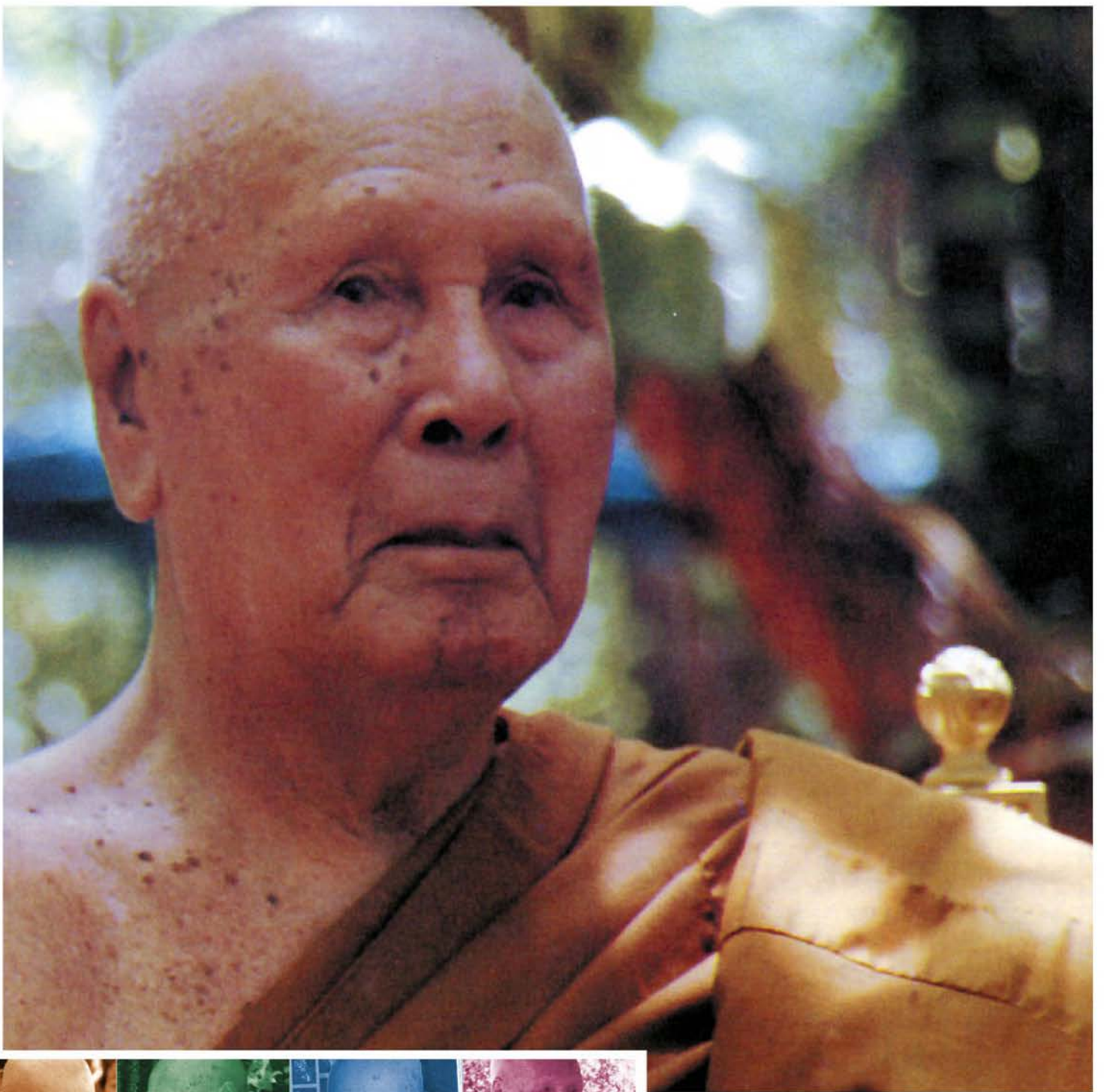


Situation of the Thai Elderly 2007



SITUATION OF THE THAI ELDERLY 2007



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PREFACE

The Foundation of Thai Gerontology Research and Development Institute (TGRI) has pleasure in its designation by the National Commission on the Elderly to act as liaison party in compilation of the annual report of the Situation of the Thai Elderly for consecutive two years since TGRI was founded in 2007 and commenced to take charge of compilation of the Report in 2006 as the first year. For the present Report of 2007, TGRI does its best to have the Report Books printed and disseminated not exceeding 1 year from the time when the previous annual report books were printed and disseminated which TGRI usually successfully achieve such timeframe. Such success arises from contribution of many public agencies that recognize significance of the future orientation by a means of preparing readiness of the Thai society to cope with the aging society.

The term 'cope with' may seem a defensive action rather than a proactive action to the circumstance that will exactly happen inevitably in the future whether within a long or short time subsequent. The more interesting event is that in flashback to the past, Thailand shall accept that it has a group of long perspective persons who cooperated with one another in setting up the first national plan on older persons for more than 20 years ago, and the latest plan for the further 20 years subsequent has accomplished since 2002, which is a long-term plan to cover the next 20 years or through 2021. However, it does not mean that we can be fully reliable that we have firmly prepared our readiness for the aging society. On the contrary, it is necessary for us to consecutively monitor the circumstances closely in order to investigate whether there still are any actions that should be improved. To compile this annual Report, therefore, is not only to compile the relevant information as a reference book, but it is also to serve as a self-revision procedure for us to find our strong and weak points and adjust actions to achieve the aim of the long-term plans set forth for implementation. Consequently, the term 'cope with' hereby rather reflects the working with carelessness because there is monitoring process to safely drive us to further steps of action.

For the annual Report in each year, the compilation teams jointly set their target to report the significant situations of the previous year to reflect exact depicts of tasks done for older persons as well as focus on the important issues which should be taken account of. In this Report of 2007, local administration organizations which have recently substituted for the role in the elderly tasks are likely to become the very important stakeholder. As there were many interesting elderly tasks undertaken by local administration organizations. Another interesting issue that we wish to collate more explicit information or maybe to prepare as a special report to disseminate for the integrated analysis by all parts and sectors involved in order to formulate the appropriate framework, is the vulnerable older persons in need of care under the multidisciplinary system that will enable them achieve their well-being, instead of leaving them to lean on the capacity of the family institution or their family members for seeking for solutions alone. In this Report of 2007, it is given examples of the vulnerable older persons, i.e. the age group of 80 years and more and those with illness unable to perform their daily activities and in need of caregivers. Anyhow, in fact the vulnerable older persons also include some other groups.



The long-term target of the elderly development is not to reach the way to assist them because that is the vision of the future full of problems where everybody shall join in taking care of older persons whose number is gradually increase more and more resulted from the better economic, social and public health development nowadays. The significant target of development of older persons, consequently, is to encourage and strengthen them to become valuable social members and encourage their social development integration at the same time. Apart from encouraging their healthiness, they shall be provided knowledge to be able to access occupational chance to earn income for their own living. In the annual reports of the Situation of the Thai Elderly, it is, therefore, kept an eye on their education and learning because it is well aware that older persons at present previously accessed less educational chance at their young and working age than those who are the youth and the working age at present. This is necessary for the Thai society to jointly create both educational and occupational chances for older persons. However, the information herein is still rather incomplete, but TGRI hopes that we will be able to jointly compile all the significant information to apply to leading our society as the aging society full of learning and creation with the elderly contribution rather than to let older persons the dependents in need of assistance.

That is one reason for which this annual Report of 2007 presents the story of the Older Person of the Year 2007 as proven example to the society that in fact older persons are full of skills serving as valuable assets to the society. They are not social burdens. It is a very good opportunity on which we initiate this concept by presenting the story of one of the well-known older persons of Thai people, namely Phra Phrohng Mangkalacharn (Panyananda Bhikkhu) who is awarded the Older Person of the Year 2007, the same year when he died but leaving many valuable teachings as an example older person who perform useful activities to the society until the end of his life, so affirming that older persons serve as valuable assets to the society that other age groups will hardly be compared to.

We should mutually cooperate to encourage the Thai stereotype toward older persons as contributors rather than the pitiful group and prevent from the worst idea toward older persons as the undesirable group.

TGRI hopes that the readers will go through this annual Report and make use of the information herein with hopefulness rather than with depressed feeling or worry that our society has unwittingly faced with the aging society for many years.

Dr. Banloo Siriphanich

President of the Executive Committee of the Foundation
of Thai Gerontology Research and Development Institute



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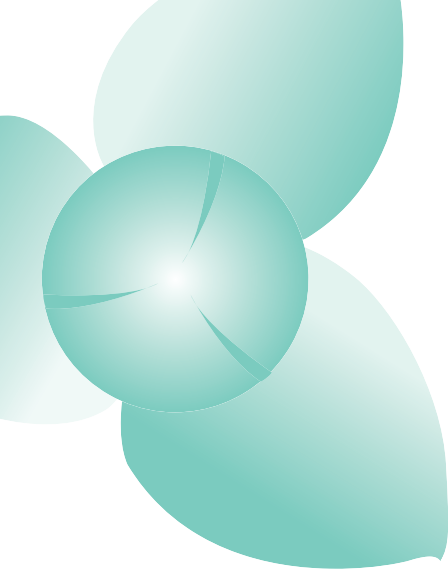


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Thai Older Persons

CHAPTER 1



CHAPTER 1

Thai Older Persons

1. Trend of Older Persons at the Macro Level

1.1 Size and Trend of Older Persons

In these recent years, there were consecutive declines in both the death rate and the birth rate of the populations of the country, especially the rapid declines in the birth rate that arise within short time. These factors impact on change in the population age structure. In 1960, there were 1.5 million older persons (aged 60 years and more) or equivalent to 5.4% of total populations. The number of older persons has continually increased to 6.7 million persons in 2005 and will double in 2025 to 14.0 million persons or equivalent to 10.3% and 20% of total populations, respectively. This phenomenon makes Thailand face with the aging society which means that Thailand has older persons (aged 60 years and more) exceeding 10% of its total populations (Shryock, 2004) and/or its populations have the median age more than 30 years (Table 1).

The rapid increase in older persons may be considered from the number of years taken in increasing proportions of the populations aged 60 years and more. Proportions of older persons increased from 5.4% in 1960 to 10.3% in 2005 taking approximately 45 years and proportions of older persons will nearly double, i.e. 20% in 2025 taking only 20 years. The rate of becoming the aging society seems very rapid; it means the rapidness of doubling percentage of older persons comes within shorter time. This makes the country have very short time to prepare readiness of its populations and systems to cope with such challenging phenomenon. It is, therefore, necessary to plan and set up good strategies now to prepare its young adult populations to become the active aging, full of knowledge, capability and security in the future.



Table 1 Number of total population, number of older persons, proportions of older persons and the median age of population, 1960-2025

Years	Number of total population	Number of population aged 60 years and more	Percent of populations aged 60 years and more	Median age
1960	26,257,916	1,506,000	5.4	18.4
1970	34,397,371	1,680,900	4.9	17.8
1980	44,824,540	2,912,000	6.3	19.9
1990	54,509,500	4,014,000	7.4	25.1
2000	62,236,000	5,867,000	9.4	30.1
2005	64,765,000	6,693,000	10.3	32.6
2007	65,711,000	7,038,000	10.7	33.0
2010	67,042,000	7,522,800	11.8	34.7
2020	70,821,000	11,888,000	16.8	38.2
2025	72,286,000	14,452,000	20.0	39.8

Sources: Data of 1960-1990. Population Census of Thailand, 1960-2000, the National Statistical Office. Data of 2000-2025. Thailand Population Projection, 2000-2025, the Office of the National Economic and Social Development Board.

1.2 Determinants of Aging Population

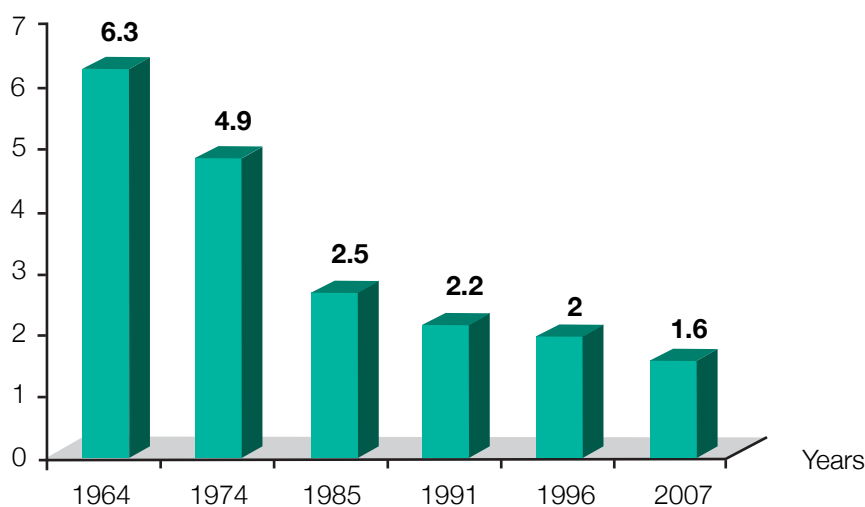
1.2.1 Decline in Fertility

The fertility of Thai population has rapidly declined in the previous four decades. This is resulted from the birth-control-on-voluntary-basis program. Such decline in fertility arises even though Thailand is not at the high economic development level as most of its populations still live in rural areas and work in the agricultural sector.

Actually, the fertility level is measured by “the total fertility rate” which means number of children that a woman can have during her reproductive age, it is found that Thai woman have the total fertility rate or number of children approximately 6 children in 1964 and decreasing to approximately 5 children in 1974, the time after the family planning program was launched in 1970. The fertility rate of Thai women has rapidly declined to 2 children in 1996 which are deemed as replacement rate for a couple or the replacement fertility. In 2006-2007, the total fertility rate has decreased to approximately 1.6 children which are below the replacement level (Diagram 1). Such fertility rate will cause the decrease in number of working age population (aged 15-59 years) while proportions of older persons keep on growing.

Diagram 1 The total fertility rate of Thailand, 1964-2007

Total fertility rate per one woman



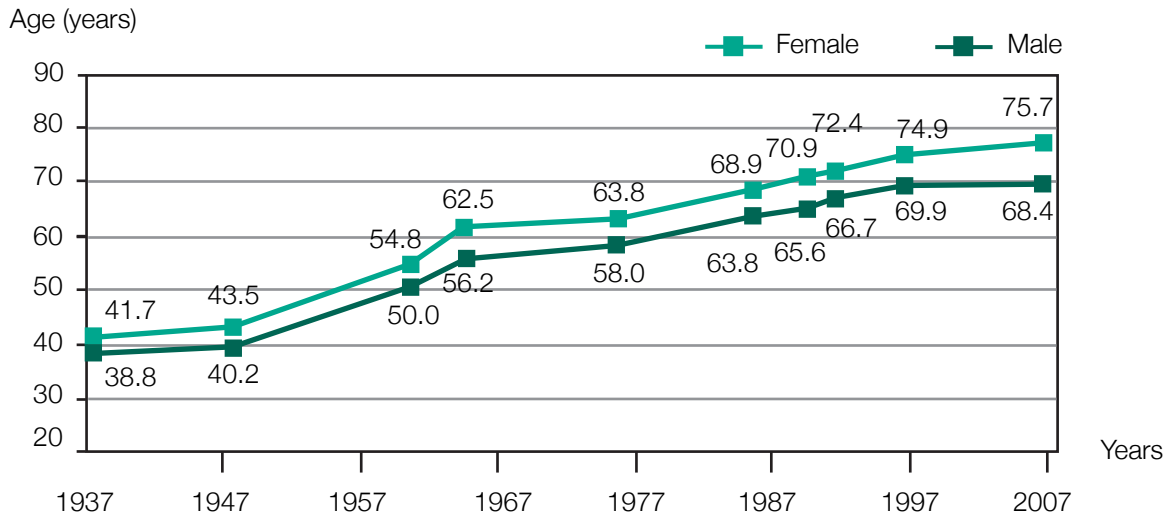
Sources: Data of 1964, 1974, 1985 and 1991. Report on the Survey of Population Change, the National Statistical Office.
 Data of 1996. Family Planning Survey in Thailand 1996, the National Statistical Office.
 Data of 2007. Mahidol Population Gazette Vol. 16, January 2007, Mahidol University.

1.2.2 Increasing of Life Expectancy or Mortality Decline

Declining mortality rates are reflected in improvement of life expectancy at birth. Life expectancy at birth of Thailand has much increased during the previous century. At the beginning period of population transition, life expectancy at birth increases from 40 years in 1937 to 60 years in 1967 (increase about 20 years taking 30 years), and increases to 71 years in 2007 (increase of 11 years taking 40 years). This arises from the decrease in the death rate of various age groups especially babies and children, i.e. the infant death rate decreases from 83.6 per 1,000 live births in 1967 to around 11.0 per 1,000 live births in 2007. Thailand has been continuously developed the economic, social, medical, public health, hygiene & environmental which affect the rapid decline in infant and child mortality as well as the decline in communicable diseases that make a longer life expectancy. (Pramote Prasartkul and Patama Wawatanawong, 2005.)



Diagram 2 Trends of life expectancy at birth of Thai populations classified by sex



Sources: Data of 1937 and 1947 from Rungpitarangsi (1974), and data of 1957 adjusted from Rungpitarangsi (1974). Data of 1957, 1967 adjusted from the Report on the Survey of Population Change 1964-65 and 1974-76, whereas data of 1985-86, 1989-1991, 1995-96 and 2005-06 are from the Report on the Survey of Population Change, the National Statistical Office.

Figure 1.2 shows that life expectancy at birth of men and women are different, the life expectancy at birth trend of women is continuously higher than men for a long time. In 2007, life expectancy at birth of women is 75.7 years, while life expectancy at birth men is 68.4 years and expected a slightly increase in 2008. This means that women live approximately 7 years longer than men.

Life expectancy at age 60 years means the expected number of years that people will survive after the age of 60 years. Table 2 shows that after the age of 60, women will live approximately longer about 22 years while men will live for 19 years.

With respect to life expectancy at age 80 years, it shows that both men and women will have similar years to live longer after the age 80 i.e. men 6 years and women 7 years (Table 2).



Table 2 Life expectancy at birth, at age 60 and 80 years of Thai population in 2007 and 2008 classified by genders

Age:	2007			2008		
	Total	Male	Female	Total	Male	Female
0	71.0	68.4	75.7	71.7	69.5	76.3
60	-	19.1	21.5	-	19.9	22.3
80	-	6.0	7.0	-	6.0	7.0

Sources: *Mahidol Population Gazette Vol. 15, January 2006; Vol. 16, January 2007; Vol. 17, January 2008.

1.3 Changes in Population Structure

1.3.1 Age Structure of Population

During the six decades (1970-2030), the population age structure of Thailand is shown by the population pyramids. The first population pyramid of 1970 - the starting year of the Family Planning Program-indicates a wide range base of the pyramid representing high number of children (aged 0-14 years), while in the middle of the pyramid representing the number of working age population is narrower and the top of the pyramid is very narrow representing small number of older persons.

20 years later (1990), the second population pyramid shows the base of the pyramid turns narrower representing the decrease in number of children, while the middle of the pyramid representing the number of working age populations is higher than the children, through 20 years passed, has grown up to be working age. In the meantime, the top of the pyramid gradually becomes wider as number of older persons have slightly increased.

Further 20 years subsequent (2010), the third pyramid appears that the base of the pyramid becomes further narrower as number of the children have decreased owing to the decline in the birth rate, while the top of the pyramid becomes consecutively wider because the previous working age populations at the middle of the pyramid become more ageing. In the meantime, proportions of the older persons have slightly increased because those working age population in the baby boom era entering older age and people live longer than previously.

In the future, 20 years subsequent from 2010 in the fourth pyramid (2030), it appears that the base of the pyramid will be much narrower representing the decrease in number of children and working age populations owing to the ongoing decline in the birth rate, while the top of the pyramid becomes consecutively much wider representing high proportions of older persons with double percentage compared with the year 2010 because those generations who were born after World War II have reached their old age and people still have live longer than previously. It means the Thai society will reach the completed aging society within the next twenty years (Diagram 3 and Table 3).

Diagram 3 Thailand Population Pyramids

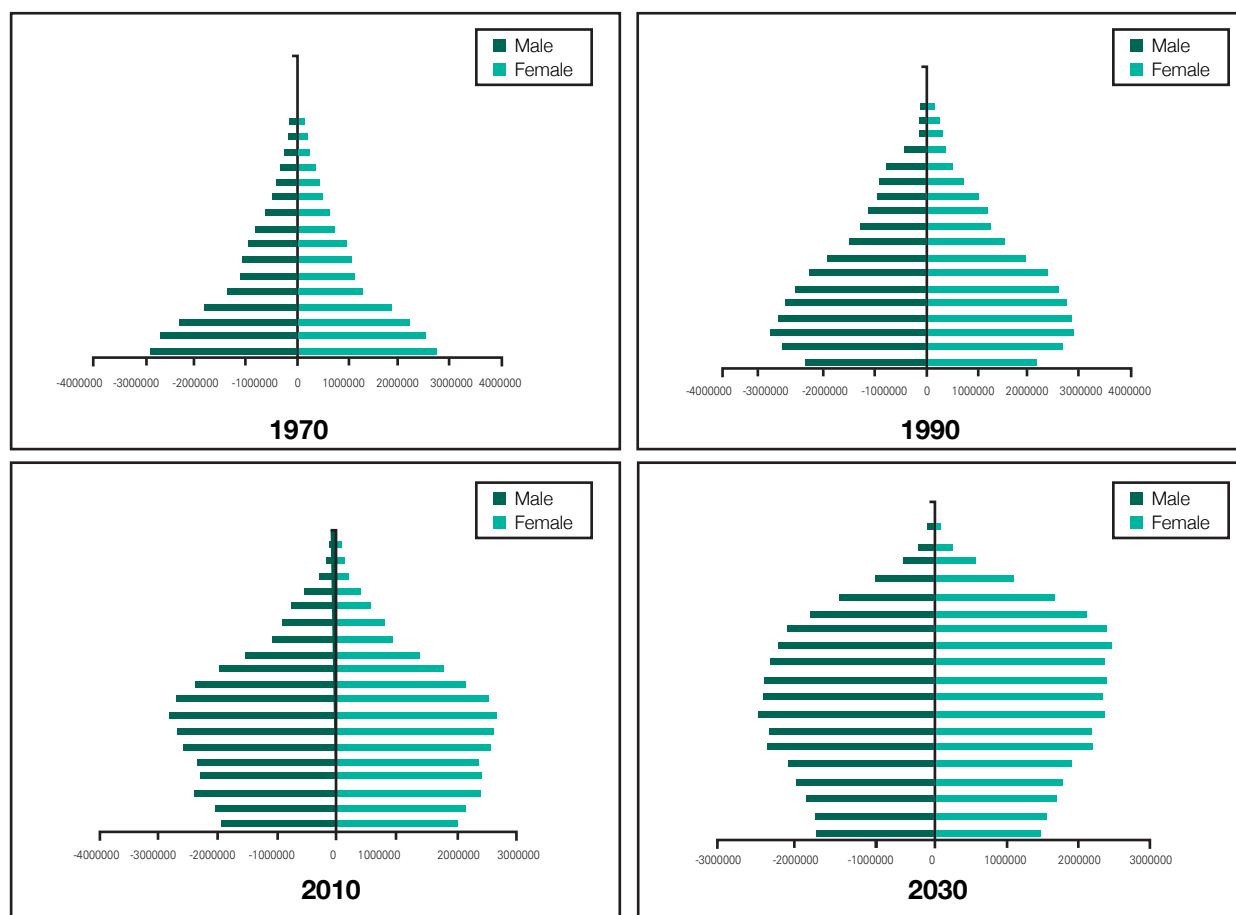


Table 3 Number of populations aged 0-14 years, 15-59 years and 60 years and over, during 1970 - 2030

Years	Number of population aged 0-14 years	Number of population aged 15-59 years	Number of population aged 60 years and over	Ageing Index
1970	15,506,200	17,196,600	1,680,900	10.8
1990	15,946,900	34,548,600	4,014,000	25.2
2000	15,349,000	41,026,000	5,867,000	38.2
2010	13,202,900	42,926,600	7,522,800	57.0
2020	11,172,200	43,011,900	11,888,000	106.4
2030	9,770,200	40,107,800	14,452,400	147.9

Sources: Data of 1960-1990. Population Census of Thailand 1960-1990, the National Statistical Office.
Data of 2000-2030. Office of the National Economic and Social Development Board.



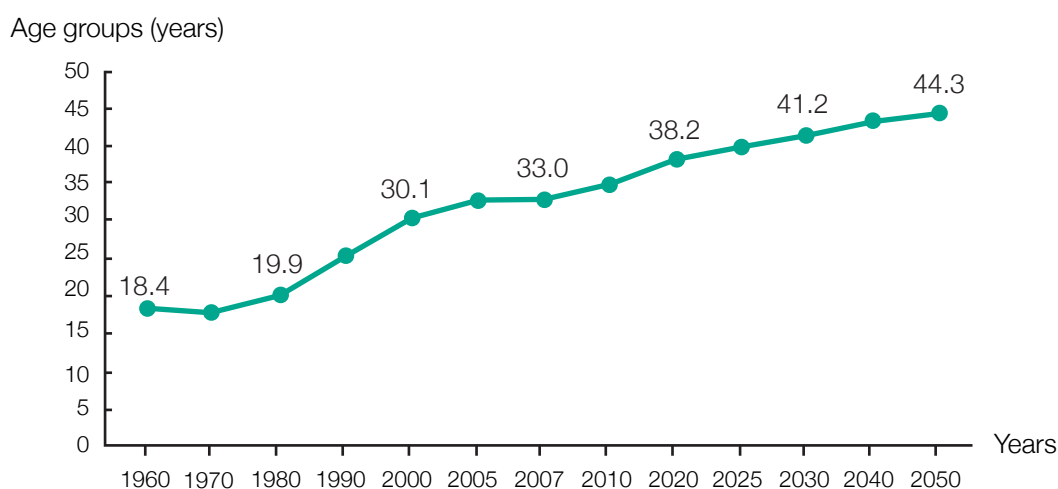
1.3.2 Aging Index

The aging index is the proportion of older persons aged 60 years and over per 100 persons aged 0-14 years. In 1970 the aging index is equal to 10.8 and will increase to 57.0 in 2010 which means that the number of older persons is about half less than the number of younger persons. In 2020, the aging index will increase to 106.4, which means that for the first time in the history the number of older persons will be exceeded the number of younger population. However, the aging index in 2030 will dramatically increase to 147.9, which shows the number of older persons is nearly double compared to younger persons.

1.3.3 Median Age of Population

The median age is the age that divides the population into two equal groups, first group has the age below the median age and another group has the age above the median age. The median age generally increase with an increase in the proportion of the aging population. If the population has the median age less than 20 years, which means most of the population is still young. If the median age is between 20 and 29 years, it means that most of the population is young adult. And if the median age is 30 years or over, which means that almost of the population is more than 30 years or entering the older age (Pramote Prasartkul, 2000). For Thailand, the median age of population gradually increases from 18.4 years in 1960 (most of the populations are young) to 30.1 in 2000 (most of the population are adult) and further increases to 33 years in 2007 (most of the populations are older age or older adult) (Diagram 4).

Diagram 4 Trends in the Median Age of Thai Population, 1960-2050



Sources: World Population Prospects: The 2006 Revision. United Nations, 2006.

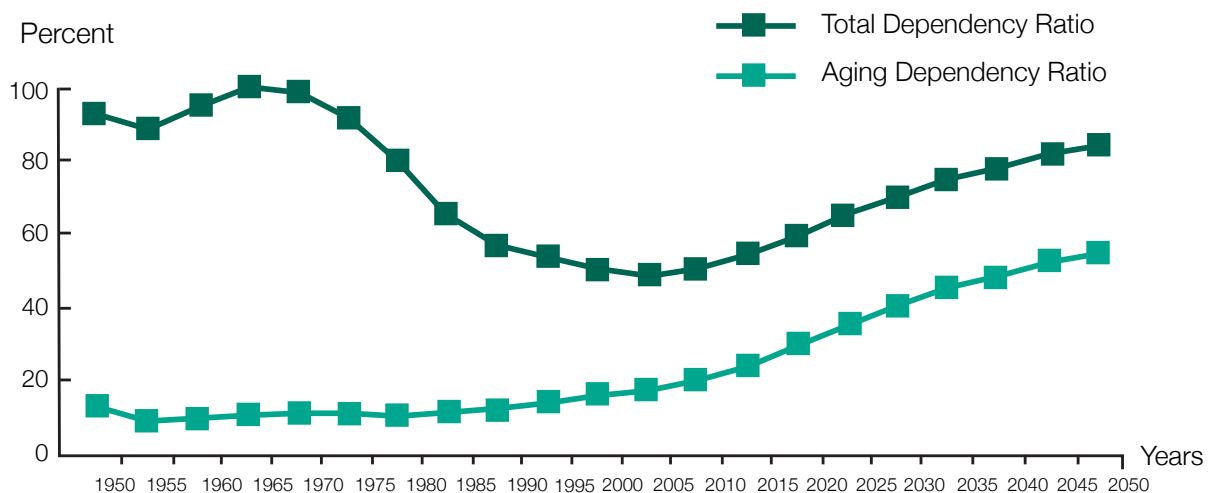
1.3.4 Potential Support Ratio

The potential support ratio is defined as the ratio of working age population (aged 15-64 years) to that older population (aged 65 years and over). This index use to indicate the support base capable to carry the burden of older persons. The ratio is the inverse of old-age dependency ratio and is more commonly used in the context of population ageing. In 1997 the potential support ratio is higher than in 2007 (12.1 and 8.9 respectively). A falling potential support ratio means a shrinking support base of working age population to older persons (Table 4).

1.3.5 Aging Dependency Ratio

The aging dependency ratio is defined as the ratio of older persons per 100 working age population. The high aging dependency ratio means there are many old age dependents in comparison with the working age persons. Diagram 5 shows trends of the total dependency ratio and the aging dependency ratio during a century (1951-2050), which show the aging dependency ratio is likely to continually increase, while the total dependency ratio has decreased since 1970 until 2007 and gradually increase after that, as resulted from the increase in the aging dependency ratio (Diagram 5).

Diagram 5 Trends of the Thai Aging Dependency Ratio



Sources: World Population Prospects: The 2006 Revision. United Nations, 2006.

**Table 4** Number and proportion of population classified by sex, age group, aging dependency ratio, aging index and potential support ratio, 1997-2007.

Indices	1997	2007
Number of population		
Total	57,328,307	61,464,603
Male	28,484,388	30,194,375
Female	28,843,919	31,270,228
Number of population classified by age group		
Children (0-14 years)	13,790,921	12,849,360
Working age (15-59 years)	38,663,229	41,910,182
Old age (60 years and over)	4,874,357	6,705,061
- Young Old (60-69 years)	2,957,133	3,681,920
- Old Old (70-79 years)	1,321,159	2,205,603
- Oldest Old (80 years and over)	596,065	817,538
Percentage of population classified by age group (%)		
Children (aged 0-14 years)	24.1	20.9
Working age (15-59 years)	67.4	68.2
Old age (60 years and over)	8.5	10.9
- Young Old (60-69 years)	5	6.0
- Old Old (70-79 years)	2.3	3.6
- Oldest Old (80 years and over)	1.0	1.3
Dependency ratio		
Total	35.7	46.7
Child	12.6	30.7
Aging	48.3	16.0
Aging index	35.3	52.2
Potential support ratio	12.1	8.9

Sources: Calculated from the population registration data, the Department of Local Administration, Ministry of Interior.



1.3.6 Increase in Total Population and Older Persons

While a dramatic decline in the fertility or birth rate has been continued for many decades, these contribute to the slower rate of population. The population growth rate has been decreased from 3.0% to 2.2% during 1970-1980 and 1980-1990, and rapidly declined to 1.4% and 0.8% during 1990-2000 and 2000-2010, and expected to be 0.4% and 0.1% during 2010-2020 and 2020-2030, respectively. On the contrary, the growth rate of older persons is likely to be different by slightly increase from 4.5% during 1970-1980 to 4.6% and 4.7% during 1980-2000 and 2000-2010, respectively. It is projected to more rapid increase in the growth rate of older population between 2010 and 2020 as 5.3%. But after that the growth rate will be projected to decrease to 4.5% between 2020 and 2030 (Table 5).

Table 5 Trends in the Growth Rate of Population and Older Persons, 1970-2030

Growth Rate of Total Population		Growth Rate of Older persons	
* 1970-1980	3.0	* 1970-1980	4.5
* 1980-1990	2.2	* 1980-1990	4.6
* 1990-2000	1.4	* 1990-2000	4.6
* 2000-2010	0.8	* 2000-2010	4.7
* 2010-2020	0.4	* 2010-2020	5.3
* 2020-2030	0.1	* 2020-2030	4.5

Sources: Data of 1970-1990 Population Census of Thailand, 1970-1990, the National Statistical Office.
Data of 2000-2030, Office of the National Economic and Social Development Board.

1.4 Provincial Distribution of the Older Population

In comparison among provinces, it indicates that in 2003, the first 3 provinces with the largest number of population as well as the largest number of older persons are Nakhonratchasima (0.24 million), Khonkaen (0.18 million), and Ubolratchathani (0.16 million). However, those 3 provinces still have number of older persons less than Bangkok Metropolis (0.52 and 0.6 million in 2003 and 2007 respectively). Whereas the percentage of older persons compare to total population in 2003 indicates the first 3 provinces with the biggest proportion of older persons are Singhburi, Chainat, Angthong and Lamphun. While in 2007 the first 3 provinces with the biggest proportion of older persons are provinces in the central region, namely Singhburi, Samutsongkhram and Chainat with approximately 15-16%, whereas the proportion of older persons in Bangkok Metropolis increase from 10% in 2003 to 10.9% in 2007 (Table 6).



Table 6 The First 3 Provinces with the largest number of population, the population aged 60 years and over, and the highest percentage of the populations aged 60 years and over, excluding Bangkok, according to the Population Registration as of 2003 and 2007

Year 2003			
No.	Total Populations (persons)	Number of Populations aged 60 years and more (persons)	Number of Populations aged 60 years and more
1	Nakhonratchasima (2,487,066)	Nakhonratchasima (240,890)	Singhบุรี (14.6%)
2	Ubolratchathani (1,731,877)	Chiangmai (180,145)	Chainat and Angthong (14.1%)
3	Khonkaen (1,726,737)	Nakhon Sri Thammarat (163,461)	Lamphun (13.3%)
Bangkok	5,453,330	524,000	9.6
Whole Country	60,598,309	6,005,127	10.0
Year 2007			
1	Nakhonratchasima (2,508,761)	Nakhonratchasima (275,716)	Singhบุรี (15.5%)
2	Ubolratchathani (1,733,899)	Chiangmai (188,344)	Samutsongkhram (15.0%)
3	Khonkaen (1,733,602)	Khonkaen (185,790)	Chainat (14.9%)
Bangkok	5,441,708	604,465	10.9
Whole Country	61,540,020	6,705,061	10.9

Sources: Department of Local Administration, Ministry of Interior.

Regarding the smallest number of older persons, the first 3 provinces are Ranong (13,425 persons), Phuket (19,031 persons) and Trad (21,635 persons) in 2003, whereas in 2007 the order change to be Ranong (15,279 persons), Maehongson (21,186 persons), and Phuket (23,025 persons). In consideration of the first 3 provinces with the lowest proportion of older persons, in 2003, they are Sakolnakhon (7.5%), Nongbualamphu (7.6%) and Udonthani (7.7%). But in 2007 such proportions have changed in order as follows: Phuket (7.4%), Krabi (8.2%) and Sakolnakhon (8.6%) (Table 7).



Table 7 The First 3 Provinces with the smallest number of population, the population aged 60 years and over, and the lowest percentage of the population aged 60 years and over, excluding Bangkok, according the population registration as of 2003 and 2007.

Year 2003			
No.	Total Populations (persons)	Number of Populations aged 60 years and over (persons)	Number of Populations aged 60 years and over
1	Ranong (154,669)	Ranong (13,425)	Sakolnakhon (7.5%)
2	Samutsongkhram (187,592)	Phuket (19,031)	Nongbualamphu (7.6%)
3	Trad (206,306)	Trad (21,635)	Udonthani (7.7%)
Year 2007			
1	Ranong (161,894)	Ranong (15,279)	Phuket (7.4%)
2	Samutsongkhram (192,309)	Maehongson (21,186)	Krabi (8.2%)
3	Trad (207,402)	Phuket (23,025)	Sakolnakhon (8.6%)

Sources: Calculated from the population registration data, the Department of Local Administration, Ministry of Interior.

