementation plan in promoting and supporting the work and income of the qualified elderly by providing their occupational chance.

Savings Condition and Establishment of Income Security

Savings are a significant factor of stable living after retirement. Data of personal savings (Table 8) show that Thai people still have savings at low level and personal savings are likely to continually reduce from 13.7% of personal income in 1999 to about 6.3% in 2005, even slightly increasing to 8.0% in 2004. Although personal savings should increase and be at sufficiently high level for the readiness and stability of the population ageing, the current economy does not attract people to get savings as much as proper. It makes net savings of all the government, the private and the family sectors as in 2004, be in the proportions of approximately 18.2% of GDP only. That will affect in long term to individuals and the whole country.

Table 8
Percentages of Personal Savings per Income

Counting : Million Baht

	1999	2000	2001	2002	2003	2004
Disposable Personal Income	3,067,435	3,179,750	3,265,457	3,384,966	3,726,961	4,071,086
Personal Savings	420,265	367,833	252,912	214,526	282,805	324,212
Percent	13.7	11.6	7.8	6.3	7.6	8.0
Net Savings	693,794	819,735	791,548	873,263	1,008,919	1,185,807
GDP	4,637,079	4,922,731	5,133,502	5,450,643	5,928,975	6,503,488
Percent	15.0	16.7	15.4	16.0	17.0	18.2

Source: The Office of Mass Accounting, the Office of National Economic and Social Development Board, 2004. National Income of Thailand.

Moreover, based on the obligatory savings for ageing, it covers only the working people (Table 9), by establishing income security in many forms of savings through several funds. Hence, there are still many labor groups making no savings through such funds. In this connection, other than the support of the Office of Social Security, the Ministry of Finance initiates establishment of the National Pension Fund to cover all labor groups in both formal and informal employment. In addition, there are also community-based savings, such as savings groups, savings cooperatives, including life assurance with private companies. That can serve as another mechanism in strengthening the elderly income for their happiness and well-being. Consequently, if we want our people to have sufficient financial resource, we should promote the systematized personal savings in the working age population. If we fail to do so, it will affect and incur risks in the population's economic insufficiency during their old age.

Table 9
Status of Obligatory Saving Funds in 2005

Funds	Capital (million Baht)	Members (million persons)
Social security (for ageing along with children welfare)	285,897.12	8.47
Retirement Remuneration/Pension Fund	286,748.74	1.16
Provident Fund	345,895.94	1.67
Retirement Mutual Fund	18,455.88	64 funds

Source: The Fiscal Policy Office, the Ministry of Finance.
<http://www.fpo.go.th/fseg/Index.php?body=../Source/Deata/DataIndex.php&Language=Thai&DBIndex=mysql>

Social Security for Ageing

The social security for ageing under the social security law is a government method to assist employees to access the income protection at their retirement age. It prescribes employees to save some part of their income as savings at their ageing. Presently, the Office of Social Security manages to collect contributions to the Social Security for Ageing from both the employers and the employees at 3% each, making a total of 6% of the wages.



In December 2005, there are total 8.47 million persons of the social insured. The benefit entitled to the employees is allowance or pension payable during their old age. Payment of such allowance/pension shall be calculated based on the number of contributions paying years of the employees. If such employee pays contributions for less than 15 years, he/she will receive the benefit in the form of old age allowance according to the amount of contributions paid by such employee and his employer plus interest. If paying contributions less than 12 months, the employee will refund only his contributions without interest. In case paying contributions for 15 years onwards, the employee will receive the benefit in the form of old age pension to be monthly paid for his/her lifelong. Presently, the Office of Social Security is going to modify the relevant law to permit more pension for ageing in order that older persons can sustain their income in living after retirement. The year 2014 will be the first year employees begin to receive the old age pension.

Table 10

Number of Persons Entitled to the Old Age Allowance and the Amounts Entitled to Them

Years	Number (Persons)	Amount of Old Age Allowance (Million Baht)
2001	16,963	78.19
2002	22,063	152.34
2003	41,662	339.04
2004	46,782	567.64
2005	60,874	864.77

Source: The Research and Development Division, the Office of Social Security.

Poverty in Older Persons

Based on data got from poverty measurement by means of the Poverty Line of the Office of the National Economic and Social Development Board, it appears that there are 1.1 million poor older persons or equivalent to 15.1% of the entire poor people; or there are poor older persons at approximately 17.5% of the entire older persons.

Poverty Line means measurement criteria of poverty, it refers to the principal or expenses of an individual used for acquiring the minimum requisite foods and products for their living. The Poverty Line increases from 953 Baht per person per month in 1996 to 1,135 Baht in 2000 and to 1243 Baht per person per month in 2004.

Table 11

Number of Poor People classified according to ages

Ages	Number of Poor People in 2004	Proportions of Poor People classified according to groups of ages
Total	7,538,743	100.0
0 - 4 years	602,732	8.0
5 - 11 years	1,268,122	16.8
12 - 14 years	607,301	8.1
15 - 17 years	409,086	5.5
18 - 24 years	448,337	5.9
25 - 59 years	3,063,276	40.6
60 - 69 years	575,052	7.6
70 years+	564,836	7.5

Source: The Office of Community Development and Income Distribution, the Office of the National Economic and Social Development Board.

It is found that a large family is vulnerable to poorness more than a small family because in 2004 a family with 6 members is poor equivalent to 18.6% of the total families. It may arise from a large family having children or older persons who cannot earn income, and/or having the total expenditure more than income.

Table 12

Percentages of Poor People classified according to family sizes

Counting: Percent

Year	1 member	2 members	3 members	4 members	5 members	6 members	7 members and over
1996	9.6	9.4	13.0	17.0	20.2	13.7	18.8
1998	8.7	10.6	13.7	18.2	22.8	24.6	23.3
2000	10.6	1.5	16.7	2.6	4.3	27.5	26.3
2002	9.2	9.0	2.9	16.3	18.1	19.9	18.7
2004	7.3	8.3	9.3	12.7	12.0	18.6	14.7

Source: Data from the Survey of Economic and Social Situation of Families, the National Statistical Office, proceeded by the Office of Community Development and Income Distribution, the Office of the National Economic and Social Development Board.





In addition, it is found that a family with the older leader is vulnerable to poorness more than a family with the young leader because such family has decreasing chance in earning income in comparison with the working aged family leader. At the middle of 2004, it is apparent that a family leader aged 70 years and over is poor in proportions of 17.0%, while a family leader of the beginning working ages, 20-29 years old, is poor in the smallest proportions or only 5.4%. This is because a young family leader does not have many burdens but has more chance in earning income than the older one.

Table 13
Proportions of Poor Families classified according to ages of the family leaders, in the years 1996-2004

Counting: Percent

Year	Ages of Family Leaders						
	<=19	20-29	30-39	40-49	50-59	60-69	70 years and over
1996	17.9	10.6	16.3	14.0	13.0	18.4	20.3
1998	23.0	9.8	16.9	15.8	14.8	19.3	22.6
2000	20.7	9.1	20.4	17.8	17.9	20.6	24.7
2002	15.7	9.3	13.9	12.3	12.9	16.5	20.0
2004	16.8	5.4	10.5	10.1	9.1	12.7	17.0

Source: Data from the Survey of Economic and Social Situation of Families, the National Statistical Office, proceeded by the Office of Community Development and Income Distribution, the Office of the National Economic and Social Development Board.

It is forecast that in the future older persons will become poorer due to many causes as follows:- Number of older persons increases rapidly while number of the working population decreases. This will increase the elderly dependency and result in growing of the entire population dependency. It will influence the population of working ages to have burdens in giving care of both children and older persons and will impact on net family income in the future.

The higher life expectancy makes older persons live longer. Some of them have to face their chronic health problem/disabilities and even insufficient savings for their lifelong living, while the government faces limitation of resources, insufficiency of social welfare provision either in a form of sustenance pensions or social benefit. It is likely that older persons will encounter more difficulties.





Urban and Labor migration results in leaving of older persons at home in the rural area or leaving them to take care of their grandchildren. It is likely to incur high risks and troubles to older persons.

However, the modern elderly trend to get better education and own more capacity to live better than the preceding elderly. Therefore, if they are arranged to access economic knowledge/information whether the creating of their occupational chance or their income chance or any appropriate ways to manage their savings or taking care of their own selves under the support of the government and the relevant agencies by a means of setting up or improving all existing systems/mechanisms to become more effective and efficient, i.e. promoting their integration into a group or establishment of the community elderly fund to assist in their occupational and social welfare, or promoting their personal savings, etc.; that will prevent the elderly from unnecessary economic risks.





Chapter 5

Education and Learning





Chapter 5

Education and Learning

Thai older persons have their lifelong learning, they; therefore, gain lots of experience through such chances in their passing life, so they can lead their own living. Most of them are ready to learn anything which they consider necessary or useful to apply to solve their encountered problems (Maslow, 1976). To make education or learning be attractive to the elderly, it should arrange the environments to suit and encourage interest in learning in the elderly. On the other hand, we should make education and learning accessible to the elderly, so that they can be provided correct knowledge to apply to develop their own selves and make any valuable contributions to the society. Although forms of education and learning may change from previously, if older persons can systematically think, analyze and improve themselves, they will be able to adapt themselves to the rapid change in our present world. In this connection, we have to take account of the following factors in each individual older person:- their specific physical, emotional and mental condition, interest, norms, beliefs, culture, tradition and how their family giving care of them, when we want to arrange the attractive environment for their learning.

Education and Legibility

Based on the relevant survey, it appears that most of older persons at 62.9% graduated from Prathom (the elementary class) 4. There are only 12.6% of them graduating higher than that level and 16.9% of them never study in school. When considering between older persons who live within municipalities and those who live outside municipalities, it shows that most of them whether live in municipalities or not, graduated from Prathom 4. Among these people, the ones who live outside municipalities graduated from Prathom 4 are in a bigger number than those who live within municipalities. However, older persons who live within municipalities graduated from a class higher than Prathom 4 are 4 times bigger than those who live outside municipalities.



In comparison of older men with older women, it appears that older men graduated higher than Prathom 4 in the proportions 2 times larger than older women; while older women who have no education are in the proportions 2 times larger than older men. (Table 1.)

Table 1
Number and Percentages of Older Persons classified according to their education, administration areas and genders

Education	Genders			Administration Areas	
	Total	Male	Female	In Municipalities	Outside Municipalities
Total	6,464,705 (100.0)	2,952,918 (100.0)	3,511,787 (100.0)	2,012,966 (100.0)	4,451,741 (100.0)
No education	1,089,483 (16.9)	310,204 (10.5)	779,279 (22.2)	276,976 (13.8)	812,505 (18.3)
Lower than Prathom 4	466,130 (7.2)	199,916 (6.8)	266,214 (7.6)	120,317 (6.0)	345,813 (7.8)
Prathom 4	4,063,347 (62.9)	1,885,096 (63.8)	2,178,251 (62.0)	1,052,193 (52.3)	3,011,154 (67.6)
Higher than Prathom 4	814,089 (12.6)	538,174 (18.2)	275,915 (7.9)	536,270 (26.6)	277,819 (6.2)
Cannot identify their exact educational level	35,297 (4.0)	15,746 (0.5)	9,551 (0.3)	21,980 (1.12)	3,317 (0.1)
No information	6,359 (0.1)	3,782 (0.1)	2,577 (0.1)	5,227 (0.3)	1,133 (0.0)

Source: The National Statistical Office, 2005. The Health and Welfare Survey.