1.5 Characteristics of the Older Persons

• Genders

The percentage of older women are more than men in both 2002 and 2007, i.e older women 54.3% and 55.4%, while older men are only at 45.6% and 44.6%. In consideration of older persons by age group in 2002, it indicates that the young old, the old-old and the oldest old are 57.0%, 31.1% and 11.9%, respectively. In 2007 the proportions of the young old decreased to 58.8%, on the contrary, the proportions of the old-old and the oldest old increased to 31.7% and 9.5%, respectively which indicates that older women aged 70 years and over is more likely than men or older women live longer than men (Table 8).

• Marital Status

According to their marital status, it shows that in 2002 and 2007, nearly two-third of older persons still living with their spouses (61-62%), while about one-third of older persons are widowed and slightly decreased from 34.1% in 2002 to 32.4% in 2007. The number of older persons who are divorced/ separated has slightly increased from 2.1% in 2002 to 2.4% in 2007 (Table 8).

**• Area of Resident**

It is found that in 2002-2007 about 70% of older persons live in rural area rather than in urban (Table 8).

• Region

In 2002 and 2007 older persons are found to live in the North-eastern region in the largest number, followed by the Central, the Northern, the Southern regions and Bangkok, respectively (Table 8).

Table 8 Characteristics of the Older Persons in 2002 and 2007

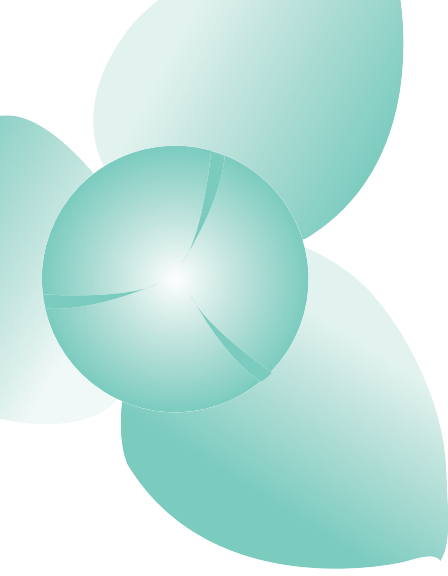
Characteristics	Percentage 2002	Percentage 2007
Gender		
Male	45.6	44.6
Female	54.4	55.4
Age		
Young old (60-69 years)	57.0 (male=47.6, female=52.4)	58.8 (male=46.3, female=53.7)
Old old (70-79 years)	31.1 (male=44.3, female=55.7)	31.7 (male=43.2, female=56.8)
Oldest old (80 years+)	11.9 (male=40.0, female=60.0)	9.5 (male=38.4, female=55.4)
Marital Status		
Single	2.8	2.7
Married	61.1	62.5
Widowed	34.1	32.4
Divorced/separated	2.1	2.4
Area of resident		
Urban	31.1	28.6
Rural	68.9	71.4
Region		
Bangkok	10.5	9.2
Central	25.6	23.6
Northern	20.8	20.9
North-eastern	30.8	33.6
Southern	12.8	12.7

Sources: The Survey of the Older Persons in Thailand 2002 and 2007, The National Statistical Office.



The Elderly Health Situation

CHAPTER 2



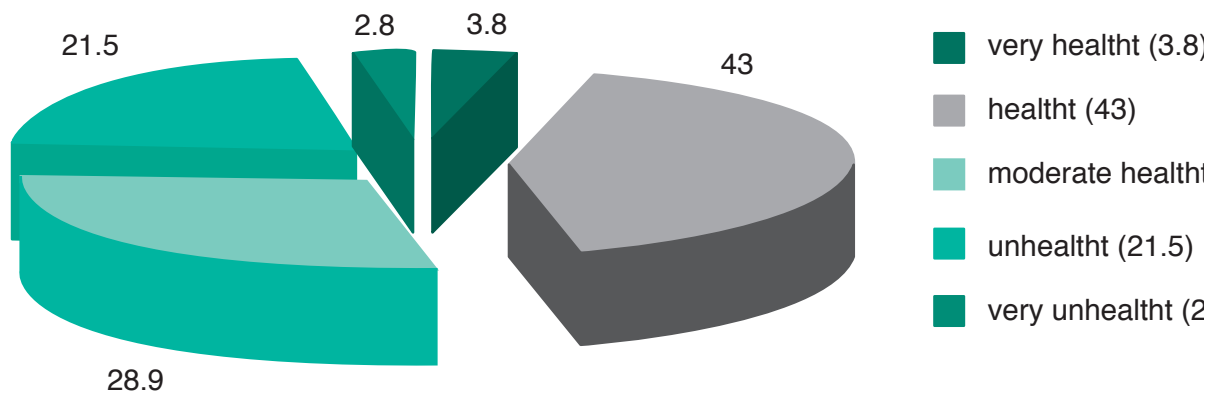
CHAPTER 2

The Elderly Health Situation

2.1 Health Condition and Chronic Diseases in Older Persons

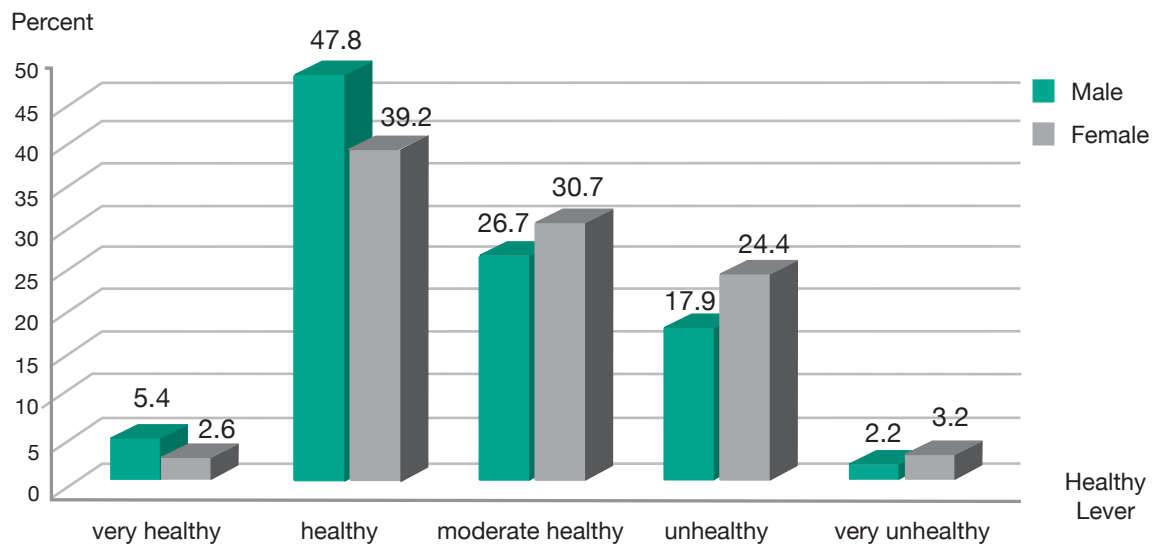
Subject to the Survey of the Older Persons in Thailand 2007 of the National Statistical Office, it is found that most of older persons assess their health as healthy at 43.0%, next is moderate healthy at 28.9%; while those who assess their health as very much unhealthy are in the smallest number at 2.8%. In consideration of proportions of sample groups of older persons who assess their health classified according to genders, age groups and administration areas, it appears that the older men who assess their health as healthy are found in bigger number than older women, i.e. 47.8% and 39.2% respectively. The age group of 60-69 years is the largest group of older persons who assess their health as healthy at 50.2%, next is the age group of 70-79 years at 34.8%; while the smallest number of those who assess their health as healthy is the age group of 80 years and more at 26.5%. Older persons who live within municipal areas assess their health as healthy are in the bigger number than those who live outside municipal areas, i.e. 44.3% and 42.5% respectively (Diagrams 6-9).

Diagram 6 Percentages of the elderly health base on their self-assessment during 7 days prior to the interview



Adjusted from the Survey of the Older Persons in Thailand 2007, the National Ststistical Office.

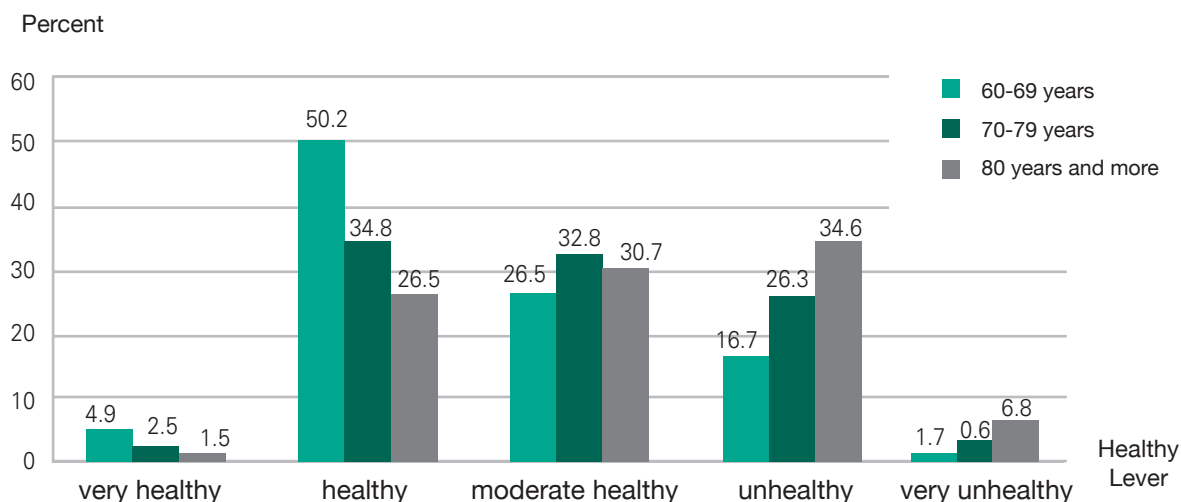
Diagram 7 The elderly health shown in percent base on their self-assessment 7 days prior to the interview, classified according to genders, 2007



Adjusted from the Survey of the Older Persons in Thailand 2007, the National Ststistical Office.

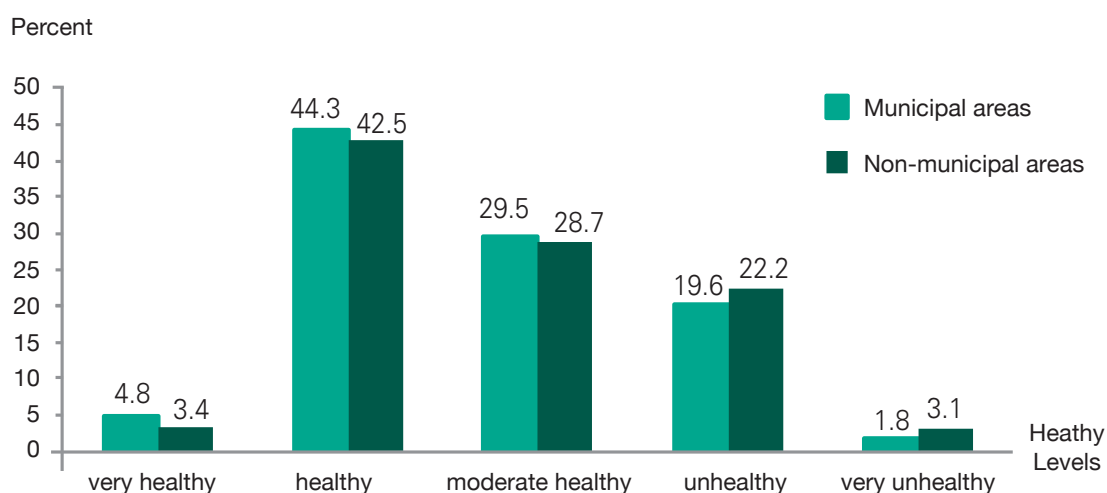


Diagram 8 The elderly health shown in percent base on their self-assessment 7 days prior to the interview, classified according to age groups, 2007



Adjusted from the Survey of the Older Persons in Thailand 2007, the National Statistical Office.

Diagram 9 The elderly health shown in percent base on their self-assessment 7 days prior to the interview, classified according to administration areas, 2007

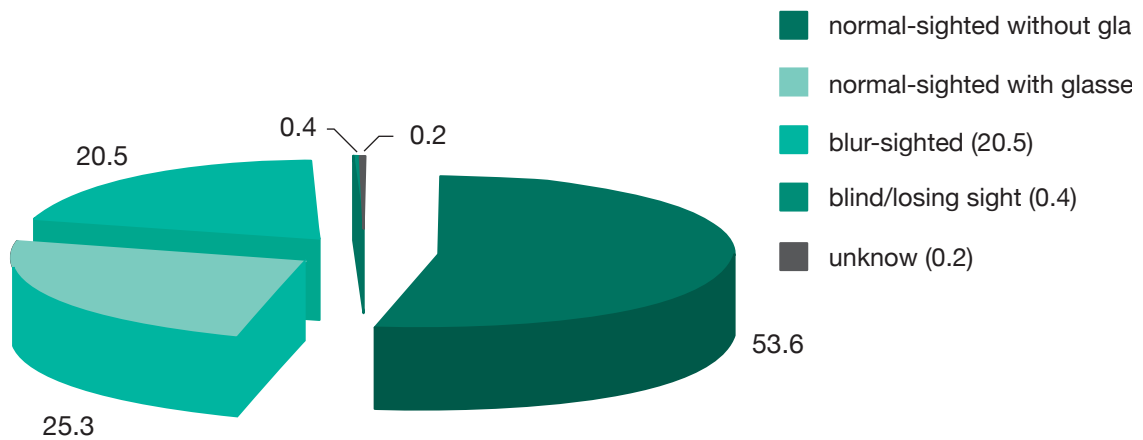


Adjusted from the Survey of the Older Persons in Thailand 2007, the National Statistical Office.



With respect to their health concerning sight, it is found that most of older persons are normal-sighted because 53.6% of them can see without glasses. However, nearly half proportions of older persons are blur-sighted and will be able to see with glasses at 25.3%; while 20.5% are blur-sighted even with glasses, and 0.4% lose their sight. In consideration of proportions of the blur-sighted group classified according to age groups and administration areas, it appears that older women in this group are in the bigger number than older men (older women at 24.5% and older men at 15.5%). The blur sight increases with age (the age group of 80 years and more found at 44.2%, the age group of 70-79 years found at 27.5%, and the age group of 60-69 years found at 12.9%). Older persons who live outside municipalities are found blur-sighted in the proportions 1 time bigger than those who live within municipalities (outside municipalities found at 23.1%, and within municipalities found at 14.0%).

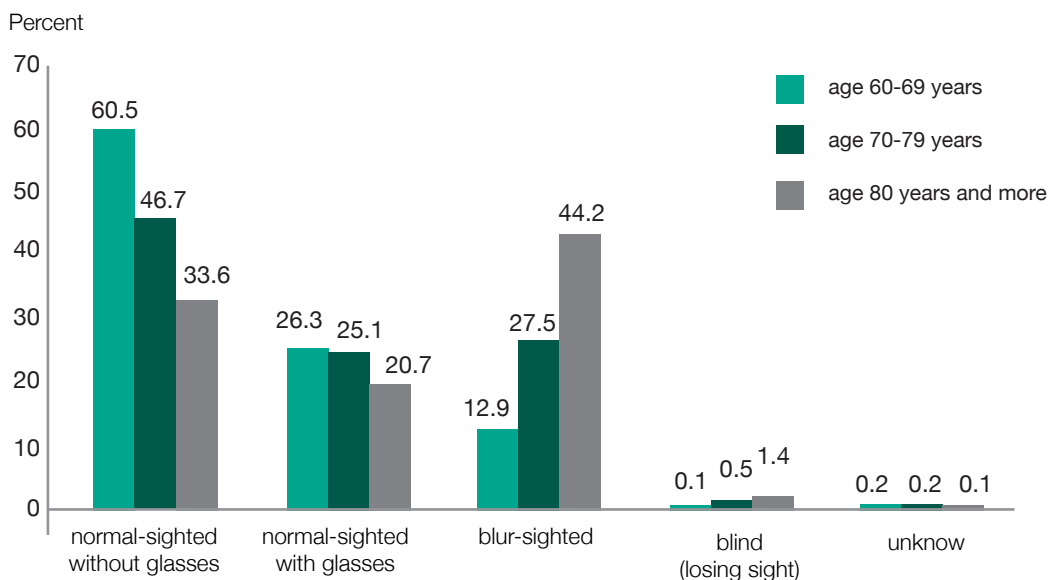
Diagram 10 Percentages of older persons classified by efficiency of their sight, 2007



Adjusted from the Survey of the Older Persons in Thailand 2007, the National Statistical Office.



Diagram 11 Percentages of older persons classified by efficiency of their sight and age groups, 2007

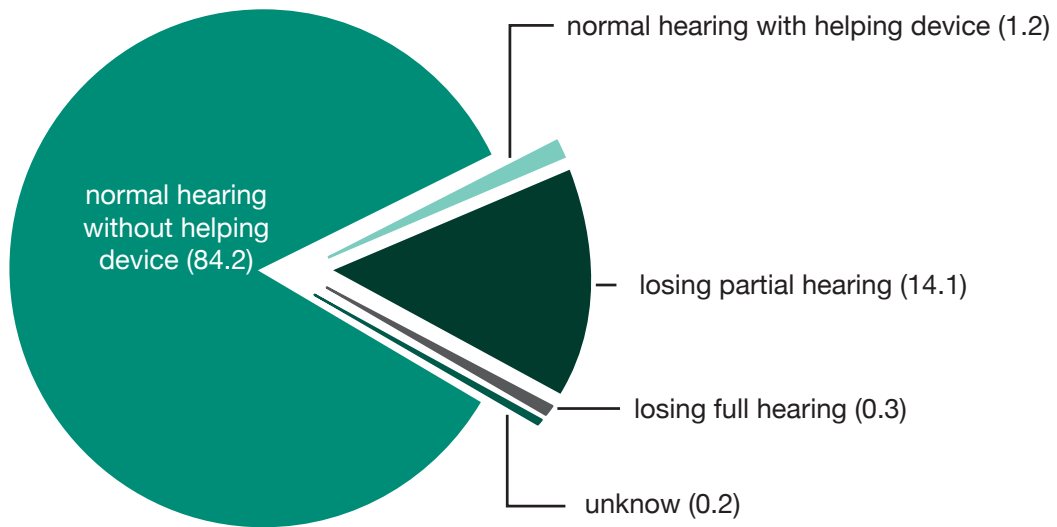


Adjusted from the Survey of the Older Persons in Thailand 2007, the National Statistical Office.

With respect to their health concerning hearing, it is found that most of older persons have normal hearing at 84.2%, next is the group that loses partial hearing found at 14.1% and 0.3% lose full hearing. In consideration of proportions of the group that loses partial hearing classified according to genders, age groups and administration areas, it appears that older women are found losing partial hearing in the bigger number than older men (older women 15.3%, older men 12.6%). The proportions of losing partial hearing are found to increase with age (the age group of 80 years and more found at 39.6%, the age group of 70-79 years found at 19.2%, and the age group of 60-69 years found at 7.1%). Older persons who live outside municipalities are found losing partial hearing in bigger number than those who live within municipalities: outside municipalities found at 15.0%, and within municipalities found at 11.8% (Diagram 12-14).

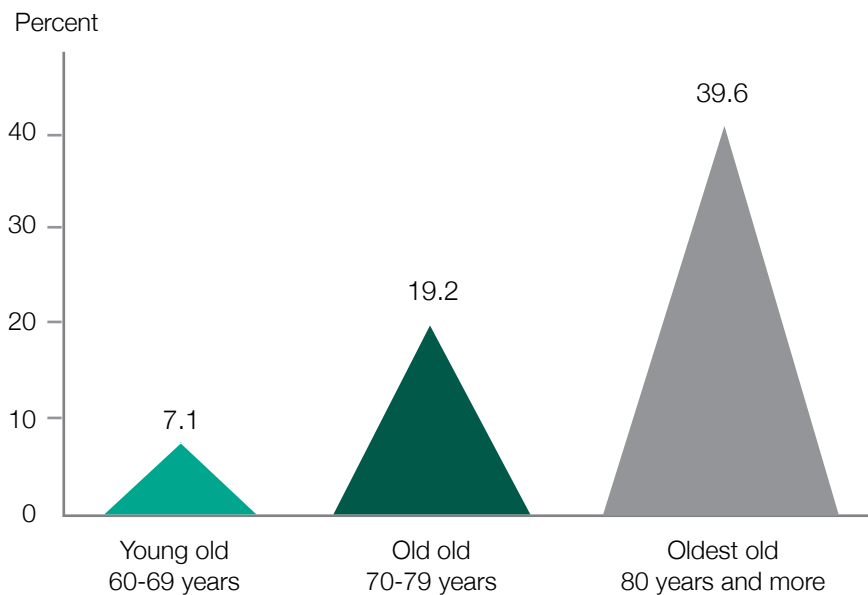


Diagram 12 Percentages of older persons classified by efficiency of their hearing 2007



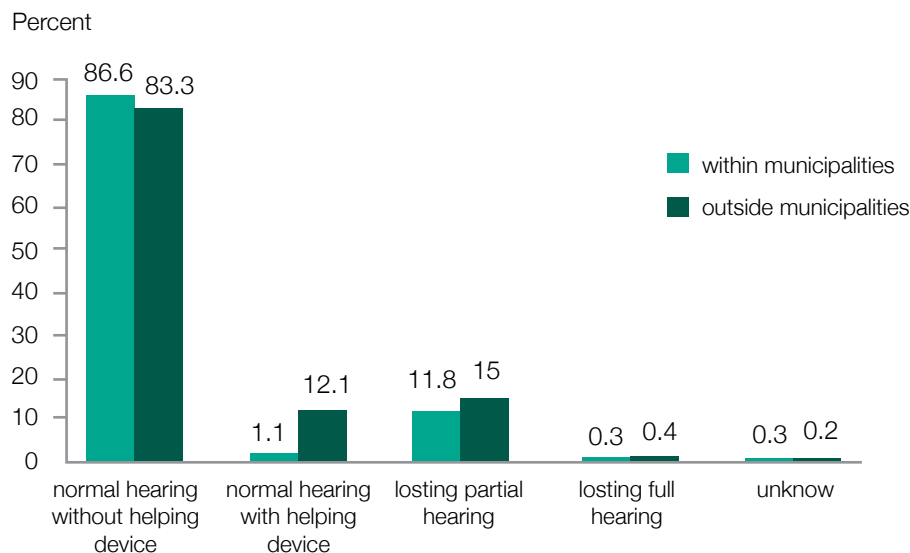
Adjusted from the Survey of the Older Persons in Thailand 2007, the National Statistical Office.

Diagram 13 Percentages of losing partial hearing in older persons classified according to age groups. 2007



Adjusted from the Survey of the Older Persons in Thailand 2007, the National Statistical Office.

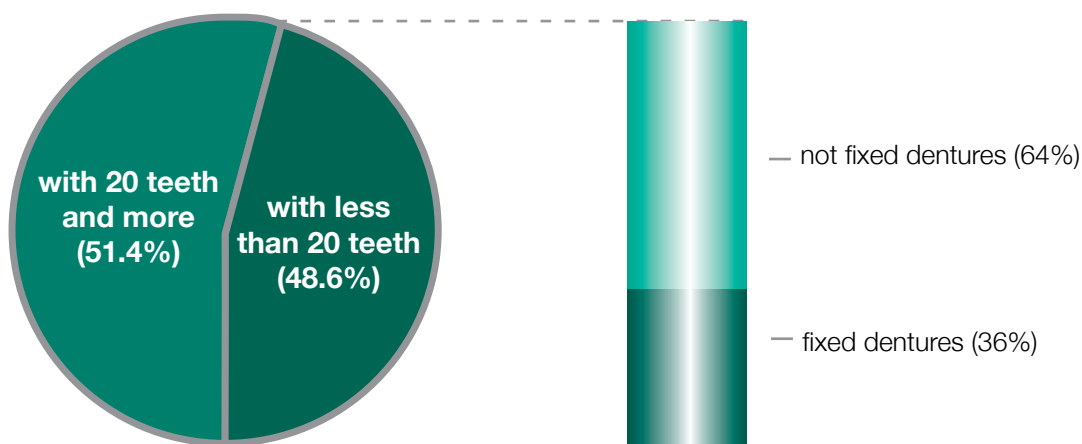
Diagram 14 Percentages of older persons classified by efficiency of their hearing and administration areas, 2007



Adjusted from the Survey of the Older Persons in Thailand 2007, the National Ststistical Office.

Nearly one half of older persons (48.6%) have less than 20 teeth. In this group of older persons, 36.0% are fixed/inserted dentures, while the other 64% are not which causes their chew problems thereby they will subsequently choose the types of foods to eat and will not receive adequate nutrition finally.

Diagram 15 Percentages of older persons with less than 20 teeth and percentages of their fixing dentures, 2007

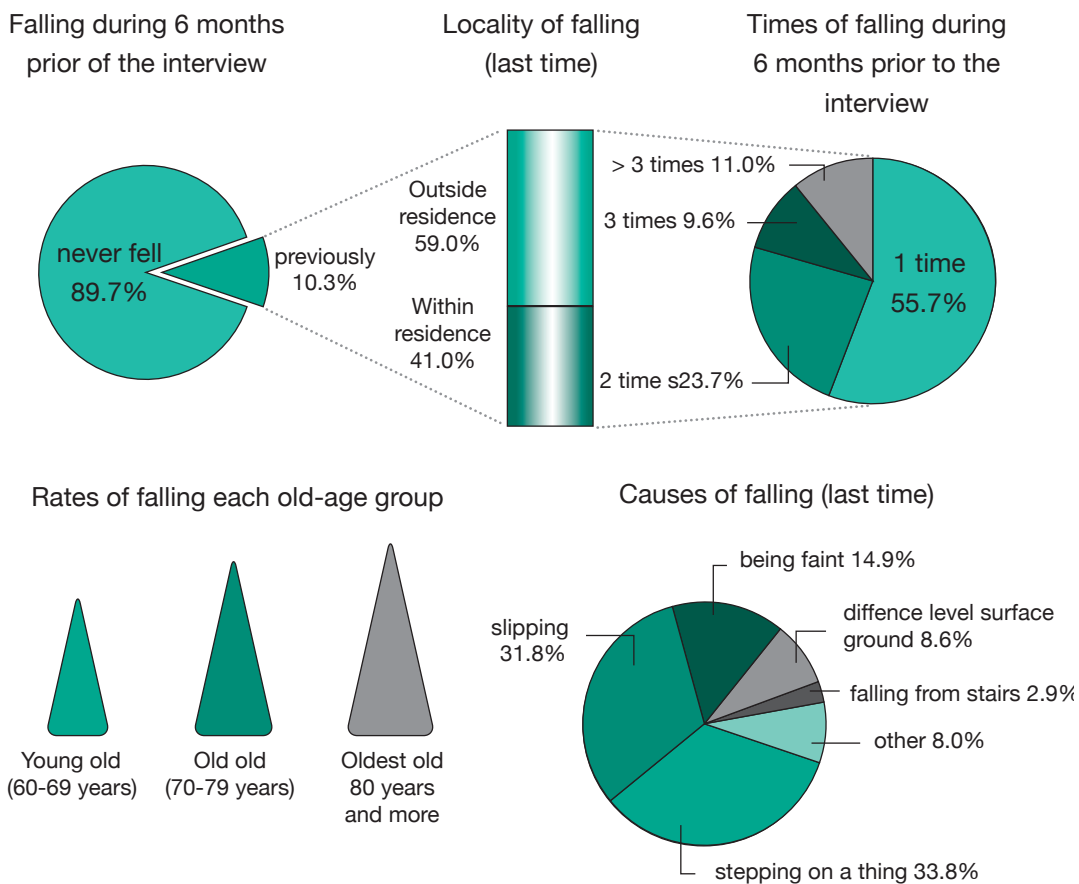


Adjusted from the Survey of the Older Persons in Thailand 2007, the National Ststistical Office.



The incident of falling is often found in older persons and will increase with age because old age is the time when people faces with both physical and mental declines in health. Based on the Survey of the Older Persons in Thailand 2007 by the National Statistical Office, it is found that 10.3% of older persons previously fell down. Regarding this group, most of them at 55.7% fell down 1 time, next are 23.7% fell down 2 times, while those who fell down 5 times are found at 7.7%. The locality of falling accidents mostly is a place outside their residence at 59.0%, and 41.0% are the places within their residence. The top 3 causes of falling are: stepping on a thing at 33.8%, slipping at 31.8% and being faint at 14.9%. The older persons who have fallen and have to become the inpatients are found at 9.8%. In consideration of the group of older persons who previously had a falling accident classified according to genders, age groups and administration areas, it is found that older women found in bigger number than older men (older women 12.6% and older men 7.4%). The incident of falling in older persons is likely to increase with age (the age group of 80 years and more found at 12.7%, the age group of 70-79 years found at 11.7%, and the age group of 60-69 years found at 9.2%). Older persons who live outside municipalities are found previously fell in bigger number than those who live within municipalities: outside municipalities found at 10.7%, and within municipalities found at 9.3%.

Diagram 16 Percentages of falling incidents in older persons during 6 months prior to the interview; locality of falling; time of falling, causes of falling and rates of falling in each old-age group



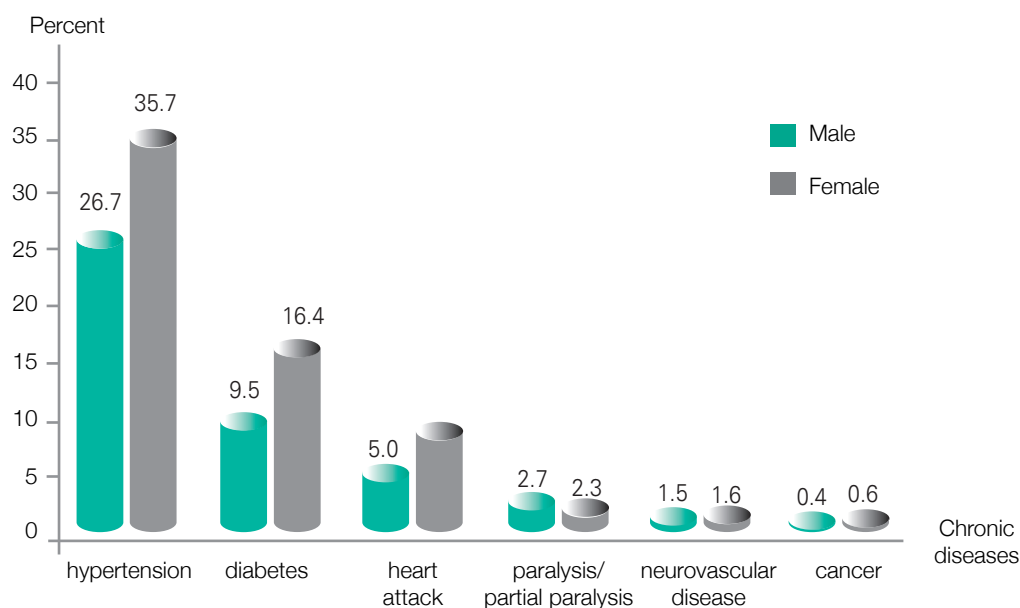
Adjusted from the Survey of the Older Persons in Thailand 2007, the National Sttistical Office.



The chronic diseases are the diseases that when a patient is caught ill of, he/she cannot be completely recovered from and has to get consecutive treatments all of his/her life to control and prevent from complications or worsening. Based on the Survey of the Older Persons in Thailand 2007 by the National Statistical Office, it is found that the top 3 chronic diseases found in older persons are hypertension at 31.7%, diabetes at 13.3% and heart attack at 7.0%; these top 3 diseases keep the same ranks in classifying older persons by genders, age groups, administration areas and regions of the Country (Diagrams 17 and 18).

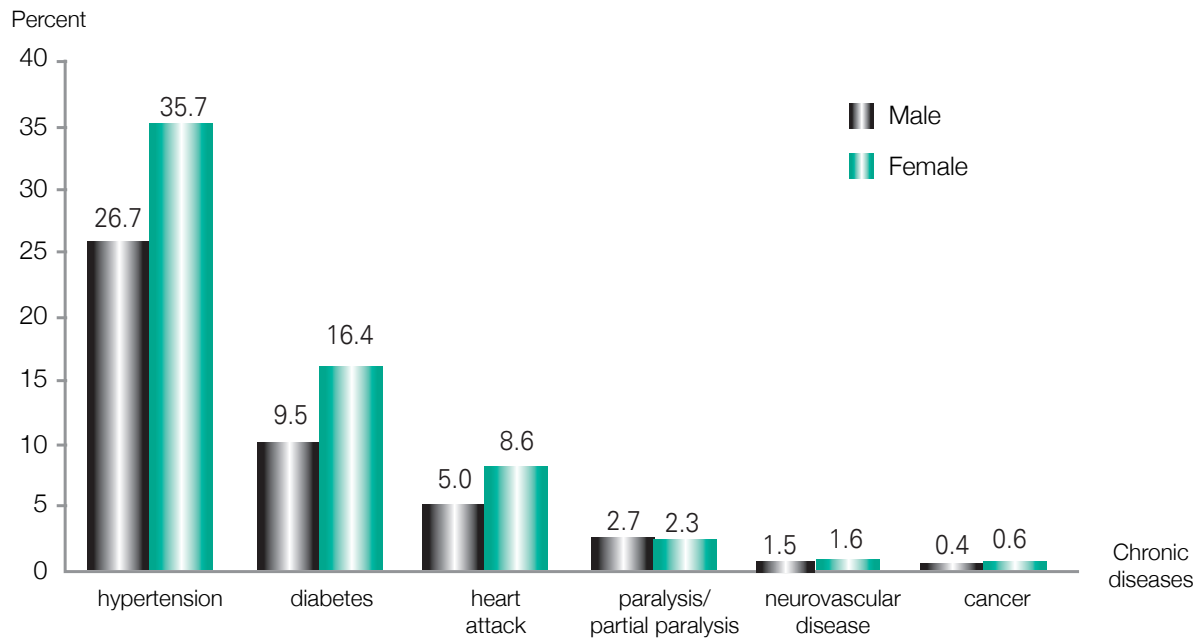
In consideration of proportions of chronic diseases in older persons classified according to genders, age groups, administration areas and regions, it is found that older women are found ill of chronic diseases more than older men in every disease, except paralysis/partial paralysis. The age group of 70-79 years is found ill of chronic diseases more than the age groups of 60-69 years and 80 years and more in every disease, except cancer which has similar proportions. Paralysis/partial paralysis is likely to increase with age (the age group of 60-69 years at 1.8%, the age group of 70-79 years at 3.1%, and the age group of 80 years and more at 4.8%). Older persons who live within municipalities are found ill of chronic diseases in bigger number than those who live outside municipalities in every disease except cancer which has the same proportions. In consideration of each region of the Country, proportions of older persons ill of chronic diseases are different as follows: Older persons in Bangkok are found ill of neurovascular disease in the biggest number at 2.3%; older persons in the central region are found ill of these 2 chronic diseases in the biggest number, namely hypertension at 40.8% and heart attack at 9.3%; older persons in north-eastern region are found ill of diabetes in the biggest number at 18.9%, and older persons in southern region are found ill of these 2 chronic diseases in the biggest number, namely paralysis/partial paralysis at 3.5% and cancer at 1.0%.