Remarks: The figures in the blankets are the percent value.

Regarding legibility of older persons, it shows that as a whole, at 77.6% of them are legible (can read). Among these people, 85.8% of them are older men, while 70.9% are older women. It is further found that in the group of ages 80 years and more, those who are legible have smaller proportions than the group of ages 60-79 years (49.4% vs. 80.4%).

When considering according to the administration areas, it is found that those who live within municipalities are legible (84.3%) more than those who live outside municipalities (74.9%). (Table 2.)

Table 2
Number & Percentages of Older Persons classified according to their legibility, age groups, genders and administration areas

Counting : 1,000 Persons

Age Groups (years) & Administration Areas	Total				Male				Female			
	Total	Legible (can read & write)	Illegible	Percent Of those who are legible	Total	Legible (can read & write)	Illegible	Percent Of those who are legible	Total	Legible (can read & write)	Illegible	Percent Of those who are legible
Total	6,693.2	5,192.3	1,500.9	77.6	3,006.0	2,579.5	426.5	85.8	3,687	2,612.8	1,074.3	70.9
Age Groups (yr.)												
60-79	6,075.6	4,887.2	1,188.4	80.4	2,764.7	2,416.3	348.4	87.4	3,310.8	2,470.9	839.9	74.6
80 and more	617.6	305.1	312.5	49.4	241.3	163.2	78.1	67.6	376.2	141.9	234.4	37.7
Administration												
Areas												
Within Municipalities	1,896.1	1,598.7	297.4	84.3	827.9	752.3	75.6	90.9	1,068.1	846.5	221.7	79.3
Outside Municipalities	4,797.1	3,593.5	1,203.5	74.9	2,178.1	1,827.2	350.9	83.9	2,618.9	1,766.3	852.6	67.4

Source: The National Statistical Office, 2005-2006. The Survey of Change in Populations.

Remarks: Legibility shall mean the ability to read and write any languages, by being able to read and write a simple message. If a person can only read but cannot write, he/she shall then be deemed as illegible (cannot read nor write.)



Education and Study at the higher education level

Some part of older persons always realize that education and study is important which will enable them to achieve certain advantageous chance, they; therefore, are interested in improving themselves all the time. Based on the relevant data, it shows that there are more older persons trending to enroll their study at higher education (universities) in 2005. Tables 3 - 4 show the popular universities where older persons prefer to enroll their study which are both the non-open and the open universities:-

Regarding older persons who study at the non-open system (requiring candidates to pass their entrance examination) universities, it (Table 3) shows that there are 135 persons enrolling in the bachelor degree level, next is the master degree level which has 112 persons while the doctorate level having 26 persons. It is notable that the popular institutes where most of older persons in a number of 24 persons take their bachelor degree course is Rajabhat Suratthani University, next are Naresuan University and Rajabhat Phibunsongkhram University (21 persons and 13 persons respectively.) Regarding the master degree level, most of them in a number of 16 persons like to take course at the National Institute of Development Administration (NIDA), next are Rajabhat Phranakhon University and Thammasat University (12 persons and 9 persons respectively.) At the doctorate level, most of older persons in a number of 12 persons like to take course at Rajabhat Suan Sunantha University, next are Chulalongkorn University and Thammasat University (4 persons and 3 persons respectively.) It is further notable that there are more open universities expressing intention to admit older persons to studying at their universities as they realize the importance and contribution of older persons as one valuable and potential group of the society.

As regard to older persons who study at the open universities, it (Table 4) shows that 1,187 persons enroll in the bachelor degree level; the popular institutes where most of older persons in a number of 641 persons take their bachelor degree course is Sukhothai Thammathirat Open University, next is Ramkhamhaeng University in a number of 546 persons. Regarding the master degree level, there are 190 persons:- 178 persons take course at Ramkhamhaeng University, and 12 persons take course at Sukhothai Thammathirat Open University. At the doctorate level, older persons in a number of 30 persons take course at Ramkhamhaeng University. It is notable that there are more higher educational institutes recognizing the importance and value of the elderly lifelong learning as that is to support the elderly to fulfill their capacity and values.



Table 3

Number of Students (aged 60 years and more) Who Enroll Their Higher Education (at the non-open Universities) classified according to the degree/ diploma levels in the academic year 2005

No.	Names of Universities	Bachelor Degree	Master Degree	Doctorate	Total
	Total	135	112	34	281
1	Burapa University		8	1	9
2	Chiangmai University		4		4
3	Chulalongkorn University		8	4	12
4	Maejo University		1	1	2
5	Naresuan University	21	6	2	29
6	Ubolratchathani University		1	1	2
7	Maefaluang (Her Royal Highness the Princess Mother) University	5	1		6
8	Khonkaen University	8		8	16
9	King Mongkut's Institute of Technology, Lat Krabang	4	1		5
10	King Mongkut's Institute of Technology, North Bangkok		2		2
11	Kasetsart University		2		2
12	The National Institute of Development Administration (NIDA)		16	1	17
13	Prince of Songkla University	1	2		3
14	Silpakorn University	4	5		9
15	Srinakharinwirot University		4		4
16	Thammasat University		9	3	12
17	Thaksin University	1			1
18	Rajabhat Bansomdet Chaophraya University	6	2		8
19	Rajabhat Suandusit University	2			2
20	Rajabhat Chaiyaphum University	5			5
21	Rajabhat Chombung Village University	4	7		11
22	Rajabhat Nakhonratchasima University		2		2
23	Rajabhat Nakhonsawan University	12	3		15





No.	Names of Universities	Bachelor Degree	Master Degree	Doctorate	Total
24	Rajabhat Phibunsongkhram University	13			13
25	Rajabhat Phranakhon University		12		12
26	Rajabhat Suan Sunantha University	9	2	12	23
27	Rajabhat Sakolnakhon University	7	4		11
28	Rajabhat Suratthani University	24			24
29	Rajabhat Surin University		2	1	3
30	Rajabhat Utradit University	2			2
31	Rajabhat Ubolratchathani University	5			5
32	Rajabhat Udonthani University	1			1
33	Rajabhat Songkhla University	6			6
34	Rajabhat Yala University	3			3

Source: The Office of the Higher Education Board, 2005. Report on Individual Data.

Table 4

Number of Students (aged 60 years and more) Who Enroll Their Higher Education (at the open Universities) classified according to the degree/diploma levels in the academic year 2005

No.	Names of Universities	Bachelor Degree	Master Degree	Doctorate	Total
	Total	1,187	190	30	1,407
1	Sukhothaihammathirat Open University	641	12		653
2	Ramkhamhaeng University	546	178	30	754

Source: The Office of the Higher Education Board, 2005. Report on Individual Data.

Fundamental and Vocational Education

The educational level of populations of the Country can serve as an indicator to measure the population quality. Previously, the Thai educational system did not fully spread to all areas of the Country as presently. Some older persons, therefore, pay attention to enrolling in the fundamental and the vocational education which is provided by the Ministry of Education in various forms by several means consistent with the different desire of the students, see Tables 5 and 6.

Table 5

Number of Older Persons who enroll in the fundamental education, classified according to the educational levels, in the academic year 2005

No.	Fundamental Education Course	Number of Students		
		Total	Male	Female
	Total	15,172	7,911	7,261
1	Prathom 6 (Elementary Class 6)	6,429	2,915	3,514
2	Mathayom 3 (Pre-high School Class 3)	3,766	2,281	1,485
3	Mathayom 6 (High School)	4,977	2,715	2,262

Source: The Office of Administration of Non-formal Education, the Ministry of Education, 2005.

Remarks: Fundamental Education means the education prior to the higher/university education.

Table 6

Number of Older Persons who enroll in the vocational education, in the academic year 2005

No.	Fundamental Education Course	Number of Students		
		Total	Male	Female
	Total	34,106	12,644	21,462
1	Education for Occupational Development	4,968	1,989	2,979
2	Education for Life Skills Development	17,256	6,295	10,961
3	Education for Social and Community Development (short-term)	11,882	4,360	7,522

Source: The Office of Administration of Non-formal Education, the Ministry of Education, 2005.

Remarks: **Education for Occupational Development** means the education to develop occupational knowledge, capacity and skills of persons and groups of persons according to the aims in their life.

Education for Life Skills Development means the education to strengthen knowledge, capacity and skills in any arenas of persons. It is to stimulate their correct and reasonable thinking so as to enable them to successfully cope with any problems/unfriendly environments in their life, making them realize their values and dignity and achieve their well-being in the society.

Education for Social and Community Development (short-term condition) means the education which integrates knowledge and skills, which students have already got or will get from participating in activities of adult education in various forms of learning. In this connection, communities will serve as base of development of learning and as social capital or may be said as the learning instrument to drive up development and strengthen societies and communities to achieve autonomy under the principle of the economic sufficiency.

Learning by preference

Learning by preference is the learning/education provided for older persons to enhance them to get naturally learning according to their interest and skills, which may be divided as follows:

Enhancement of reading: Based on the Survey of the Populations' Reading in 2005 of the National Statistical Office, it reveals that 37.4% of older persons like reading. Among these persons, older men are in larger proportions than older women (46.7% vs. 29.5%). When considering according to age groups, it shows that the group of older ages likes to read in less proportions than the group of younger ages. If considering according to the administration areas, the elderly who live within municipalities like to read in larger proportions than those who live outside municipalities (52.7% vs. 30.4%). (Table 7.)

Table 7
Number and Percentages of Older Persons who like to read classified according to age groups, genders and administration areas

Counting : 1,000 Persons

Genders, Age Groups (years) & Administration Areas	Total	Older Persons who like to read	
		Number	Percent
Total	6,466.7	2,416.9	37.4
Genders			
Male	2,953.7	1,380.6	46.7
Female	3,513.0	1,036.3	29.5
Age Groups (years)			
60-64	2,189.9	1,002.5	45.8
65-69	1,789.9	721.7	40.3
70-74	1,255.4	398.0	31.7
75 and more	1,231.5	294.7	23.9
Administration Areas			
Within municipalities	2,013.4	1,061.7	52.7
Outside municipalities	4,453.3	1,355.0	30.4

Source: The National Statistical Office, 2005. The Survey of Populations' Reading.

Remarks: Reading means reading of all kinds of books including any textbook and any homepage on the Internet.

As regard to types of books older persons like to read, it appears that most of older persons like to read newspaper, next are a documentary book (other than a textbook), journal and magazine respectively. (Table 8.)

Table 8
Number & Percentages of Older Readers classified according to types of books read, genders and administration areas

Counting : 1,000 persons

Types of Their Favorite Books	Genders				Administration Areas			
	Male	Percent	Female	Percent	Within Municipalities	Percent	Outside Municipalities	Percent
- Newspaper	1,185.7	85.9	729.2	70.4	968.3	91.2	946.5	69.9
- Magazines	273.8	19.8	231.1	22.3	319.9	30.1	185.0	13.6
- Journals/other books issued weekly, monthly	326.2	23.6	194.6	18.8	292.2	27.5	228.7	16.9
- Novels/cartoons/fiction	158.3	11.5	125.9	12.1	141.3	13.3	142.8	10.5
- Textbooks	36.1	2.6	32.5	3.1	39.6	3.7	29.0	2.1
- Reference books/documentary books (other than textbooks)	420.8	30.5	383.9	37.0	262.0	24.7	542.7	40.0
- Internet Surfing	21.9	1.6	19.1	1.8	36.0	3.4	5.1	0.4
- others	61.1	4.4	73.2	7.1	41.1	3.9	93.2	6.9

Source: The National Statistical Office, 2005. The Survey of Populations' Reading.

Study and learning of how to use computers and the Internet

Based on the data (Table 9), it shows that only 0.9% and 0.5% of all older persons in the Country access computers and the Internet. It is notable that only 2.6% of older persons who live within municipalities use computers, while older persons who live outside municipalities use computers at only 0.3%. The older persons who live within municipalities use the Internet in the proportions approximately 15 times larger than those who live outside municipalities. In considering the use of computers and the Internet by older persons in all parts of the Country, it shows that older persons who live in Bangkok use computers and the Internet in the largest number, at 5.1% and 3.4% respectively.





Table 9

**Percentages of Older Persons classified according to use of computers and the Internet
in all parts and administration areas**

Parts and Administration Areas	Using computers			Using the Internet		
	Total	Using	Not using	Total	Using	Not using
Throughout the Country	100.0	0.9	99.1	100.0	0.5	99.5
Within municipalities	100.0	2.6	97.4	100.0	1.6	98.4
Outside municipalities	100.0	0.3	99.7	100.0	0.1	99.9
Bangkok	100.0	5.1	94.9	100.0	3.4	96.6
Middle Part	100.0	0.9	99.1	100.0	0.6	99.4
Within municipalities	100.0	1.9	98.1	100.0	1.3	98.7
Outside municipalities	100.0	0.5	99.5	100.0	0.2	99.8
Northern Part	100.0	0.3	99.7	100.0	0.1	99.9
Within municipalities	100.0	1.0	99.0	100.0	0.4	99.6
Outside municipalities	100.0	0.1	99.9	100.0	a	100.0
North-eastern Part	100.0	0.4	99.6	100.0	0.1	99.9
Within municipalities	100.0	1.4	98.6	100.0	0.8	99.2
Outside municipalities	100.0	0.2	99.8	100.0	-	100.0
Southern Part	100.0	0.4	99.6	100.0	0.1	99.9
Within municipalities	100.0	0.9	99.1	100.0	0.3	99.7
Outside municipalities	100.0	0.3	99.7	100.0	0.1	99.9

Source: The National Statistical Office, 2005. The Survey of Information Technologies and Communications (in families).

Remarks: a means less than 0.1.

From Tables 10-11, it appears that most of the older persons who use computers do it at their home. This group is of 73.8%, next are using at their offices, educational institutes, Internet shops, houses of their relatives and friends (at 32.8%, 5.5%, 0.7% and 0.2%) respectively. It is notable that proportions of older persons in all parts of the Country who use computers at home are still the largest proportions in comparison with other places/sources, especially in the southern part of the Country the proportions of older persons who use computers at their home are at 80.1%.

Using of computers by older persons classified according to purposes/activities: It shows that most of older persons at 43.2% use computers for access to updated knowledge, next are for working, entertainment, surfing the Internet, study and others (40.1%, 21.8%, 10.8%, 5.2% and 2.5% respectively.) In considering the use of computers by older persons classified according to parts of the Country and activities/purposes, it appears that in Bangkok and every part, most of older persons use computers for access to updated knowledge and working more than any other activities. It reveals that computers turn to have significant influence in the living of older persons.

Table 10

Percentages of Older Persons who use computers, classified according to the sources/ places where they use the computers, parts and administration areas of the Country

Parts and Administration Areas	Total	Sources Where to Use Computers						
		Home	Office	Educational Institute	Internet shop	Information Service Center	Relatives/ friends' house	Others
Throughout the Country	100.0	73.8	32.8	5.5	0.7	-	0.2	-
Within municipalities	100.0	74.3	35.3	2.6	0.8	-	0.3	0.1
Outside municipalities	100.0	71.8	22.6	17.0	-	-	-	-
Bangkok	100.0	75.1	33.0	-	-	-	-	-
Middle Part	100.0	74.5	39.4	6.9	1.1	-	-	0.2
Within municipalities	100.0	71.8	43.9	5.6	1.7	-	-	0.3
Outside municipalities	100.0	79.2	31.7	9.2	-	-	-	-
Northern Part	100.0	77.4	25.3	10.9	-	-	-	-
Within municipalities	100.0	82.4	37.3	0.3	-	-	-	-
Outside municipalities	100.0	66.9	-	33.1	-	-	-	-
North-eastern Part	100.0	64.7	29.9	17.2	3.2	-	-	-
Within municipalities	100.0	73.4	36.3	11.4	5.6	-	-	-
Outside municipalities	100.0	53.5	21.3	25.1	-	-	-	-
Southern Part	100.0	80.1	27.8	10.0	3.3	-	2.8	1.3
Within municipalities	100.0	72.4	24.2	7.1	6.9	-	5.8	2.7
Outside municipalities	100.0	87.3	31.1	12.7	-	-	-	-

Source: The National Statistical Office, 2005. The Survey of Information Technologies and Communications (in families), the questionnaire repliers are permissible to answer more than 1 answer if they desire.





Table 11

**Percentages of Older Persons who use computers,
classified according to the activities/purposes of their use of computers, parts and
administration areas of the Country**

Parts and Administration Areas	Total	Activities/purposes of use of computers					
		Working	Education	Information	Entertainment	Internet Surfing	Others
Throughout the Country	100.0	40.1	5.2	43.2	21.8	10.8	2.5
Within municipalities	100.0	38.3	2.6	44.6	20.8	13.6	3.1
Outside municipalities	100.0	47.7	15.7	37.2	25.6	-	-
Bangkok	100.0	38.8	-	55.2	16.8	13.4	4.6
Middle Part	100.0	44.7	8.7	42.8	25.7	7.6	-
Within municipalities	100.0	48.3	8.4	30.5	15.8	-	-
Outside municipalities	100.0	38.8	9.2	68.7	42.5	-	-
Northern Part	100.0	70.0	9.2	17.6	28.5	2.7	2.7
Within municipalities	100.0	66.8	6.8	20.0	42.1	4.9	1.0
Outside municipalities	100.0	10.0	-	-	-	-	-
North-eastern Part	100.0	46.6	17.2	11.3	29.1	11.8	-
Within municipalities	100.0	37.6	11.4	19.7	38.6	20.5	-
Outside municipalities	100.0	58.6	25.1	-	16.3	-	-
Southern Part	100.0	26.3	14.7	43.7	24.0	9.0	-
Within municipalities	100.0	37.7	-	30.6	35.3	19.1	-
Outside municipalities	100.0	15.6	28.5	55.9	13.4	-	-

Source: The National Statistical Office, 2005. The Survey of Information Technologies and Communications (in families), the questionnaire repliers are permissible to answer more than 1 answer if they desire.

The information in Table 12 is about older persons who use the Internet classified according to the places/sources where they use the Internet, showing that most of them at 80.1% use the Internet at their home, next are 27.7% at their offices, 3.2% at educational institutes, and 2.1% at Internet shops. In considering the use of the Internet in each part of the Country, it appears that older persons who live in Bangkok, the middle, the north-eastern and the southern parts, mostly do it at home (86.4%, 79.3%, 60.2% and 72.7% respectively); while in the northern part, the older persons use the Internet at the office more than at their home (48.6%).



Table 12

**Percentages of Older Persons who use the Internet
classified according to the sources/places where they use the Internet, parts and
administration areas of the Country**

Parts and Administration Areas	Total	Sources Where to Use the Internet					
		Home	Office	Educational Internet	Institute shop	Information Service Center	Relatives/ friends' house
Throughout the Country	100.0	80.1	27.7	3.2	2.1	-	-
Within municipalities	100.0	80.5	28.8	1.3	2.3	-	-
Outside municipalities	100.0	76.8	17.2	20.8	-	-	-
Bangkok	100.0	86.4	21.4	-	-	-	-
Middle Part	100.0	79.3	40.4	2.5	4.3	-	-
Within municipalities	100.0	72.8	46.6	3.4	5.9	-	-
Outside municipalities	100.0	96.6	24.0	-	-	-	-
Northern Part	100.0	41.6	48.6	28.7	2.6	-	-
Within municipalities	100.0	58.3	68.2	-	3.7	-	-
Outside municipalities	100.0	-	-	100.0	-	-	-
North-eastern Part	100.0	60.2	30.6	2.7	12.1	-	-
Within municipalities	100.0	60.2	30.6	2.7	12.1	-	-
Outside municipalities	100.0	-	-	-	-	-	-
Southern Part	100.0	72.7	4.8	33.9	-	-	-
Within municipalities	100.0	91.1	8.9	21.3	-	-	-
Outside municipalities	100.0	51.2	-	48.6	-	-	-

Source: The National Statistical Office, 2005. The Survey of Information Technologies and Communications (in families), the questionnaire repliers are permissible to answer more than 1 answer if they desire.

Using of the Internet by older persons classified according to purposes/ activities (Table 13): It shows that most of older persons at 83.9% use for searching data/information and following up/reading news, next are 36.7% for sending-receiving e-mails, 7.7% for chatting, 6.6% for taking a look and shopping, 1.5% for all kinds of downloading, 1.4% for playing games, 1.3% for study, and 0.3% for other purposes. In considering the using of the Internet by older persons in every part of the Country, it appears that most of older persons use the Internet for searching data/information and reading news.



Table 13

Percentages of Older Persons classified according to the activities/purposes of their use of the Internet, parts and administration areas of the Country

Parts and Administration Areas	Total	Sources Where to Use the Internet							
		Receiving-sending e-mail	Playing games	Searching information/ Reading news	Looking & Shopping	All kinds of down-loading	Chatting	Education	Others
Throughout the Country	100.0	36.7	1.4	83.9	6.6	1.5	7.7	1.3	0.3
Within municipalities	100.0	40.7	1.5	82.2	7.4	0.8	8.6	1.4	0.3
Outside municipalities	100.0	-	-	100.0	-	-	-	-	-
Bangkok	100.0	42.0	-	78.8	10.0	-	11.4	-	-
Middle Part	100.0	30.1	1.0	96.5	-	-	2.5	2.0	-
Within municipalities	100.0	41.3	1.4	95.2	-	-	3.4	2.8	-
Outside municipalities	100.0	-	-	100.0	-	-	-	-	-
Northern Part	100.0	33.2	-	91.8	-	14.5	-	-	6.2
Within municipalities	100.0	46.6	-	88.5	20.4	-	-	-	8.7
Outside municipalities	100.0	-	-	100.0	-	-	-	-	-
North-eastern Part	100.0	25.0	10.0	81.3	9.9	-	2.8	-	-
Within municipalities	100.0	25.0	10.0	81.3	9.9	-	2.8	-	-
Outside municipalities	100.0	-	-	-	-	-	-	-	-
Southern Part	100.0	6.5	11.4	72.0	-	25.6	4.9	23.6	-
Within municipalities	100.0	12.0	21.3	47.8	-	3.4	9.1	44.0	-
Outside municipalities	100.0	-	-	100.0	-	51.2	-	-	-

Source: The National Statistical Office, 2005. The Survey of Information Technologies and Communications (in families), the questionnaire repliers are permissible to answer more than 1 answer if they desire.