Diagram 17 Comparison of percentage of chronic diseases in older men to older women, 2007



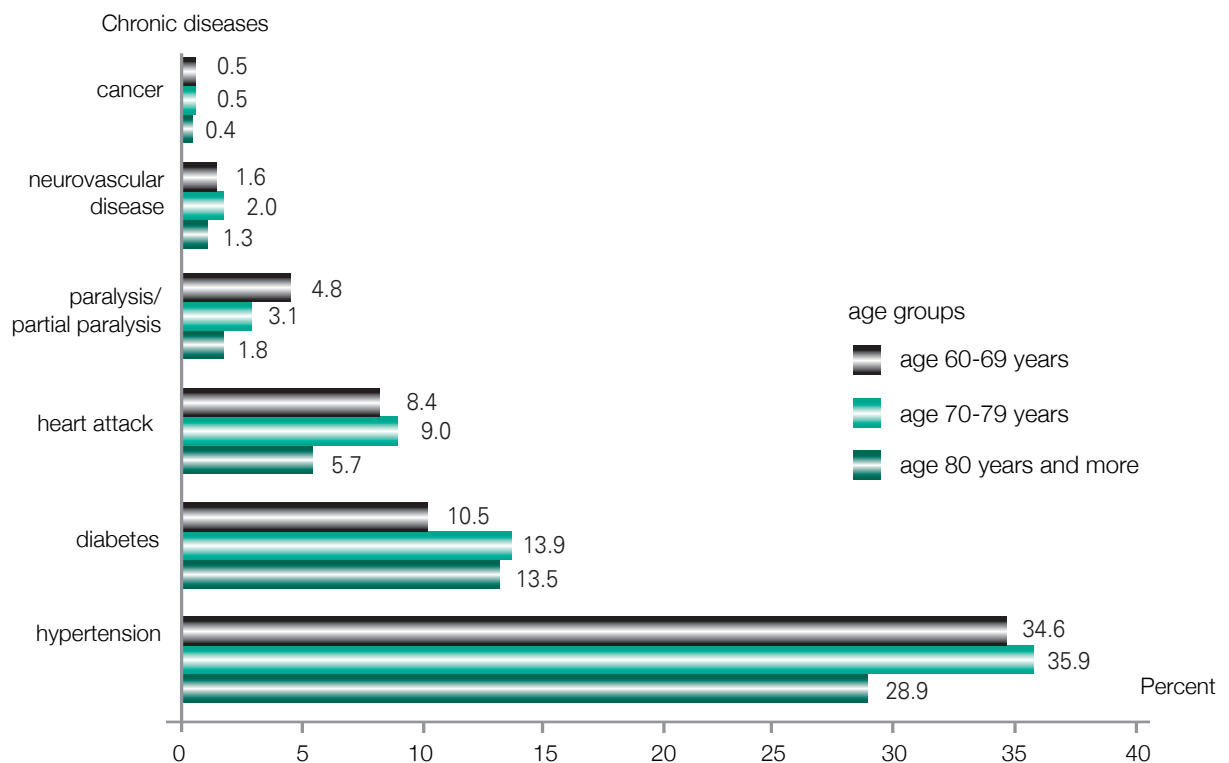
Adjusted from the Survey of the Older Persons in Thailand 2007, the National Sttistical Office.

Diagram 18 Comparison of percentages of chronic diseases in older men to older women, 2007



Adjusted from the Survey of the Older Persons in Thailand 2007, the National Sttistical Office.

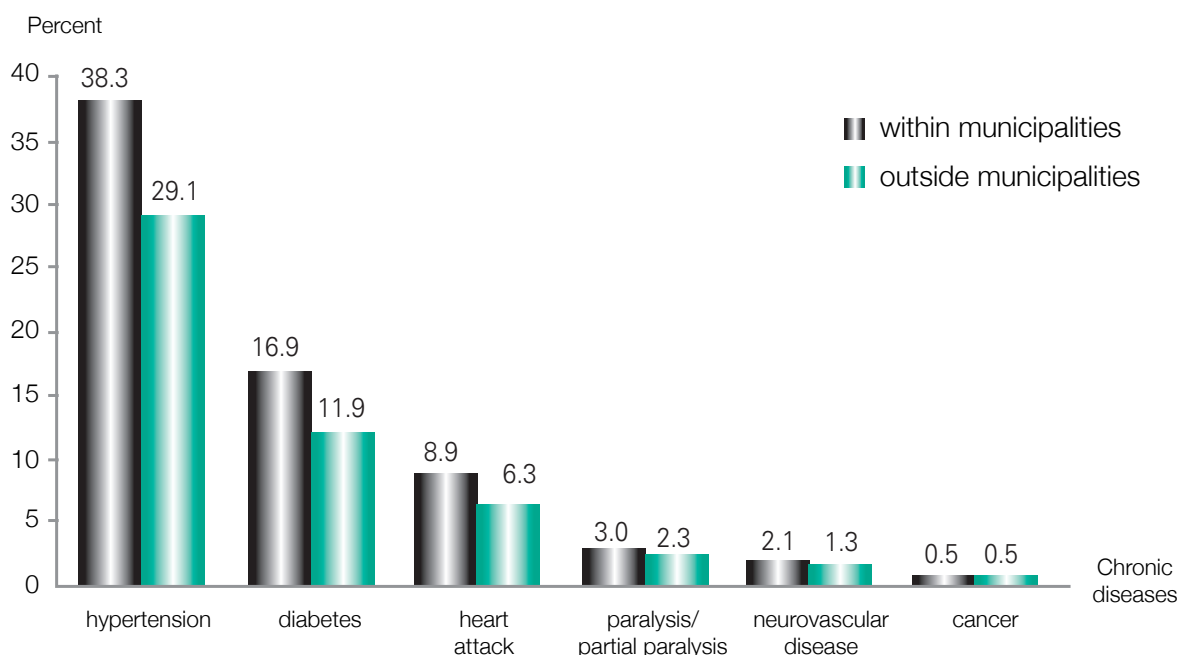
Diagram 19 Percentages of chronic diseases in older persons classified according to age groups, 2007



Adjusted from the Survey of the Older Persons in Thailand 2007, the National Sttistical Office.



Diagram 20 Percentages of chronic diseases in older persons classified according to administration areas, 2007



Adjusted from the Survey of the Older Persons in Thailand 2007, the National Statistical Office.

2.2 Problems of Mental Health and Dementia (Alzheimer's disease)

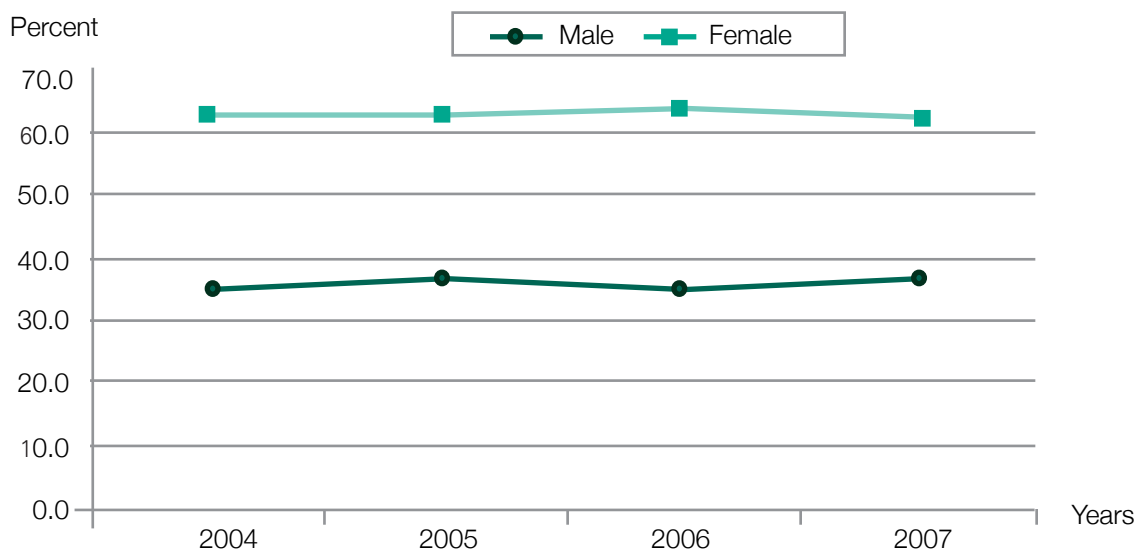
World Health Organization¹ forecasts that there are 450 million persons of world populations ill of mental illness or mental disorder, whereby it is found that 25% of world populations have, once in their life, encountered mental disorder where their personality is disorganized. At any time, there are 10% of world populations suffer from mental disorder where their personality is disorganized, thereby patients who go to have treatments at primary medical care centers are found suffering from mental disorder at 20% and one fourth of families all over the world have at least one of their members suffering from mental disorder. Those families which have one member ill of mental disorder have to provide care to the patient both physically and emotionally and inevitably face the impact of aversions and frustrations put by others toward the patient. Based on reports on patients with mental illness in 17 hospitals under the charge of the Department of Mental Health between 2004 and 2007, it shows that number of older persons who face mental health problems is found highest in 2006, i.e. 130,063 persons, next are in the years 2004 and 2005 in the number of 108,797 and 104,541 persons, while in 2007 is in the lowest number, i.e. 91,267 persons. Older women are found facing with mental health problems more than older men, i.e. 57,996 persons and 33,271 persons respectively (Diagram 21). In consideration of the old-age group with mental health problems in 2007, it appears that the age group of 60-69 years faces with mental health problems in the biggest number, i.e. 49,040 persons; the group of 70-79 years found to have mental health problems in nearly half number less

¹ World Health Organization:2001 under the Project of Knowledge Revision on Mental Health and Mental Health Development: Medical and Public Health Vision by Bandit Sornphaisal and colleagues, 2003.

than the group of 60-69 years; the group of 80 years and more has mental health problems in the number over one half less than the group of 70-79 years (Table 9).

With respect to dementia in older persons, it appears that in 2006 the number of older persons with dementia are found highest, i.e. 22,253 persons, next are in the years 2004 and 2005 in the number of 16,450 and 16,289 persons, while in 2007 is in the lowest number, i.e. 11,878 persons. Older women are found to have dementia more than older men, i.e. 7,410 persons and 4,468 persons respectively (Diagram 22). In consideration of the old-age group with dementia in 2007, it appears that the age group of 70-79 years found to have dementia in the biggest number, i.e. 6,151 persons; next is the group of 80 years and more found in the number of 2,901 persons and the group of 60-69 years are found in the smallest number, i.e. 2,826 persons (Diagram 23).

Diagram 21 Percentages of older persons with mental health problems during 4 years (2004-2007)



Adjusted from the Report on Patients with Mental Illness, Forms Sor Chor. Ror Ngor.202-1, Sor Chor. Ror Ngor.202-2, 2007, the Information Center, the Department of Mental Health.

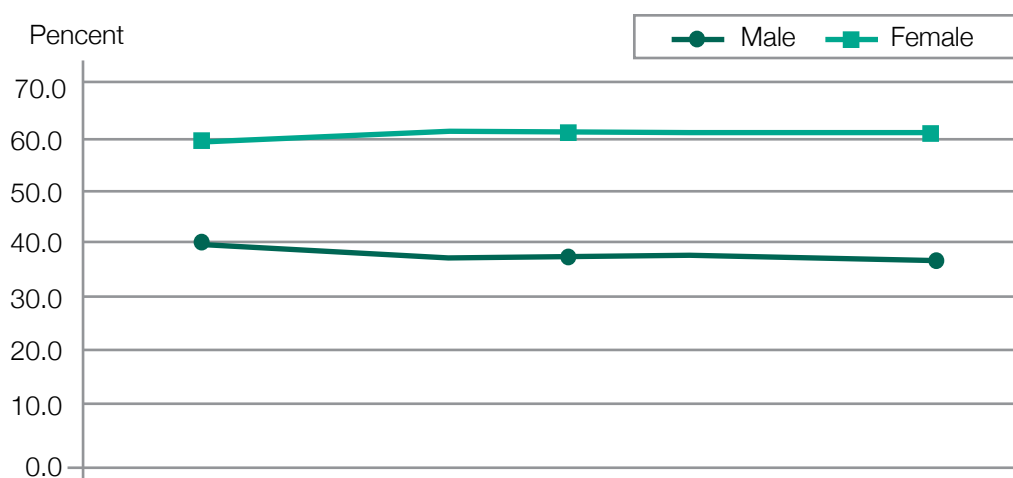
Table 9 Number of patients with mental illness classified by age groups, genders and types of patients, 2007

Age	Total	Male		Female	
		Outpatients	Inpatients	Outpatients	Inpatients
Total	91,267	32,087	1,184	56,861	1,135
60-69 years	49,040	17,976	741	29,633	690
70-79 years	29,516	10,724	345	18,104	343
80 years and more	12,711	3,387	98	9,124	102

Sources: The Report on Patients with Mental Illness, Forms Sor Chor. Ror Ngor.202-1, Sor Chor. Ror Ngor.202-2, 2007, the Information Center, the Department of Mental Health.

Remarks: Forms Sor Chor. Ror Ngor.202-1, Sor Chor. Ror Ngor.202-2, are the forms of report used by the 17 hospitals under the charge of the Department of Mental Health throughout the Country.

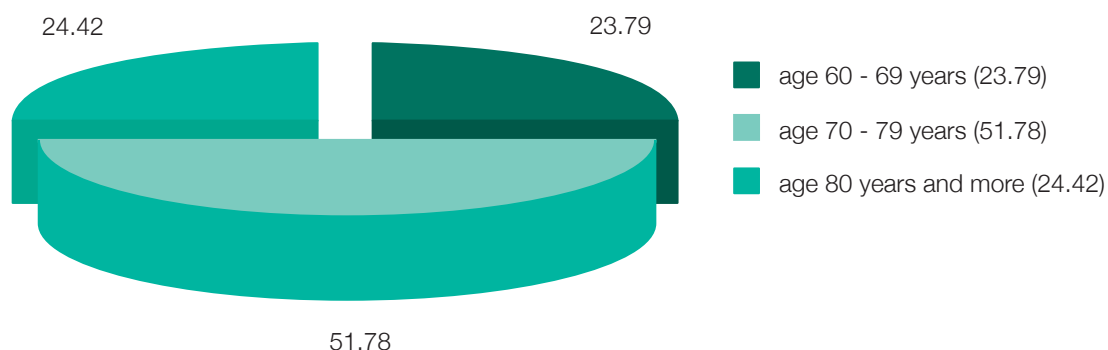
Diagram 22 Percentages of dementia (Alzheimer’s disease), classified according to genders during 4 years (2004-2007)



Adjusted from the Report on Patients with Mental Illness, Forms Sor Chor. Ror Ngor.202-1, Sor Chor. Ror Ngor.202-2, 2007, the Information Center, the Department of Mental Health.



Diagram 23 Percentages of dementia (Alzheimer's disease), classified according to age groups 2007



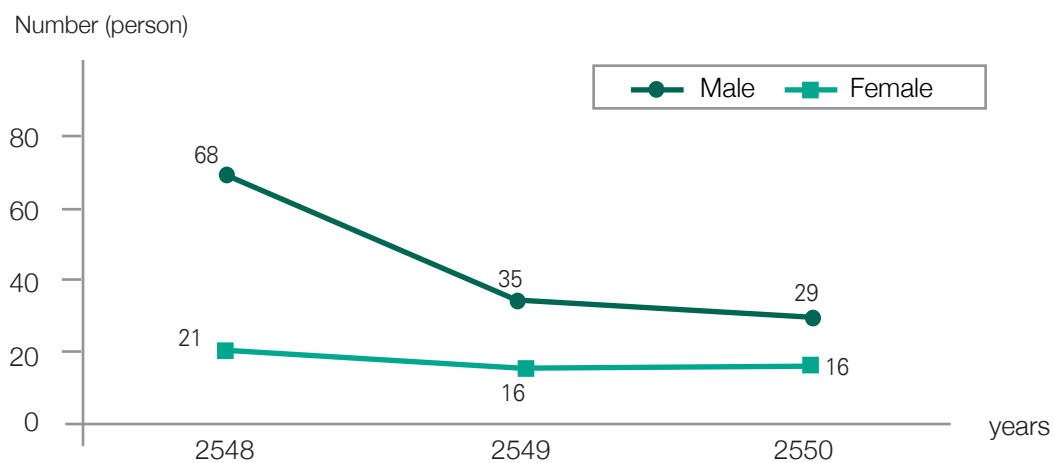
Adjusted from the Report on Patients with Mental Illness, Forms Sor Chor. Ror Ngor.202-1, Sor Chor. Ror Ngor.202-2, 2007, the Information Center, the Department of Mental Health.

2.3 AIDS

AIDS is a significant public health problem of the Country because there are those who ill of AIDS being dead in each year. Based on the epidemiological data of the Bureau of Epidemiology, the Department of Disease Control, as of 2005-2007 it shows that number of persons ill of AIDS seems to decrease in each year, this includes older persons who are ill of AIDS where older persons in this group are also dead. In 2005 there are 89 older persons dead of AIDS, in 2006 there are 51 older persons dead and in 2007 there are 43 older persons dead. In consideration of the old- age group that dies of AIDS classified by genders, it appears that older men are found dead of AIDS more than older women in every year. Subject to the report on number of new HIV/AIDS patients of the Bureau of Epidemiology, the Department of Disease Control, 2007, it shows that number of new HIV/AIDS patients seems to decrease every year and in every age group, where number of new HIV/AIDS patients in old- age group also decreases: In 2005 in the number of 321 persons, in 2006 in the number of 230 persons and in 2007 in the number of 141 persons. In comparison of proportions of HIV/AIDS patients in the old-age group between male and female, it is found that older men are ill of AIDS more than older women in every year (Diagram 24). Subject to reports on number of HIV/AIDS patients submitted to the Epidemiologic Data Center(EDC), the Bureau of Epidemiology, the Department of Disease Control, which the EDC has studied their completeness and positive forecast; it is found that those reports have 52.3% completeness and 88.9% positive forecast. It means that the whole number of HIV/AIDS patients in the Country is reported in the less number than the real number, but the reports are of high accuracy².

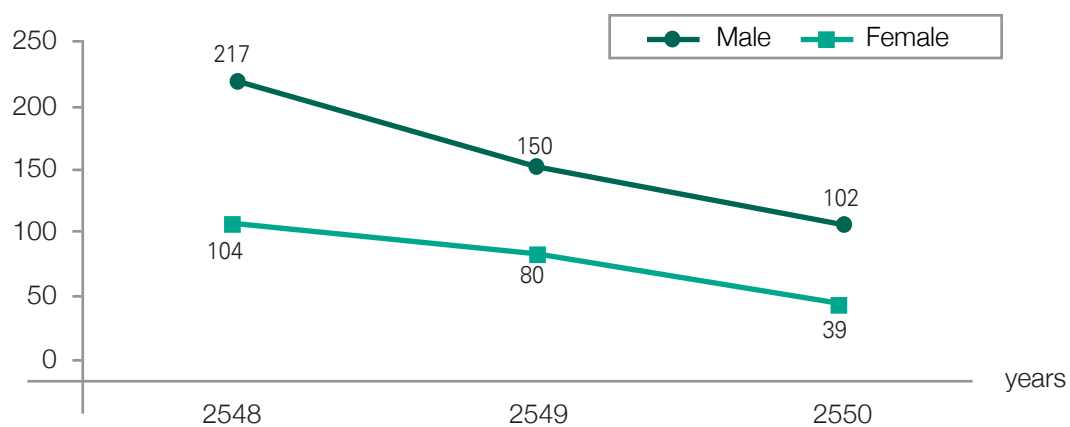
² Puangthip Ratanarat, Orawan Saengwanloy and Thanarak Phlipatana. Study of the Surveillance System of AIDS through annual reports on number of the patients in the hospitals under the charge of the Ministry of Public Health 2004, in the reports on the Epidemiological Surveillance System, the Bureau of Epidemiology, the Department of Disease Control, the Ministry of Public Health.

Diagram 24 Number of older persons who die of AIDS during 3 years (2005-2007)



Adjusted from the Epidemiological Data Center, 2007, the Bureau of Epidemiology, the Department of Disease Control.

Diagram 25 Number of new HIV/AIDS patients in the old-age group compared among 3 years (2005-2007)



Adjusted from the Epidemiological Data Center, 2007, the Bureau of Epidemiology, the Department of Disease Control.



2.4 Health Welfare/Health Insurance Schemes

Health Welfare is a kind of health security for people which is provided by the public or the private sector. Based on the Survey of Health and Welfare 2007 by the National Statistical Office, it is found that most populations of the Country access such welfare at 96.3%, where older persons are found to access such welfare in the biggest number at 97.6%. In consideration of the older persons' access to health welfare classified according to age groups, all age groups of older persons found to access the welfare in similar number: The age group of 70-79 years accesses the welfare in the biggest number at 97.7%, next is the group of 80 years and more at 97.6% and the group of 60-69 years at 97.5%. In consideration of their access to the health welfare classified according to genders, administration areas, and regions; it shows that older men access health welfare in bigger number than older women in every age group, older persons who live outside municipal areas access health welfare in bigger number than those who live within municipal areas in every age group, and older persons in the north-eastern region access health welfare in the biggest number in every age group, of all regions (Table 10). The type of welfare that most older persons in every age group have is the health security card (the age group of 60-69 years accesses this type of welfare at 78.4%, the age group of 80 years and more at 75.7%, the age group of 70-79 years at 74.7%). Next is the type of civil servants' medical benefit security (the age group of 70-79 years accesses this type of welfare at 22.0%, the age group of 80 years and more at 21.1%, the age group of 60-69 years at 16.9%), while the welfare provided by employers is found to be used in the smallest number, i.e. less than 0.1% in all age groups (Table 11).

Table 10 Percentages of older persons who access the health insurance scheme classified according to age groups, genders, administration areas and regions

Age groups (years)	Total	Genders		Administration Areas		Bangkok	Regions			
		Male	Female	Within municipalities	Within municipalities		Central	North	North-east	South
60-69 years	97.5	97.7	97.2	95.3	98.3	90.8	96.0			
70-79 years	97.7	98.0	97.4	94.1	99.1	86.1	98.2	98.8	99.4	98.8
80 years and more	97.6	98.1	97.2	94.2	98.9	98.4	97.6	97.4	99.6	98.9

Sources: The Survey of Health and Welfare 2007, the National Statistical Office.

**Table 11** Percentages of older persons who access health welfare classified according to age groups and types of health welfare

Age groups	Total	Types of Health Welfare (years)					
		Health Security Cards	Social Security/ Compensation Fund	Civil Servants' Medical Benefit Security	Health Insurance made with insurance companies	Welfare provided by Employers	Others
60-69	97.5	78.4	1.5	16.9	0.4	na	0.3
70-79	97.7	74.7	0.2	22.0	0.2	na	0.6
80 and more	97.6	75.7	Na	21.1	Na	na	0.8

Sources: The Survey of Health and Welfare 2007, the National Statistical Office.

Remarks: na = less than 0.1

2.5 Access to services provided at hospitals

The National Statistical Office carried out the Survey of Health and Welfare 2007 concerning older persons' access to hospital services as inpatients during 12 months prior to the interview, where it shows that older persons are found to access the services as inpatients at 12.2% which is higher than all other age groups of populations. In consideration of proportions of inpatients classified according to age groups, genders, administration areas and regions, the proportions of old-age inpatients seem to increase with age (the age group of 60-69 years at 9.6%, the age group of 70-79 years at 15.2% and the age group of 80 years and more at 17.5%). Older men are inpatients in bigger number than older women in all age groups. Older persons outside municipal areas are inpatients in bigger number than those who live within municipal areas in all age groups. Older persons in the northern region are inpatients in the biggest number of all regions, i.e. at 14.2%; next is in the north-eastern region at 14.0% while in Bangkok found in the smallest number at 6.5% (Table 12).

Regarding their access to dental care services during 12 months prior to the interview, it appears that older persons access dental care services at 8.2%. In consideration of their access to dental care services classified according to age groups, genders, administration areas and regions, it shows that their proportions in using dental care services seem to decrease with age (the age group of 60-69 years at 9.3%, the age group of 70-79 years at 7.9% and the age group of 80 years and more at 2.9%). Older men and older women are found to use dental care services in the similar number. Older persons in municipal areas use dental care services more than those who live outside municipal areas in all age groups; while older persons in Bangkok use this kind of services in the largest number at 14.6%, next is in the north-eastern region at 8.3% and in the northern region found in the smallest number at 6.6% (Table 13).



Table 12 Percentages of old age group inpatients during 12 months prior to the interview classified according to age groups, genders, administration areas and regions

Age groups (years)	Total	Genders		Administration Areas		Bangkok	Regions			
		Male	Female	Within municipalities	Within municipalities		Central	North	North-east	South
Total	12.2	12.8	11.7	9.4	13.3	6.5	10.3	14.2	14.0	11.5
60-69 years	9.6	9.9	9.3	6.8	10.7	3.4	8.0	11.1	11.1	10.7
70-79 years	15.2	16.1	14.6	12.9	16.2	10.3	13.6	17.5	17.7	11.9
80 years and more	17.5	21.6	15.1	13.7	18.9	13.6	12.9	20.3	21.9	14.0

Sources: The Survey of Health and Welfare 2007, the National Statistical Office.

Table 13 Percentages of older persons who access dental care services during 12 months prior to the interview classified according to age groups, genders, administration areas and regions

Age groups (years)	Total	Genders		Administration Areas		Bangkok	Regions			
		Male	Female	Within municipalities	Within municipalities		Central	North	North-east	South
Total	8.2	8.4	8.0	10.2	7.4	14.6	7.6	6.6	8.3	7.0
60-69 years	9.3	9.0	9.5	12.2	8.1	16.7	8.7	8.3	8.3	8.9
70-79 years	7.9	8.7	7.3	8.5	7.7	13.2	7.3	5.2	10.2	4.9
80 years and more	2.9	2.9	2.9	3.7	2.6	5.8	2.9	2.1	2.3	3.5

Sources: The Survey of Health and Welfare 2007, the National Statistical Office.



2.6 Health Behavior

2.6.1 Vegetables and Fruits Eating

The Survey of the Older Persons in Thailand 2007 by the National Statistical Office on their health behavior regarding vegetable and fruits eating during 12 months prior to the interview, shows that most of older persons at 63.1% usually eat vegetables and fruits, those who eat sometimes at 34.5% and those who do not eat at 2.1%. In consideration of their behavior of vegetables and fruits eating classified according to age groups, it is found that most older persons in all age groups usually eat vegetables and fruits: The age group of 60-69 years at the highest proportions of 66.4%, next is the age group of 70-79 years at 60.2%, while the age group of 80 years and more found the lowest at 52.7%. On the contrary, in consideration of older persons who eat neither vegetables nor fruits in all age groups, it appears that the age group of 80 years and more are found eating neither vegetables nor fruits in highest proportions at 5.1%, next is the age group of 70-79 years at 2.3%, and the age group of 60-69 years in lowest proportions at 1.5%. In consideration of their vegetables and fruits eating behavior classified according to genders and administration areas, it shows that older men eat vegetables and fruits in bigger number than older women at 63.5% and 62.8%. Older persons in municipal areas and outside municipal areas eat vegetables and fruits in quite similar proportions (Table 14).

Table 14 Percentages of older persons classified by their vegetables and fruits eating behavior, by grouping in age groups, genders and administration areas during 6 months prior to the interview

Vegetables & fruits eating	Total	Genders		Age groups			Administration areas	
		Male	Female	60-69 years	70-79 years	80 years and more	In municipal Areas	Outside municipal areas
Total	100.0	44.6	55.4	58.8	31.7	9.5	28.6	71.4
Do not eat	2.1	2.3	1.9	1.5	2.3	5.1	1.8	2.2
Sometimes eat	34.5	33.8	35.0	31.7	37.3	41.7	34.5	34.4
Usually eat	63.1	63.5	62.8	66.4	60.2	52.7	63.4	63.0
Unknown	0.3	0.4	0.3	0.4	0.2	0.5	0.3	0.4

Sources: The Survey of Health and Welfare 2007, the National Statistical Office.

2.6.2 Exercise

The survey of exercise of the population in 2007 carried out by the National Statistical Office, shows that the age group of 11 years and more takes exercise at 29.6%. In consideration of exercise taken by older persons during 1 month prior to the interview, it appears that older persons take exercise at 28.0%; where the age group of 70-79 years found to exercise in the biggest number at 29.8%, next is the age group of 60-69 years at 28.2% and the age group of 80 years and more in the smallest number at 21.5%. Older men and older women take exercise in similar proportions at 28.1% and 27.9% respectively. In consideration of exercise of older persons classified according to administration areas, it is found that older persons who live outside



municipal areas are found to take exercise nearly half less than those who live within municipal areas (outside municipal areas found at 40.7%, within municipal areas found at 22.9%) (Table 15). The top 3 reasons for which older persons take exercise are:- desire to be healthy at 71.9%, encounter with health problems at 25.1% and relaxation at 1.4%; these proportions are found similar in all age groups, genders and administration areas (Table 16). On the contrary, the top 3 reasons for which they do not want to exercise are:- not interested at 50.1%, already with heavy work incurring much energy at 22.9% and with no affordable time at 13.9%; these reasons are found similar in all age groups, genders and administration areas therein 'not interested' is the top 1 reason, while the top 2 and the top 3 alternate with each other (Table 17).

Table 15 Percentages of older persons classified by their taking exercise during 1 month prior to the interview and grouped by ages, genders and administration areas, 2007

Exercise Taking	Total	Genders		Age groups			Administration areas	
		Male	Female	60-69 years	70-79 years	80 years and more	In municipal Areas	Outside municipal areas
Total	100.0	44.6	55.4	58.8	31.1	10.0	28.5	71.5
Take exercise	28.0	28.1	27.9	28.2	29.8	21.5	40.7	22.9
Take no exercise	72.0	71.9	72.1	71.8	70.2	78.5	59.3	77.1

Sources: The Survey of Health and Welfare 2007, the National Statistical Office.

Table 16 Percentages of older persons who exercise during 1 month prior to the interview classified by reasons for exercise, age groups, genders and administration areas, 2007

Reasons for Exercise	Total	Genders		Age groups			Administration areas	
		Male	Female	60-69 years	70-79 years	80 years and more	In municipal Areas	Outside municipal areas
Total	100.0	44.7	55.3	59.2	33.1	7.7	41.5	58.5
Healthiness	71.9	74.3	70.0	72.0	70.0	79.5	74.5	70.1
Weight losing	0.7	0.3	1.0	0.9	0.4	-	1.3	0.3
Relaxation	1.4	1.4	1.5	1.4	1.6	1.1	1.4	1.4
Coping with health problems	25.1	23.0	26.7	25.1	26.5	18.5	22.0	27.2
Joining their friends	0.4	0.5	0.3	0.3	0.7	-	0.6	0.2
Others	0.5	0.5	0.5	0.3	0.8	0.9	0.2	0.8

Sources: The Survey of Health and Welfare 2007, the National Statistical Office.



Table 17 Percentages of older persons who take no exercise during 1 month prior to the interview classified by their reasons for not taking exercise, age groups, genders and administration areas, 2007

Reasons for Exercise	Total	Genders		Age groups			Administration areas	
		Male	Female	60-69 years	70-79 years	80 years and more	In municipal Areas	Outside municipal areas
Total	100.0	44.6	55.4	58.6	30.4	11.0	23.5	76.5
Not interested	50.1	42.6	56.2	45.3	57.3	56.2	49.4	50.3
No affordable time	13.9	15.7	12.6	17.9	8.9	7.0	19.6	12.2
No place	0.3	0.3	0.3	0.4	0.1	-	0.9	0.1
No sports apparatus	0.1	0.1	Na	0.1	0.1	Na	0.1	0.1
With heavy work	22.9	31.2	16.2	30.5	14.8	4.4	16.3	24.9
Others	12.7	10.1	14.7	5.8	18.8	32.4	13.7	12.4

Sources: The Survey of the Older Persons in Thailand 2007, the National Statistical Office.

Remarks: na= less than 0.1

2.6.3 Smoking and Alcohol Drinking

The survey of the populations' smoking and alcohol drinking behavior in 2007 by the National Statistical Office, shows that most of older persons have none smoking at 66.5%, while older persons who still presently smoke are found at 18.3%. In consideration of elderly smokers classified according to age groups, genders and administration areas, it appears that the age group of 60-69 years are found in the biggest number at 18.8%, next is the age group of 70-79 years, while the age group of 80 years and more found in the smallest number at 10.2%. Older men smoke in the number 11 times bigger than older women (older men at 33.7%, older women at 3.0%). Older persons outside municipal areas smoke in the number 1 time more than those who live within municipal areas (outside municipal areas at 19.6% and within municipal areas at 9.6%) (Table 18).

Most of older persons begin to smoke at the age between 15-19 years at 48.9%, next is at the age between 20-24 years at 25.6% and at the age between 11-14 years at 10.6%. The average age when older persons begin to smoke is 19 years. In consideration of the age when they begin to smoke of both older men and older women, it appears that older men begin to smoke at the age of less than 24 years, while older women begin to smoke at the age of 30 years and more. Older men begin to smoke at the age of 11 years in the biggest number at 100%, next is at the age between 15-19 years at 92.1%, and at the age between 20-24 years at 91.5%. Older women begin to smoke at the age of ≥ 40 years in the biggest number at 46.5%, next is at the age between 35-39 years at 43.5%, and at the age between 30-34 years at 23.7% (Table 19). With respect to the present elderly smokers, most of them smoke 1-10 cigarettes daily at 74.0%, next is 11-20 cigarettes daily at 24.0% (Table 20).



With respect to older persons' behavior of alcohol and other spirits drinking during 12 months prior to the interview, it appears that more than three fourths of older persons still drink alcohol and other spirits. Most of them drink every month at 42.4%, next is drinking every week at 26.9%, while older persons who drink every-day are found only at 4.7%. In consideration of their alcohol and other spirits drinking classified according to age groups, genders and administration areas, it is found that the age group of 60-69 years is found to drink alcohol in the biggest number at 72.6%, next is the age of 70-79 years at 23.7% and the age of 80 years and more at 3.7%. Older men are found drinking alcohol nearly 6 times more than older women (older men at 85.5% and older women at 14.5%). Older persons outside municipal areas drink alcohol in the number over 3 times more than those who live within municipal areas (outside municipal areas at 77.0% and within municipal areas at 23.0%) (Table 21).

Table 18 Percentages of older persons classified according to their smoking behavior, age groups, genders and administration areas, 2007

Smoking	Total	Genders		Age groups			Administration areas	
		Male	Female	60-69 years	70-79 years	80 years and more	In municipal Areas	Outside municipal areas
Total	100.0	44.6	55.4	58.7	31.8	9.6	28.7	71.3
Presently do not smoke/ never smoke	66.5	33.3	93.1	65.4	66.8	72.0	76.2	62.6
Presently do not smoke	15.2	29.9	3.3	14.0	17.0	16.4	13.1	16.0
- Previously, smoked regularly	12.0	23.8	2.5	10.9	13.6	12.7	10.2	12.6
- Previously, smoked seldom	3.2	6.2	0.9	3.1	3.4	3.7	2.9	3.4
Presently smoke	18.3	36.7	3.6	20.6	16.2	11.7	10.7	21.4
- Smoke regularly	16.7	33.7	3.0	18.8	14.9	10.2	9.6	19.6
- Smoke Seldom	1.6	3.0	0.5	1.8	1.4	1.4	1.1	1.8

Sources: The Survey of the Populations' Smoking and Alcohol Drinking 2007, the National Statistical Office.



Table 19 Percentages of older persons both in the group of presently smoke and the group of previously smoked classified by their beginning age of smoking, genders and administration areas, 2007

Their beginning	Total	Genders		Age groups			Administration areas	
		Male	Female	60-69 years	70-79 years	80 years and more	In municipal Areas	Outside municipal areas
Total	100.0	88.6	11.4	60.5	31.5	8.0	20.4	79.6
<11	0.4	100.0	-	76.8	17.8	5.4	20.5	79.5
11-14	10.6	84.8	15.2	56.8	33.7	9.5	15.7	84.3
15-19	48.9	92.1	7.9	61.0	30.5	8.5	20.7	79.3
20-24	25.6	91.5	8.5	59.1	33.6	7.3	21.2	78.8
25-29	7.0	83.9	16.1	63.6	29.4	7.0	23.6	76.4
30-34	3.5	76.3	23.7	60.1	31.1	8.8	20.4	79.6
35-39	1.2	56.5	43.5	60.4	33.0	6.6	21.1	78.9
≥40	2.8	53.5	46.5	68.4	29.2	2.4	16.3	83.7
Average age of beginning their smoking	19	19	23	20	19	19	19	23

Sources: The Survey of the Populations' Smoking and Alcohol Drinking 2007, the National Statistical Office.

Table 20 Percentages of older persons in the group of presently smoke classified by number of cigarettes daily smoked, age groups, genders and administration areas, 2007

Number of cigarettes daily smoked	Total	Genders		Age groups			Administration areas	
		Male	Female	60-69 years	70-79 years	80 years and more	In municipal Areas	Outside municipal areas
Total	100.0	89.2	10.8	65.8	28.1	6.1	16.8	83.2
1-10	74.0	87.3	12.7	64.0	29.6	6.4	16.8	83.2
11-20	24.0	94.7	5.3	69.7	25.2	5.1	16.6	83.4
21-40	1.9	94.7	5.3	82.6	10.7	6.7	20.8	79.2
≥41	0.1	100.0	-	100.0	-	-	13.8	86.2

Sources: The Survey of the Populations' Smoking and Alcohol Drinking 2007, the National Statistical Office.



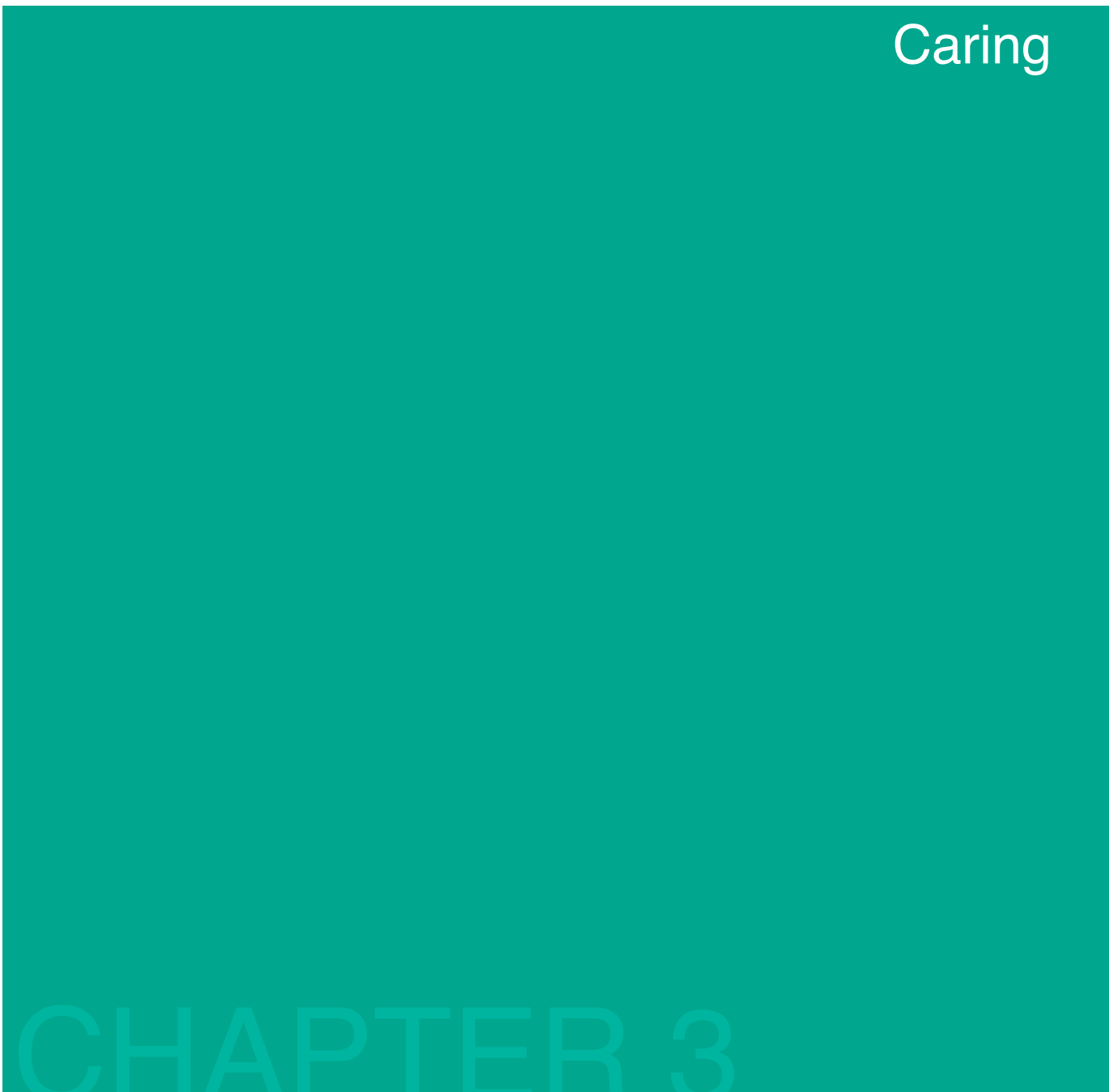
Table 21 Percentages of older persons classified by their behavior of alcohol and other spirits drinking during 12 months prior to the interview, grouped in age groups, genders and administration areas, 2007

Alcohol and other spirits drinking behavior	Total	Genders		Age groups			Administration areas	
		Male	Female	60-69 years	70-79 years	80 years and more	In municipal Areas	Outside municipal areas
Total	100.0	44.6	55.4	58.6	31.8	9.6	28.7	71.3
Not drink	20.8	36.8	63.2	55.7	33.6	10.7	30.3	69.7
Drink	79.2	85.5	14.5	72.6	23.7	3.7	23.0	77.0
Everyday	4.7	82.8	17.2	67.5	27.3	5.2	24.1	75.9
Every two days	19.1	87.8	12.2	73.6	22.2	4.2	20.4	79.6
Every week	26.9	88.0	12.0	75.1	23.4	1.5	21.1	78.9
Every month	42.4	85.9	14.1	76.7	20.1	3.2	24.4	75.6
Seldom	6.9	80.7	19.3	75.6	20.5	3.9	16.9	83.1

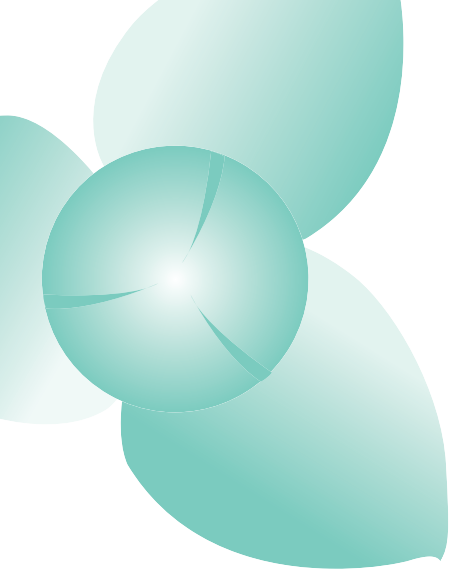
Sources: The Survey of the Populations' Smoking and Alcohol Drinking 2007, the National Statistical Office.



Caring



CHAPTER 3



CHAPTER 3

Caring

3.1 Relations and living condition of older persons in their families

It appears that from the past until now our older persons still live in care of their families and communities; although in the present the Country is in the course of economic and social change under the trend of development, where the growth in the industrial labor and service markets turns rapidly causing labor immigration from rural areas to urban areas. Such phenomenon may impact on elderly members in families, who are necessary to be taken care of especially the oldest old group or the group with chronic diseases. These groups of older persons are inevitably depend on others. Older persons in some areas live with no caregivers to assist in their daily and other activities performing.

From the preceding factors and circumstances, it is very necessary for communities, societies, the public and the private sectors to pay attention and play the role in support and assistance of the family institution to provide care to older persons who need more care and help to prevent from physical, mental and social impacts that may arise subsequently on their family members.

Based on the Survey of the Older Persons in Thailand 2007 by the National Statistical Office concerning the relations and status of older persons in their families, it shows that most of older persons (60%) who live in their families have the status of the family head. Such proportions of older persons who serve as family heads are found similar between older persons in municipal areas and outside municipal areas and found similar among older persons in various regions of the Country (Table 22 and Table 23).



Table 22 Percentages of older persons classified by their family status and administration areas

Family Status	Total	In Municipalities	Outside Municipality
Total	100.0	100.0	100.0
Family head	59.8	57.7	60.6
Husband/wife of family head	23.4	20.2	24.8
Father/mother of family head	12.3	16.2	10.7
Relative	2.6	3.6	2.2
Dweller	1.9	2.3	1.7

Sources: The Survey of the Older Persons in Thailand 2007, the National Statistical Office.

Table 23 Percentages of older persons classified by their family status and regions of the Country

Family Status	Bangkok	Central Region (excluding Bangkok)	Northern Region	North-eastern Region	Southern Region
Total	100.0	100.0	100.0	100.0	100.0
Family head	56.4	57.5	60.5	60.9	62.6
Husband/wife of family head	19.5	20.7	25.0	25.0	24.8
Father/mother of family head	16.1	16.1	10.5	10.6	9.8
Relative	5.1	3.1	2.7	2.0	1.5
Dweller	2.8	2.6	1.4	1.6	1.3

Sources: The Survey of the Older Persons in Thailand 2007, the National Statistical Office.

With respect to the number of family members who live with older persons, it is found that most of older persons (92.3%) live with many family members in their home and 7.7% of older persons live alone. Proportions of older persons who live alone are found nearly doubly increasing from 3.7% in the previous 10 years. Regarding the group of living alone, older men are in smaller number than older women (6.1% and 8.9%) (Table 24). Percentages of living-alone older persons will increase with age especially in older women.

**Table 24** Percentages of living-alone older persons classified by age groups and genders

Age Groups	Percentages of living-alone older persons		
	Total	Male	Female
Total	7.7	6.1	8.9
60-64 years	6.0	4.6	7.3
65-69 years	6.4	4.6	8.0
70-74 years	9.0	7.3	10.3
75-79 years	10.6	10.4	10.7
80 years and more	10.1	8.1	11.4

Sources: The Survey of the Older Persons in Thailand 2007, the National Statistical Office.

In consideration of their living aspects in families classified according to regions of the Country (Bangkok is hereby mentioned separately), it is found that living-alone older persons in the northern region are found in biggest number of all regions, i.e. at 9.6%, next is in the central region (excluding Bangkok) (Table 25).

Table 25 Percentages of older persons classified by their living aspects in families and grouped according to regions

Regions	Percentages		
	Total	Living Alone	Living with Many Family Members
Whole country	100.0	7.7	92.3
Bangkok	100.0	6.2	93.8
Central region (excluding Bangkok)	100.0	7.6	92.4
Northern region	100.0	9.6	90.4
North-eastern region	100.0	7.1	92.9
Southern region	100.0	7.3	92.7

Sources: The Survey of the Older Persons in Thailand 2007, the National Statistical Office.



Table 26 shows the information on whom older persons live with in their home, where most of older persons live with their children (either their single or married children including their sons or daughters-in-law). However, in comparison among those data as of 1994, 2002 and 2007, the trend of older persons living with their children seems gradually decrease from 73.6% to 65.7% and 60.2% respectively, while the number of older persons who live only with their spouse turns to consecutively increase from 11.6% to 14.0% and to 16.3% in 1994, 2002 and 2007 (Table 26).

Table 26 Percentages of older persons classified by their living 1994, 2002 and 2007

Their living (with whom)	1994 ¹	2002 ¹	2007 ²
Live alone	3.6	6.5	7.6
With only their spouse	11.6	14.0	16.3
With their married children/children-in-law (maybe with or without their spouse, their single children or other family members)	50.2	44.6	41.6
With their single children (maybe with or without their spouse or other family members, but without their married children/children-in-law)	23.4	21.0	18.6
Other living styles	11.2	13.8	15.9
Total percentages	100	100	100
Total percentages of those who live with children (including children-in-law)	73.6	65.7	60.2

Sources:

1. Knodel, John and colleagues (2005) Thai Older Persons: The Economic and Social Support subject to the Survey in 2002 by the National Statistical Office, the Ministry of Information and Communication Technology and the College of Population Studies, Chulalongkorn University.
2. Knodel, John and Napaporn Chayovan (2008) Population Ageing and Well-Being of Older Persons in Thailand, UNFPA, Bangkok, Thailand.

3.2 Caregivers of older persons' daily activities performing

Information in Table 27 shows that most of older persons (88%) need no caregivers to take care about their performing of daily activities, 10.9% of older persons have caregivers and 1.1% are in need of caregivers but without caregivers. The numbers of both the group with caregivers and the group in need of caregivers but without caregivers turn to increase with age. In these two groups older women are in bigger number than older men. Older persons with caregivers in Bangkok are found in the biggest number (12.3%) and this group (with caregivers) is found in the smallest number in the northern region (6.5%), while the group in need of caregivers but without caregivers is found in the biggest number in the north-eastern region (1.7%) and in the smallest number in Bangkok (0.3%).

Regarding the group with caregivers, their children and spouses are found to act as their caregivers in the bigger proportions than any other persons. 59.4% of this group have children (including children-in-law) to take care of their daily activities performing, next is their spouse (28%). Proportions of older persons who have their spouses as caregivers seem to decrease while proportions of those who have their children as



caregivers turn to increase because after their spouses died, children will substitute. Nearly one half of the older men with caregivers, wives are found to act as caregivers, while most of older women have children to act as caregivers because older men are likely to have spouses living together more than older women. The proportions of persons who act as caregivers are different among various regions, where the spouses as caregivers in Bangkok and the central region are found in the smaller number than in the other 3 regions. Children as caregivers in Bangkok are in the smallest number (48.6%), next is in northern region (56.3%). In northern region, other family members as caregivers are found in the biggest number (12.1%), while in Bangkok, friends/nurses/employees as caregivers are found in the biggest number (18.7%) (Table 27).

Table 27 Percentages of older persons with caregivers to take care of their daily activities performing; older persons in need of caregivers but without caregivers; and percentages of older persons with caregivers classified by persons who mostly act as their caregivers, age groups, genders and regions 2007

Age Groups, Genders and Regions	Total Older Persons		In the group with caregivers, the persons who mostly act as caregivers to take care of their daily activities performing				
	Percentages of the group with caregivers	Percentages of the group in need of caregivers but without caregivers	Spouse	Children (including children-in-law)	Other family members	Friends/nurses/employees	Total
Total	10.9	1.1	28.0	59.4	8.6	4.0	100.0
Age							
60-69	5.6	0.9	48.4	43.1	7.0	1.4	100.0
70-79	13.8	1.4	27.4	60.9	8.2	3.5	100.0
80 and more	33.8	1.1	8.0	73.9	10.9	7.3	100.0
Genders							
Male	9.7	0.9	53.2	39.4	5.8	1.6	100.0
Female	11.9	1.2	11.5	72.5	10.5	5.6	100.0
Regions							
Bangkok	12.3	0.3	23.9	48.6	8.8	18.7	100.0
Central (excluding Bangkok)	11.4	1.0	22.3	63.1	9.3	5.4	100.0
Northern	6.5	0.7	27.7	56.3	12.1	4.0	100.0
North-eastern	13.0	1.7	32.3	59.5	7.8	0.3	100.0
Southern	10.7	0.7	29.1	63.7	6.3	0.9	100.0

Sources: The Survey of the Older Persons in Thailand 2007, the National Statistical Office.



3.3 Models of the Elderly Care

The government agencies still serve as the main mechanism in initiating and arranging models of services or activities on the elderly care especially the family and community-based care including the consecutive home care (Siriphan Sasat, 2006). In addition, there is another model of care, namely residential care for those older persons without caregivers but in need of consecutive assistance and care.

Currently, there are many forms/models of elderly care as follows:

3.3.1 Home-based and Community-based Care for the Elderly: Presently this model of care can be classified into:-

(1) Home Care for the Elderly (HC)

This program/project has been initiated and carried out by the Ministry of Social Development and Human Security since 2002 up to present with the objectives to build the care system and to protect the right of older persons in communities. The HC project is undertaken through interaction between the public and the community members, so that these sectors can take part in elderly care in their own communities. The HC project has objectives to enable older persons especially the group without caregivers but encountering social problems to access home care provided by volunteers/field workers and access the public services with full coverage and still able to live with their families and their communities with good life quality.

The HC project has consecutively been extended into additional areas in each year. In 2007 the Cabinet adopts its resolution on April 10, 2007 resolving extension of the HC project to cover all areas around the Country.

Presently the HC project of the Ministry of Social Development and Human Security has 2 agencies to jointly carry out the tasks, i.e. the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups and the Department of Social Development and Welfare (the Department of Social Development and Welfare commenced the HC project in 2006.)

In 2007 there are 4,577 community-based home care volunteers performing their duties in taking care of 37,495 older persons throughout the Country (The Bureau of Empowerment for Older Persons: 2007, the Department of Social Development and Welfare: 2007) (Table 28).

Table 28 Number of HC volunteers and older persons in their care

Years	Project Provinces	Number of HC volunteers	Number of older persons in their care
2004	8 provinces	528	3,134
2005	12 provinces	848	7,336
2006	15 provinces	2,383	20,122
2007	75 provinces	4,577	37,495

Sources: The Bureau of Empowerment for Older Persons, the Office of Social Service: 2007.



In addition, there is the HC project in the form of a peer group (PGHC) carried out by the Senior Citizen Council of Thailand under the Royal Patronage of Her Royal Highness the Princess Mother which has provincial branches all over the Country in collaboration with provincial offices of public health. It is carried out by a means of selecting elderly clubs in remote villages to participate in the (PGHC) program, and then selecting community hospitals or primary care centers to act as trainer through their officers and staff acting lecturers in training home care volunteers (HCV). The PGHC program has the following conditions: Those who participate in the program shall consist of at least 22 older persons and 8 persons of other age groups (each program shall have total 30 participants). When having passed the training, the home care volunteers (HCV) will take care of those older persons who have no caregivers or live alone or those in need of care. In this connection, either older persons who live in such communities or in the neighboring communities shall be included, where at least 20 older persons per sub-district shall be given care for 2 years and 1 HCV shall take care of 5 older persons. In each week, HCVs shall pay visits to older persons not less than 2 times. In 2007 the Senior Citizen Council of Thailand supports 369 elderly clubs that participate in the PGHC program and can give care of not less than 7,500 older persons (The Senior Citizen Council of Thailand: 2007).

(2) Home Health Care (HHC)

The Department of Health, the Ministry of Public Health launches a pilot project to develop home health care as integrated health-care at home for older persons in collaboration with central hospitals, general hospitals and community hospitals. The HHC project has objectives to encourage development of home health care (HHC) for older persons in order to provide convenience to the group with health problems or chronic diseases that needs consecutive health care. In addition, the HHC simultaneously serves as activities to strengthen the family and the community institutions for the elderly care-giving as well as to strengthen health and prevent the old-age group from diseases which will reduce expenditure burdens of hospitals.

In 2005 the HHC project is launched in 26 pilot areas and in 2006-2007 it is extended to all hospitals under the charge of the Ministry of Public Health either central hospitals or general hospitals, including 498 community hospitals or equivalent to 69.2% of total community hospitals throughout the Country.

(3) Health Promoting Temples

It may be said that temples serve as important "social capital/asset" to communities, with their significant role as the Thai cultural center from previously until presently. Temples simultaneously serve as core of spirituality and faith of people, that can connect different unique beliefs, traditions, practices of various communities together. In addition, temples and older persons seem to have deeply close relation because older persons are the group that mostly goes to the temple to do charitable activities such as to make a food offering to monks, listen to sermons, practice dharma/virtue, practice concentration. Consequently, to develop external and internal physical environments of temples to be hygienic, clean and pleasant to suit health promoting activities for people and older persons is the concept for Health Promoting Temples by the Department of Health, the Ministry of Public Health. It is aimed to make temples as places for promoting people's well-being along with integrating good health and good environment into the culture of Temple under the following 3 temple development strategies (the Department of Health: 2007):-

- Induction
- Strengthening knowledge, capacity, and skills
- Reaching understanding for mutual interests and benefits

The Department of Health has launched the Health Promoting Temples since 2003 under the following appraisal criteria on health promoting temples:

1. Pleasantness: Clean buildings, grounds and environments.
2. Happiness: In virtuous and charitable acts, there are activities that disseminate health knowledge.
3. Interaction: Staff of temples perform activities that encourage health promotion.



4. Unity: To conserve arts, culture, tradition, intellect, including activities that encourage conservation of natural resources and environment.
5. Development Participation: To participate in development and administration of health promotion process.

In this connection, sub-indicators are prescribed for each appraisal criterion. Since the commencement of this Project until 2007, there are 299 temples throughout the Country being awarded the good health promotion temples and 825 temples passing such basic appraisal criteria. In each year, the Department of Health awards trophies to the good health promotion temples. Through the monitoring by the Department of Health, the implementation of the Health Promotion Temples obtains good cooperation from the priest leaders, the temple executive committees, older persons and the public, public health agencies and local administration organizations. In 2008, it is aimed to have 1 health promotion temple per 1 district.

(4) The Elderly Clubs

The establishment of elderly clubs has the significant objectives to make older persons to access places to meet with one another in order to do activities together, such as activities that enhance health knowledge, knowledge and experience exchange. At the initiation, the Department of Health, the Ministry of Public Health acted as main agency that played the important role in promotion of relevant knowledge and encouragement of the concept on establishing elderly clubs; where most elderly clubs were established in primary care centers, community hospitals or general hospitals. Between 2005 and 2006 “Healthy Thailand” is mainstreamed as national issue by the Ministry of Public Health taking significant steps to pool interactions from all parts and sectors of the society to campaign to promote people of all age groups to pay attention to taking care and strengthening their health. Regarding the old-age group, it is promoted to establish elderly clubs in all sub-districts including promoted to arrange exercise activities in variety forms. For these reasons, elderly clubs are continually extended to be established in various communities through the collaboration and support of the Ministry of Interior (provincial administration organizations, municipalities, sub-district administration organizations), Bangkok Metropolitan Administration (the Union of Elderly Clubs, Bangkok) and the Senior Citizen Council of Thailand. In 2007 there are 13,652 elderly clubs established throughout the Country (Table 29). Based on the monitoring of the operation of elderly clubs by the Department of Health, in 2007 there are not less than 936,050 older persons being members of elderly clubs.

In 2007 the Ministry of Public Health monitors the operation of elderly clubs and finds that 67.41% of elderly clubs continually arrange health promotion activities either exercise or providing knowledge on health and nutrition, etc.

Table 29 Number of elderly clubs classified according to regions

Regions	Number of elderly clubs
Bangkok	305
Central Region	1,595
North-eastern Region	4,293
Northern Region	6,321

Sources: The Senior Citizen Council of Thailand: Annual Report 2007.



(5) Multi-purpose Senior Citizen Centers (MSC)

The Ministry of Social Development and Human Security by the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups recognizes importance of community-based health promotion for older persons through the encouragement of providing places in communities for their meeting and joining activities together among all age groups in communities under the administration of community members. It is to provide chance to older persons to develop their knowledge and skills in taking part in promoting their physical, mental, emotional, social and intellectual development pursuant to the Research carried out in 2007 by Associate Professor Sasiphat Yodphetch on the Multi-purpose Senior Citizen Center (MSC). The Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups by the Bureau of Empowerment for Older Persons, consequently, initiates implementation of the multi-purpose senior citizen center as pilot project in 7 provinces selected from all regions, namely Chiangmai, Phitsanulok, Khonkaen, Skolnakhon, Phthalung, Cholburi and Phetchaburi. Its objectives are to make MSCs as places or centers to organize varieties of activities for older persons and all age groups in communities. It is undertaken under the process of providing knowledge and understanding of MSC to community members including older persons. MSCs are managed and administered by community members. The activities arranged in MSCs are focused on enhancement and extension of chance to older persons to develop their knowledge and skills in participating in community activities, where such activities serve as instrument to enable them access their physical, mental, emotional, social and intellectual development.

In 2007 there are 3 MSCs established, i.e. the Multi-purpose Senior Citizen Center of Khao Suan Kwang District, Khonkaen Province; the Multi-purpose Senior Citizen Center of Khao Chaison District, Phthalung Province; the Multi-purpose Senior Citizen Center of Muang District, Sakolnakhon Province.

Activities arranged in MSCs consist of knowledge providing on health-care, exercise and nutrition; occupational skills promotion activities; transmission of elderly knowledge and intellect; entertainment and recreational activities for all ages; religious, cultural and traditional activities, as well as elderly activities that are useful for the public; etc.

3.3.2 Residential Care for the Elderly

Residential homes for the elderly will be the last living place for older persons if there is no any other assistance can be provided to help them to live together with their families and communities. The Department of Social Development and Welfare, the Ministry of Social Development and Human Security, directly takes charge of residential homes for the elderly, thereby this Department has developed forms of services and activities, including extended the roles of residential homes for the elderly to proactively interact with external communities, and changed the name from “residential home” to “social welfare development center for the elderly”. Presently all over the Country there are 12 welfare development centers for the elderly, i.e.

1. The Social Welfare Development Center for the Elderly Bangkhae, Bangkok, with the capacity to admit 250 older persons;
2. The Social Welfare Development Center for the Elderly Banglamung, Cholburi Province, with the capacity to admit 300 older persons;
3. The Social Welfare Development Center for the Elderly Tharmpakorn, Chiangmai Province, with the capacity to admit 150 older persons;
4. The Social Welfare Development Center for the Elderly Thaksin, Yala Province, with the capacity to admit 250 older persons;
5. The Social Welfare Development Center for the Elderly Vasanaves, Ayudhya Province, with the capacity to admit 220 older persons;
6. The Social Welfare Development Center for the Elderly Phuket, Phuket Province, with the capacity to admit 80 older persons;



7. The Social Welfare Development Center for the Elderly Ban Buriram, Buriram Province, with the capacity to admit 80 older persons;
8. The Social Welfare Development Center for the Elderly Pathumthani, Pathumthani Province, with the capacity to admit 250 older persons;
9. The Social Welfare Development Center for the Elderly Lampang, Lampang Province, with the capacity to admit 50 older persons;
10. The Social Welfare Development Center for the Elderly Nakhonphanom, Nakhonphanom Province, with the capacity to admit 50 older persons;
11. the Social Welfare Development Center for the Elderly Songkhla, Songkhla Province, with the capacity to admit 50 older persons;
12. The Social Welfare Development Center for the Elderly Khonkaen, Khonkaen Province, with the capacity to admit 50 older persons.

In 2007, all the said 12 social welfare development centers for the elderly have admitted 1,403 older persons to living in.

Regarding the 13 residential homes for the elderly that have been transferred to be under the charge of local administration organizations since 2003, namely the (Residential) Home for the Elderly Ban Bangkhae 2, Bangkok; the (Residential) Home for the Elderly Chaloem Rajakumari (Patriarch Lamyai), Kanchanaburi Province; the (Residential) Home for the Elderly Chaloem Rajakumari (under the Patronage of Patriarch Poen), Nakhonpathom Province; the (Residential) Home for the Elderly Ban Nakhonpathom, Nakhonpathom Province; the (Residential) Home for the Elderly Ban Lopburi, Lopburi Province; the (Residential) Home for the Elderly Ban Khao Bo Kaew, Nakhonsawan Province; the (Residential) Home for the Elderly Ban Chanthaburi, Chanthaburi Province; the (Residential) Home for the Elderly Wai Thong Ni-ves, Chiangmai Province; the (Residential) Home for the Elderly Ban Tharnpakorn (Muang Temple), Nakhonratchasima Province; the (Residential) Home for the Elderly Ban Tharnpakorn (Pho Klang), Nakhonratchasima Province; the (Residential) Home for the Elderly Ban Mahasarakham, Mahasarakham Province; the (Residential) Home for the Elderly Ban Sri Trang, Trang Province; and the (Residential) Home for the Elderly Ban Uthong, Phanangtak, Chumphon Province. In 2007, these 13 residential homes have admitted 1,092 older persons (Table 30).

Table 30 Number of older persons in the care of social welfare development centers

Operational Result	2005 (persons)	2006 (persons)	2007 (persons)
12 Social Welfare Development Centers	1,454	1,390	1,403
13 (Residential) Homes for the Elderly (transferred to be under the charge of local administration organizations)	1,100	1,087	1,092

Sources: Annual Report 2007, the Department of Social Development and Welfare, Bangkok Metropolitan Administration



3.3.3 Care & Assistance for the Vulnerable Elderly

The Ministry of Social Development and Human Security, by the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups (OPP) performs its missions in providing care and assistance to the vulnerable older persons and those who encounter difficulties in various communities throughout the Country pursuant to the following 3 Ministerial Rules of the Ministry of Social Development and Human Security:

1. The Ministerial Rules on Set-up of Criteria, Methodologies and Conditions of Protection, Promotion and Support of the tortured elderly, the illegally abused and exploited elderly, the abandoned elderly and Counseling on Solutions to Family Problems

In 2007 the OPP provides counseling and pecuniary assistance to the tortured elderly, the illegally abused and exploited elderly and the abandoned elderly in the amount of 500 Baht per person, totaling 1,102 persons in the total amount of 551,000 Baht (Table 31).

Table 31 Number of older persons rescued from dangers, torture, illegal exploitation

Years	Number of rescued and assisted older persons	Budgets (Baht)
2005	1,039	519,500
2006	1,138	569,000
2007	1,102	551,000

Sources: The Annual Report 2007, the Bureau of Empowerment for Older Persons.

2. The Ministerial Rules on Set-up of Criteria, Methodologies and Conditions of Protection, Promotion and Support of Housing, Foods and Clothing to the Elderly in Compliance with Their Necessity with Full Coverage

It is to provide assistance to older persons who encounter lodging problems to enable them to access the elderly service centers or live in residential homes for the elderly or any other places that are appropriate and safe or to provide pecuniary assistance for foods and clothing in the amount of not exceeding 2,000 Baht; provided each of these older persons shall apply for such assistance of not exceeding 3 times per annum.

In 2007 the OPP provides such assistance to 5,591 trouble older persons with the budgets of 11,182,000 Baht (Table 32).



Table 32 Number of older persons who access assistance of housing, foods, clothing

Years	Number of assisted older persons	Budgets (Baht)
2005	7,633	15,266,000
2006	6,000	12,000,000
2007	5,591	11,182,000

Sources: The Annual Report 2007, the Bureau of Empowerment for Older Persons.

3. The Ministerial Rules on Set-up of Criteria, Methodologies and Conditions of Protection, Promotion and Support to the Elderly for Arranging Their Traditional Funerals

It is to provide pecuniary assistance to poor older persons who died and without relatives or if with relatives but the relatives unable to arrange their funeral. The assistance is permissible in the amount of 2,000 Baht per case.

In 2007 the OPP provide pecuniary assistance for arranging funerals of 17,962 poor older persons with the budgets of 39,628,000 Baht (Table 33).

Table 33 Number of older persons who were permitted pecuniary assistance for their funerals

Years	Number of older persons who received assistance for funerals	Budgets (Baht)
2005	13,629	27,258,000
2006	17,962	35,924,000
2007	19,814	39,628,000

Sources: The Annual Report 2007, the Bureau of Empowerment for Older Persons.

In addition, the Ministry of Social Development and Human Security by the Department of Social Development and Welfare also launches the program to promote the elderly well-being together with the elderly community-based care, by means of various community activities which comprise:-

1) Repair of houses of older persons in communities

The activities of repairing houses of older persons in communities have objectives to pool interactions among community members in providing lodging welfare to older persons focusing on safety and suitability to the physical condition of older persons, as well as to provide facilities in public places that are accessible and usable to older persons for their joining in the community activities. It is carried out by supporting the budgets for construction materials in repairing their houses of not exceeding 10,000 Baht per house and simultaneously supporting the budgets for repairing the public facilities in communities or places where to arrange activities for older persons, such as a village center, multi-purpose pavilion, elderly club, activity place in a temple,



sub-district administration organization, school and primary care center, etc., each place in the amount of not exceeding 15,000 Baht. It is undertaken in collaboration with local administration organizations, community organizations and the public; where all these parts and sectors will pool their mental and physical assistance in repairing houses for older persons. In 2007, there are 2,450 houses of older persons throughout the Country as well as several public facilities being repaired for providing convenience to 16,010 older persons in participation in community activities with the budgets of 44,615,000 Baht.

2) Activities to promote savings as welfare for older persons in communities

These activities are to promote older persons in communities to gather in groups in order to create their saving disciplines as welfare for themselves and their families on the basic concept of self-dependency and community-based welfare. It is carried out by promoting their joining in groups with saving intention. This creates the elderly recognition of significance and uses of a saving group because savings can serve as their welfare. It is simultaneously to promote the values of mutual assistance and mutual devotion among members in the group, that will bring pride and dignity to older persons. In addition, it is to make their family members to learn and realize uses of saving led by older persons. This will finally lead to autonomy and stability of their communities. In 2007 there are 11 saving groups with 3,120 members and savings of 481,689 Baht.

3) Activities to promote family relationships

It is to arrange community activities to encourage either older persons, their family members of all ages or community members to perform activities together to strengthen love and understanding so as to achieve good relationships between older persons and their family members and reduce problems and generation gaps making them understand well differentiation among various ages. In 2007 there are many family relationship promotion activities held, where 10,500 older persons and their family members have attended.

In addition, the Office of Women's Affairs and Family Development, the Ministry of Social Development and Human Security publicizes via medias to campaign for family members' spending their time together. For such purpose, those activities that enhance their spending time together are promoted to be held both in the Capital and provinces; campaign is launched for Sundays as the Family Day in order to promote and support family members of all ages to spend their time together aiming to strengthen good relationships within families.

3.3.4 Promotion of life quality and mental health of elderly prisoners

The Department of Corrections, the Ministry of Justice launches the program to promote life quality and mental health of elderly prisoners as a charitable activity to exalt reputations of His Majesty the King on the occasion of His Majesty's 80th Birthday on December 5, 2007, by means of assisting and supporting them the foods, things and necessary facilities to inspire them to return to good people after their imprisonment ended and to serve as gratitude to HM the King who has kindly performed many tasks useful to Thailand and Thai people for a long time.

In 2007 the Department of Corrections supports budgets of 600,000 Baht to 81 jails and prisons throughout the Country where there are 10 and more elderly prisoners each, so that they will carry out programs or activities to promote life quality and mental health of elderly prisoners, which consist of health, optical and oral hygiene examinations; providing knowledge of health care, supplementary nutrition and exercise; providing physical therapies; supporting personal clothing, glasses, dentures, walking sticks for convenience to their daily life; organizing recreational and religious activities, family relationship promotion activities; as well as supporting and assisting their family members, etc.



Presently, there are 3,055 elderly prisoners (aged 60 years and more) throughout the Country in care of the Department of Corrections, being male 2,345 persons and female 710 persons (the Department of Corrections: 2007).

3.3.5 The Elderly Fund

The Elderly Fund is established under the Act on Older Persons: 2003 with the objectives to serve as expenditure fund on protection, promotion and support of older persons. The Elderly Fund was provided budgets for its first year operation in 2005 in the amount of 30 million Baht and subsequently in 2006 and 2007 with the additional budgets of 30 million and 60 million Baht respectively, making its total budgets of 120 million Baht.

Types of activities and amounts which shall be supported by the Elderly Fund are as follows:

1. Subsidize any project that promotes activities of older persons in forms of community elderly groups/clubs/service centers/multi-purpose senior citizen centers, and subsidize any project of elderly organizations/organizations involved in tasks on the elderly. In this connection, the amounts permitted in such projects are fixed in the following 3 ways: a small project or a project that applies for subsidy of not exceeding 50,000 Baht; a medium project or a project that applies for subsidy of 50,000 - 300,000 Baht; and a large project or a project that applies for subsidy of 300,000 Baht and more.
2. Provide pecuniary assistance to trouble older persons such as those who are tortured, illegally abused or exploited, abandoned, encounter housing problems; where the assistance of foods or clothing shall be in the amount of not exceeding 2,000 Baht per person and each person shall be assisted for not exceeding 3 times per each fiscal year, while the assistance in housing repair shall be in the amount of not exceeding 10,000 Baht per person.
3. Provide loans for occupational purposes to individuals or groups without interest. For an individual the loan is permissible of not exceeding 15,000 Baht, while for a group with not less than 5 persons, the loan is permissible of not exceeding 100,000 Baht.
4. Subsidize any organization that provides counseling services or assistance in legal proceedings to older persons by means of assisting or supporting the court fees and any other necessary expenses incurred in such legal proceedings; provided it shall be applied for approval from the National Commission on the Elderly on a case-by-case basis.
5. Other projects that the National Commission on the Elderly or the Executive Committee of the Elderly Fund may deem fit to provide support.
6. Serve as expenditure of operation of the Elderly Fund such as administration, fruitfulness bringing and monitoring expenses of the Fund, etc.

The agency in charge that serves as the Office and the Secretary of the Executive Committee of the Elderly Fund is the Bureau of Empowerment for Older Persons, by the Provincial Offices of Social Development and Human Security serving as the provincial offices, with the duties to accept applications and inspect and analyze feasibility of the projects applied for support and then provide recommendations and propose to the Executive Committee of the Elderly Fund for approval.

2006 is the year when it is determined the rules on administration of the Elderly Fund, its administration structure, budgets and personnel and 2007 is the first year when funds are supported in a form of personal loans to individual older persons for occupational purposes and supported to the projects that promote activities of older persons including supported in a form of subsidies to networks on elderly tasks; where there are 717 older persons and 40 projects are supported by the Elderly Fund.