From the relevant survey, it is found that use of the Internet by older persons, incurs their monthly expenses (Table 14): Most of older persons at 23.6% incur expenses of 500 Baht onwards, next are 17.2% incur expenses of 100-199 Baht, 11.5% incur expenses of 200-299 Baht, 5.7% incur expenses of 300-399 Baht, 3.4% incur expenses of 400-499 Baht, and 2.1% incur expenses less than 100 Baht. However, it is notable that some older persons learn to use the Internet and are permissible to use the Internet free of charge. This group is found at 36.5% throughout the Country. When considering each part of the Country, it appears as mentioned above. This reveals that most of the Thai elderly are interested in studying and learning how to use the Internet, because they want to upgrade and update their living way according to the change in the modern information technologies in order to achieve the well-being of both their own selves and their families under the principle of the economic sufficiency.

It may say that certain number of older persons are eager to get knowledge and lifelong learning in order to upgrade their lifestyles consistent with the new technology world, where they should know how to access useful information and news. That will make them proud of themselves and achieve their good life quality with dignity and self-fulfillment.

Table 14
Percentages of Older Persons who use the Internet classified according to their expenses incurred monthly, parts of the Country and administration areas

Parts and Administration Areas	Total	Monthly Internet Fees/Expenses (Baht)						
		None	Less than 100	100-199	200-299	300-399	400-499	500 onwards
Throughout the Country	100.0	36.5	2.4	17.2	11.5	5.7	3.4	23.6
Within municipalities	100.0	35.4	2.4	17.5	12.7	5.2	3.7	23.1
Outside municipalities	100.0	46.5	-	14.7	-	10.1	-	28.7
Bangkok	100.0	33.4	1.7	23.6	8.7	3.8	4.5	24.3
Middle Part	100.0	35.1	2.5	9.7	13.6	5.1	2.2	31.8
Within municipalities	100.0	34.7	3.4	5.7	18.7	5.7	3.1	28.7
Outside municipalities	100.0	35.9	-	20.5	-	3.5	-	40.1
Northern Part	100.0	62.5	0.4	7.9	19.6	3.4	-	6.2
Within municipalities	100.0	47.4	0.6	11.1	27.4	4.8	-	8.7
Outside municipalities	100.0	100.0	-	-	-	-	-	-
North-eastern Part	100.0	53.4	1.0	5.6	21.6	14.2	-	4.2
Within municipalities	100.0	53.4	1.0	5.6	21.6	14.2	-	4.2
Outside municipalities	-	-	-	-	-	-	-	-
Southern Part	100.0	27.3	12.5	-	11.9	28.4	3.6	16.3
Within municipalities	100.0	8.9	23.2	-	22.1	8.7	6.7	30.4
Outside municipalities	100.0	48.7	-	-	-	51.3	-	-

Source: The National Statistical Office, 2005. The Survey of Information Technologies and Communications (in families).



Chapter 6

The Outcome of Duties Performance





Chapter 6

The Outcome of Duties Performance

The National Board of Support and Coordination for Older Persons (BSCO) is established under the Rules of the Office of the Prime Minister concerning the National Promotion and Coordination of Older Persons, B.E. 2542 (1999), to serve as the central agency in charge of the elderly work, such as setting up policies, coordinating and monitoring the tasks carried out between 1999 - 2002. Its operation is under the structure of the Office of the National Promotion and Coordination Board of Woman, the Office of the Prime Minister. When there is the bureaucracy reform pursuant to the Act on Modification of Ministries and Departments, B.E. 2545, the National Board of Support and Coordination for Older Persons (BSCO) is then designated to change from under the supervision of the Office of the National Promotion and Coordination Board of Woman to be under the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, the Ministry of Social Development and Human Security.

In 2004, the Act on Older Persons, B.E. 2546 (2003) is in force on January 1, 2004, thereby the National Commission on the Elderly is prescribed to be established. Such Commission shall comprise not exceeding 10 qualified members. During the process of selection and appointment of such members, the Act on Older Persons, B.E. 2546 prescribes the National Board of Support and Coordination for Older Persons to perform the duties on behalf of the National Commission on the Elderly until the Cabinet adopts its resolution to appoint the members of the National Commission on the Elderly entitling the Commission to perform the duties by itself. In this connection, the Ministry of Social Development and Human Security, consequently, issues its Ministerial Rules on Criteria of Selection and Cease of the Titles of Nominees from the Private Entities, who will be appointed to act as members in the National Commission on the Elderly as of the year 2005. Subsequently, the Ministry arranges the meetings of the relevant private entities to appoint 5 nominees to act as members of the National Commission on the Elderly.





Subsequently, on January 16, 2006 and May 16, 2006, the Cabinet adopts its resolutions to appoint the total 10 qualified members of the National Commission on the Elderly, making the Commission attain its quorum as prescribed by the Act on Older Persons, B.E. 2546. The National Commission on the Elderly then consists of the Prime Minister acting as its President, the Minister of Social Development and Human Security acting as the 1st Vice President, the Chairman of the Elderly Council Association of Thailand under the Royal Patronage of Her Royal Highness the Princess Mother acting as the 2nd Vice President, and other directors as well as the qualified directors/members, making a total number of 28 members.

The National Commission on the Elderly is in charge of setting up policies, plans and implementation of plans concerning protection, promotion and support of the elderly status, roles and activities, including support of any activities arranged by both the government and the private sectors in order to assist and develop the elderly, and setting up rules and regulations on administration of the Elderly Fund, as well.

The Bureau of Empowerment for Older Persons under the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, the Ministry of Social Development and Human Security, serving as Secretary of the National Commission on the Elderly, has followed up and coordinated to monitor implementation of the Act on Older Persons (B.E. 2546), by various agencies involved and found that there are many agencies issuing their ministerial rules or regulations to certify the elderly right, namely:-

1. The Ministry of Public Health's rules on Administration of Medical and Public Health Services in order to enable older persons as one of the target groups to access the services conveniently and rapidly pursuant to Section 11 (1).

2. The Ministry of Social Development and Human Security's (i) rules on self-development and participation in social activities, gathering to form networks or communities pursuant to Section 11 (4); (ii) rules on arranging public services to be convenient and safe for older persons pursuant to Section 11 (5); (iii) rules on assistance and rescue of older persons who are tortured or illegally abused/exploited or abandoned including providing consultancy services to solve their family problems pursuant to section 11 (8) (9); (iv) rules on support of housing, nutrition and clothing pursuant to Section 11 (10); and (v) rules on support of traditional funerals pursuant to Section 11 (12).

3. The Ministry of Culture's rules on enhancement of accessibility of museums, historical sites, chronicle libraries to older persons and arrangement of religious, arts and culture activities pursuant to Section 11 (13).



4. The Ministry of Transport and Communications' rules on provision of convenience and safety for older persons in any buildings and vehicles as well as assisting or supporting their transportation fares/fees pursuant to Section 11 (5), (6), thereby the State Railway of Thailand issues its Order to its customer services section to reduce the price of railway fares at certain period of time.

5. The Ministry of Justice's rules on consultancy services and any other related legal services for older persons pursuant to Section 11 (9).

6. The Ministry of Natural Resources and Environments by the Department of the National Parks, Wildlife and Botany permitting fee exemption to older persons to see any national parks. This is consistent with the requirement which prescribes all government agencies to permit fee exemption to older persons to see government buildings/places pursuant to Section 11 (7).

7. The Ministry of Education's rules on promotion and support of older persons to access education, information and news which are useful to their living pursuant to Section 11 (2).

8. The Ministry of Labor's rules on support of older persons to access occupations or occupational training pursuant to Section 11 (3).

9. The Ministry of Tourism and Sports' rules on promotion and support of older persons to access any facilities, tourist attractions and sports and recreational activities pursuant to Section 11 (13).

10. The Ministry of Interior's rules on granting to local administration agencies the subsidy for older persons' sustenance , under similar provisions enforceable for the equal and adequate old age allowance/sustenance pension under Section 11 (11), as well as its ministerial rules on arranging of facilities in buildings to be accessible to disabled persons and older persons pursuant to the provisions that prescribe particular facilities and safety in buildings for older persons under Section 11 (5).

11. The Ministry of Finance issues its notification designating the Elderly Fund to be an organization under the Royal Gazette promulgated by virtue of the Revenue Code on exemption from VAT. Furthermore, it enacts the Act on Modification of the Revenue Code, B.E. 2548 (2005) permitting any children who take care of their insufficient income older parents, to be entitled to tax deduction of 30,000 Baht/person for father or mother aged 60 years and more pursuant to Section 17.

Regarding the outcome of duties performance concerning the elderly on a whole by all the agencies involved, it can be summarized as follows:-





Work operation by the government sector:

1. The Ministry of Public Health

There are some departments of this Ministry join in operating work concerning the elderly, namely the Office of the Permanent Secretary for Public Health, the Department of Medical Services, the Department of Health and the Department of Mental Health. Their performance of duties can be summarized as follows:-

- Arrangement of the Green Channel for older persons in using the medical/ health care services at any government's medical service places so as to provide convenience to older persons to access the services more rapidly.
- Establishment of elderly clinics in 25 central hospitals, 67 general hospitals and 716 community hospitals throughout the Country.

In addition, training of medical and public health personnel is arranged to provide knowledge to efficiently service older persons in elderly clinics. There are 1,122 persons have been trained, while 2,000 manuals/guideline books on how to manage and operate an elderly clinic have been published and disseminated to all the government hospitals around the Country.

- There are home health care services whereby older persons will be given care at their home by the health-care professional teams consisting of multi-sectors from the hospitals under this Program. The teams will give care of older persons in communities especially older persons who have chronic health problems needing continual care-giving.

- Promoting older persons to gather to form a club/association, and promoting establishment of the elderly health-care and rehabilitation networks in communities. It is to make all relating parties to know the policy and how to operate the elderly clubs, and to set up networks of the elderly health care in communities as well as to set up databases of such elderly clubs and networks at the village, the subdistrict, the district and the provincial levels. There are 850 persons participating in the relevant training.

- Arrangement of the elderly care-giving to 400 persons of medical and public health personnel.

- Providing medical consultancy services to the sick older persons, and providing chance to older members of the elderly clubs to circulate to act as the health-care adviser in hospital.



- Arranging the elderly healthiness promotion activities, such as the Project of the Strong Heart for Giving Up Smoking, the Project of Rehabilitation and Health Assessment of the Elderly Who Faced the Tsunami in the 6 Southern Provinces (Ranong, Phang-gna, Phuket, Krabi, Satun, Trang), recreational and leisure activities, exercise activities, religious and culture activities, and the traditional pouring water for older persons' giving blessing to the young on the National Day of Older Persons.

- Training of how to prepare readiness for ageing is provided to public servants, state-enterprise employees and general people who aged 55 years and more. There are total 470 trainees in such program.

- Preparation of public relation medias to disseminate to older persons the information about how to strengthen their physical and mental health. Such medias are produced in forms of posters and documents and distributed through elderly clubs to disseminate correct health-care knowledge to older persons.

- Establishing the elderly health-care information website by the Elderly Medicine Institute, at www.agingthai.org, which have 700 visitors monthly.

2. The Ministry of Education

- Providing information/ news services/ preparing medias for the elderly, promote lifelong education for the elderly in both formal and non-formal education systems, including education by preference. In addition, the Ministry of Education also promotes its agencies to arrange activities for older persons to strengthen their knowledge and healthiness. For example, the universities set up their learning centers in various communities to provide knowledge to all ages including the elderly. This is to give chance to people of all ages to exchange their knowledge, transfer their intellect (especially between older persons and younger persons who live in the same community.) Some older persons may act as lecturer to provide their knowledge and exchange their experience in agriculture, industries, handicraft, the Thai traditional medicine, management of natural resources and environments, arts, languages and literatures, philosophies, religions, culture, nutrition, funds and business. That is also to make older persons access data, information and news in electronic and other public media forms, i.e. broadcasting radios and journals. In this connection, universities are encouraged to include courses for the elderly, training of the elderly to use and search information on the Internet, and to carry out researches concerning the elderly, as well.