Most of those projects supported are concerning health care, promotion of the operation of elderly clubs, conservation of culture and intellect, knowledge training, and occupational skills promotion for older persons, etc.

With respect to loans for occupational purposes of individual older persons, mostly are for the careers of agriculture and livestock, glossary, restaurant, handicraft, arts and intellect, etc. (Table 34).

Table 34 Number of projects and loans supported by the Elderly Fund

Years	Supported Projects	Loans for Individuals
2007	40	717
Total Amount (Baht)	9,935,415	9,500,000

Sources: The Annual Report 2007, the Bureau of Empowerment for Older Persons.

3.3.6 Subsistence allowance for the elderly

To permit subsistence allowance to older persons is the duty transferred from the Ministry of Social Development and Human Security to the Ministry of Interior in 2002, whereby the Department of Local Administration acts as major agency in charge of applying for budgets to pay to older persons as subsistence allowance in the amount of 500 Baht monthly per person. The older persons who are permissible to subsistence allowance shall be the poor, the abandoned with no caregivers. In this connection, municipalities and sub-district administration organizations serve as local mechanism to pay such allowance to the qualified older persons pursuant to the Ministry of Interior's Rules on Payment of Subsistence Allowance for the Elderly by Local Administration Organizations 2005.

The budgets allocated for subsistence allowance for the elderly have consecutively been increased every year. This is to cover poor older persons who are entitled to such allowance. In 2007 the budgets allocated for subsistence allowance are much increased and able to cover 1,763,178 older persons in 75 provinces, where the total budgets expended are of 10,579,068,000 Baht (Table 35).

Table 35 Number of older persons who receive subsistence allowance and amount of budgets expended

Years	Number of older persons receiving subsistence allowance	Budgets (Baht)
2003	399,362	1,437,700,000
2004	440,000	1,584,000,000
2005	527,083	1,897,500,000
2006	1,073,190	3,863,500,000
2007	1,763,178	10,579,068,000

Sources: The Department of Local Administration: 2007.



3.3.7 The model of community-based care for the elderly: recommendations from the study

Based on the Study of “the Model of Long-term Community-based Health Care for the Elderly by Samrit Srithamrongsawat and colleagues in 2007, it is found that local administration organizations (LAO) are the agencies that have close relationships with people and perform duties involving health care of people in communities, including older persons. Local administration organizations receive budgets both through the support of the central government and through their taxation within their communities, where the income from such tax is likely to increase every year. Consequently, LAOs are the appropriate local agencies to develop their roles to provide health-care services for older persons by seeking for outsource supportive resources.

In the meantime, vision of leaders of LAOs and readiness of basic resources in communities are also significant factors in enhancement of tasks on promotion and development of life quality of older persons.

The Researcher shows that community-based nursing homes already provide services that cover health and social arenas for healthy older persons, but still have limitation for servicing to disabled older persons who cannot perform their daily activities. Therefore, the main role in giving care to the group unable to perform their daily activities still belongs to their family members. Although in some areas there are care-giving volunteers, but those volunteers just give general basic care and with no support from the relevant local agencies. It is, consequently, necessary to develop or provide healthcare service systems for older persons who cannot perform their daily activities.

In the meantime, the Researcher also provide recommendations on long-term community based healthcare services that such services should have full coverage, good quality and be integrated for all age groups of older persons either healthy older persons, older persons with chronic diseases or with disabilities as follows: Regarding health services, it should be provided medical and nursing care at home and community-based physical therapy services. Regarding social services, it should be provided supplementary services to substitute for the care-giving performed by their family members. In this connection, the feasible model may be undertaken by extending or developing the role of primary care centers so as to provide full-sphere services that respond to the need and necessity of community members through interactions among all parts and sectors of communities especially the local administration organizations and the government agencies involved.

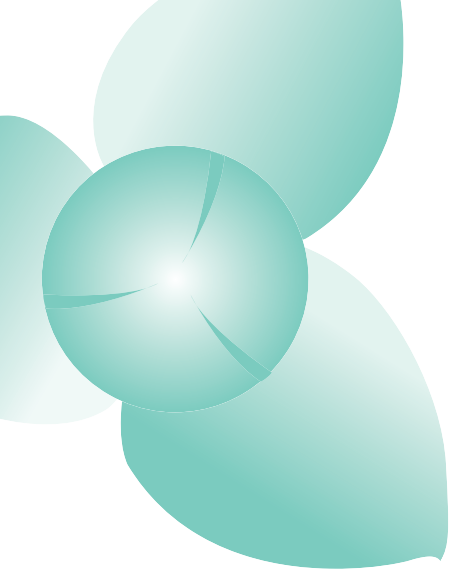
3.4 Roles of the private sector and the organizations with public objectives in the elderly care

The private entities including the organizations with public objectives/interests, the charitable or the religious organizations have played the role of supplementary and supportive entities for institutional care for the elderly or providing accommodations to the elderly. We may see that various private entities such as foundations, associations and private business organizations, i.e. hospitals, real estate business, have developed their operation to provide residential and nursing homes or homes for the elderly by charging service fees. Presently, elderly care services become much more necessary and in need than previously owing to declines in the family capacity in taking care of older persons in the Thai society, which turns to be a significant factor of the necessity to establish varieties of substitute care for the elderly to cover many areas especially the urban areas. It is hereby given some examples of elderly care services presently provided by the private sectors and the organizations with public objectives, i.e. the elderly care of Kluaynamthai 2 Hospital, Bangkok; Savangkhanivas (the Thai Red Cross Society), Samutprakan Province; Ban Betani, Ratchaburi Province; Ban Cameleon, Nakhonpathom Province; etc.



Employment, Income and Saving of Older Persons

CHAPTER 4



CHAPTER 4

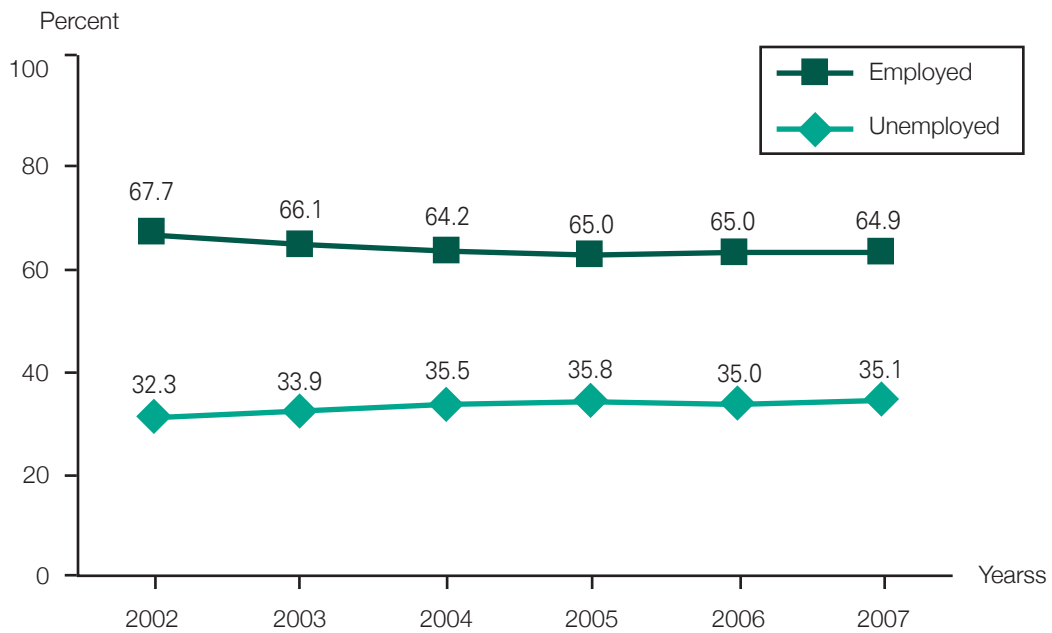
Employment, Income and Saving of Older Persons

4.1 Work Condition

Based on Labor Force Survey in 2002-2007 carried out by the National Statistical Office, it appears that percentages of the working older persons trend to increase from 32.3% in 2002 to 35.1% in 2007. In consideration separately according to genders, administration areas and regions, 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 (48.2% and 26.8% in 2007). The proportions of the working older persons in all regions increase, while the working older persons in Bangkok are in the smallest number in comparison with other regions (20.3% in 2007), and this group of older persons in southern region is in the biggest number (43.6%). The work condition of older persons may reflect in individuals (the older persons themselves) and the whole country, as well (Table 36). With respect to the employment of older persons during 6 years period from 2002, it is likely to increase (Diagram 26).



Diagram 26 Trend of percentages of employment of older persons during 6 years period (2002-2007)



Sources: Labor Force Survey 2002-2007, the National Statistical Office (calculated from the yearly average).



Table 36 Percentages of older persons classified by their work condition 2002-2007
(Emp.=employed, Unemp.=unemployed)

Gender Administration Areas and Regions	Work Condition																	
	2002			2003			2004			2005			2006			2007		
	Total	Emp.	Unemp.	Total	Emp.	Unemp.	Total	Emp.	Unemp.	Total	Emp.	Unemp.	Total	Emp.	Unemp.	Total	Emp.	Unemp.
Total	100.0	32.3	67.7	100.0	33.9	66.1	100.0	35.0	65.0	100.0	35.8	64.2	100.0	35.0	65.0	100.0	35.1	64.9
Male	100.0	43.3	56.7	100.0	44.6	55.4	100.0	46.8	53.2	100.0	47.6	52.4	100.0	46.8	53.2	100.0	48.2	51.8
Female	100.0	23.2	76.8	100.0	24.6	75.4	100.0	25.0	75.0	100.0	26.4	73.6	100.0	25.4	74.6	100.0	26.8	73.2
Local Administration Areas																		
Municipal areas	100.0	26.0	74.0	100.0	26.3	73.7	100.0	27.5	72.5	100.0	26.9	73.1	100.0	26.5	73.5	100.0	27.9	72.1
Non-municipal areas	100.0	35.8	64.2	100.0	37.1	62.9	100.0	38.3	61.7	100.0	39.6	60.4	100.0	38.3	61.7	100.0	39.7	60.3
Regions																		
Bangkok	100.0	18.7	81.3	100.0	20.7	79.3	100.0	20.3	79.7	100.0	17.8	82.2	100.0	18.2	81.8	100.0	20.3	79.7
Central	100.0	30.9	69.1	100.0	32.2	67.8	100.0	32.9	67.1	100.0	33.6	66.4	100.0	32.4	67.6	100.0	33.7	66.3
North	100.0	32.0	68.0	100.0	33.3	66.7	100.0	36.0	64.0	100.0	37.1	62.9	100.0	35.7	64.3	100.0	38.2	61.8
Northeast	100.0	33.9	66.1	100.0	35.2	64.8	100.0	37.7	62.3	100.0	39.5	60.5	100.0	38.1	61.9	100.0	39.1	60.9
South	100.0	43.4	56.6	100.0	44.2	55.8	100.0	43.3	56.7	100.0	42.8	57.2	100.0	41.7	58.3	100.0	43.6	56.4

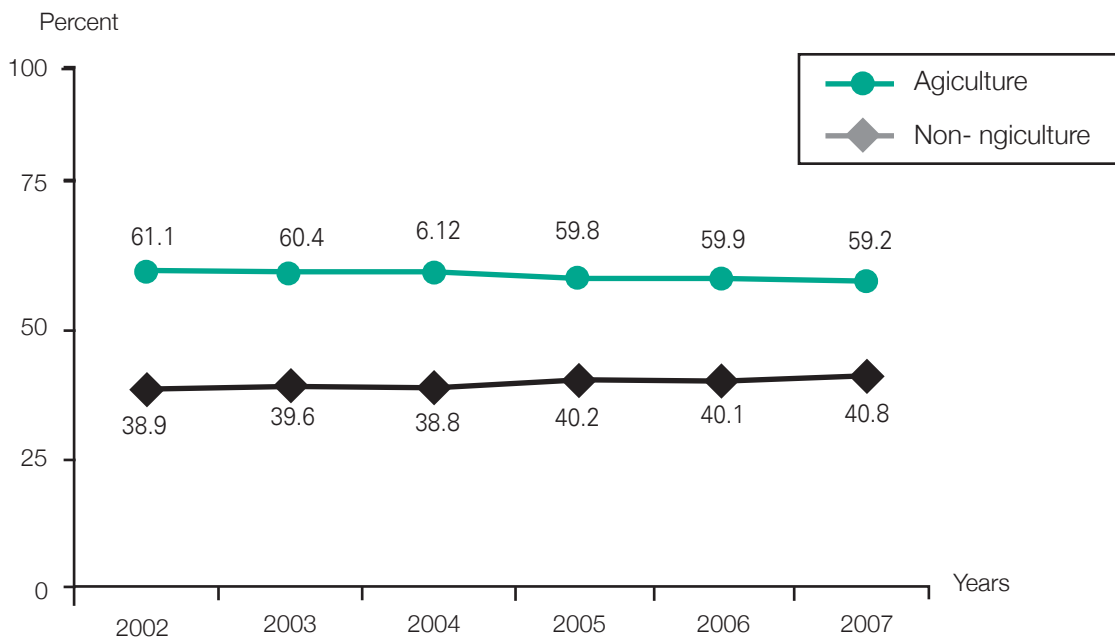
Sources: Labor Force Survey 2002-2007, the National Statistical Office (calculated from the yearly average).



4.2 Economic Activities

Thailand is an agricultural country, although presently the Country has developed its industries more than previously. The jobs of older persons classified by their economic activities are as follows: the jobs in agricultural and non-agricultural sectors. Based on data on percentages of the working older persons classified by their economic activities during 6 years period from 2002-2007, it appears that during those 6 years the percentages of the working older persons in the agricultural sector are higher than those who work in the non-agricultural sector. In the meantime, the trend of employed older persons is likely to increase, where most of them still work in the agricultural sector as stated above because such job has no retirement age. Some older persons who work in the non-agricultural sector at their retirement age, turn to work in the agricultural sector because they can work as long as desire.

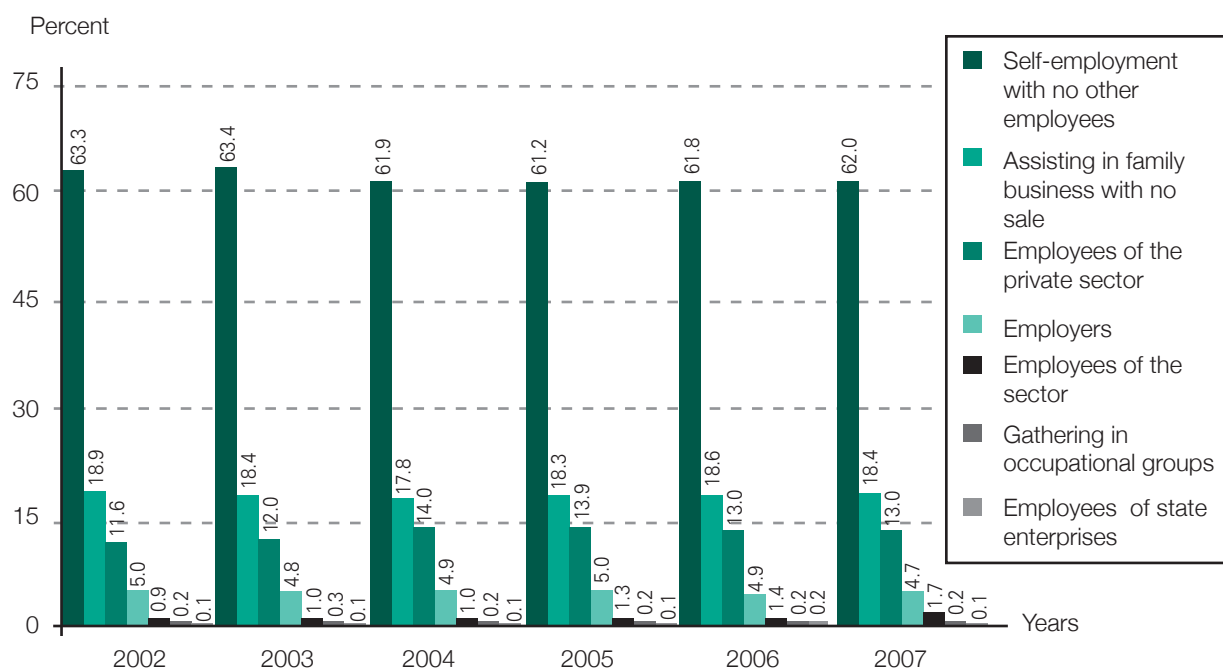
Diagram 27 Trend of percentages of older persons classified by their economic activities during 6 years (2002-2007)



Sources: Labor Force Survey 2002-2007, the National Statistical Office (calculated from the yearly average).

4.3 Work Status

On the whole, most of older persons do their own business/self-employment with no other employees, or assist in their family business without wages/salaries. In 2002 most of them do their own business with no employees, but the proportions of other groups such as the group of elderly employees turn to increase, while the proportions of the group of elderly employers turn to slightly decrease from 5.0% in 2002 to 4.7% in 2007. In consideration of the old-age workforce, it is found that older persons who are employees of the private sector seem to increase from 11.6% in 2002 to 13.0% in 2007.

**Diagram 28** Trend of work status of older persons during 6 years (2002-2007)

Sources: Labor Force Survey 2002-2007, the National Statistical Office (calculated from the yearly average).

4.4 Income and Working Hours

With respect to income and working hours of only the group of elderly employees, i.e. the public, the private and the state enterprises' employees in comparison of data in 2002 with those in 2007, it shows that the average income of this group of older persons has increased whereas their working hours have reduced: Their average monthly income is of 5,292 Baht in 2002 and increases to 6,246 Baht in 2007. In the meantime, their average working hours have reduced from 43.8 hours weekly in 2002 to 41.8 hours weekly in 2007.

In comparison of the income and working hours between older men and older women in 2007, it shows that the average monthly income of older men almost double the income of older women (7,277 Baht and 4,641 Baht) and the average working hours of older men are also higher than older women (42.7 and 40.6 hours weekly).

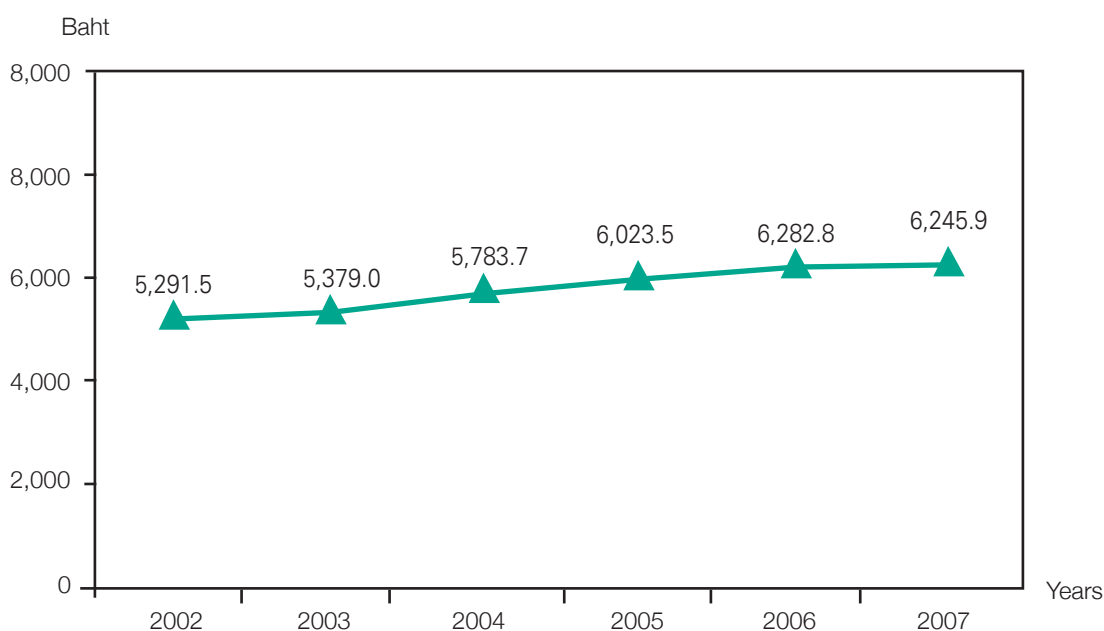
In 2007 older persons in municipalities have average monthly income three times more than those outside municipalities (in municipalities 12,415 Baht monthly and outside municipalities 3,723 Baht monthly). Older persons in municipalities have average weekly working hours more than those outside municipalities (47.3 and 40.3 working hours weekly).

In comparison of older persons among various regions in 2007, it shows that older persons in Bangkok have highest average income and working hours of 20,783 Baht monthly and 52.5 hours weekly, next is in the

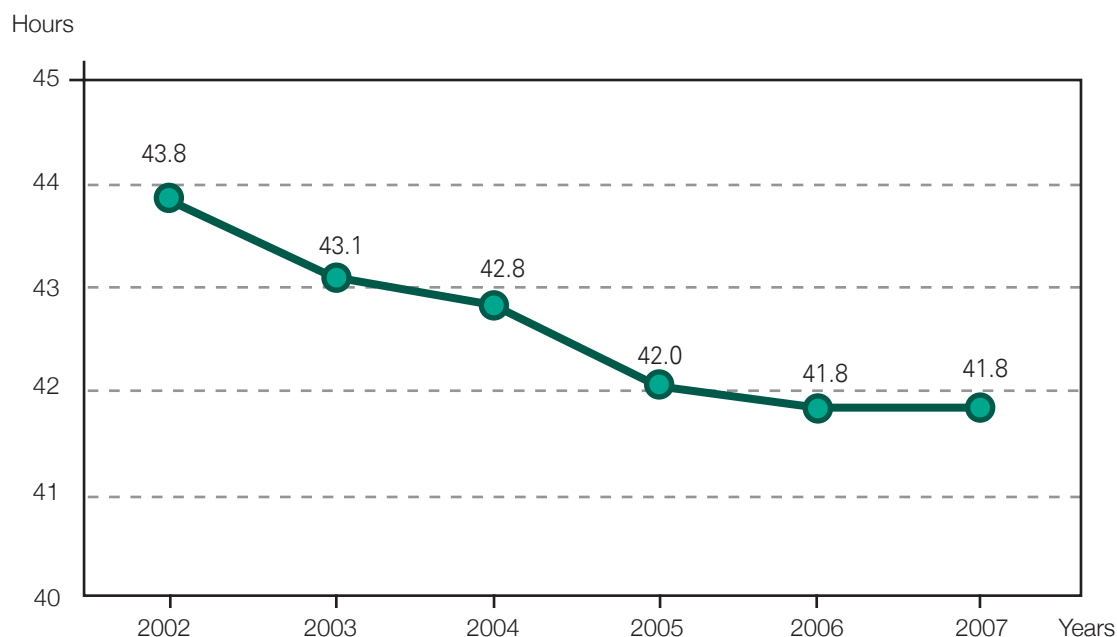
central region 5,667 Baht monthly and 45.1 hours weekly, while older persons in the northern region have lowest average income of 5,667 Baht monthly and older persons in the southern region have lowest working hours of 34.0 hours weekly.

Based on information about average monthly income of older persons during 6 years from 2002-2007, it shows that average monthly income of older persons trends to increase since 2002 onwards, while their weekly working hours seem unchanged, i.e. it trends to a little bit increase and reduce, particulars can be seen in Diagrams 29 and 30 respectively.

Diagram 29 Trend of average monthly income of older persons during 6 years (2002-2007)



Sources: Labor Force Survey 2002-2007, the National Statistical Office (calculated from the yearly average).

**Diagram 30** Trend of average weekly working hours of older persons during 6 years (2002-2007)

Sources: Labor Force Survey 2002-2007, the National Statistical Office (calculated from the yearly average).

4.5 Informal Employment/Self-employment

Thailand shall reconsider and implement the effective social protection and security for its informal workforce to secure their benefits since this workforce significantly impacts on the macro economy of the Country. Pursuant to Informal Labor Survey in 2007 by the National Statistical Office, the workforce aged 15 years and more is about half number of the informal workforce group (61.5%). In consideration of the old-age workforce, it is found that proportions of older women in the informal workforce are higher than older men (91.4% and 90.2%), and older persons outside municipalities are in the informal workforce more than those who live in municipalities (92.7% and 83.6%).

Table 37 Percentages of older persons aged 60 years and more who work in the formal and the informal sectors classified according to genders 2006-2007

Employment	2006			2007		
	Total	Male	Female	Total	Male	Female
Total	100.0	100.0	100.0	100.0	100.0	100.0
Formal employment	10.3	10.8	9.4	9.3	9.8	8.6
Informal employment	89.7	89.2	90.6	90.7	90.2	91.4

Sources: Informal Labor Survey 2006-2007, the National Statistical Office.



4.6 Injuries and Accidents from Work

The old-age workforce is likely to be injured or has accidents from work higher than previously, i.e. to approximately 15.9% in 2007 (from 13.1% in 2006), where older men are injured more than older women (16.9% and 14.5%) and older persons outside municipalities are injured more than those who live in municipalities (17.3% and 10.8%).

In consideration of their injuries, it shows that most of the injured group at 61.8% are injured by a sharp object, next are falling at 24.6%, crashing/hitting by an object either horizontally or vertically at 6.7% and traffic accidents at 1.8%. In comparison of the injuries between older men and older women, it is found that most of them at 60% are injured by a sharp object. Older men are injured in traffic accidents in the number about 5 times more than older women (2.6% and 0.5%), and older women are injured by fire/hot water in the number about 4 times more than older men (2.7% and 0.6%).

Older persons outside municipalities are injured by falling more than those who live in municipalities; while older persons in municipalities are injured by a sharp object, traffic accidents, electricity and crashing/hitting by an object either horizontally or vertically more than those who live outside municipalities.

Table 38 Percentages of the old-age informal workforce aged 60 years and more classified by their injuries or accidents from work, genders and administration areas

Injuries and Types of	2006			2007		
	Total	Male	Female	Total	Male	Female
Total	100.0	100.0	100.0	100.0	100.0	100.0
No	86.9	86.5	87.4	84.1	83.1	85.5
Yes	13.1	13.5	12.6	15.9	16.9	14.5
Types of Injuries	100.0	100.0	100.0	100.0	100.0	100.0
- Fall	22.2	21.5	23.4	24.6	24.1	25.6
- Cut/ Wound	61.4	60.6	62.9	61.8	61.8	61.7
- Burn	3.1	1.8	5.4	1.4	0.6	2.7
- Accidents	4.2	5.6	1.9	1.8	2.6	0.5
- Electric Shortcircuit	0.1	0.1	-	0.2	0.2	0.1
Being hit/Collide by object	6.2	8.2	2.8	6.7	6.4	7.2
- Chemical	0.9	1.1	0.7	1.3	2.1	*
- Others	1.8	1.1	3.0	2.2	2.1	2.2

Sources: Informal Labor Survey 2006-2007, the National Statistical Office.

* = less than 0.05 percent.

4.7 Treatments and Access to Welfare in Case of Injury

Most of older persons injured from work at 62.7% just have mild injury no need to go to receive treatments at the hospital. Consequently, this group of older persons seems to take medicine themselves in higher proportions than previously, while the proportions of those who go to have treatments at the hospital turn to decrease, details as follows: 25.4% taking medicine themselves and only 12.0% having treatments at the hospital where older women have treatments at the hospital more than older men and older persons outside municipalities have treatments at the hospital more than those who live in municipalities.

On a whole, the welfare that most older persons at 63.1% use to receive treatments at the hospital are the national health insurance scheme type, 19.3% pay for the treatments themselves, 6.7% use the civil servants' medical benefit security, 4.2% get indemnities from life insurance companies.

Table 39 Percentages of the old age informal workforce aged 60 years and more classified according to treatments and access to welfare 2006-2007

Treatments & Access	2006			2007		
	Total	Male	Female	Total	Male	Female
Injury	100.0	100.0	100.0	100.0	100.0	100.0
Mild injury, do not go to have treatments at the hospital	62.3	62.0	62.9	62.7	67.3	62.7
Buying medicine to take themselves	23.4	22.5	25.0	25.4	24.8	25.4
Becoming inpatients	14.2	15.4	12.2	12.0	7.9	12.0
Access to Welfare (in case of inpatients)	100.0	100.0	100.0	100.0	100.0	100.0
Pay by themselves	15.1	19.1	6.5	19.3	18.6	21.2
National Health Insurance Scheme	70.5	70.1	71.2	63.1	67.1	53.2
Social Security	1.1	-	3.4	0.9	1.3	0.2
Civil Servants' Medical Benefit Security	3.5	2.0	6.7	6.7	4.7	11.7
Life insurance	3.3	2.9	4.3	4.2	3.4	6.2
Others	6.5	6.0	7.8	5.7	5.0	7.5

Sources: Informal Labor Survey 2006-2007, the National Statistical Office.



4.8 Problems and Environments of the Workplace

Problems and environments of the workplace are always resulted in physical and mental health of workers. Based on Table 40, it shows that the old-age workforce seems to encounter problems of work in higher proportions than before, thereby almost one fifth of them have problems and their problems are mostly wages (54.7%) especially older women having this problem more than older men. 19.8% of them encounter the problem of heavy work and 17.9% encounter the problem of discontinuity of jobs causing their discontinuity of income.

In addition, older persons at 12.7% report to have problems of environment of the workplace especially their pose/manner in working, where almost one half of them encounter this problem (49.0%), next are insufficient lighting (17.7%); dust, smoke, smell (13.3%); and dirty workplace (9.4%).

Table 40 Percentages of the old age informal workforce aged 60 years and more classified according to work problems and genders 2006-2007

Problems in Work	2006			2007		
	Total	Male	Female	Total	Male	Female
Total	100.0	100.0	100.0	100.0	100.0	100.0
Without problems	83.1	82.6	84.0	80.2	80.4	80.2
With problems	16.9	17.6	16.0	19.8	19.6	19.9
Problems in Work	100.0	100.0	100.0	100.0	100.0	100.0
Wages	54.0	50.3	60.4	54.7	53.0	56.9
Heavy work	20.2	20.3	20.2	19.8	20.7	18.6
Working hours different from normal working hours	0.5	0.6	0.4	1.5	1.8	1.2
Discontinuity of jobs	17.5	20.8	11.8	17.9	18.0	17.7
Too many working hours	1.4	1.3	1.6	1.5	1.5	1.5
Without holidays	1.9	1.9	1.8	2.2	2.3	2.0
Problems in Work						
Unable to ask for a leave of absence or vacation	1.0	1.0	0.9	0.3	0.5	0.1
Unstable/with no welfare	3.4	3.8	2.7	2.1	2.2	2.0

Sources: Informal Labor Survey 2006-2007, the National Statistical Office.

**Table 41 Percentages of the old age informal workforce aged 60 years and more classified according to work environment problems and genders 2006-2007**

Problems of Work Environment	2006			2007		
	Total	Male	Female	Total	Male	Female
Total	100.0	100.0	100.0	100.0	100.0	100.0
Without problems	89.3	89.2	89.5	87.3	87.3	87.2
With problems	10.7	10.8	10.5	12.7	12.7	12.8
Problems of Work Environment	100.0	100.0	100.0	100.0	100.0	100.0
Narrow workplace	3.6	3.0	4.6	2.3	2.8	1.6
Dirty workplace	7.1	9.2	3.7	9.4	10.7	7.6
Without good ventilation Their pose/manner	2.1	2.1	2.0	1.2	1.3	1.1
in working	40.5	34.8	49.8	49.0	45.4	4.1
Dust, smoke, smell	20.3	20.6	19.8	13.3	12.1	15.0
Noisiness	1.1	1.1	1.0	0.9	1.4	0.3
Lighting	17.4	19.9	13.3	17.7	20.3	14.0
Others	7.9	9.3	5.7	6.2	6.0	6.3

Sources: Informal Labor Survey 2006-2007, the National Statistical Office.

4.9 Poverty of Older Persons

The Office of the National Economic and Social Development Board has set up the poverty line as instrument to measure the poverty by calculating based on the cost and expenditure of individuals in acquirement of their basic foods and goods and services necessary for living. It is found that the poverty line increases from 1,130 Baht/person/month in 1998 to 1,242 Baht and 1,386 Baht/person/month in 2004 and 2006 respectively.

Subject to the information about number of poor people between 1998 and 2006, poor older persons are likely to decrease: In 1998 there are 1.291 million poor older persons or equal to 19.9% and such number increases to 1.721 million persons or equal to 24.2% in 2000; however, subsequently, the number of poor older persons gradually decrease. Latest in 2006 there are 1.227 million poor older persons, among which the age group of 60-69 years are of 0.59 million persons and the age group of 70 years and more of 0.637 million persons or equal to 14.5% or 20.3% of the total poor people. The age group of 70 years and more are found poor in the smaller number than the age group of 60-69 years.

**Table 42** Number and proportions of poor people classified according to age groups

Age Groups	Years					Total
	Youth	Working Age	Old Age			
	(less than 15 years)	(15-59 years)	(60-69 years)	(70 years and more)	Total	
Number of poor people (1,000 persons)						
1998	3,369.9	5,583.7	786.8	504.2	1,291.0	10,243.5
2000	4,124.0	6,710.6	1,039.4	681.5	1,721.0	12,555.6
2002	2,970.7	4,778.2	787.1	599.3	1,386.5	9,135.4
2004	2,235.2	3,601.2	617.0	564.9	1,181.9	7,018.6
2006	1,902.4	2,927.6	590.1	636.6	1,226.7	6,056.7
Proportions of poor people (percent)						
1998	22.0	15.2	20.4	19.1	19.9	17.5
2000	26.9	18.0	24.4	23.8	24.2	21.0
2002	19.2	12.4	18.7	19.9	19.2	14.9
2004	14.5	9.2	16.3	15.8	14.6	11.2
2006	12.4	7.4	12.8	16.6	14.5	9.6

Sources: Data from the Survey of Family Economic and Social Situation, the National Statistical Office processed by the Office of National Economic Development and Income Distribution, the National Economic and Social Development Board.

Remarks: Number of poor people means number of the populations who incur expenses for their consumption lower than the poverty line. Proportions of poor people are calculated by the number of the populations who incur expenses for their consumption lower than the poverty line divided by the number of total populations and then multiplied by 100.

In consideration of proportions of poor people according to ages of family heads, it shows that old-age family heads are likely to become poor more than youth family heads because older persons have less occupational chance than working age persons. In 2006, proportions of the poor people of families which older persons are their heads are at 29.1%, while the family heads who are of beginning working age (20-29 years) are found to have the least problems as they just have proportions of poor people at 4.7% because this group of families is with less problems but more chances than the group of families with old-age heads. However, in consideration of the whole previous circumstances, it is found that proportions of poor older persons seem to reduce. In 2002 proportions of poor people are at 40.7% and reduce to 29.8% and 29.1% in 2004 and 2006 respectively.

**Table 43** Proportions of poor people classified according to the age of their family heads 2002-2006

Years	Age of Family Heads (percent)						
	<= 19	20-29	30-39	40-49	50-59	60-69	70 years and more
2002	9.5	9.4	14.8	12.8	13.4	18.5	22.2
2004	6.7	5.1	10.9	8.7	11.6	13.4	16.4
2006	7.3	4.7	9.0	7.2	8.2	13.0	16.1

Sources: Data from the Survey of Family Economic and Social Situation, the National Statistical Office processed by the Office of National Economic Development and Income Distribution, the National Economic and Social Development Board.

4.10 Income and Saving Situation of the Country

After the economic recession of the Country in 1997, the economy returns to grow first time in 1999 and subsequently seems to consecutively grow causing the increase in GDP (Gross Domestic Product) from 5,450,643 million Baht in 2002 to 7,830,329 million Baht in 2006 which results in the average disposable personal income that increase to 4,912,543 million Baht in 2006 or increase at 10.0% from 2005.

The saving situation of the Country from previously until presently trends to consecutively increase based on the national net saving in 2002 of 773,458 million Baht and its increase to 1,050,913 and 1,340,831 million Baht in 2005 and 2006 respectively. It is because the saving of the private and the public sectors has much increased arising from the increase in income of the business sector and of the labor wages resulted from such consecutive grow of the macro economy. In the meantime, proportions of the net saving to GDP of the Country trend to become better, i.e. the net saving to GDP in 2002 are equivalent to 14.2% and increase to 17.1% in 2006.

In analyzing of personal saving, it is found to keep on in the same way as the national net saving. In 2002 the disposable personal income is equivalent to 214,526 million Baht and increased to 446,487 million Baht in 2006 or equivalent to average 21.6% per annum, especially in 2006 the disposable personal income increases to 29.6% from 2005. This is also resulted in the increase in proportions of saving to disposable personal income, where in 2006 such proportions increase to 9.1% in comparison with 6.3% in 2002.

However, although the disposable personal income seems to increase consecutively, but in consideration of the proportions of personal saving to disposable personal income and the proportions of personal saving to GDP, it still appears to be of low level as we may see that in 2006 the proportions of personal saving to disposable personal income are equivalent to 9.1% and the proportions of personal saving to GDP are equivalent to only 5.7%. This shows that Thai people still do not pay much attention to saving. The saving at low level will impact on life security of Thai people and the national economic stability. Therefore, in the future it shall be campaigned for people's reduction of their consumption expenditure and campaigned for their more saving.

**Table 44** Personal income and savings

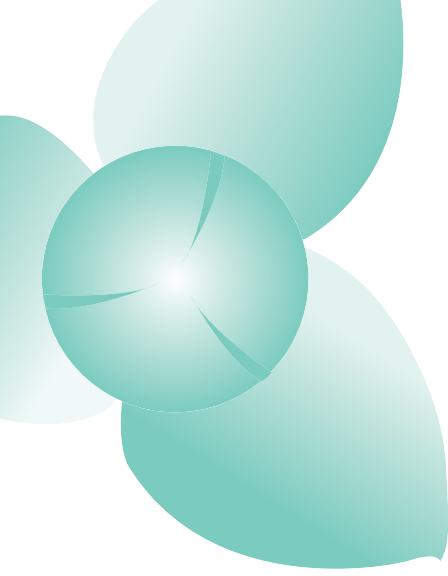
	2002	2003	2004	2005	2006
Disposable Personal Income (million Baht)	3,385,022	3,691,646	4,090,863	4,466,413	4,912,543
Personal Savings (million Baht)	214,526	249,996	319,531	344,517	446,487
Percentage of personal savings to disposable personal income	6.3	6.8	7.8	7.7	9.1
Net savings (million Baht)	773,458	867,530	984,320	1,050,913	1,340,831
GDP (million Baht)	5,450,643	5,917,369	6,489,476	7,095,619	7,830,329
Percentage of net savings to GDP	14.2	14.7	15.2	14.8	17.1

Sources: The National Accounts Office, the National Economic and Social Development Board.

Remarks: The data adjusted from those reported in the Thai Elderly Situation 2006.



Access to News & Information, Education and Lifelong Learning



CHAPTER 5

Access to News & Information, Education and Lifelong Learning

The public and the private sectors undertake data & information dissemination, educational and learning promotion by a means of providing chance to older persons who are interested in enrolling in studies to enable them to access updated news and information and to apply such information to achieving their well-being, thereby the situation of their access to news & information, education and learning may be summarized as follows:-

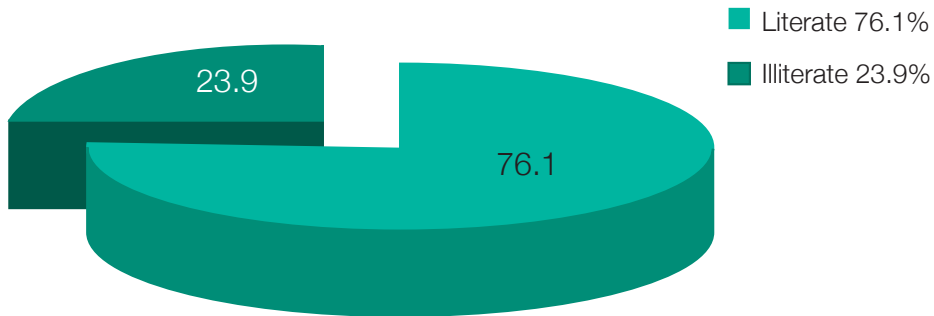
5.1 Information on the elderly literacy

Subject to the data of the National Statistical Office, it shows that in 2006 Thai older persons throughout the Country are found literate of 5,343,231 persons or equivalent to 76.1% of total older persons. On the contrary, it shows that illiterate older women are in bigger number than illiterate older men (older women of 1,206,417 persons and older men of 471,311 persons), and older persons outside municipalities are illiterate in bigger number than those who live in municipalities. Regarding their educational levels, it is found that most of them at 68.9% graduated only the elementary level, while older persons who graduated bachelor or higher than bachelor degree are only at 2.9% (Diagrams 31-33).

Among old-age groups which are classified into 3 groups, namely the young old group aged 60-69 years, the old old group aged 70-79 years and the oldest old group aged 80 years and more; it appears that the age group of 60-69 years is found literate in the largest number at 64.5%, next is the age group of 70-79 years at 29.4%, and the age group of 80 years and more is literate at only 6.1% (Diagram 34).

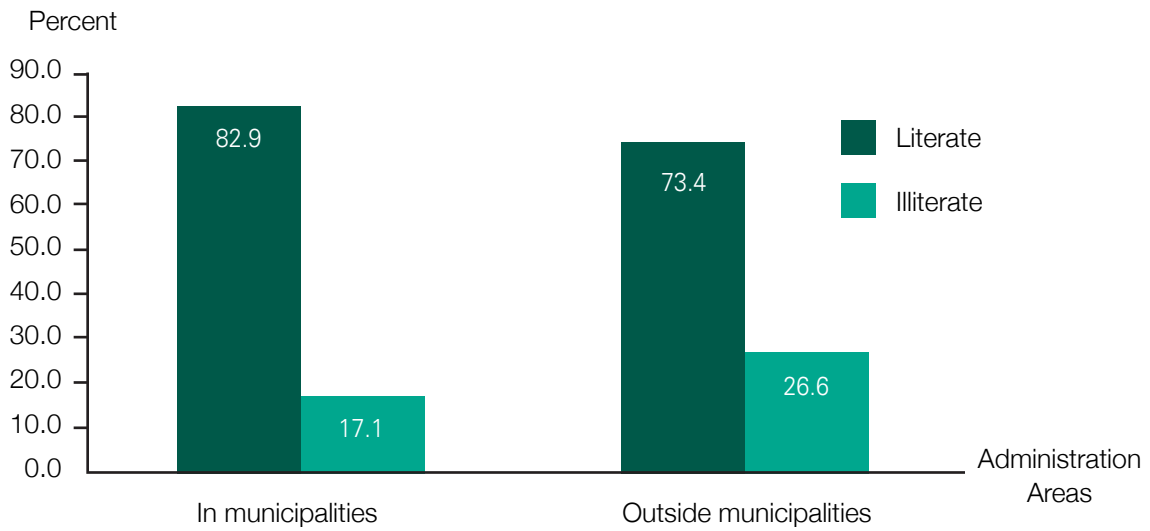


Diagram 31 Percentages of literate older persons



Source: The Survey of the Older Persons in Thailand 2007, the National Statistical Office.

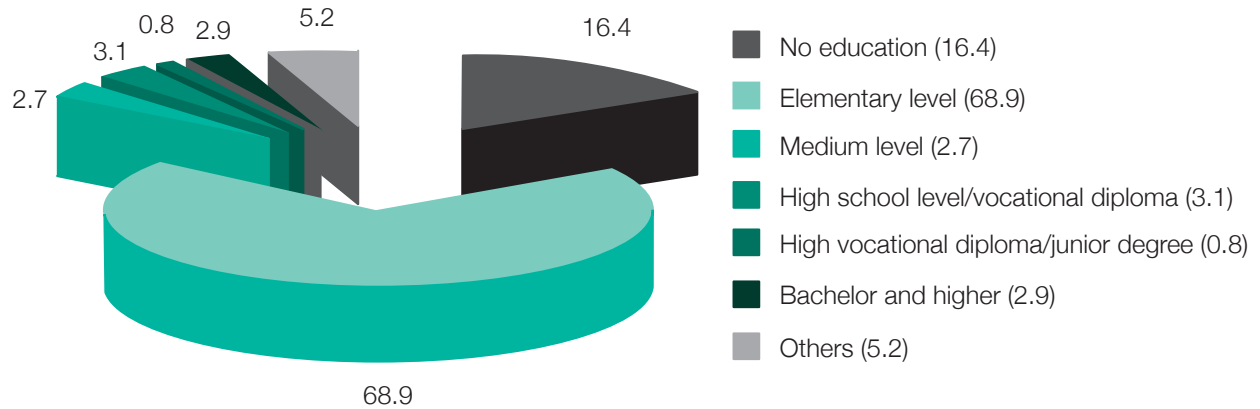
Diagram 32 Percentages of literate older persons in and outside municipalities 2007



Source: The Survey of the Older Persons in Thailand 2007, the National Statistical Office.

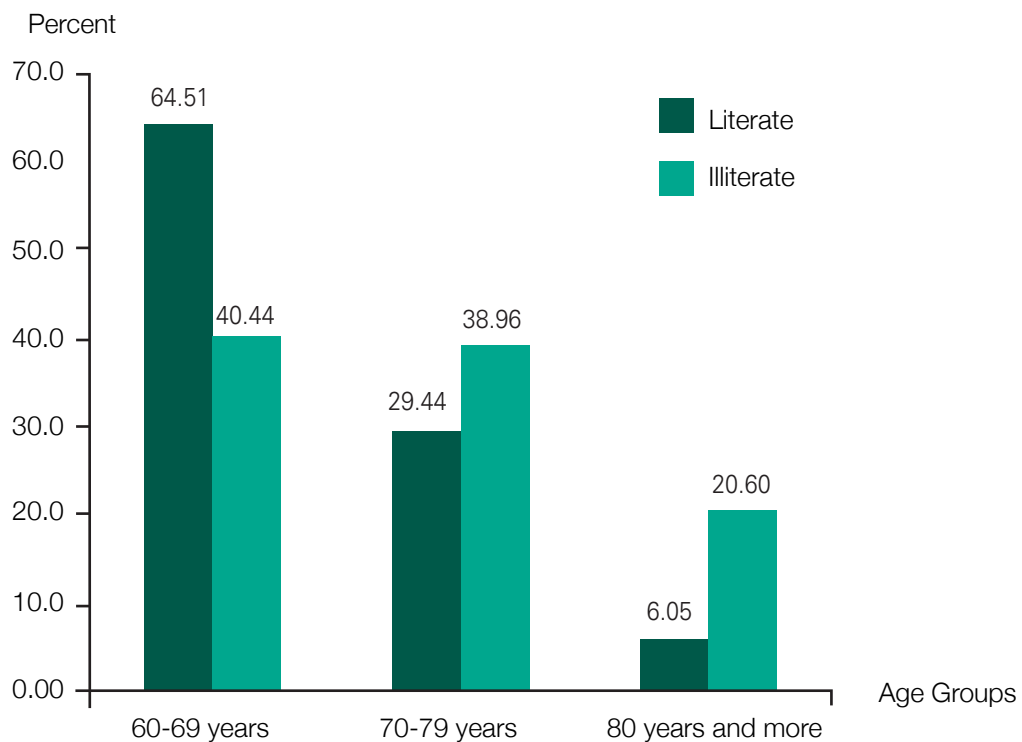


Diagram 33 Percentages of the highest educational levels that older persons graduated



Adjusted from the Survey of the Older Persons in Thailand 2007, the National Statistical Office.

Diagram 34 Percentages of literate older persons classified according to age groups 2007



Adjusted from the Survey of the Older Persons in Thailand 2007, the National Statistical Office.

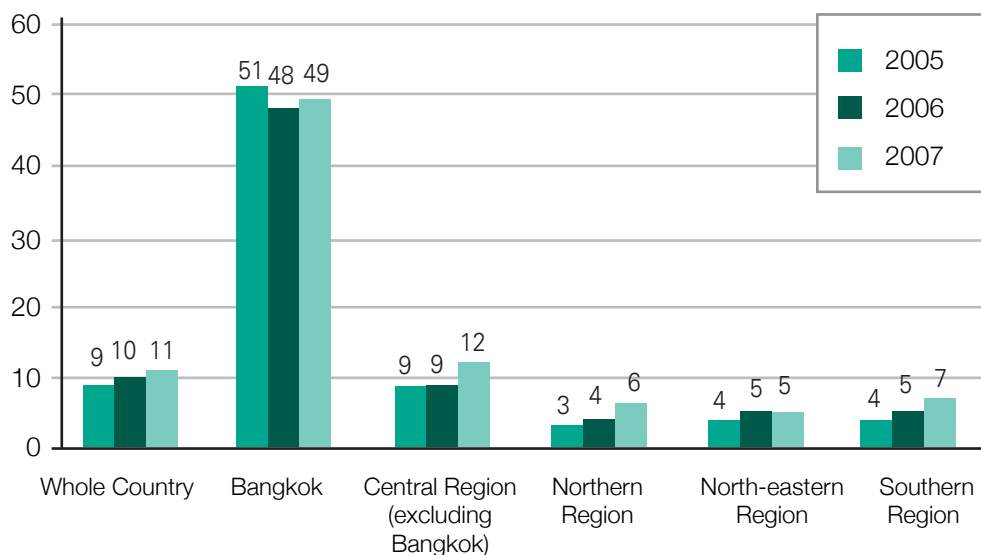
5.2 Use of computers and the Internet

In 2007 number of older persons who can use computers has increased as in 2006 they are in the number of 65,902 persons or equivalent to 10% of total older persons and in 2007 they increase to 77,869 persons. In comparison of number of older persons who can use computers among 3 years (2005 - 2007), it appears that in 2006 and 2007, older persons in municipalities in the northern, the central and the southern regions are found able to use computers in bigger number than those who live outside municipalities; while older persons in the north-eastern region outside municipalities are found able to use computers in bigger number than those who live in municipalities. With respect to the purposes of their use of computers, the top 3 purposes for most of them to use computers are for work (49%), education (33.5%) and entertainment (27.6%).

Regarding use of the Internet, it appears that in comparison among 3 years (2005-2007), the numbers of older persons who use the Internet throughout the Country and in all regions have increased. In consideration according to administration areas, it appears that older persons in municipalities use the Internet more than those who live outside municipalities. Most of older persons use the Internet for searching data and information (86%), next is for sending emails (23.8%) (Diagram 41).

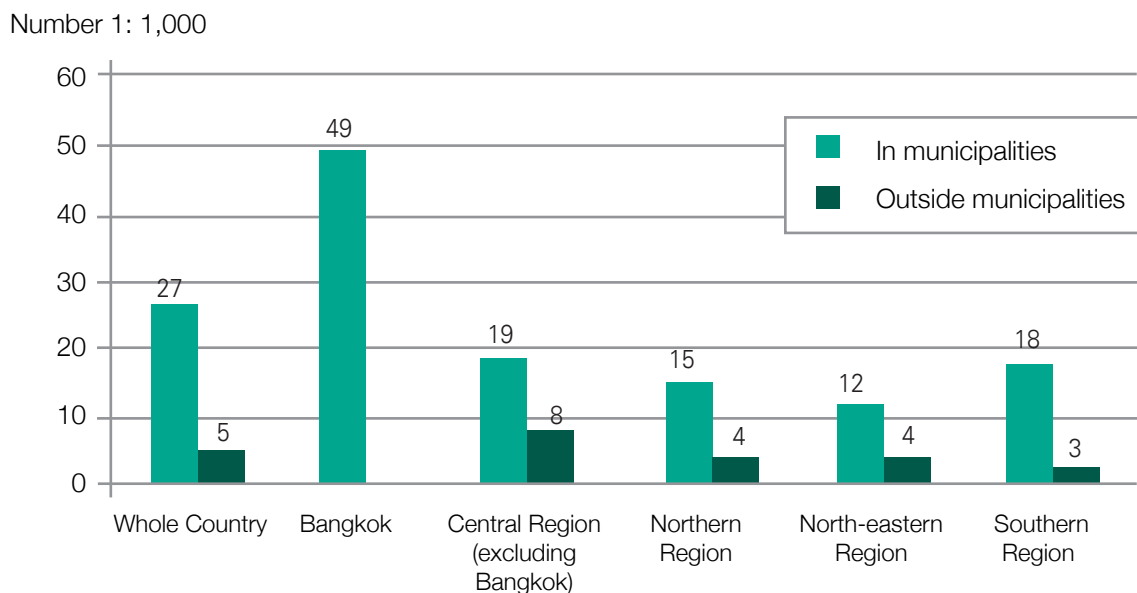
Diagram 35 Number of older persons who use computers during 3 years (unit: 1,000 persons)

Number 1: 1,000



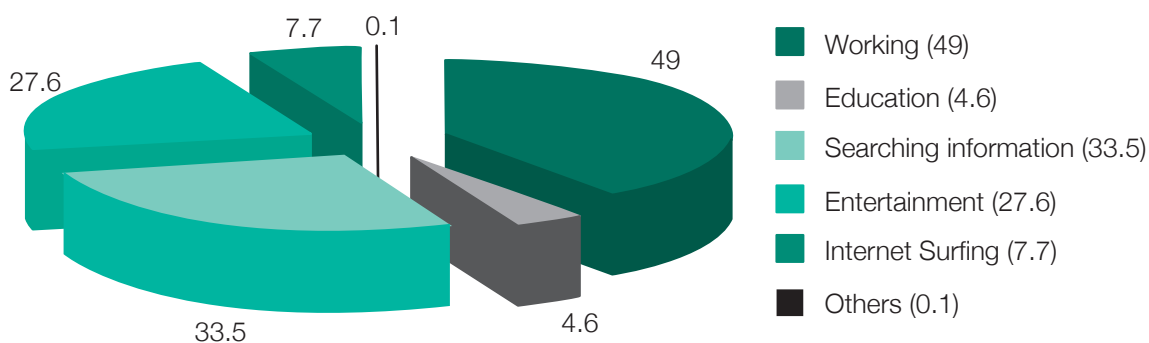
Adjusted from the Survey of the Older Persons in Thailand 2007, the National Statistical Office.

Diagram 36 Number of older persons who use computers classified according to regions and administration areas 2007



Adjusted from the Survey of the Older Persons in Thailand 2007, the National Statistical Office.

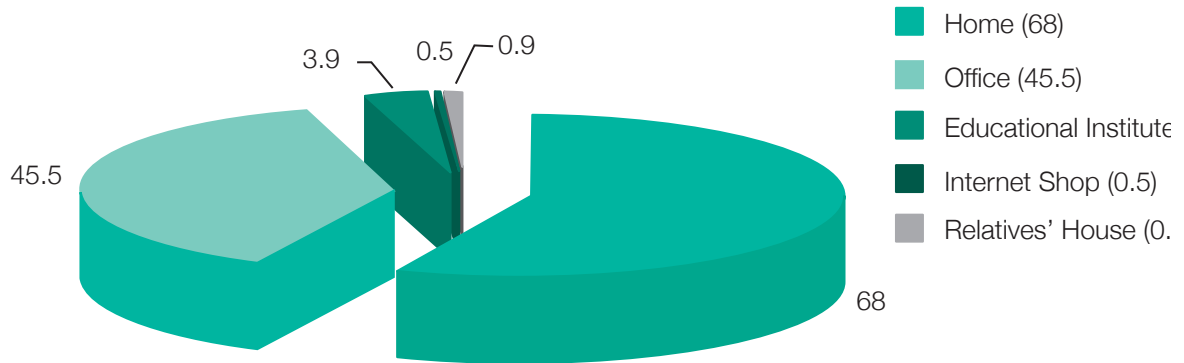
Diagram 37 Proportions of activities/purposes of older persons' use of computers 2007 (unit: 1,000 persons)



Adjusted from the Survey of Information and Communication Technology (in Families) 2006-2007, the National Statistical Office.

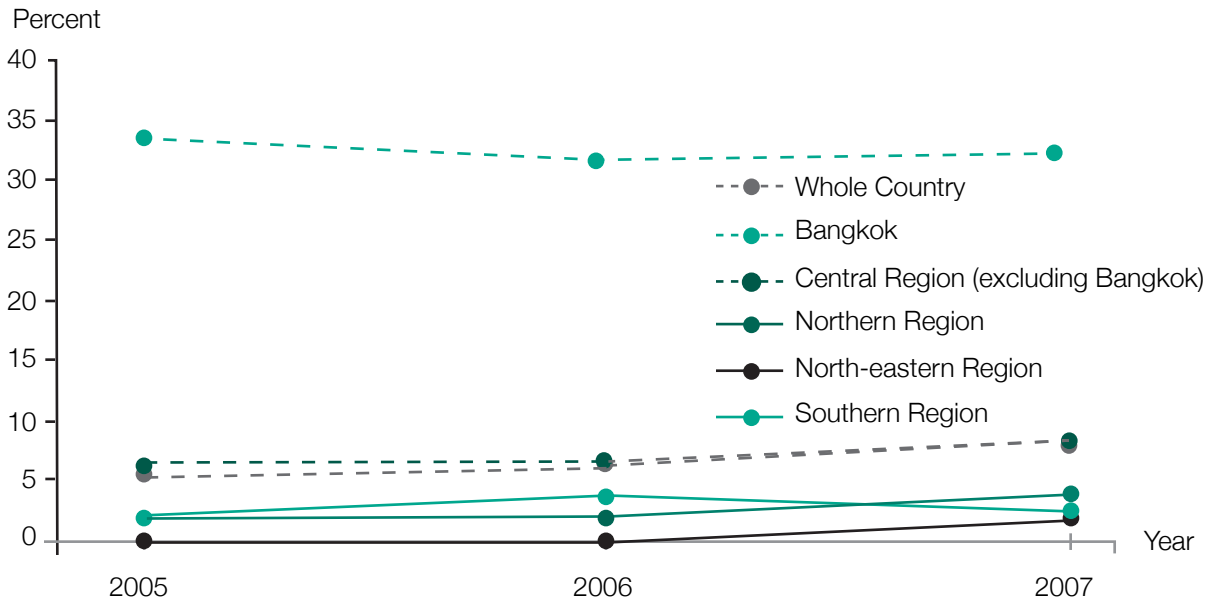


Diagram 38 Places/sources where older persons use computers 2007



Adjusted from the Survey of Information and Communication Technology (in Families) 2006-2007, the National Statistical Office.

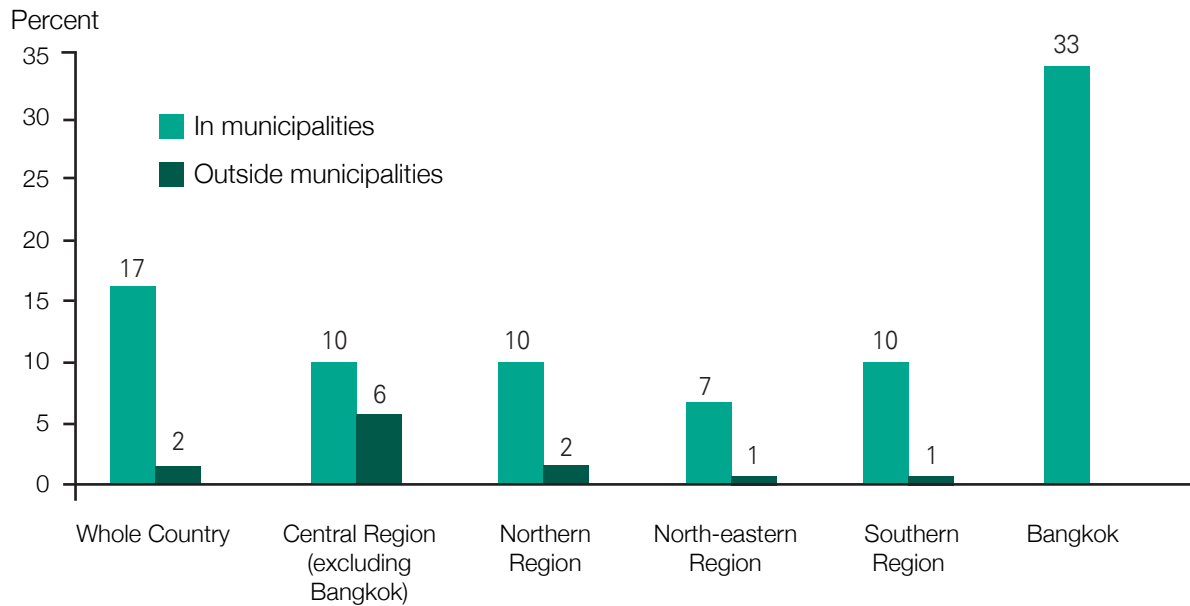
Diagram 39 Number of older persons who use the Internet compared in 3 years



Adjusted from the Survey of Information and Communication Technology (in Families) 2006-2007, the National Statistical Office.

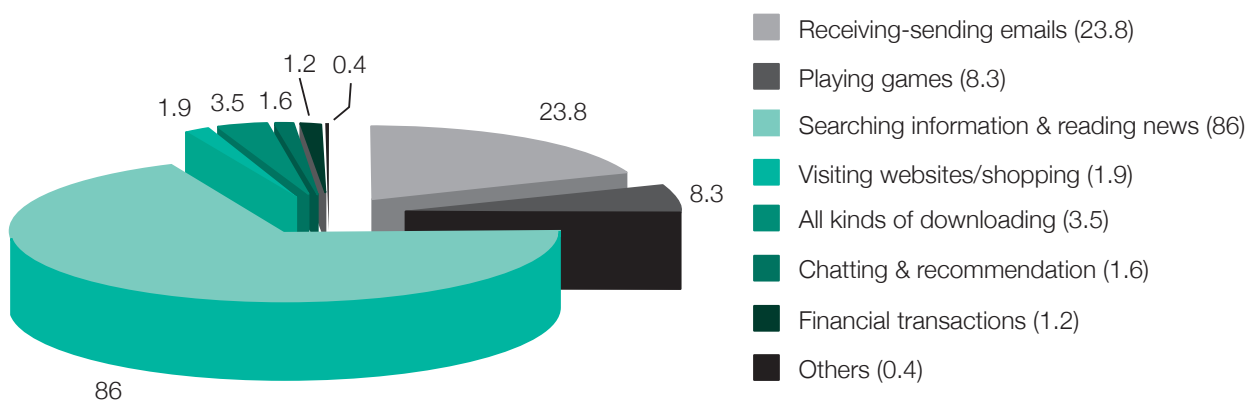


Diagram 40 Percentages of older persons who use the Internet classified according to regions and administration areas 2007



Adjusted from the Survey of Information and Communication Technology (in Families) 2006-2007, the National Statistical Office.

Diagram 41 Percentages of activities/purposes of older persons' use of the Internet 2007



Adjusted from the Survey of Information and Communication Technology (in Families) 2006-2007, the National Statistical Office.

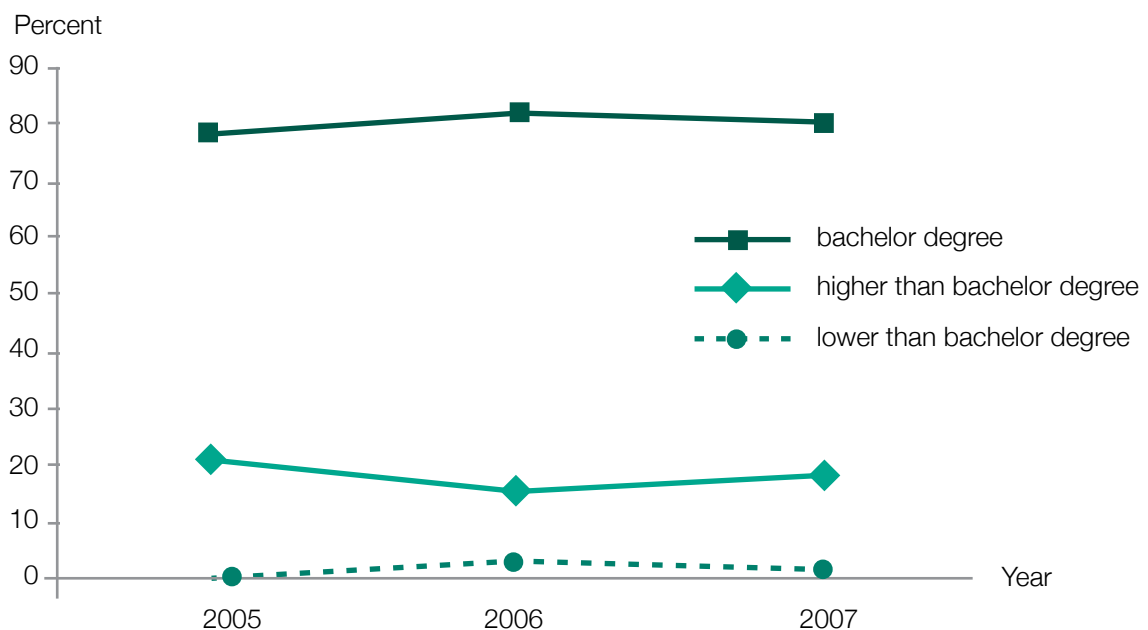


5.3 Higher education and learning of older persons

Subject to the information on number of older persons who enroll in higher education in 2007, it appears that most of them enroll in the bachelor degree, next is higher than the bachelor degree at 18.2% and the level lower than bachelor degree such as a diploma/certificate is found in smallest number only at 1.4%. Percentages of older persons enrolling in universities trend to keep on in the same way between 2005 and 2007 (Diagram 42). The type of higher educational institutes that older persons like to enroll their studies most is government universities (70.5%), while Rajabhat universities have the least number of older persons enrolling their studies (2%).

Regarding the fields of science older persons like to study most, it appears that most of them like to study anthropology and sociology (87.5%) and health science (7.2%), while science and technology are the fields they like to study least (5.2%) (Diagram 44).

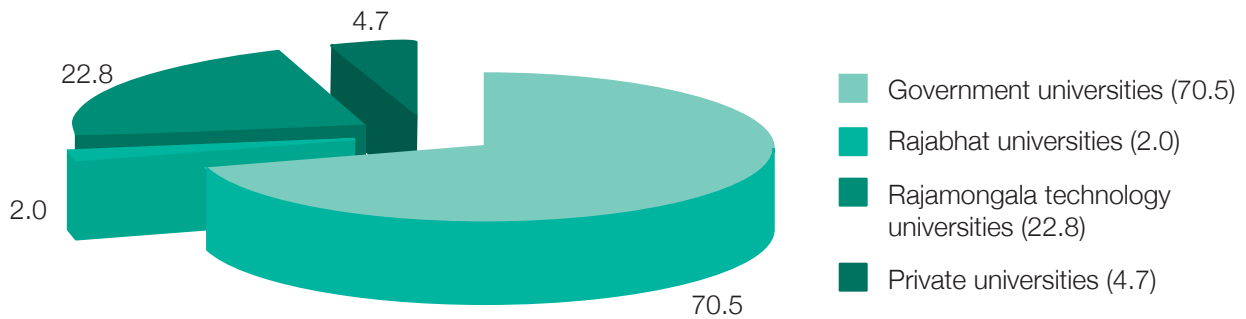
Diagram 42 Comparison of older persons' enrollment in higher education among 3 years (2005-2007)



Adjusted from the number of students aged 60 years and more in universities, the Office of the Higher Education Board.

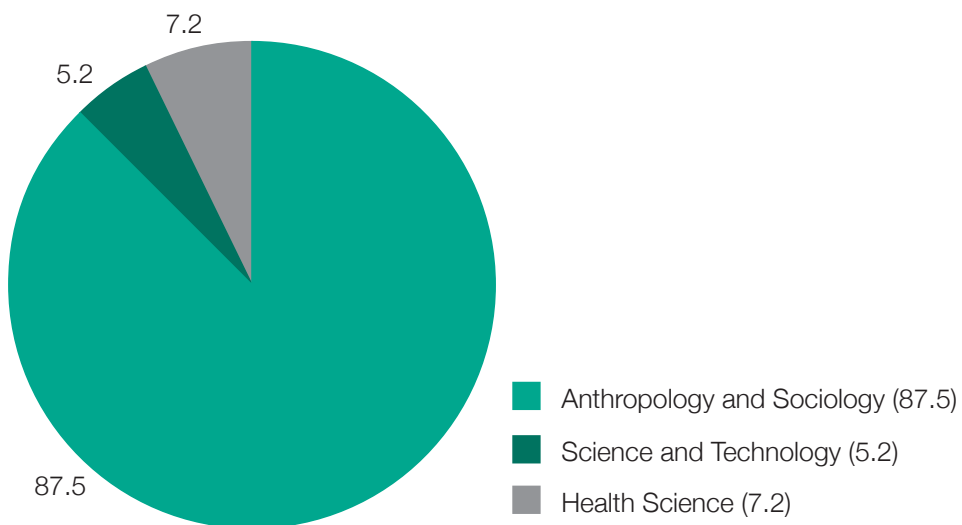


Diagram 43 Percentages of older persons who are students in universities 2007



Adjusted from individual data of students in the 1st semester of the academic year 2007, the Office of the Higher Education Board.

Diagram 44 Percentages of older persons who study in universities classified by fields of science they enroll their studies 2007

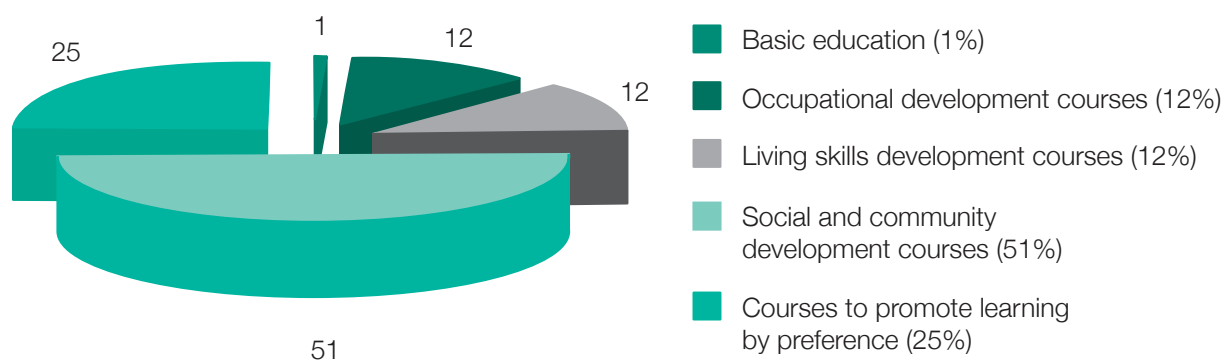


Adjusted from individual data of students in the 1st semester of the academic year 2007, the Office of the Higher Education Board.

5.4 Non-formal education for older persons

Some older persons access the non-formal education through the services provided by the Non-formal Education Centers, whereby most of older persons like to enroll in social and community development courses at 51%, next is the courses to promote their learning by preference at 25%, while the basic education is the course they like to enroll least at only 1% (Diagram 45).

Diagram 45 Output of non-formal education provided to older persons classified by types of studies 2007



Adjusted from the Report on the Non-formal Education Provided for Older Persons, the Office of Non-formal Education Administration, 2007.

5.5 Educational promotion by the private sector

Apart from the educational promotion by the Office of Non-formal Education Administration, the private sector also undertakes to promote education for older persons, which hereby some examples are given: the Senior Brain Bank Association of Thailand launches special courses for educational promotion of older persons in 2007 are as follows:-

**Table 45 Lectures to provide various knowledge under the Project on Special Education Promotion for Older Persons**

No.	Dates of Organizing the Activities	Lecture Titles	Number of Attendance
1	18 October 2006	New Alternatives by Chinese Medical Science	78
2	22 November 2006	Dental Health for Older Persons	84
3	14 February 2007	Dementia and How to Examine Memory	88
4	28 March 2007	How to Live Happily at Old Age	78
5	28 April 2007	Dharma That Suits the Health at Old Age in the Globalization Era	254
6	23 May 2007	Knowing How to Die Makes Us Worryless, Knowing How to Be Born Is Splendid	87
7	24 July 2007	Osteoporosis and Osteoarthritis in Older Persons	86
8	6 September 2007	The Correct Way to Take Medicine	87

Source: The Annual Report 2007, the Senior Brain Bank Association of Thailand.

5.6 Occupational promotion and occupational training

Regarding the occupational promotion and occupation training for older persons, the Ministry of Labor issues its Ministerial Rules on September 16, 2004 concerning Set-up of Criteria, Methodologies and Conditions for Occupational Protection, Promotion and Support for Older Persons, where the following steps are taken:

- (1) All Offices of Employment shall provide their officers to give counseling on labor markets and job placements that suit the need of older persons.
- (2) Provide occupational training to older persons on their voluntary basis.
- (3) Particularly establish occupational and job positions information centers for older persons in every Office of Employment.
- (4) Provide job placements suiting physical condition of older persons.