3. *The Ministry of Labor*

- Providing occupational consultancy services to 2,467 older persons, job recruitment and job placement services to 18 older persons, and undertaking registration of 115 older persons who desire to continue their working life, as well as arranging occupational training and promoting occupational chance to older persons in communities around the Country, in the number of 1,362 persons.

4. *The Ministry of Interior*

- Support of old age/sustenance allowance for the destitute and the vulnerable around the Country: in provincial areas 527,083 older persons are supported with the budgets of 1,897,500,000 Baht and in Bangkok Metropolis 1,447 older persons are supported with the budgets of 8,682,000 Baht, making the total of 528,530 persons, and the total budgets of 1,906,182,000 Baht.

- Prescribing to arrange Facilities within Buildings Which Are Accessible and Usable to Disabled Persons and Older Persons, B.E. 2548 (2005). In this connection, the Ministry instructs all agencies under the related ministries and all provinces to observe such Ministerial Rules.

- Joining in arrangement of the festival of the National Week of Older Persons and Families in 2005 in all provinces. In such festival, there are many activities being arranged, such as the traditional pouring water for older persons' giving blessing to the young, elderly sports, doing an act of charity, making a food offering to a monk, the gratitude day activities, exhibitions, arranging the elderly assembly stage, medical services (health examination), exalting the warm families, selling goods and products for the elderly, etc.

- Undertaking the project of life assurance in the form of savings, the project of welfare for groups of the insured, and the retirement age fund. This is carried out through cooperation with Ocean Insurance Company, Ltd. (a company established & registered in Thailand), with the objectives to prepare for the economic readiness and future savings and to indemnify in case of death and loss of any significant organs. There are 100 persons joining the Projects.

- Promoting the elderly to gather together to form clubs/associations of the retirement age and arranging health-care activities, i.e. health examination, providing health-care knowledge to persons of retirement age.

5. *The Ministry of Tourism and Sports*

Arranging tours, sports and recreations including providing special right for local travels for the elderly, as well as arranging facilities in tourist attractions and stadiums to be accessible to older persons.

6. *The Ministry of Culture*

- Arranging facilities for the elderly, i.e. toilets/slopes within museums/ historical sites/ chronicle libraries/art galleries and religious sites, totally 56 places.
- Permitting fees exemption for the elderly (to see 43 museums and 13 historical parks.)

7. *The Ministry of Transport and Communications*

- Permitting deduction of fees for the elderly, i.e. half-price railway fares between June and September in each year, the Thai Airways International, Plc. granting 15% discount of tickets for the elderly, the Subway Train Transit System granting half-price tickets for the elderly.
- Arranging facilities and providing convenience to the elderly in traveling, such as providing rest seats, reserved seats within buses for the elderly and persons to help in carrying their baggage, slopes and toilets for the elderly prescribed to be arranged in any new buildings which still are in the process of construction.
- Arranging activities on the National Day of Older Persons and Families.
- Organizing the club of retirement age which arranges activities of medical services/ health examination to the retired public servants every year.
- Publishing the Book on Useful Information for Retired Public Servants and Employees to serve as manual to give knowledge and information about how to approach for the elderly benefits.

8. *The Ministry of Natural Resources and Environments*

Permitting fees exemption for the elderly to visit all national parks (157 national parks and 3 zoos.)

9. *The Ministry of Justice*

Providing consultancy services, legal assistance for the elderly and coordinating with agencies or entities involved to request support of expenditure from such agencies/entities, which will be or may be necessary in helping older persons in any legal proceedings or defensive proceedings.





10. The Ministry of Finance

The Revenue Department, the Ministry of Finance takes some tax measures concerning the elderly as follows:-

10.1. Tax measures to enhance social support and assist the low and the middle income persons as well as the small enterprises.

Permitting any person who earns income and takes care of his/her older parents, to be entitled to tax deduction of not exceeding 30,000 Baht/person for his/her own father or mother, as well as tax deduction of not exceeding 30,000 Baht/person for his/her father or mother in law. Such measure is permissible to income earned from the year 2004 onwards.

This tax measure is to promote and support children to take care of their parents especially those who earn income to look after their own mother or father or their mother or father in law, who are older persons and gain insufficient income for their living. Those children shall be, therefore, entitled to deduct such expenses incurred in taking care of parents from their personal income tax in each year.

10.2 The tax measures to encourage personal savings

The Revenue Department has set up the tax measures to promote personal savings focusing on those who reach their retirement age and have income. Furthermore, it is also to relieve the burdens in the savings interest tax for those persons. The law concerning such matter shall be enforceable to the income received on January 1, 2005 onwards under the following provisions:-

10.2.1. Tax exemption for personal income which is the interest of personal savings deposited in any banks situated within the Country. Such savings shall be of the time deposit of 1 year term onward and the total interest shall not be exceeding 30,000 Baht throughout the relevant year of tax.

10.2.2. The persons who gain such interest income shall not be less than 55 years old in order to support the tax measures for long-term personal savings.

The above tax measures for encouraging personal savings are not only to relieve the tax burdens of persons aged not less than 55 years enabling them to receive more income, but to encourage also personal savings in the form of the time deposit for at least 1 year term, which will increase long-term personal savings of the populations and be advantageous for

investments of the Country. In addition, it will enable the working ages population to have personal savings continually until their retirement age. That will serve as alternatives for the retirement age population who gain their main income from the bank interest.

10.3. The tax measures to develop the financial market, i.e.

Investment in the Retirement Mutual Fund (RMF) in order to serve as an alternative in long-term personal savings for public servants and individuals besides the savings through the existing funds, namely the reserved fund for sustenance or the pension fund for public servants. There is certain relaxation permissible to the criteria and terms of investment in the Retirement Mutual Fund as follows:

10.3.1. An individual investor can take any kind of his/her income to buy investment units in the Retirement Mutual Fund by the government's permission of deduction of his/her personal income tax from the amount that he/she will expend to purchase such investment units at the rate of not exceeding 15% of his/her tax payable income but shall not be exceeding 300,000 Baht in the relevant year of the tax when added to his/her investment in the Retirement Mutual Fund. This is the change in the previous provisions which prescribed that he/she was entitled to use only certain kinds of income to buy the investment units.

10.3.2. An individual investor shall be permissible to exemption of tax for his/her personal income and any benefit obtained from redemption of his/her investment units in the Retirement Mutual Fund he/she has held for not less than 5 years. This is the change in the previous provisions which prescribed that he/she was entitled to be exempt from tax only when he/she redeemed the investment units when being 55 years old and more or when becoming disabled or dead.

Such relaxation shall enhance more investments in the Retirement Mutual Fund, that will strengthen the income of the investors when they are of retirement age, as well as enable the Fund to bring more money to invest in the financial market in long term condition.

10.4. The tax measures for persons who aged 65 years and more

These measures are in compliance with the government policy on human and social development, with the following particulars:

10.4.1. Any person aged 65 years and more and living in Thailand for at least 180 calendar days shall be entitled to be exempt from his/her personal income tax for the income of





190,000 Baht. This requirement will be enforceable from January 1, 2005 onwards.

10.4.2. Those who have their tax payable shall then be entitled to deduct the amount of 190,000 Baht from any type of their income before calculating their personal income tax.

That is to relieve tax burdens from older persons aged 65 years and more who serve as the valuable resource of the economic and social system of Thailand as these persons have paid taxes to the Country for a long time. They should obtain more savings to live happily.

11. The Ministry of Social Development and Human Security

- **Arranging elderly activities in 8 centers of the elderly social welfare development under the Department of Social and Welfare Development.** Mostly the activities focusing on promotion of healthiness, occupations and income, development of housing, public relations of products made by older persons, and arranging the mobile units to providing advisory services to older persons in communities.

- **Arranging activities to encourage the elderly social integration** by arranging the Festivity on the National Week of Older Persons and Families in various provinces around the Country in 2005. It is to encourage the society to recognize the values of older persons and families. There are 304,084 older persons and other people participating in such festivity.

- **Arranging places for older persons to join together to do their activities**, in the total of 219 places (comprising 8 centers of elderly social services under the Department of Social and Welfare Development, 11 centers of local administration agencies and 200 centers of community services which are located in temples.)

- **Undertaking registration of the skillful older persons (the community elderly brain banks)** in 8 provinces, where there are 2,181 older persons registered as the community elderly intellect members.

- **Collecting registers of elderly organizations and networks involved in work on the elderly**, which have 504 organizations.

- **Promoting provision of facilities and safety to the elderly**, so that public services will be accessible to them, by requesting cooperation from the relevant agencies/entities in modification of public buildings and services to be consistent with the Ministerial Rules of the Ministry of Interior concerning the Facilities within Buildings Which Are Accessible and Usable to Disabled Persons and Older Persons, B.E. 2548.



- **Assigning field workers of social development and human security and home care-givers**, in a total number of 7,255 persons to provide health-care services to older persons in their target areas, and assigning home care-givers to take care of 2,073 vulnerable older persons who need special care. There are approximately 10,300 older persons accessing these services.

- **Rescuing and assisting older persons who are tortured or illegally abused/exploited or abandoned.** There are 848 older persons being assisted with the budgets of 323,500 Baht.

- **Housing, nutrition and clothing for older persons:** In 2005 older persons in a number of 7,903 persons throughout the Country are supported to stay in 20 elderly homes, where there are approximately 3,000 older persons are supported each year. (There still are 7 elderly homes under the supervision of the Department of Social and Welfare Development, while the other 13 elderly homes have been transferred to local administration agencies.)

- **Support in arrangement of traditional funerals for the destitute.** In 2005 there are 10,046 poor older persons are supported in the amount of 2,000 Baht/ person, making the total amount of 20,092,000 Baht.

- **Operation of the Elderly Fund.** The Fund has objectives to serve as expenses to protect, promote and support older persons. In 2005, the government approves the budgets of 30 million Baht to operate the Fund and in 2006 approves the additional budgets of 30 million Baht (making the total budgets of the Fund in the sum of 60 million Baht.)

Expenditure of the Elderly Fund is for the purpose of supporting activities concerning the elderly in the following arenas:-

1. To support a plan and program which encourages development of older persons in education, health, social integration, religions, information and news, occupations and social activities; to encourage roles of volunteers/field workers; including to organize a group to act as a community network.

2. To assist an older person who is tortured, or illegally abused/exploited, or abandoned, including those who face with difficulties in housing, nutrition or clothing.

3. To provide loans for occupational operations: Each older person shall be entitled to the loan of not exceeding 15,000 Baht and each group of not less than 5 members shall be provided loan of not exceeding 100,000 Baht. It is provided that the loan borrowers shall make





repayment in installments without interest, and shall repay in full within the period of not exceeding 3 years. It is further provided that the borrowers shall not access any other loans or if having accessed and got other loans, such loans are not sufficient, so the borrowers have to get additional loan from the Elderly Fund.

4. To support an organization/entity which engages in servicing as a consultancy or performer of legal proceedings, including an adviser to solve the family problems. The Elderly Fund will assist the Court's fees and any other necessary expenses in such legal proceedings.

- **Expansion and extension of the Project of Home Care-givers** It is to continue operation of such Project by expanding and creating more home care-givers to service the elderly in every province of the Country, by training them the correct knowledge, skills and perspectives about the elderly care-giving. The Project is focused on the principle that each community should perform the elderly home care by its own members, since community-based home care services are deemed the effective way to achieve the elderly well-being.

Home care-givers in each community will act as the main mechanism in giving home care services to the destitute who suffer their insufficient living. In 2005, there are 2,073 home care-givers performing their duties in helping approximately 10,300 destitute and trouble older persons.

- **Expansion of the community elderly brain banks throughout the Country** It is the project to promote the social value of the elderly because the elderly are deemed as social and community brain bank and also one of significant resources in development of the Country. Such elderly intellect; therefore, should be gathered as the central register in each community. In the meantime, the Project is aimed at promoting and supporting older persons to develop themselves to join in social activities, as well as enhancing older persons to integrate into their community's groups or networks. In this connection, the Provincial Offices of Social Development and Human Security are designated as the main coordination centers at the local level to collate registers of the community elderly brain bank in order to disseminate, publicize to any parties involved in activities which require the elderly intellect, so that members of such brain banks can use their capacity to assist in social work respectively.

Outcome of the implementation of this Project in the 8 pilot provinces, namely Phetchaburi, Suphanburi, Chiangrai, Lamphun, Songkhla, Phatthalung, Mahasarakham and Buriram: There are totally 2,181 older persons being registered as the community elderly intellect.



- **Publication of the Act on Older Persons, B.E. 2546:** The Ministry of Social Development and Human Security has produced printed matter, videos and tapes both in Thai and Javi languages, and distributed to mass medias, educational institutes, government agencies in national, provincial and local levels, as well as distributed to the private entities involved in the elderly tasks throughout the Country.

12. Bangkok Metropolitan Administration

- Support the old age/sustenance allowance for poor older persons throughout Bangkok Metropolis. Such allowance is fixed at 500 Baht monthly and granted to 1,447 older persons in the total budgets of 8,682,000 Baht.

- Arrangement of activities to promote the elderly healthiness, thereby the elderly representative organizations are supported as their centers for meetings, learning, exchange of their experience and joining in conducting social activities.

- The Home Health Care Project is to strengthen skills and effectiveness of care-givers who themselves are family members of older persons. It is for the purpose of rehabilitation of older persons especially those who are ill of chronic disease needing special care at their home.

- Conducting campaigns for activities on the National Day of Older Persons in all districts of Bangkok, such as the traditional pouring water for older persons' giving blessing to younger persons, the expression of gratitude, and other religious, cultural and recreational activities.

Work operation by the private sector:

1. The Elderly Council Association of Thailand under the Royal Patronage of Her Royal Highness the Princess Mother

The Elderly Council Association of Thailand serves as a private entity which is the main entity playing significant role of the principal to coordinate, operate including promote and support the operation of tasks concerning older persons. It has branches established in 75 provinces around the Country. Its tasks performed in the previous year can be summarized as follows:





- The Project of Development of the Elderly Clubs/Associations in Remote Villages and the Project of Healthiness Promotion Villages, which are launched by older persons acting as the leaders. Budgets of the Projects are supported by the Office of Healthiness Supporting and Strengthening Fund. It is proceeded by assigning the effective elderly clubs in provinces to act as the Supervisor Clubs to found 75 Subsidiary Clubs in the 67 target provinces. It is focused on conducting activities to develop older persons especially their healthiness, together with conducting campaigns for the target villages' reducing, abstaining and ceasing all ruination especially drinking and smoking in order to develop the target villages to become the healthy villages serving as good sample for the neighboring villages. In addition, it also arranges activities to strengthen income of older persons.

- The Project of the Three Ages (young, working and old ages) Integration into Promotion of Healthiness: Its budgets are supported by the Office of Healthiness Supporting and Strengthening Fund. The Project has objectives to strengthen healthiness of the three ages, i.e. old, working and young ages, by the means of arranging activities to provide knowledge of health, contests of the healthy, exercise, recreations, reducing of any behaviors risky to health; developing places and environments, health gardens; and arranging community stages, educational tours, etc.

- Exaltation of Good Older Persons as of 2004 at Prince Palace Hotel, Bangkok, presided over by Air Vice Marshal Kamthon Sindavanont, a Privy Councilor. There are 110 older persons awarded the price of Good Older Person.

- Arranging the Seminar of Orientation for Retirement through the cooperation with the Bureau of Empowerment for Older Persons, the Ministry of Social Development and Human Security. Such seminar is arranged for public servants and government employees of various agencies throughout the Country, who aged 55-60 years. Three batches of the seminar have been arranged in Phuket, Lampang and Bangkok, with 548 participants.

- Arranging the Health and Hobby Camp for members of the elderly clubs, which are branches of the Elderly Council Association of Thailand. There are discussions to exchange knowledge together with exercise, recreational and educational tour activities, which take the participants to visit Chanthaburi and Phitsanulok Provinces. There are 69 participants.

- Arrangement of the elderly exercise enhancement activities by jointly with the Elderly Health Promotion Foundation of Thailand arranging walking and jogging mini-marathons.

There are approximately 3,200 older persons and general people participating in such mini-marathons.

- Arranging the Party to award the Trophies along with the Broaches of HRH the Princess Mother, to exalt older persons aged 100 years and more, where there are 23 older persons being awarded.

- Arranging meetings of branches of the Elderly Council Association of Thailand and their elderly clubs/networks. There are 216 older persons attending such meetings.

In addition, the Elderly Council Association of Thailand has entered into agreements with the Office of National Health Security to join in the Projects of training to change the risky behaviors, give knowledge of health care-giving and how to prevent from elderly disease under the system of health security for all.

2. The Thai Red Cross Society

Its tasks performed in the previous year can be summarized as follows:

- Establishment of the Working Team on the Elderly and layout of its plan on older persons in consistent with the National Plan on Older Persons, Issue 2 (B.E. 2545-2564).

- Work concerning strengthening of the elderly healthiness carried out by its agencies, namely, the Office of Red Cross Volunteers, the College of the Thai Red Cross Society, the Medicine Center of Sawangkhanivas, the Red Cross Centers, jointly arranging activities to provide knowledge of the elderly care-giving, exercise, nutrition, medical/health examination to search and prevent older persons from disease, physical and mental rehabilitation, health advisory services for older persons and their relatives, etc. Such activities have been arranged 46 times having 341 older persons receiving the services thereof.

- Arranging the educational meetings to give correct knowledge of the elderly to medical personnel and nurses.

- Arranging social activities to give chance to older persons to join in, i.e. the traditional pouring water for older persons'giving blessing to younger persons, entertainments and recreations, educational tours, occupational activities and group activities.

- Arranging training of elderly care-giving to provide knowledge and strengthen skills of elderly care-givers.





- Providing training of the particular nursing on the elderly to professional nurses.
- Providing the shelter to older persons at Sawangkhanivas, where older persons will access care-giving and social activities.

3. The Senior Brain Bank Association of Thailand

- The Project of Supplementary Special Education for the Elderly in order to provide knowledge and promote its members to transfer their knowledge and experience to the public and any interested persons.
 - The Education Tour Project for the purpose of giving pleasure and knowledge of culture, tradition, and local living. There are 150 older persons participating in this Project.
 - The Advisory Services via telephone, about, i.e. health problems, family problems, housing problems and legal problems, by specialists. There are 108 service users.
 - The Project of Good Older Person Award in order to award the trophies to older persons who devote themselves to doing good thing to the society and the Country and deserve the good sample of the society. There are 4 older persons are awarded the prize.
 - The Project of Dissemination of Knowledge, Information and News via multiple medias, where 4,500 issues of the Senior Voice Newsletter are published and distributed to subscribers of mass medias and private entities.
 - The Project to strengthen the elderly physical and mental health by taking exercise, dancing, singing, training of meditation.
 - The Project of Luncheon for Poor Older Persons Who Live in the Slum of Khlong Toey, where 30 older persons are given luncheon 3 times a week.

4. The Elderly Home Bethani, the Sister Camilleon Memorial Foundation, Ratchaburi Province

Assist and support by giving the shelter for 50 destitute older persons, paying visits to older persons at their home and giving advice about the correct care-giving to their children and grandchildren, as well as giving things needed for their sustaining.



5. The Elderly Home Camilleon Social Center, Samphran District, Nakhonpathom Province

Assist and support by giving the shelter for 50 older persons, and arranging activities to strengthen healthiness of older persons, such as exercise, training of correct knowledge of care-giving, strengthening relationships between older persons and their family and community members.

6. The Elderly Foundation of Phrae Province

Arranging the Project to give care of poor and destitute older persons to enable them to access the proper health-care, assistance at the early stage for their physical and mental healthiness, strengthening their skills in taking care of their own selves, as well as to support families and communities to integrate into the elderly health care. The Project is undertaken in 6 districts able to help 30 older persons.

In addition, the Foundation provides training to 320 communities' elderly care-givers to give them fundamental knowledge and skills in giving care and advisory services to older persons in all districts.

In the meantime, the agencies which are branches of the Elderly Council Association of Thailand and the public charity entities, such as many foundations or associations jointly perform varieties of activities for older persons, most of which are activities to strengthen healthiness, exercise, knowledge, occupations and income including social integration/participation, such as the traditional pouring water for older persons' giving blessing to younger persons on the National Day of Older Persons, educational tours and recreations, as well as assistance and support of trouble older persons, etc.

Orientation of Operation of Work Concerning Older Persons in the Future

Subject to the government policy under the State Administration of 4 years' term (B.E.2548-2551) on Human and Social Development to Achieve Quality Standards, which focuses on such operation under the strategy of "Preparation for the Social Readiness with the Elderly Serving as Valuable Economic and Social Resources of the Country", along with the concept and orientation





of development of the Country in the next 5 years under the National Economic and Social Development Plan, Issue 10 (B.E. 2550-2554), where it mentions change in the Thai population structure, which is facing the ageing; operation of tasks concerning older persons in the future will mainstream the following

1. Preparation of readiness for ageing

It should enhance cooperation in both the policy making and the policy implementation levels among all related agencies including the private entities, so that they are jointly responsible for undertaking activities to secure income, occupations; encourage savings at both family and community levels; together with expedite to systematically produce the workforce in full sphere.

In addition, it should pay attention to strengthening the social capital by creating relationships and warmth at the family and the community levels, harmony in living together of all ages, conservation of culture and values, including establishing of proper systems and supporting the existing social mechanisms to become more effective and efficient to support, protect and facilitate to those who are of the last working age and going to be old age.

2. Promotion of usage of the elderly culture intellect

It should recognize importance of conserving and reviving the varieties of Thai culture in each region of the Country, either the living, the local intellect, the tradition, the culture or the domestic arts to last long and succeed to the younger generation, by collating in the form of the Community Elderly Brain Bank or Intellect. That will maintain and systematize data or records of the community elderly brain banks, which we can disseminate and publicize and lead to transfer of the elderly intellect. The elderly intellect should be expanded and extended to communities or societies to use as guidelines to add value to the economy and create income to communities' members.