In this connection, all agencies under the charge of the Ministry of Labor launch activities of occupational promotion and training for older persons, so that the old-age workforce can access suitable employment and gain income for their own, not to be a burden of the society. In addition, the activities to promote, protect their well-being and savings are also arranged for the old-age workforce so as to make this workforce become valuable assets to the national economic system. In 2007 the Ministry of Labor provides services to older persons as follows:

1. Activities of occupational promotion and training for older persons to access suitable employment and gain income not to be a burden of the society so as to reduce dependency on working age persons who have to take care of older persons. Such activities comprise:-



1.1 Job Placement

- Vacancy: 1,997 positions
- Candidates: 1,563 persons
- Successful candidates: 959 persons

1.2 Occupational Promotion

- Occupational counseling provided to 7,531 persons
- Dissemination of occupational documents: 21,466 brochures/3,690 books
- Training of independent occupations/self-employment to 1,126 persons
- Persons who implement their plans and achieve employment: 388 persons

1.3 Occupational promotion in 33 provinces carried out in 34 centers

- Courses on Preparation for Work: 91 persons
- Occupational Upgrading Courses: 348 persons
- Skills Training: 1,042 persons

1.4 Promotion of Older Persons to Access Occupations and Income

- 15 older persons are employed as lecturers.
- 3 older persons act as committee members/counselors

2. Activities of Well-being and Saving Promotion so as to make older persons become valuable assets to the national economic system and achieve their physical and mental healthiness, as well as access the sufficient saving system during their working years prior to their retirement. Such activities comprise:-

2.1 Life Quality Development and Promotion: Provide training to develop the female workforce in companies to prepare them for quality aging. It is the training of 3 hours provided to 8,197 trainees/73 provinces. There are labor welfare promotion activities performed in 6,078 companies to 690,519 workers.

2.2 Protection of the Insured aged more than 55 years, thereby indemnities paid for old age have been made to 69,494 persons, totaling 1,488,692,042 Baht.

In addition, in the previous year there was training of independent occupations (various programs) of the Department of Employment and the training under the occupational training course (preparation for work, occupational upgrading and skills training) of the Department of Skill Development; where many older persons were interested and applied for such training in order to use the knowledge in doing their independent occupations to gain more income for their own selves and families. Those independent occupations and occupational training courses classified by areas/places where older persons are interested to attend the training can be seen in Annex 2.

Moreover, there is promotion of older persons to access occupations - income by inviting them to act as lecturers, members of counseling committees to transmit their experience in various knowledge such as English for Travel Agencies, Weave, Foods Cooking, Furniture Makers, Embroidery by Sewing Machines & Thai Desserts, Thai Massage, Beads Embroidery for Norah Costume, Thai Desserts, Foots Massage, Engine and Bicycle/Tricycle Mechanics, Welding, Latheman, etc.



5.7 Access to news & information and awareness of right

Pursuant to the Act on Older Persons:2003, it is prescribed to protect, promote and support older persons in various arenas as follows:-

Section 11. Older persons shall be entitled to protection, promotion and support as follows:

1. Medical and public health services specially rendered to provide convenience and rapidness to them;
2. Education, religions and news & information that are useful for their living;
3. Appropriate occupations and occupational training;
4. Self-development and integration into social activities, gathering in forms of networks or groups;
5. Direct convenience and safety in buildings, places, vehicles and other public services particularly provided to them;
6. Assistance of their transportation fees that suits their necessity and need;
7. Exemption from fees in visiting government places;
8. Assistance for tortured or illegally abused or exploited or abandoned older persons;
9. Counseling or assistance in legal proceedings or solutions to their family problems;
10. Provision of accommodations, foods and clothing with full coverage to suit their need;
11. Subsistence allowance equally provided to them with full coverage to suit their need;
12. Support of arrangement of their traditional funerals; and
13. Other support and assistance as prescribed and deemed fit by the National Commission on the Elderly.

Section 17. Any persons taking care of their older parents who earn insufficient income for living shall be entitled to tax exemption under the terms and conditions prescribed in the revenue code.

As the Act on Older Persons: 2003 formulates the right to older persons to access services, agencies involved are designated to fulfill the Act by providing services to older persons as set forth by the law to enable older persons achieve their well-being. In this connection, there is the Study on Older Persons' Access to the Services Entitled under the Act on Older Persons: 2003 (Sasiphat Yodphetch and Wannalak Miankerd, 2008), whereby the interesting result of this Study can be summarized as follows¹:

1. On the whole, regarding the access to services entitled to older persons under the Act on Older Persons:2003, it appears that most of the sample groups (61.8%) do not know that there are services entitled to them under the law, while those who know about the said services are only at 37.2%. Older persons in Bangkok mostly know about those services, while only a few of them do not know. On the contrary, older persons in the northern region are found unaware of such services entitled by the law in the largest number of all regions, i.e. 92% and are 8% more than those who know about such services.

¹ In this Report on the Situation of the Thai Elderly 2007, only some part of information about their awareness of rights are presented, the complete particulars can be found in the Report of the said Study.



2. With respect to proportions of older persons' awareness of the rights entitled under Section 11 of the Act on Older Persons:2003, it appears that older persons who are aware of their entitlement to subsistence allowance are higher than those who are unaware. Next, they are aware of medical and public health services particularly provided for their convenience and rapidness, and aware of assistance for their accommodations, foods and clothing. Their awareness of services in occupational promotion and training is in the lowest proportions in comparison with their awareness of the other rights, particulars can be seen in Table 46.

Table 46 Services entitled to older persons pursuant to Section 11 of the Act on Older Persons: 2003, the percentages of the sample groups' awareness put in descendent order (from higher percentages to lower percentages)

No.	Description	Aware	Unaware
1	Subsistence allowance equally entitled with full coverage to suit their necessity	77.3	22.7
2	Medical and public health services particularly provided to give convenience and rapidness to them	49.2	50.8
3	Assistance in accommodations, foods and clothing with full coverage to suit their necessity	46	54
4	Fees exemption for visiting government places	41	59
5	Other support and assistance as prescribed and deemed fit by the National Commission on the Elderly	40.3	59.7
6	Self-development and integration into social activities, gathering in forms of networks or groups	39.3	60.7
7	Assistance of their transportation fees that suits their necessity and need	36	64
8	Assistance of tortured or illegally abused or exploited or abandoned older persons	35.6	64.4
9	Direct convenience and safety in buildings, places, vehicles and other public services particularly provided to them	34.1	65.9
10	Education, religions and news & information that are useful for their living	33	67
11	Appropriate occupations or occupational training	30	70

- Remarks:**
1. Their awareness of rights concerning counseling or assistance in legal proceedings or solutions to their family problems and concerning support of arrangement of their traditional funerals have not been surveyed owing to certain limitation of the Study.
 2. Other support and assistance as prescribed and deemed fit by the National Commission on the Elderly such as services rendered to provide convenience to older persons in tourist attractions, support of arranging sports and recreations for older persons, deduction of fees to visit museums.

Adjusted from the Older Persons' Access to the Services Entitled under the Act on Older Persons: 2003, Sasiphat Yodphetch and Wannalak Miankerd 2008.



5.8 Report on older persons'(aged 60 years and more) access to services provided by E-Justice Clinic in the fiscal year 2007 (January - December 2007)

The Rights and Liberties Protection Department, the Ministry of Justice, is the major agency in charge of servicing legal proceedings for older persons as follows:-

- Counseling and carrying out necessary actions.
- Interacting with agencies or organizations involved to apply for expenditure support as necessary in assisting older persons in their defense under the legal proceedings.
- Disseminating and providing knowledge of rights and liberties entitled to older persons under the law.

In 2007 the Ministry of Justice has inaugurated E-Justice Clinic by the Rights and Liberties Protection Department or by the Integrated Services Center of the Ministry of Justice; the information about the service users is following:-

Table 47 Number of older persons accessing services of E-Justice Clinic classified by genders 2007

No.	Months	Number (persons)			Total
		Male	Female	Anonymous	
1	January	101	41	27	169
2	February	52	27	0	79
3	March	20	27	0	47
4	April	31	43	0	74
5	May	31	33	0	64
6	June	29	35	0	64
7	July	35	18	0	53
8	August	39	22	0	61
9	September	33	14	0	47
10	October	30	19	0	49
11	November	21	13	0	34
12	December	19	22	0	41
	Total	381	300	0	682

Source: The Conclusion Report on Older Persons' Access to Services of E-Justice Clinic, the Rights and Liberties Protection Department.



Table 48 Older persons' need of counseling and other undertakings of legal proceedings or solutions to their family problems

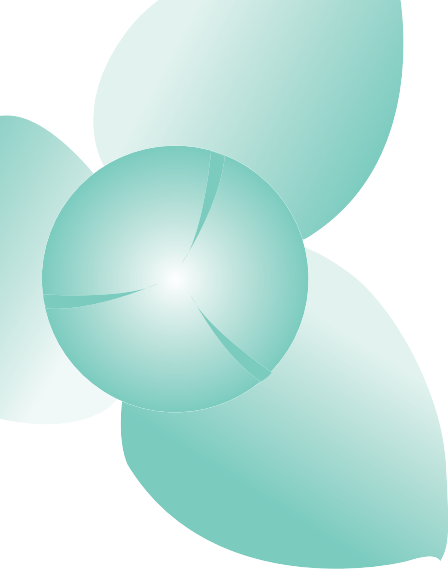
Need	Number (persons)	Percent
- Public relations on news/knowledge	792	406
- Counseling/encouraging their hope	159	46.6
- Fair assistance	38.4	15.0
Total	1,057	100.0

Source: The Older Persons' Access to the Services Entitled under the Act on Older Persons: 2003, Sasiphat Yodphetch and Wannalak Miankerd 2008.



The Significant Situation of the Thai Elderly in 2007

CHAPTER 6



CHAPTER 6

The Significant Situation of the Thai Elderly in 2007

In 2007, several policies and activities are implemented to promote and develop the well-being of older persons, where the following 4 interesting significant situations are included: “the Selection and Award of the Good Example Older Person of the Year 2007”, “the Tax Measures for Older Persons”, “the Roles of Communities in Elderly Care-giving”, and “the Subsistence Allowance for Old Age”.

6.1 Information on the National Older Person of the Year 2007, Phra Phrohman Mangkalacharn (Panyananda Bhikkhu)

The National Commission on the Elderly resolves its resolution on June 21, 2007 appointing the Committee on Nomination of an Older Person As a Good Example to the Society (CNGOP), by Minister of Social Development and Human Security (Mr. Phaibul Watanasiritharm) acting the President having authority to seek and select one older person who sets a good example to the society of the year 2007 and then present to the National Commission on the Elderly for approval. In this connection, the CNGOP unanimously resolves its resolution to nominate Phra Phrohman Mangkalacharn (Panyananda Bhikkhu) as the Older Person of the Year 2007.



Exaltation of Phra Phrohmg Mangkalacharn (Panyananda Bhikkhu), the Older Person of the Year 2007¹

Phra Phrohmg Mangkalacharn has the previous name 'Pan Sanehcharoen', was born on Thursday, the 11th May 1911 in Khuhasawan Sub-district, Muang District, Phathalung Province. His father's name is Mr. Wan and his mother's name is Mrs. Khlai Sanehcharoen. At the age of 18 years, he is ordained as novice monk at Upanandaram Temple, Ranong Province. When he is 20 years old, he is ordained as monk at Nang Lad Temple, Phathalung Province. He successfully passes the examination to be the third, the second and the first dharma scholar in the subsequent years. In 1933 he accompanies the Chaisingh Sangha Team to make a pilgrimage to Burma to disseminate Buddhism there. In 1937 he goes to live in Suan Mokkhabalaram, Chaiya District, Suratthani Province, where he performs the religious activities jointly with Phra Dharmakosacharn (Buddhadas Bhikkhu) since that time. Subsequently, he goes to study Pali at Sam Phraya Temple, Bangkok, and graduates the 4th level of the Buddhist scriptures. Because of World War II, he is encumbered to continue his Buddhist scriptures study.

Later, in 1945, he settles Buddhism in Malaysia. Between 1949 and 1959 he moves to live in Umong Temple, Chiangmai Province. There, he preaches daily sermons in simple words easily to be understood with examples from routine life making him popular and well-known for his sermons called 'Panyananda Bhikkhu's Sermons'. In 1954, he makes a journey to disseminate Buddhism in Europe and attends the Symposium organized by the International Morality, in Switzerland.

In 1960, he is invited to act as the Abbot of Chonprathan Rangsarit Temple, Pakkred District, Nonthaburi Province. He usually administers the religious work and undertakes social development well, thereby he is widely respected by Thai people of all groups and societies. The more he is aging, the more he is respected and accepted by the public as a good example to the society.

Since 1971 until presently when he is 60 years old or becoming an older person, he performs many useful activities, i.e.:-

Management and Administration of Sangha by means of his acting as the Abbot of Buddhadharm Temple, Illinois, USA, and as the Counselor of Regional Dean of Region 18.

Educational work he acts as the director to organize training of Dharma Heir Monks and Navaka Monks of Chonprathan Rangsarit Temple.

Dissemination of Buddhism he acts as a lecturer for assistant judges, preaches sermons on dharma to senators and members of the Parliament.

Religious activities performed in foreign countries he attends a symposium of the ASEAN Buddhist Relation for Peace, attends and acts a lecturer at a conference of World Religious Council, and disseminates Buddhism in England, Germany, Australia, New Zealand and USA.

¹ From the Acknowledgment of the Older Person of the Year 2007 written by Prof. Dr. Abhichai Chandrasen.



Social development work and educational support by acting as chairman in raising the construction fund of the Emergency and Outpatients Building including providing medical equipment to Chonprathan Hospital, Nonthaburi Province in the amount of 220,000,000 Baht; acting chairman in constructing the Training Center of the Dharma and Golden Land, Ayudhya Province in the amount of 30,000,000 Baht; acting chairman in constructing Panyanandaram Temple, Pathumthani Province in the amount of 77,000,000 Baht; acting chairman in constructing the reception building for priest guests, the “92 Years Panyananda” Building of Mahachulalongkornrajavidyalaya University, Ayudhya Province in the amount of 60,000,000 Baht; acting chairman in constructing the Floating Pagoda of Mahachulalongkornrajavidyalaya University in the amount of 100,000,000 Baht.

Sermons preaching in the Royal Ceremonies such as in the ceremony of conferring royal orders and decorations of Ramadhibodi Rank at Dusit Mahaprasat Throne Hall.

Religious books writing and publishing such as the Buddhist Teachings, Moderate Ways, Survival of Buddhism, etc.

For his reputation, knowledge and skills in dissemination of Buddhism and performing great useful activities to the Country for a long time; he is promoted to the ecclesiastical title ‘Phra Rajanandamuni’ in 1971, to the ecclesiastical title ‘Phra Thepvisuddhimedhi’ in 1987, to the ecclesiastical title ‘Phra Dharmakosacharn’ in 1994, and to the deputy regional dean in the title ‘Phra Phrohng Mangkalacharn’ in 2004.

In addition, he is awarded by several institutions, such as Silver Conch Prize for the Religious Dissemination Monk of the Year 1977 awarded by the Mass Media Society; the Prize for the Orator of the Year 1977 awarded by Thai Speech Organization; the Person Who Performs Useful Activities for Buddhism on the occasion of 200 Years Ratanakosin Celebration awarded on December 28, 1982; Mahidol Varanusorn Prize for the person who performs useful activities to the people, the society and the Country as good example awarded by the National Council of Social Welfare of Thailand under the Royal Patronage of HM the King; the Knowledge Intellectual Prize in the social development, religion and philosophy awarded by Prof. Mom Luang Pin Malakul Foundation on November 18, 2003; exalted as the Person Who Promotes and Supports the National Education of the Year 2007 by the Ministry of Education on January 16, 2007.

Moreover, he is granted honorary doctorates by many universities, such as the honorary doctorate of Buddhism in education from Mahachulalongkornrajavidyalaya University, the honorary doctorate of education from Ramkhamhaeng University, the honorary doctorate of education in educational development from Srinakharinwirot University, the honorary doctorate of arts from Chulalongkorn University, the honorary doctorate of arts in religion and philosophy from Prince of Songkla University, the honorary doctorate of arts from Thammasat University, the honorary doctorate of education from Thaksin University, the honorary doctorate of religion in Buddhism studies from Mahamakutarajavidyalaya University, and the honorary doctorate of arts in social science for development from Rajabhat Nakhonsrithammarat University.

Phra Phrohng Mangkalacharn (Panyananda Bhikkhu) is the priest who is a skillful older person with virtuous behavior, intentionally performing religious activities to disseminate the religion throughout his working age. Presently he is 96 years old and has been ordained for 76 years, so he is of the oldest old, but he still works hard to perform useful activities to the society by preaching sermons, performing public activities, medical and nursing care and education for monks and novice monks and Buddhists both nationally and internationally, which he is widely accepted and respected. The National Commission on the Elderly at its meeting held on February 21, 2007, therefore, resolves its resolution to exalt Phra Phrohng Mangkalacharn as the Older Person of the Year 2007 who sets a good example to the society.



6.2 Tax Measures for Older Persons ²

Presently, the government sets up many tax measures for older persons. As older persons previously performed useful activities to the Country at their young age, the tax privilege, consequently, should be entitled to them apart from other assistance measures provided to them by the government.

Apart from taking the tax measure as one of social measures to directly privilege older persons for their income tax, any children who earn income and take care of their older parents or make the health insurance of their older parents with insurance companies, shall be also entitled to the tax privilege. These measures save older persons with their children who earn income making them to pay taxes less than normally. Although the government may lose some benefit, it strengthens the family and social institutions. Mostly, people only know that there is exemption of personal income tax for those children who take care of their older parents by deduction from the taxable income. In fact, there still are several direct and indirect tax measures for older persons which can be summarized as follows:-

1. Tax exemption entitled to persons aged not less than 65 years:

Tax exemption entitled to persons aged not less than 65 years who live in Thailand permissible only to the income of not exceeding 190,000 Baht in the relevant taxation year. The income earning person has right to select to use this tax exemption in the relevant taxation year for any type of his/her income and then bring the remaining income to calculate for his/her ordinary income tax subsequently.

2. Tax exemption for savings' interest:

Tax exemption to older persons for savings' interest is a good measure, as we cannot deny that some older persons spend the bank interest to live their daily life because they do not want to be depend on their children or grandchildren as burden of these persons, but the interest rates are rather very low making those older persons gain insufficient money to spend. Moreover, such interest shall have to be withheld the tax. To relieve their difficulties, the government, therefore, entitles tax exemption for their savings' interest under the following conditions: The interest shall be of the time deposits of 1 year and more and shall be in a total amount of not exceeding 30,000 Baht throughout the relevant taxation year. The persons entitled to such tax exemption shall be at least of complete 55 years old. The persons who intend to exercise their right of tax exemption shall submit their applications to their banks accordingly.

3. Tax exemption to individuals for their subsistence allowance

This measure is to help older persons who receive pension but desire to spend their subsistence allowance when they are still alive under the legislation on public servants' allowance and pension and the legislation on the pension fund for public servants, where these persons shall be entitled to tax exemption for their subsistence allowance.

This is including the tax exemption in the same manner as for the subsistence allowance of employees of the Port Authority of Thailand, employees of the Sports Authority of Thailand and employees of Government Savings Bank, which is under the same rate and calculation methods as the subsistence allowance under the legislation on public servants' allowance and pension and the legislation on the pension fund for public servants.

² Written by Chatchawal Roopsung, the Revenue Department.



4. Tax exemption for any money or benefit received by employees from the Providential Fund

This privilege is entitled to employees who resign from work because of retirement age, disability or death; provided such employees shall be at least of complete 55 years old.

5. Tax exemption for any money or benefit received by members of the Pension Fund for Public Servants

Older persons who are entitled to money from the pension fund for public servants shall be entitled to the personal tax exemption at their resignation owing to old age, disability or death.

6. Tax exemption for any money or benefit received from the Retirement Mutual Fund (RMF)

Older persons who possess investment units and receive income or any benefit from the Retirement Mutual Fund shall be entitled to tax exemption for such income or benefit; provided they shall be at least of complete 55 years of age and have held the investment units for not less than 5 years. In this connection, they shall explicitly mention their exercise of such right in Form Bhor Ngor Dor 91 or mention in the attachment to Form Bhor Ngor Dor 90. In case of disabilities, he/she shall be certified by a physician registered with the relevant government agency confirming that such investment units holder becomes disabled and cannot do any job to earn income to spend to buy further investment units in the Retirement Mutual Fund. In case of death, it shall be applicable to the case the investment units holder is dead during he/she holds investment units in the Retirement Mutual Fund.

7. Tax deduction entitled to any children who take care of their older parents aged 60 years and more

Tax deduction is entitled to any children who take care of their older parents; provided the parents shall not earn taxable income of exceeding 30,000 Baht in the relevant taxation year. Those children are permissible to the tax deduction of 30,000 Baht/person. Older parents are including their parents-in-law who do not earn any income. Although this measure is entitled to children, but it indirectly provides benefit to older persons.

8. Tax deduction for pecuniary or property donation to the Elderly Fund

In case an individual, if donating money shall be entitled to tax deduction in the same amount of such donation but not exceeding 10% of the net income.

In case a juristic person, if donating money or property shall be entitled to tax deduction in the same amount of such donation but not exceeding 2% of the net profit.

9. Tax exemption for any children who pay for health insurance of their older parents

Tax exemption for any children who pay for health insurance of their older parents including their older parents-in-law; provided the parents shall not gain taxable income exceeding 30,000 Baht in the relevant taxation year, and such tax exemption shall be permissible in the amount that they actually pay, anyhow, the total amount of such tax exemption shall not be exceeding 15,000 Baht for such taxation year. In this case, the exact age of the parents is not, however, prescribed.

10. Tax exemption for any income or benefit that head masters or teachers of private schools get from the Provident Fund

Tax exemption is permitted to any income or benefit obtained by head masters or teachers of private schools from the Provident Fund at their resignation owing to old age, disability, or death.

However, the Revenue Department takes the additional tax measures to encourage increase in people's income and family savings as well as to assist the disadvantaged and the destitute. This is the extension of the previous taken measures. Those tax measures are as follows:-



- (1) Adjust the amount of exemption and deduction of personal income tax from previously 100,000 Baht to 150,000 Baht.
- (2) Adjust the amount of exemption and deduction of life insurance premiums from previously 50,000 Baht to 100,000 Baht.
- (3) Increase the amount of deduction for income spent to purchase investment units in the Mutual Retirement Fund, the Provident Fund, the Pension Fund for Public Servants or the Provident Fund under the law on private schools, from previously not exceeding 300,000 Baht to not exceeding 500,000 Baht. In this connection, the income spent to purchase investment units in the Mutual Retirement Fund which is entitled to the tax exemption when added with the contributions (as their savings) made to the Provident Fund or the Pension Fund for Public Servants or the Provident Fund under the law on private schools, shall not be exceeding 500,000 Baht.
- (4) Increase the amount of deduction for the income spent to purchase investment units in long-term portfolios from previously not exceeding 300,000 Baht to not exceeding 500,000 Baht.

Those measures as stipulated from (1) - (4) shall enforce taxable income earned in 2008 onwards.

- (5) Deduction of expenses incurred in taking care of spouses, parents, lawful children or adopted children of the income earner or of his/her spouse; provided those persons in their care shall be persons with disabilities who cannot perform their activities and hold a disability ID card pursuant to the Act on Promotion and Development of Life Quality of Persons with Disabilities 2007, where it is deductible 30,000 Baht per a disabled person. This shall be enforceable to the taxable income earned in the year when the said law is in force onwards.

6.3 Local Administration Organizations and the Elderly Care ³

6.3.1 Development of the Elderly Care by Local Administration Organizations

The role of local administration organizations in providing welfare to older persons is formally initiated when the government has established the Elderly Welfare Promotion Fund (subsistence allowance) in communities in 1993 for their subsidizing the unprivileged elderly in the sum of 200 Baht monthly per person. This program is to provide chance to communities to take part in search and selection of older persons through village public welfare assistance committee. At each village members support center, the village leader shall act as a member of its executive committee. It is the initiation for interaction between communities and people in providing services to older persons. Such joint actions turn continually developed quite well, causing change in social trends where to encourage the local-based administration for achieving community autonomy aiming at self-dependency more than dependency on others. The concept of a self-dependency community or autonomous community is subsequently implemented in many pilot communities. It is the initiation of interaction of the local sector with the public, whereby the local sector is open to accept recommendations of people and let people participate in development of communities more than previously.

The role of local administration organizations turns more explicit under the Constitution 1997 as Section 78 prescribes "the State shall decentralize the authority to communities to encourage their self-dependency; where either the public utilities, facilities or the infrastructure of information technology shall be accessible at the equal level throughout the Country, including to develop any ready provinces to expand and strengthen their local administration organizations to implement well-being of people in their provinces." Based on such prescription, it is the threshold of community-base care for their own people.

³ By Associate Prof. Sasipat Yodpet, the Faculty of Social Administration, Thammasat University.



Presently, there are 7,853 local administration organizations throughout the Country which can be classified as follows: (Table 49)

Table 49 Number of all local administration organizations throughout the Country

Categories	Number
1. Provincial administration organizations	75
Municipalities	1,276
City municipalities	23
Town municipalities	129
Sub-district municipalities	1,124
2. Sub-district administration organizations	6,500
3. Special local administration organizations (Bangkok and Pattaya)	2
Total	7,853

Source: The Modalities and Structural Systems Research and Development Division, the Department of Local Administration, (September 30, 2007).

6.3.2 Public Service Provision by Local Administration Organizations

The Act on Prescription of Plans and Steps of Decentralizing Authority to Local Administration Organizations 1999, Section 30 specifies: 'the public services that are the repetition of tasks between government agencies and local administration organizations, or the government mission in providing any other services within local administration areas, or the mission that is the implementation of the government policies, shall be completely transferred under the charge of local administration organizations by the year 2010. Those missions are classified into 3 types as follows:

1. Local Administration Organizations operate by themselves

It is basic public services involving well-being and infrastructure arrangement that are operated in 3 ways, i.e. 1) the tasks transferred to local administration organizations by other government agencies which local administration organizations can manage by themselves on their capacity basis; 2) the tasks which need interactions among various local administration organizations; and 3) the tasks which local administration organizations are required to operate by themselves but they can buy, assign or procure or employ the private sector to do on their behalf.

2. Local Administration Organizations and government agencies jointly operate

It is provision of public services, where local administration organizations operate some part while some other part still under the charge or supervision of government agencies.

3. The non-transfer missions which local administration organizations can operate

Some tasks are not transferred to local administration organizations. However, if any local administration organizations desire to provide such services themselves, they shall be entitled to do so; provided such servicing shall be standardized as determined by the relevant Ministries.



Presently, 180 tasks (of total 245 tasks) have been transferred under the charge of local administration organizations, so remaining only 64 tasks. Thus, we may say that local administration organizations now provide services to their people in nearly full sphere.

Regarding substitution of tasks, local administration organizations take also the monitoring step pursuant to the Act on Prescription of Plans and Steps of Decentralizing Authority to Local Administration Organizations 1999, Section 12(14) by a means of their comparison of the task effectiveness in the fiscal year 2006 with the fiscal year 2005 through the inquiring of the sample groups. In this connection, the people assess that local administration organizations successfully provide public services they substitute for government agencies because more people can access those services at 84.80%. It shows that people are widely aware of public services provided by local administration organizations (Table 50), whereby older persons as a group of community members, therefore, also access some public services provided by local administration organizations.

Table 50 Assessment of effectiveness in servicing

Effectiveness	Provincial n Administratio Organizations		Municipalities		Sub-district Administration Organizations		Total	
	n	%	n	%	n	%	n	%
Same as previously	11	18.64	20	18.02	70	12.80	101	14.09
Worse/less than previously	1	6.78	-	-	4	0.73	8	1.11
Better/more than Previously	44	74.58	91	81.98	473	86.47	608	84.80
Total	59	100.0	111	100.0	547	100.0	717	100.0

Source: The Department of Local Administration, 2008.

6.3.3 Provision of services and care for older persons

With respect to the provision of services and care for older persons, local administration organizations set their plans on providing welfare for older persons in the following 4 arenas:

1. Health-care services;
2. Integration promotion to strengthen representative organizations of older persons and persons with disabilities;
3. Occupational and income promotion for older persons and persons with disabilities; and
4. Providing volunteers to act as caregivers of older persons and persons with disabilities.

Regarding their implementation of the plans mentioned above, several local administration organizations do not directly provide services to older persons, but they support budgets to the relevant groups, agencies and organizations in their communities to arrange services to older persons, such as support budgets to primary care centers and hospitals for treatments of ill older persons; support each destitute older person with additional subsistence allowance by using their common budgets; giving requisite things and articles; repairing housing; promoting exercise and recreations by budgetary support for trainers, audio appliances and other facilities used by those groups and organizations to arrange various activities including education tours



for older persons. To implement the joint resolutions of the Cabinet and the Ministry of Social Development and Human Security about the community-based elderly home caregivers with their own budgets, in 2007 there are only 40 local administration organizations carrying out such program.

The budgets for providing services and care to older persons by local administration organizations can be classified into 2 levels:- nationally supported by the Department of Local Administration, the Ministry of Interior; and locally supported with the own budgets of local administration organizations. In 2007, the Department of Local Administration allocates budgets to local administration organizations to implement actions in 3 ways as follows:

1. To support elderly social service centers (transferred by the Ministry of Social Development and Human Security to local administration organizations): The budgets are supported to elderly social service centers for operational expenses and staff salaries in the amount of 8,585,000 Baht so as to render health-care services, income, knowledge, recreational and religious promotion activities, etc.
2. To support elderly residential homes (transferred by the Ministry of Social Development and Human Security to local administration organizations and local administration organizations propose for budgetary allocation through the Department of Local Administration): The budgets are supported to elderly residential homes for operational expenses and staff salaries in the amount of 80,302,000 Baht (for older persons who encounter difficulties such as the abandoned ones without accommodations nor caregivers, etc.) to assist them the 4 requisites, health examination, physical and mental treatments.
3. To subsidize subsistence allowance for older persons by supporting the budgets of approximately 10,531,596,000 Baht as subsistence allowance to totaling 1,755,266 older persons in the amount of 500 Baht/person/month throughout their life subject to the rules on qualifying older persons who are entitled to subsistence allowance.

Based on the elderly services and care provided by local administration organizations stated above, it may say that local administration organizations still take a little part in giving care to older persons in their communities because mostly those services only serve as temporary solutions to the problems, but normally the elderly problems seem sophisticated needing continual solutions especially those involving their health and income which are factors of their poverty and being abandoned and subsequently causing moral or ethics problems of such communities. To solve these problems, we shall systematically and professionally cope with such problems within the timely and good framework.

However, hope still remains as local administration organizations try to standardize their servicing to older persons. This may be deemed as basic security for the community-based elderly care and services.

6.3.4 Elderly Care Standards by Local administration organizations

Local administration organizations pay attention to provide services to all groups of people in their communities. Apart from extension of the services, they also take account of the standards of those services. For older persons, local administration organizations focus on the equal quality and standard of welfare and support, they, therefore, set up the standards of elderly care in 2005 with the objectives to analyze the roles and obligations of local administration organizations pursuant to the law; so that local administration organizations can access the proper framework, primary indicators and performance indicators so as to provide support to older persons under the correct knowledge and set up guidelines for their personnel to efficiently provide services accordingly.



There are 6 standards of elderly care set up by local administration organizations:-

1. Health and medical treatment standards comprising establishment of public health centers for older persons, health examination at home, education, training elderly caregivers about the correct health care, yearly health examination, health counseling for individuals, issuing cards for older persons to privilege them free treatments at the hospital, medical and public health services that are focused on convenience and rapidness for older persons, support of treatment expenses, health insurance, and physical therapies.
2. Income standards comprising providing income welfare to poor older persons who have no supporters, encouraging establishment of the elderly welfare promotion fund in communities, assisting daily cost of living, providing subsistence allowance, supporting transportation fees as deemed fit, the provident fund, allowing various discounts such as for medicine price, dental service fee, giving proper occupational capital.
3. Housing standards comprising providing residential homes for older persons who have to separate from their families or relatives or have low income, providing nursing homes, residential homes with only partial fees required, searching families to take care of them.
4. Recreational standards comprising establishment of elderly clubs, associations, recreational services on holidays, organizing elderly activities together with youth activities, and educational tours.
5. Standards of social protection, families, caregivers and protection systems.
6. Standards of establishment of social services and supportive networks comprising services that enhance consecutive learning of older persons, enhancing access to information and social services, supporting arrangement of traditional funerals, establishing elderly social service centers, religious services, tax deduction for children who take care of no-income older parents, legal counseling.

To implement these standards, the relevant indicators are set up in 2 levels, i.e. primary indicators as the significant ones for tasks responsive to basic need of living of older persons by local administration organizations providing services and support to older persons; and performance indicators as the significant ones for tasks of service improvement and development or as the advanced indicators. To improve or develop services, local administration organizations may undertake or select to undertake base on their capacity.

In 2007 local administration organizations' standards are reviewed, thereby the minimum standards of their public services rendering are set up with the objectives to share responsibility between the central government and local administration organizations for the purpose of their autonomy where local administration organizations can effectively and worthily use the resources allocated to them by the State to provide the same standards of services as provided by government agencies. The aim of such minimum standardization is to standardize and guarantee the quality of public services, build the monitoring system to verify standard quality, systematize the budgetary mechanisms to create integrated development plans of local administration organizations and provincial agencies both at intra- and inter-levels, including the interactions between local administration organizations and provincial agencies. It is to create incentives and criteria on allocation of subsidy to local administration organizations based on the assessment of their servicing; return of information to communities/villages by surveillance representatives, where the output information will serve as benchmarking data for them. There is also exchange of work experience among various local administration organizations to upgrade those minimum standards. Such minimum standardization is deemed as improvement of standards of elderly services to determine the framework of services rendered by local administration organizations.



6.3.5 New Trends of Elderly Care by Local Administration Organizations

To improve and upgrade services and care for older persons requires the interactions among all social parts and sectors, either the public, communities or local administration organizations; whereby the public and older persons shall directly reflect their need along with their exact problems, and communities by local administration organizations shall support solutions to such problems. For those services which are aimed at well-being of people, the communities and local administration organizations turn to play the more significant role because this sector can afford lots of resources and social capital especially the budgetary support from the State which is increased every year. Consequently, they should develop themselves to successfully pool interactions between all parts and sectors and simultaneously lead themselves to act as head or leader in supporting services and care for older persons finally.

Such concept is publicized and there are 7 local administration organizations (LAOs) voluntarily participate in implementing the concept as the pilot group namely the Municipality of Muang Sakonnakhon District, Sakonnakhon Province; the Municipality of Rakam Sub-district, Phitsanulok Province; the Municipality of Mae Hiah Sub-district, Chiangmai Province; Sub-district Administration Organization of Khao Suan Kwang, Khon Kaen Province; Sub-district Administration Organization of Sam Phraya, Phetchaburi Province; and Sub-district Administration Organization of Nong Hiang, Choburi Province; while the LAOs which only supports the budgets as the Party in charge namely the Municipality of Khao Chaison Sub-district, Phthalung Province. In this connection, 3 of these LAOs have established and officially inaugurated multi-purpose senior citizen centers (MPSC), namely the Municipality of Sakhonnakhon, Sub-district Administration Organization of Khao Suan Kwang and Sub-district Administration Organization of Khao Chaison; while the other 4 of them some have initiated the MPSC and some are in the process of establishing the MPSC. For the MPSC that are open to render services, it appears that older persons can access a lot of benefit such as using the MPSC as their meeting places and seek for their true interesting activities whether conversation, speech, arts, singing or exercise. The significant work LAOs have done is to provide chance to older persons to take part in management of the MPSC (multi-purpose senior centers) in order to promote usage of their knowledge, skills and experience, making them proud of themselves. In addition, to join in activities by many groups leads to learning, intellect transmission and cooperation among LAOs, various organizations and people of several age groups. It makes the LAOs which participate in this Project as the pilot group access the true knowledge in providing welfare and care to older persons in the new trend.

6.3.6 The exact role of LAOs in the elderly care-services

Through the elderly welfare and services provision on trial by LAOs in the form of Multi-Purpose Senior Centers (MPSC) during the previous 1 year, it reaches conclusion of the exact role of LAOs as the leader of adjusting communities even from firstly adjusting perspectives of providing services to people of all ages including the old-age group, from previous perspectives where such services were provided solely by the government to new perspectives where to take account of the determination of the community own problems and true need. There is initiative encouragement of the elderly awareness of their true problems through the community-based elderly database, such as in Sub-district Administration Organization of Khao Suan Kwang and the Municipality of Muang Sakonnakhon where to bring these data to analyze their problem condition and real need. There is adjusting of the community learning process to become joint learning so as to seek for the appropriate solutions and lead to the services that suits the necessity of communities more than previously.