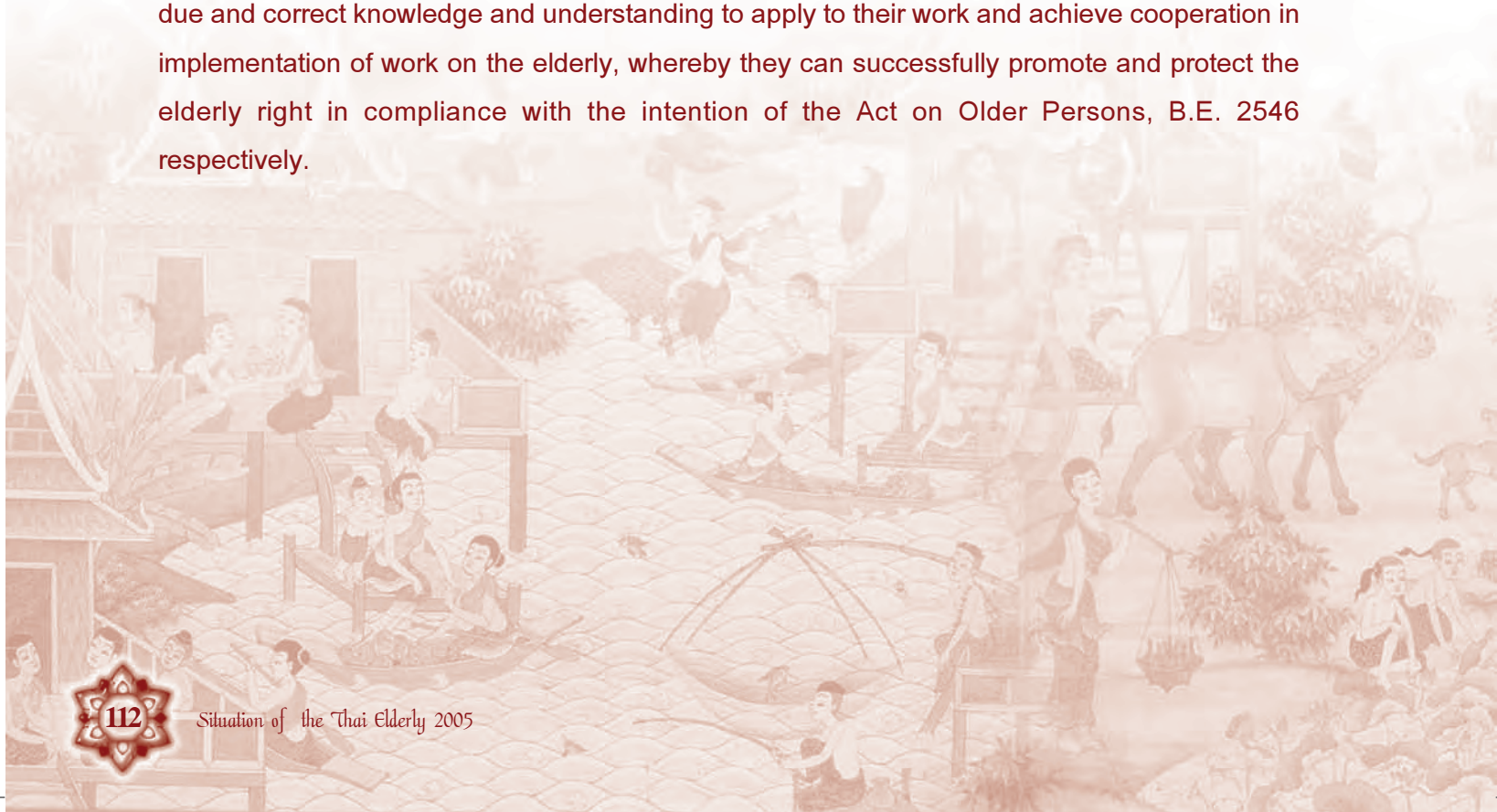
3. Setting up the Monitoring and Assessment of Implementation of Work Concerning Older Persons

This is to upgrade and update the monitoring and assessment system and mechanism to measure effectiveness of tasks performed by various agencies involved, by maintaining the strategies under the National Plan on Older Persons, B.E. 2545-2564, as the framework of assessment. Such will enable us to acquire data and facts which reflect operation of elderly

tasks performed by all relevant agencies in various arenas on a whole, including will reveal the supportive factors and obstacles resulting in the tasks. In the meantime, there will be studies of appropriate procedures or models to be used as the reporting system to follow up on the tasks which will lead finally to the success in administration and the efficiency in operation of the tasks done by all agencies involved, as well.

4. Strengthening the Capacity of Local Administration Agencies in Operation of Work Concerning Older Persons

It is a mission of the local administration agencies (provincial administration agencies, municipalities and subdistrict administration agencies) to supervise and assist all groups of persons including the elderly. Consequently, it should enhance collaboration and technical assistance of data/information for the relevant policies and plans, including any news which will give correct knowledge of work on older persons in order to strengthen the capacity and ability in operation of work on older persons by each local administration agency. It should simultaneously enhance the correct knowledge and understanding of right and benefit of older persons entitled under the Act on Older Persons, B.E. 2546, among all personnel who perform its duties under the supervision of local administration agencies. That will make these parties access the due and correct knowledge and understanding to apply to their work and achieve cooperation in implementation of work on the elderly, whereby they can successfully promote and protect the elderly right in compliance with the intention of the Act on Older Persons, B.E. 2546 respectively.





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Situation of the Thai Elderly 2005





ANNEXES





ANNEX A



Table 1
Trends of Fertility & Death, B.E. 2493-2593

Years	United Nations ¹				The Office of the National Economic and Social Development Board ²			
	Total Fertility Rate	Life Expectancy at Birth			Total Fertility Rate	Life Expectancy at Birth		
		Total	Male	Female		Total	Male	Female
B.E.2493-98 (1950-55)	6.40	52.0	49.8	54.3				
2498- 2503 (1955-60)	6.40	54.5	52.3	56.8				
2503-08 (1960-65)	6.40	57.1	55.0	59.4				
2508-13 (1965-70)	6.00	59.1	56.9	61.5				
2513-18 (1970-75)	4.97	61.0	58.7	63.5				
2518-23 (1975-80)	3.96	63.1	60.6	65.8				
2523-28 (1980-85)	3.05	64.9	62.7	67.4				
2528-33 (1985-90)	2.41	67.2	64.8	69.9				
2533-38 (1990-95)	2.10	68.7	65.9	71.8				
2538-43 (1995-2000)	1.95	69.0	65.3	73.0				
2543-48 (2000-05)	1.93	69.7	66.0	73.7	1.81			
2548-53 (2005-10)	1.87	71.7	68.5	75.0	1.79	67.93	74.90	
2553-58 (2010-15)	1.85	73.1	70.2	76.1	1.76	69.64	76.24	
2558-63 (2015-20)	1.85	74.5	71.6	77.3	1.74	71.35	77.58	
2563-68 (2020-25)	1.85	75.5	72.7	78.2	1.71	73.06	78.92	
2568-73 (2025-30)	1.85	76.4	73.6	79.1		74.76	80.26	
2573-78 (2030-35)	1.85	77.2	74.5	79.7				
2578-83 (2035-40)	1.85	77.8	75.2	80.3				
2583-88 (2040-45)	1.85	78.5	75.9	80.9				
2588-93 (2045-50)	1.85	79.1	76.6	81.6				

Sources: 1. United Nations (2006) World Population Prospects, the 2004 Revision.
2. The Office of the National Economic and Social Development Board (2006). Thai Population Prospects, 2000-2025.

Table 2

Number of Populations classified according to 3 Age Groups, 1950-2050

Years	United Nations ¹				The Office of the National Economic and Social Development Board ²			
	Total	Less than 15 years	15-59 years	60 years and more	Total	Less than 15 years	15-59 years	60 years and more
B.E.2493 (1950)	19,626	8,269	10,366	991				
2498 (1955)	22,759	9,710	11,962	1,087				
2503 (1960)	26,603	11,806	13,525	1,272				
2508 (1965)	31,209	14,209	15,502	1,498				
2513 (1970)	36,257	16,280	18,205	1,772				
2518 (1975)	41,292	17,658	21,562	2,072				
2523 (1980)	46,334	18,275	25,653	2,406				
2528 (1985)	50,612	18,022	29,769	2,821				
2533 (1990)	54,639	17,421	33,786	3,432				
2538 (1995)	58,336	16,537	37,358	4,441				
2543 (2000)	61,438	15,738	39,996	5,704	62,236	15,344	41,015	5,877
2548 (2005)	64,233	15,294	42,221	6,718	64,763	14,868	43,202	6,693
2553 (2010)	66,785	14,872	43,881	8,032	67,041	14,245	44,654	8,142
2558 (2015)	69,064	14,624	44,599	9,841	69,060	13,830	45,671	9,559
2563 (2020)	71,044	14,303	44,886	11,855	70,821	13,455	45,478	11,888
2568 (2025)	72,635	14,006	44,671	13,958	72,266	12,977	44,837	14,452
2573 (2030)	73,827	13,685	44,325	15,817				
2578 (2035)	74,611	13,364	43,977	17,270				
2583 (2040)	74,965	13,068	43,222	18,675				
2588 (2045)	74,935	12,787	42,298	19,850				
2593 (2050)	74,544	12,511	41,331	20,702				

Sources: 1. United Nations (2006) World Population Prospects, the 2004 Revision.

2. The Office of the National Economic and Social Development Board (2006). Thai Population Prospects, 2000-2025.

Table 3

Grouping of Percentages of Populations according to 3 Age Groups, 1950-2050

Years	United Nations ¹				The Office of the National Economic and Social Development Board ²			
	Total	Less than 15 years	15-59 years	60 years and more	Total	Less than 15 years	15-59 years	60 years and more
B.E.2493 (1950)	100.0	42.1	52.8	5.0				
2498 (1955)	100.0	42.7	52.6	4.8				
2503 (1960)	100.0	44.4	50.8	4.8				
2508 (1965)	100.0	45.5	49.7	4.8				
2513 (1970)	100.0	44.9	50.2	4.9				
2518 (1975)	100.0	42.8	52.2	5.0				
2523 (1980)	100.0	39.4	55.4	5.2				
2528 (1985)	100.0	35.6	58.8	5.6				
2533 (1990)	100.0	31.9	61.8	6.3				
2538 (1995)	100.0	28.3	64.0	7.6				
2543 (2000)	100.0	25.6	65.1	9.3	100.0	24.7	65.9	9.4
2548 (2005)	100.0	23.8	65.7	10.5	100.0	23.0	66.7	10.3
2553 (2010)	100.0	22.3	65.7	12.0	100.0	21.2	66.6	12.1
2558 (2015)	100.0	21.2	64.6	14.2	100.0	20.0	66.1	13.8
2563 (2020)	100.0	20.1	63.2	16.7	100.0	19.0	64.2	16.8
2568 (2025)	100.0	19.3	61.5	19.2	100.0	18.0	62.0	20.0
2573 (2030)	100.0	18.5	60.0	21.4				
2578 (2035)	100.0	17.9	58.9	23.1				
2583 (2040)	100.0	17.4	57.7	24.9				
2588 (2045)	100.0	17.1	56.4	26.5				
2593 (2050)	100.0	16.8	55.4	27.8				

Sources: 1. United Nations (2006) World Population Prospects, the 2004 Revision.
 2. The Office of the National Economic and Social Development Board (2006). Thai Population Prospects, 2000-2025.



Table 4

Number of the Entire Populations, Number of the Population Aged 60 Years and more and Percentages of the Population Aged 60 Years and more, in Each Province Pursuant to the Population Registers as of the Years 2001 and 2005

Provinces	2001			2005		
	Total Populations ¹	Populations aged 60 yrs and more ²	%of Populations aged 60 yrs and more ³	Total Populations ⁴	Populations aged 60 yrs and more ⁵	%of Populations aged 60 yrs and more ⁶
Throughout the Country	59,859,542	5,614,392	9.5	61,237,143	6,335,988	10.4
Bangkok	5,326,717	484,394	9.1	5,483,532	558,021	10.2
Middle Part of the Country	14,063,300	1,384,145	10.0	14,762,116	1,585,946	10.8
Samutprakan	980,400	79,291	8.1	1,062,565	92,582	8.8
Nonthaburi	868,230	85,685	9.9	958,941	102,730	10.8
Pathumthani	663,947	54,780	8.3	808,089	68,150	8.5
Phranakhon Sri Ayudhya	717,374	85,987	12.2	741,124	94,745	12.9
Angthong	280,472	38,103	13.7	281,630	40,307	14.4
Lopburi	740,016	78,933	10.8	742,814	88,233	12.0
Singhบุรี	217,997	29,888	13.9	216,131	32,211	15.0
Chainat	343,244	46,069	13.5	337,917	48,983	14.5
Saraburi	557,630	57,432	10.3	579,236	62,867	10.9
Cholburi	1,039,921	88,744	8.6	1,152,935	104,248	9.1
Rayong	508,539	34,850	7.2	552,435	46,790	8.6
Chanthaburi	474,193	43,115	9.4	493,134	53,034	10.9
Trad	207,158	19,842	9.7	207,896	22,953	11.1
Chachoengsao	628,289	67,945	10.9	642,147	74,032	11.6
Prachinburi	436,259	43,780	10.3	446,203	49,336	11.2
Nakhonnayok	244,975	26,631	11.2	249,545	31,273	12.7
Srakaew	523,714	40,832	7.9	529,947	46,601	8.8
Ratchaburi	790,678	79,784	10.4	804,757	91,765	11.5
Kachanaburi	728,168	59,834	8.5	748,311	71,612	9.7
Suphanburi	832,624	97,025	11.8	836,465	107,192	12.9
Nakhonpathom	760,926	74,177	9.8	801,509	83,901	10.5
Samutsakhon	419,212	37,414	9.0	445,559	42,641	9.6
Samutsongkhram	194,579	22,150	11.9	193,780	26,781	14.0
Phetchaburi	443,514	47,050	10.9	450,436	54,062	12.1
Prachuabkhirikhan	461,241	44,804	9.8	478,610	48,917	10.3
North-eastern Part	20,950,580	1,731,117	8.3	21,136,840	1,996,412	9.5
Nakhonratchasima	2,486,323	224,538	9.1	2,522,511	259,023	10.3



Provinces	2001			2005		
	Total Populations ¹	Populations aged 60 yrs and more ²	% of Populations aged 60 yrs and more ³	Total Populations ⁴	Populations aged 60 yrs and more ⁵	% of Populations aged 60 yrs and more ⁶
Buriram	1,500,168	119,519	8.1	1,521,806	142,150	9.4
Surin	1,358,264	124,537	9.2	1,360,153	139,440	10.3
Srisaket	1,424,089	122,788	8.6	1,432,785	140,823	9.8
Ubolratchathani	1,724,754	139,617	8.1	1,753,417	158,496	9.1
Yasothon	541,190	45,946	8.5	538,227	53,008	9.9
Chaiyaphum	1,103,163	104,989	9.6	1,109,634	118,353	10.7
Amnatcharoen	362,982	30,138	8.3	365,926	33,979	9.3
Nongbualamphu	490,306	35,057	7.2	493,778	39,759	8.1
Khonkaen	1,717,238	147,694	8.6	1,732,870	171,042	9.9
Udonthani	1,492,019	107,982	7.2	1,506,867	125,426	8.3
Loey	598,048	54,804	9.2	605,175	63,141	10.4
Nongkhai	877,201	67,842	7.8	886,026	77,493	8.8
Maharakham	927,252	73,227	7.9	930,194	87,555	9.4
Roi Ed	1,303,099	105,572	8.1	1,300,495	124,703	9.6
Kalasin	958,954	73,359	7.7	966,488	86,134	8.9
Sakolnakhon	1,077,027	74,881	7.0	1,094,309	86,905	7.9
Nakhonphanom	682,253	52,944	7.8	687,055	60,092	8.8
Mukdahan	326,250	25,683	7.9	329,124	28,890	8.8
Northern Part	11,428,271	1,236,420	10.9	11,433,213	1,331,306	11.7
Chiangmai	1,486,174	176,320	11.9	1,507,602	182,783	12.1
Lamphun	399,425	51,683	13.0	402,381	54,102	13.5
Lampang	782,626	98,307	12.6	770,507	102,698	13.3
Utradit	471,780	54,586	11.6	466,382	58,983	12.7
Phrae	479,395	55,746	11.7	468,902	60,481	12.9
Nan	471,606	48,547	10.3	472,855	53,275	11.3
Phayao	491,470	52,332	10.7	482,769	54,830	11.4
Chiangrai	1,086,602	114,696	10.6	1,097,119	121,049	11.0
Maehongson	206,875	20,901	10.2	213,439	21,970	10.3
Nakhonsawan	1,070,958	118,139	11.2	1,064,319	130,431	12.3
Uthaithani	322,312	36,210	11.3	324,769	40,603	12.5
Kamphaengphet	720,773	66,599	9.3	722,055	73,892	10.3
Tak	435,644	40,117	9.2	460,874	42,818	9.3
Sukhothai	611,122	65,083	10.8	605,505	71,240	11.8





Provinces	2001			2005		
	Total Populations ¹	Populations aged 60 yrs and more ²	%of Populations aged 60 yrs and more ³	Total Populations ⁴	Populations aged 60 yrs and more ⁵	% of Populations aged 60 yrs and more ⁶
Phitsanulok	836,787	82,487	10.0	833,896	91,343	11.0
Phichit	562,690	60,951	11.0	552,906	66,847	12.2
Phetchabun	992,032	93,716	9.6	986,933	103,961	10.6
Southern Part	8,090,674	778,316	9.7	8,421,442	864,303	10.3
Nakhonsrithammarat	1,487,935	153,028	10.4	1,494,125	174,557	11.8
Krabi	365,012	28,278	7.8	393,752	31,530	8.0
Phang-nga	232,435	23,598	10.2	240,312	26,173	10.9
Phuket	257,322	17,519	6.9	288,744	20,849	7.3
Suratthani	881,968	81,804	9.4	933,456	93,358	10.1
Ranong	153,815	12,695	8.3	159,098	14,126	8.9
Chumphon	455,417	48,518	10.7	470,536	54,157	11.6
Songkhla	1,216,499	118,272	9.8	1,283,744	131,987	10.3
Satun	261,756	22,404	8.6	276,601	24,697	8.9
Trang	579,628	51,231	9.0	597,414	57,969	9.8
Phatthalung	494,310	48,047	9.9	498,070	58,120	11.8
Pattani	608,200	68,406	11.3	631,599	68,927	10.9
Yala	430,217	40,534	9.4	458,395	43,070	9.4
Narathiwat	666,160	63,982	9.6	695,596	64,783	9.3

Remarks: Columns 1 and 4 = Populations of the province counting only the Thai nationality and those who live in their own houses as appear in the house registration (excluding ones who live in the central houses and going to remove.)

Columns 2 and 5 = Populations aged 60 years and more counting only the Thai nationality and those who live in their own houses as appear in the house registration (excluding ones who live in the central houses and going to remove.)

Columns 3 and 6 = Percentages of Populations in Columns 1 and 4, whose ages are known.



List of Disease Groups

- Group 1** Respiratory diseases, such as asthma, emphysema, bronchitis, tuberculosis, flu, a cold, a runny nose, cough, sore throat, tonsillitis, cardiasthma, a tightness in the chest, bronchial cancer, etc.
- Group 2** Gastronomic diseases, such as stomachalgia, intestinal infection, colonitis, intestinal hemorrhoids, hemorrhoids, constricted stomach, appendicitis, hernia, oppilation, gastronomic cancer, alimentary canal cancer, hepatocirrhosis, hepatocarcinogenesis, hepatitis, jaundice, gallbladder stone, splenodynia, lymphocytoma, etc.
- Group 3** Uretero-diseases, such as renal stone, bladder stone, renal failure, renal disease, viral renal infection, bladder inflammation, prostate gland enlargement, testicular inflammation, etc.
- Group 4** Cardioarterial diseases, such as hyper and hypotension, cerebral vasoconstriction, cardio vasoconstriction, cardiostenosis, cholesterol, paralysis, semi-paralysis, a cardio leak, cardiopalmus, cardiopathia, hemorrhoids, etc.
- Group 5** Infection, such as malaria, dengue fever, measles, mump measles, chicken pox, diphtheria, pertussis, rabies, parasites, viral hepatitis, amebic dysentery, Thyphoid, cephalomeningitis, venereal diseases, AIDS, tuberculosis, lymphangiitis, etc.
- Group 6** Dermatologic diseases, such as prickly heat, an itch, ringworm, fungal skin diseases, skin infection, rotten wounds, inflammations, bunion, wounds from falling down, muscular tension, dermatoma, etc.
- Group 7** Allergy, such as climatic allergy, dust allergy, allergy, urticaria, dietary allergy, drug allergy, chemical allergy, etc.
- Group 8** Mouth, ear, throat, larynx, eye, dental diseases, such as rotten and inflammatory condition of the mouth, neck pain, throat carbuncles, a swollen throat fever, toothache, gum wounds, salivary gland infections, mouth cancer, nasal hemorrhoids, epistaxis, ear pain, swollen ears, having a buzzing in the ears, otorrhea, cataract, eye pain, conjunctivitis, a sty, nasolacrimal duct irritation, etc.
- Group 9** Gynecologic diseases, such as uterus enlargement, uterus disease, uteritis, difficult menstruation, uterus cancer, breath cancer, birth control medicine allergy, female sterilization, etc.



- Group 10** Delivery, such as a delivery, having morning sickness, abortion, etc.
- Group 11** Endocrinism, such as diabetes, thyreoplasia congenita, goiter, gout, anemia, nutrition deficiency, fat disease, beriberi, diabetes insipidus, mouth wounds from nutrition deficiency, etc.
- Group 12** Muscular, tendon, and osteo-diseases, such as, back pain, joints pain, muscular and body pain, bone fractures, crashed skull, spine operation, tendon tension, spine cancer, etc.
- Group 13** Neuroticism and psychosis, such as epilepsy, psychosis, insanity, alcoholism, Down's syndrome, neurotrosis, Alzheimer's disease, withered brain, migraine, neurocytoma, insomnia, stress, etc.
- Group 14** Unidentified disease, such as a vesicle fever, headache, dizziness, being fainted, easily exhausted, internal heat, a wasting disease, a menstrual fever, carbuncles, being tired of eating, numb, snakebite, senile disease, toxicity in blood, stiffened tongue, hand sweat, a fever with swollen inguinal gland, etc.
- Group 15** Miscellaneous, such as hot water inflammation, narcotic addiction, cyst section, mal-medicine, a car accident, accidents, falling down from a tree, being drowned, being shocked by electricity, etc.



The Committee of Data Collation on the Elderly “Situation as for the fiscal year 2005” comprises:

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