The additional role of LAOs as the coordinator of service networks both at intra- and inter-community levels with the objectives to access the correct methodology and strengthen the capacity of LAOs. In this connection, LAOs have established networks with government agencies such as the Ministry of Social Development and Human Security, the Ministry of Labor, the Ministry of Public Health, the Ministry of Education, etc. Regarding the private sector, the networks are built with social welfare foundations, provincial branches of the Thai Red Cross Society, companies and firms so as to join in providing services and



supporting various resources. This undertaking makes the work of LAOs link and connect with the relevant networks and bring many advantages where older persons can access good services with more coverage.

The examples stated above show that provision of services and care to older persons in the correct and proper way brings many uses to LAOs, thereby LAOs can reach the conclusion of their exact role that is in compliance with the expectation of older persons and the public. Consequently, the lessons from this pilot Project will challenge the provision of elderly services by the other local administration organizations in developing their role to achieve their expected aim accordingly.

6.3.7 The Future Role of LAOs in Elderly Care

The future role of communities in elderly care has to be much developed and extended. In this connection, LAOs shall pay attention to the combination of political, administrative, ethical and humanity arenas under the service system. In the future, the elderly welfare will be completely transferred to be under the charge of LAOs, then the parties with significant role will be communities and community heads who shall be educated and developed of their service mind to upgrade their welfare provision more efficient both at the community and the local levels, whereby communities and LAOs may cope with their basic problems and strengthen their capacity in mainstreaming their policies into the national policies to achieve the summit aim. If this can come true, communities will be deemed completely perform their duty and the elderly care system will truly belong to older persons and communities.

6.4 Subsistence allowance for older persons⁴

6.4.1 The supportive system for the elderly subsistence

Presently, Thailand has faced with the aging society, it is necessary for the government to prepare readiness of its policies in many arenas, whether establishing the income security for old age or building the long-term care system. The concept on extension of the subsistence allowance base for older persons introduced by the present government is deemed as a response to such challenging phenomenon.

The intention of the supportive system for the elderly subsistence (subsistence allowance) is to provide financial assistance to poor or destitute older persons. This system is initiated in 1993 under the charge of the Department of Public Welfare by a means of allocating subsistence allowance to older persons aged over 60 years and more who earn insufficient income, or are abandoned with no caregivers and/or unable to take care of themselves or earn their own living. At the time of bureaucratic decentralization, the mission of selecting and qualifying older persons who are entitled to subsistence allowance is then transferred to be under the obligations of local administration organizations pursuant to the Ministry of Interior's Rules on Subsidizing of Subsistence Allowance Payable by Local Administration Organizations 2005, where it prescribes basic qualifications of those who are entitled to subsistence allowance as follows: i) shall have domicile within such local administration area; and ii) earn insufficient income or are abandoned, without caregivers, or cannot earn income for their living. It is under the conditions that those who face more difficulties or face several problems or those who live in the remote areas where to difficultly access the services provided by the government shall be considered as priorities. The selection process is focused on participation of people in the relevant communities who serve as significant mechanism. The source of the fund under this subsistence allowance is an ad hoc supportive fund. Subject to the Cabinet's resolutions

⁴ Written by Assistant Prof.Dr.Voravesma Suwanrada, the Faculty of Economics, Chulalongkorn University.

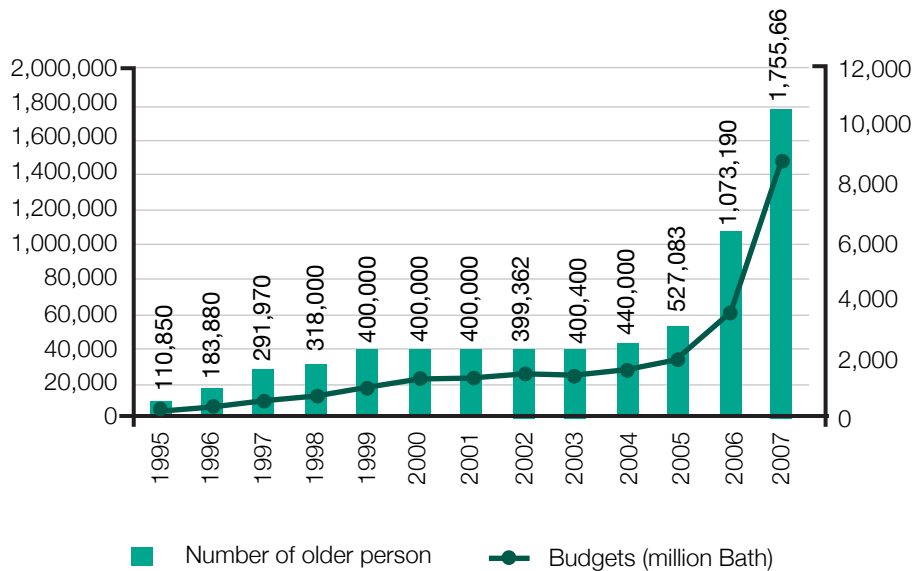


adopted on December 12, 2006 it is resolved to increase the subsistence allowance for older persons to 500 Baht/person/month. Moreover, in practice, any local administration organizations which have strong financial status may, with their own budgets, increase such allowance more than the said amount but not exceeding 1,000 Baht so as to cover the present cost of living, or may increase the number of those who are entitled to such allowance.

6.4.2 Number of older persons entitled to subsistence allowance - differentiation between the previous circumstance and the present circumstance

At the beginning of the fiscal year 1993 there were approximately 20,000 older persons receiving this allowance with the budgets spent only 12 million Baht. Presently, in the fiscal year 2007 the number of older persons receiving this allowance very rapidly increases of more than 87 times or increasing to 1,755,266 persons with the total budgets spent of 10,532 million Baht. If considering older persons in Bangkok Metropolis who are entitled to such allowance in the number of 7,912 persons, the total number of older persons entitled to the allowance will be of 1,763,178 persons. In addition, there is also a number of older persons receiving subsistence allowance from the budgets of their local administration organizations, which we still do not know their exact number (Diagram 46).

Diagram 46 Number of older persons entitled to subsistence allowance and budgets in each year



Source: Voravesma Suwanrada (2007).



Based on the statistics involving number of older persons who receive subsistence allowance from ad hoc budgets through the Department of Local Administration during the previous 3 fiscal years, it shows that on the whole throughout the Country, number of older persons receiving subsistence allowance has increased very rapidly from 527,083 persons in 2005 to 1,073,190 persons in 2006 and to 1,755,266 persons in 2007. The average of such increase between the fiscal year 2005 and 2007 is very high at 116.5%. In comparison with the number of older persons recorded in the Population Register around the Country, it is found that proportions of older persons receiving the subsistence allowance are high at 31.6%. It means that nearly one third of older persons throughout the Country are receiving the subsistence allowance (Table 6.3).

In consideration of the spread of number of older persons entitled to the subsistence allowance classified into regions in the fiscal year 2007, it appears that older persons in the northern region receive such allowance in the number of 355,154 persons; the north-eastern region in the number of 863,794 persons; the central region in the number of 348,589 persons and the southern region in the number of 187,729 persons. In comparison among the regions, the proportions of those who receive the subsistence allowance are found highest at 45.0% in the north-eastern region. It means that nearly one half of older persons in such region receive the subsistence allowance, while in the other regions proportions of those who receive such allowance are between 20 and 30%. In comparison with the previous fiscal year, whether in any region, the proportions of older persons receiving subsistence allowance to their total number explicitly increase more than 3 times except the central region (Table 51). In consideration of each province, it is found that number of those who receive such allowance also increases in every province. Several provinces have the increase rate of older persons entitled to the subsistence allowance much higher than the national average rate, such as Phuket, Cholburi, Pathumthani, Samutprakan, Phranakhon Sri Ayudhya, etc. In addition, the proportions of older persons who receive such allowance to their total number in each province also trend to increase.

Table 51 Number and proportions of older persons entitled to subsistence allowance in the fiscal years 2005-2007

Regions	Number of older persons entitled to subsistence allowance (persons)			Increase Rate (%)			Proportions of older persons entitled to the allowance to the total number of older persons (%)		
	2005	2006	2007	Fiscal years 2005-2006(%)	Fiscal years 2006-2007(%)	Average per year 2005-2007(%)	2005	2006	2007
North	107,251	229,184	355,154	113.7	55.0	115.6	9.0	18.8	28.8
North-east	233,134	502,651	863,794	115.6	71.8	135.3	13.1	27.1	45.0
South	63,067	129,075	187,729	104.7	45.4	98.8	7.9	15.8	22.5
Central Whole	123,631	212,280	348,589	71.7	64.2	91.0	8.4	13.9	22.1
Country	527,083	1,073,190	1,755,266	103.6	63.6	116.5	10.0	19.8	31.6

Notes: The number of older persons entitled to subsistence allowance is the data based on the fiscal years, while the number of older persons in the Population Register is the data based on the calendar years.

Source: Voravesma Suwanrada (2007).



6.4.3 Selection process of older persons entitled to subsistence allowance

Although TDRI has forecast based on the survey of the National Statistical Office on the economic and social condition of families that in 2006 there are approximately 1.2 million older persons being members of poor families, some people still argue whether Thailand really has poor or destitute older persons in such big number. Through my research, the subsistence allowance system its own has many problematic points even from the qualifications of persons entitled to the allowance until its selection process.

In the point of qualifications, it rather covers too wide scope which give chance to some persons to imply in their own favor. In addition, the term 'or' enables older persons who are not the true destitute to be entitled to the allowance. For example, shall the term 'insufficient income for their cost of living' cover the case of those who receive monthly pension or those who have no pecuniary income but have immovable property? Does the term 'being abandoned' cover the case where their children leave them to work in other provinces unable to directly take care of them but send them money for their cost of living? In the point of selection process taken by local administration organizations (LAOs): Although subject to the Ministerial Rules, LAOs are prescribed to use the people mechanism to select those who shall be entitled to the subsistence allowance, in practice even the same rules (the Ministry of Interior's Rules on Subsidizing of Subsistence Allowance Payable by Local Administration Organizations 2005) are observed; but through the in-dept interviews with a number of heads of LAOs, it appears varieties of the selection process. Each process has different strictness from one another. On the whole, those selection processes may be classified into 3 forms as follows: first form LAOs allocate subsistence allowance to every older person regardless their qualifications (some LAOs allege it is the basic right entitled to older persons); second form LAOs shall consider only those who are qualified pursuant to the relevant criteria by a means of decentralizing authority to the public to act as selector; and third form LAOs observe the criteria same as the second form, but require further approval from the village committee and/or local committee. In the very strict areas, there are several further steps of approval, or further approval from the inter-community committee so as to reduce the gaps between the selection process among various communities.

The ways to put in order the names in the list (of those who are entitled to the allowance) also differ among various communities: Some communities take difficulties of the candidates for granted, some take the public decision for granted alleging the democratic system, some put in the descendent order (put more age first and then less age.) Moreover, the term 'the public (people)' is interpreted in different ways among various communities. For example, some communities interpret such term as representatives of each family and some communities do not limit the number of representatives of each family, etc. The differentiation of interpretation of the Rules or of the selection process among communities even set forth in the same Rules can cause a decline in the aim and make the destitute older persons are treated in different ways among different communities.

In the point of the amount of subsistence allowance, although the Ministry of Interior's Rules on Subsidizing of Subsistence Allowance Payable by Local Administration Organizations 2005 provide chance to LAOs which have high potential financial status to increase the amount of the allowance for older persons, it exists no LAOs increasing the allowance exceeding the amount stipulated in the Rules (the allowance is still at the rate of 500 Baht/person/month). In this connection, most LAOs prefer to use their own budgets to those subsidized by the central government.

6.4.4 The orientation of the subsistence allowance system

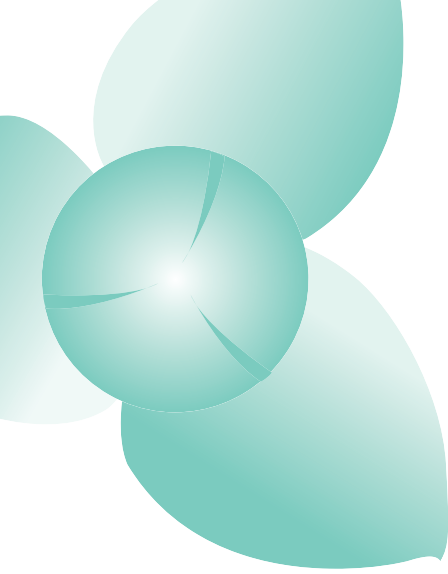
As the current selection process of those who are entitled to the subsistence allowance seems weak, the concept on extension of such allowance base to cover every older person is then improper right now. To



entitle subsistence allowance to every older person means it shall incur enormous budgets and may cause neglect of the truly destitute older persons as well as may weaken saving incentives for those who will become old age in the future. The government should expedite to modify various provisions applicable to the selection process, so that the truly qualified candidates shall be selected to access the subsistence allowance, whereby such allowance can well function to assist the truly destitute older persons. It can be done either by specifying more explicit or exact qualifications to eliminate bias interpretation in favor of the unrelated parties. The groups which are entitled to pensions (such as the public servant pension, the social security fund, etc.) should not be entitled to the subsistence allowance. The selection process should be driven by the village people and then reconsidered by the committee in charge; at least this will reduce the differentiation of the term 'destitute' among various communities even in the neighboring one, which will lead to equity both in vertical (the truly destitute are entitled) and horizontal ranges (each group of the destitute in each community should be equally treated). The monitoring system of the selection process should be prescribed to be performed by larger agencies than local administration organizations (LAOs) so as to make the allocation of budgets achieve its real purpose and simultaneously promote good financial disciplines of LAOs.



Executive Recommendations



CHAPTER 7

Executive Recommendations

Based on the preceding information herein, the situation trend of the Thai elderly may be summarized with recommendations for orientation of frameworks as follows:-

1. The issue of care for vulnerable older persons

The trend of the Thai elderly population is likely to increase consecutively from 10.3% or 6.7 million persons in 2005 to double number i.e. 20% or 14 million persons in 2025 taking very short time of only 20 years. The Country is, consequently, deemed having the very rapid aging rate. In addition, the life expectancy of Thai people also increases from 58 years in 1964 to 72 years in 2007. This is resulted from economic, social, medical, public health and hygienic environmental development, which reduces the death rate at birth and at young age. There is also decrease in fatal epidemics causing long life of Thai people. In addition, the result from the birth control in the past causing declines in the birth rate and further impacting decrease in number of the youth population. In 1997 there are 8 working age persons to take care of 1 older person, while in 2007 there are only 6 working age persons to take care of 1 older person. The population structure changes causing the phenomenon where the proportions of the oldest old (age 80 years and more) group rapidly increase, presently the year 2007 this group has increased to around eight hundred thousand persons equivalent to 12%. Older persons of this group are the largest group that encounter health problems either blur sight, falling incidents, partial paralysis, paralysis or dementia making them in high dependency on their families and societies. This group, therefore, is the vulnerable to all problems. The government shall prepare to establish the care security for this group of older persons whose numbers are likely to rapidly increase. Based on the relevant data, the elderly care has settled its main base in the family institution. It arises from the merits of Thai culture. Unfortunately, the family capacity gradually weakens by the economic and social development context. Consequently, the government should build the supportive system/network to relieve burdens of families. In recent years, the Ministry of Social Development and Human Security has established the community-based-care network through home-care volunteers/field workers (HCV) in all 75 provinces but



still not fully covering every area. Although the Senior Citizen Council of Thailand under the Royal patronage of Her Royal Highness the Princess Mother promotes some elderly representative clubs and associations to launch the program on peer group care, it is accessible to only 7% of the group that needs care but without caregivers (in a total number of approximately six hundred thousand persons of all age groups). The government, therefore, should urgently encourage extension of the existing mechanisms/measures to be of full coverage able to provide services responsive to the need and necessity of older persons and their families. In this connection, it should support education and training of home-care volunteers (HCV) to increase their number and standard under the explicit policy with indicators set up for all local administration organizations (LAO) around the Country.

2. Promotion of learning of older persons

Normally, the young old group (age 60-69 years) is better educated than the old old group (age 70-79 years) and the oldest old group (age 80 years and more). Older persons are likely to be better educated in the future. However, when becoming old age, our work condition will change. Those who previously are the formal workforce will turn to be the informal workforce with no retirement and working until ceasing the capacity to do so. Subject to the relevant information, even at old age, older persons still want to sustain their work as their working hours keep unchanged in comparison among previous years, they are found to work as employees in more number. Working and gaining income makes the proportions of the poor older persons (earn income lower than the poverty line, i.e. monthly 1,386 Baht) continually decrease from 24.2% of the total poor people in 2000 to 20.3% in 2006. Anyhow, to sustain their work for earning income and eliminating poverty, older persons shall be developed to access their lifelong learning in order to achieve occupational skills suiting both their physical and mental condition. Based on the relevant data, it exists non-formal education provided to older persons, where most of them select to enroll in courses of social development and enroll by their preference. They are found enrolling in the occupational development courses in rather few number, it may be owing to the training being organized in a disinterested or unattractive way. A channel that the government should take to promote learning is through the transmission of local intellect among older persons or between the old age group and other age groups under the community-based knowledge management process or knowledge exchange. It will create naturally learning by learners so as to acquire new knowledge and skills to support their occupations and income. In addition, the government should review its policy on the pilot governmental employment program to serve as example to the private sector for promotion of elderly employment. That will be a channel of economical security for older persons. Regarding the Ministry of Labor which is operating the elderly occupational training and placement should launch pilot projects to increase elderly employment both quantitatively and qualitatively. The community-based knowledge management, apart from providing occupational skills, also creates awareness and sharing of information. The knowledge exchange process may be done with the support of LAOs through the community-group-gathering mechanism/elderly representative clubs/multi-purpose senior citizen centers or any other private organizations under the charge of LAOs as the parties that shall drive implementation of such process.

3. Access to news and awareness of rights

Subject to the information on awareness and exercise of right under the Act on Older Persons: 2003, most of older persons (61.8%) are unaware of various services entitled to them under the law, except the subsistence allowance which they are found to know in a big number at 77%. Regarding their awareness of right and entitlement to subsistence allowance, there is, however, differentiation of their interpretation. They are found aware of occupational information and training in the smallest number at 30%. As they are slightly aware of occupational information, older persons do not claim or allege their right unlike persons with disabilities. The government should, consequently, establish more information awareness encouraging mechanisms,



encourage more publication of their rights through public relation mechanisms such as radio, television, community radio, press release centers, and through the community-based knowledge management mechanism in collaboration with elderly representative clubs/associations throughout the Country; provided correct information/news shall be communicated under the true interpretation such as the subsistence allowance issue. After having known, older persons will take steps to encourage the stakeholders' implementation of the relevant governmental plans and policies like persons with disabilities.

4. The role of communities in providing care and welfare to older persons

Since the time of the Constitution: 1997 when it prescribes to decentralize authority to local administration organizations where its bylaw specifies plans and steps of authority decentralization to local administration organizations (LAO): 1999, Section 30 prescribing to transfer public services to be under the charge of LAOs; LAOs have set 4 elderly welfare plans as follows: 1) the plan on health-care services; 2) the plan on promotion of integrating and strengthening elderly representative and disabled representative organizations; 3) the plan on occupational and income promotion for older persons and disabled persons; and 4) the plan on providing care-giving volunteers for older persons and disabled persons. However, based on this Report on the Situation of the Thai Elderly, it appears that in 2007 in spite of the Cabinet's resolution adopted on April 10, 2007 resolving to extend the project of care-giving volunteers for older persons to cover all areas in the Country, most LAOs still hesitate to implement all the 4 plans stipulated above; only 40 of the total 7,853 LAOs have just implemented the 4th plan. It may be because LAOs have not had correct knowledge and skills to implement all the 4 plans. A solution for LAOs to implement the 1st plan is to support the budgets to groups/agencies/organizations in their communities to provide services to older persons on their behalf, such as support budgets to primary care centers or hospitals, etc. Anyhow, for certain activities which have no any party take direct charge of, such as the activities under the 2nd and the 3rd plans, there is still no support of the know-how to LAOs on such services. It is hereby recommended that the government should provide training and education to LAOs by a means of the agencies previously in charge of those services transmitting knowledge to LAOs and acting as mentors to undertake the tasks together with LAOs (right now LAOs should not yet absolutely substitute the tasks alone.) In addition, LAOs should play the role in occupational and income promotion for older persons by acting the direct party in charge of interacting with various agencies involved either the relevant local offices of the Non-formal Education Commission and the Ministry of Labor to organize the occupational training suiting older persons' requirement. Furthermore, LAOs shall encourage the public knowledge awareness process to enable people understand their right aiming them to exercise such right to achieve their well-being. That will strengthen communities to administer and provide care to their members by themselves through the enhancement of establishing the 'community councils' or the 'multi-purpose senior citizen centers' or the 'health unions', as these entities will give recommendations to LAOs on the welfare provision.

The central government should expedite to modify the relevant covenants and criteria to reach the well-functioning selection process for subsistence allowance, whereby the truly deserving older persons can be selected and the subsistence allowance can achieve its real target. The ways to undertake this, may be to prescribe the stricter and more exact qualifications of the candidates to eliminate bias interpretation in favor of the unrelated parties. The groups which are entitled to pensions (such as the public servant pension, the social security fund, etc.) should not be entitled to the subsistence allowance. The selection process should be driven by the village people and then reconsidered by the committee in charge; at least this will reduce the differentiation of the term 'destitute' among various communities even in the neighboring one, and lead to equity both in vertical (the truly destitute are entitled) and horizontal ranges (each group of the destitute in each community should be equally treated). The monitoring system of the selection process should be prescribed to be performed by larger agencies than local administration organizations (LAOs) so as to make the allocation of budgets achieve its real purpose and simultaneously promote good financial disciplines of LAOs.



References

- Bangkok Metropolitan Administration: Operational Report of the Home for the Elderly Ban Bangkae 2, 2007, Provincial Administration Organizations of Kanchanaburi, Nakhonpathom, Lopburi, Nakhonsawan, Chanthaburi, Chiangmai, Nakhonratchasima, Mahasarakham, Trang, Chumphon: Operational Reports on Homes for the Elderly 2007.
- Bureau of Empowerment for Older Persons: The Report on the Implementation of the Act on Older Persons:2003, Section 11. (2007)
- Bureau of Empowerment for Older Persons: The Annual Implementation Plan 2007.
- Bureau of Empowerment for Older Persons: The Annual Operational Report 2007.
- Commission on Decentralization of Authority to Local Administration Organizations. Minutes of the Meeting no. 6/2007.
- Commission on Decentralization of Authority to Local Administration Organizations. Report on Monitoring of Decentralization of Authority to Local Administration Organizations as of the Fiscal Year 2006.
- Department of Corrections: The Annual Report 2007.
- Department of Health: The Report on Implementation of Work 2007.
- Department of Local Administration, Division of Modalities and Structures Research and Development, 2007 (www.thailocaladmin.go.th).
- Department of Local Administration. Information on Implementation of Promotion and Development of Life Quality of Older Persons by the Ministry of Interior, (Mor Por Por.) Mimeographed Documentation.
- Department of Local Administration, Ministry of Interior. Standards of Support for Older Persons.
- Department of Provincial Administration, Ministry of Interior. Available online at <http://www.dopa.go.th/hpstat9/inhouse.htm>. Access on 2 May 2008.
- Department of Social Development and Welfare: The Operational Report of Offices of Social Services 2007.
- Institute for Population and Social Research. 2006. Scenery of Populations of Thailand 2005-2025. Mahidol University, Bangkok: Edison Press.
- National Statistical Office: Preliminary Conclusion of the Survey of the Older Persons in Thailand 2007.
- National Statistical Office. 1996. The Project on Survey of Birth Control in Thailand 1996.



National Statistical Office. Population & Housing Census 1960, 1970, 1980, 1990, 2000.

National Statistical Office. Report on the Survey of Population Change 1964, 1974, 1985-86, 1989-90, 1995-96 and 2005-06.

National Statistical Office, 2008. Thai Older Persons 2007: View/Reflection from Statistical Data. Bangkok: P.A.Living Ltd.

Office of the National Economic and Social Development Board 2003. Thai Population Prospects, 2000-2025, Bangkok: Office of the National Economic and Social Development Board.

Office of the National Economic and Social Development Board 2007. Thai Population Prospects, 2000-2035, Bangkok: Office of the National Economic and Social Development Board.

Patama Wwatanawong and Pramote Prasartkul. (2005). The Future Thai Population, the Institute for Population and Social Research, Mahidol University.

Pramote Prasartkul. (2007). The Aging Society of Thailand. Training for Thai Government Officials: Policy for Aging Society Supported by JICA and Ministry of Social Development and Human Security Organized by Institute for Population and Social Research, Mahidol University 19-30 November 2007, at Royal Princess, Lan Luang, Bangkok, Thailand.

Pramote Prasartkul and Patama Wwatanawong. (2005). The Death and Long Life Condition of Thai Populations, the Institute for Population and Social Research.

Pramote Prasartkul. 2000. The Population Studies: Study of Human Populations, Bangkok: Amarin Printing And Publishing.

Samrit Srithamrongsawat, (Physician) Dr. and colleagues, 2007: Research on Long-term Community-based Health Care for Older Persons: Bangkok: Graphico Co., Ltd., August 2007.

Sasiphat Yodphetch, 2007. Community-based Multi-purpose Senior Citizen Centers. Bangkok: Mister Copy (Thailand) Ltd.

Senior Citizen Council of Thailand under the Royal Patronage of HRH the Princess Mother: The Annual Report 2007.

Siriphan Sasat. 2006. The Elderly Nursing: Often Found Problems and Guidelines on Care. Bangkok: Chulalongkorn University Publishing.

Shryock Henry S. (2004). The Methods and Materials of Demography. New York, Academic Press Institute for Population and Social Research, Mahidol University. Mahidol Population Gazette. Vol. 15 January, 2006; Vol. 16 January, 2007; Vol. 17 January, 2008.

Thanawang, Kattika and Kusol Soonthorndhada, 2008. Family Relations and Health-Promoting Behavior Among Older People in Nan Province. In Journal of Medical Association of Thailand (J.Med Assoc Thai), Vol.91 No. 7, 2008.



United Nations. World Population Ageing 2007. Department of Economic and Social Affairs, Population Division, New York. World Health Report available online at www.who.int/countries/tha/en/ access on May 6, 2008.

UNFPA Thailand 2006. Ageing Situation in Thailand: Circumstances and Policy Bangkok, UNFPA

Voravesma Suwanrada and colleagues. Study of the Present Situation of Subsistence Allowance for Older Persons in Thailand, the Complete Study Report subsidized by Thailand Research Fund through National Health Foundation. 2007.

Wannalak Miankerd, 2006. The Project of Values and Expectation of Old Age and Multi Ages, the Project Series of Long-term Family-based Care for Older Persons. National Health Foundation, Thailand Research Fund.

Worawan Chanduaykit, 2006. The Income Security for Older Persons and Poverty in Thailand, Thailand Development Research Institute.

Worawan Chanduaykit and colleagues, 2006. Assessment of Social Risks and Vulnerabilities: Assessment of Social Protection of Thailand at Organizational and Institutional Levels, Thailand Development Research Institute.



Annex



Annex 1

List of Researches on Older Persons carried out in 2007*

No.	Title of Research	Name of Researcher	Year of Printing	Workplace of Researcher	Budgets supported by
1	Equity in Healthcare Utilization of the Elderly: Evidence from Kanchanaburi DSS, Thailand	Netithanakul, Ardyuth and Kusol Soonthornhdhada	2008	Institute for Population and Social Research, Mahidol University	The Wellcome Trust, UK. Published in Journal of Population and Social Studies, Vol.18 No.1, July
2	Elderly Women in Thailand : Roles and Position in the Elderly Women in Asia: Her Roles and Position	Soonthornhdhada, Amara; Rossarin Gray; Kusol Soonthornhdhada; and P.K.Viswanathan	2008	Institute for Population and Social Research, Mahidol University	UN. Published in Thai Elderly Women in Asia, United Nations-Malta
3	Social Network, Social Support, and Healthy Ageing among Thai Older Persons	Soonthornhdhada, Kusol and Kattika Thanawang	2008	Institute for Population and Social Research, Mahidol University	POSCO T.J Park Foundation, Korea
4	A Gender Synthesis on NCD Risk Factors: Evidence from KDSS	Sumanasekara, Amitha and Kusol Soonthornhdhada	2008	Institute for Population and Social Research, Mahidol University	The Wellcome Trust, UK. Published in Journal of Population and Social Studies, Vol.17 No.1, July
5	Determinants of Economic Security among Thai Elderly: Evidence from a Cross-sectional National Survey	Thanawang, Kattika and Kusol Soonthornhdhada	2008	Institute for Population and Social Research, Mahidol University	TRF published in Asia Journal of Global Studies, Vol. 1. No. 2
6	Attribute of Active Ageing among Older Persons in Thailand: Evidence from the 2002 Survey	Thanawang, Kattika and Kusol Soonthornhdhada	2008	Institute for Population and Social Research, Mahidol University	TRF published in Asia Journal of Global Studies, Vol.21 No.3

* Collated by the Foundation of Thai Gerontology Research and Development Institute.



List of Researches on Older Persons carried out in 2007

No.	Title of Research	Name of Researcher	Year of Printing	Workplace of Researcher	Budgets supported by
7	Operational Mechanism for Community-based Long-term Multi-purpose Senior Citizen Centers	Associate Prof. Sasiphat Yodpetch and Wannalak Miankerd	2007	The Faculty of Social Administration, Thammasat University	Health Research Network by National Health Foundation, Thailand
8	Appraisal of the Capacity of Branches* in Promotion of Health of Older Persons	Associate Prof. Sasiphat Yodpetch The Senior Citizen Council of Thailand*	2007	The Faculty of Social Administration, Thammasat University	Thai Health Promotion Foundation and the Senior Citizen Council of Thailand
9	Development of the Prototype of Environments and Facilities for Older Persons of Public Health Service Institutions	Associate Prof. Trairat Charuthas and colleagues	2007	The Faculty of Architecture, Chulalongkorn University	Thailand Research Fund (TRF)
10	Impacts of Their Children's Labor Immigration on the Living of Older Persons	Assistant Prof. Chiraporn Kespichayawatana and colleagues	2007	The Faculty of Nursing, Chulalongkorn University	Thailand Research Fund (TRF)
11	Community-based Long-term Health Care Model for Older Persons	(Physician) Dr.Samrit Sridhamrongsawat	2007	Foundation for International Health Policy Development Development Board	The Office of the National Economic and Social
12	The Revision of Knowledge on "the Nursing Homes for the Elderly"	Associate Prof. Capt. Dr.Sirphan Sasat	2007	The Faculty of Nursing, Chulalongkorn University	Thailand Research Fund (TRF)
13	Development of the Quality Ensuring Model of Elderly Caregivers	Associate Prof. Capt. Dr.Sirphan Sasat	2007	The Faculty of Nursing, Chulalongkorn University	Thailand Research Fund (TRF)
14	Provision of Education and Lifelong Learning to Prepare for Development of Geriatric Contributions to the Society	Associate Prof. Dr. Phenkhae Prachonpajjanuek	2007	The Faculty of Education, Srinakharinwirote University	Thailand Research Fund (TRF)
15	Analysis of the Economical Feasibility in Establishment of the National Pension System in Thailand	Assistant Prof. Dr. Voravesma Suwanrada	2007	The Faculty of Economics, Chulalongkorn University	Thailand Research Fund (TRF)

**List of Researches on Older Persons carried out in 2007**

No.	Title of Research	Name of Researcher	Year of Printing	Workplace of Researcher	Budgets supported by
16	The Study of the Present Situation of Subsistence Allowance Support to Older Persons in Thailand	Assistant Prof. Dr. Voravesma Suwanrada	2007	The Faculty of Economics, Chulalongkorn University	Thailand Research Fund (TRF)
17	Community-based Multi-purpose Senior Citizen Centers as Long-term Operational Mechanism	Associate Prof. Sasiphat Yodphetch	2007	The Faculty of Social Administration, Thammasat University	Thailand Research Fund (TRF)
18	The Study of Possibility of Extension of Rights in Case of Old Age	Mr. Thanandornsak Bovornnanthakul as Head of the Research Project and Colleagues	2007	Business Law Center International Co., Ltd.	The Social Security Office
19	The Analytic Study of Extension of Home Caregivers Project by the Bureau of Empowerment for Older Persons	Assistant Prof. Dr. Nart Phanthumnavin	2006	Kasetsart University	The Ministry of Social Development and Human Security
20	Report on Monitoring of Implementation of the Project on the Fund for the Destitute Older Persons, 2004-2006	The Elderly Rights Protection Group	2006	The Bureau of Empowerment for Older Persons	The Bureau of Empowerment for Older Persons, the Ministry of Social Development and Human Security



Annex 2

Table 1 Number of total populations, populations aged 60 years and more and percentages of populations aged 60 years and more in each province pursuant to the data of the Population Register, 2003 and 2007

Provinces	2003			2007		
	Total populations ¹	Populations aged 60 years and more ²	% of populations aged 60 years and more ³	Total populations ⁴	Populations aged 60 years and more ⁵	% of populations aged 60 years and more ⁶
Whole Country	60,203,927	6,005,127	10.0	61,540,020	6,705,061	10.9
Bangkok	5,441,708	524,000	9.6	5,528,060	604,465	10.9
Central Region						
Samutprakan	1,008,347	86,005	8.5	1,109,285	102,279	9.2
Nonthaburi	901,166	93,008	10.3	1,008,492	115,045	11.4
Pathumthani	719,965	60,690	8.4	885,590	77,120	8.7
Phranakhon Sri Ayudhya	716,298	89,870	12.5	752,041	97,862	13.0
Angthong	279,134	39,327	14.1	280,580	41,301	14.7
Lopburi	735,356	84,276	11.5	732,217	90,546	12.4
Singhบุรี	214,647	31,253	14.6	212,282	32,804	15.5
Chainat	339,702	47,939	14.1	331,638	49,485	14.9
Saraburi	566,298	60,776	10.7	590,373	65,963	11.2
Cholburi	1,082,903	96,330	8.9	1,208,407	113,080	9.4
Rayong	509,382	40,073	7.9	574,404	52,905	9.2
Chanthaburi	474,605	47,730	10.1	497,493	57,568	11.6
Trad	206,306	21,635	10.5	207,402	24,230	11.7
Chachoengsao	627,523	70,361	11.2	652,237	78,540	12.0
Prachinburi	434,060	47,032	10.8	448,126	51,984	11.6
Nakhonnayok	240,934	28,586	11.9	245,774	33,017	13.4
Srakaew	524,936	44,270	8.4	525,900	48,561	9.2
Ratchaburi	781,371	85,290	10.9	808,397	100,097	12.4
Kanchanaburi	719,033	64,088	8.9	749,894	75,673	10.1
Suphanburi	825,393	107,681	13.0	833,505	112,715	13.5
Nakhonpathom	778,040	78,706	10.1	821,127	89,468	10.9
Samutsakhon	429,072	40,000	9.3	461,863	46,007	10.0
Samutsongkhram	187,592	23,396	12.5	192,309	28,919	15.0



Table 1 Number of total populations, populations aged 60 years and more and percentages of populations aged 60 years and more in each province pursuant to the data of the Population Register, 2003 and 2007

Provinces	2003			2007		
	Total populations ¹	Populations aged 60 years and more ²	% of populations aged 60 years and more ³	Total populations ⁴	Populations aged 60 years and more ⁵	% of populations aged 60 years and more ⁶
Phetchaburi	436,023	49,784	11.4	449,364	57,142	12.7
Prachuabkhirikhan	446,523	46,731	10.0	482,830	51,830	10.6
North-eastern Region						
Nakhonratchasima	2,487,066	240,890	9.7	2,508,761	275,716	11.0
Buriram	1,489,681	129,642	8.7	1,516,619	155,297	10.2
Surin	1,352,598	133,068	9.8	1,343,014	144,988	10.8
Srisaket	1,428,172	132,790	9.3	1,421,582	146,761	10.3
Ubolratchathani	1,731,877	149,454	8.6	1,733,899	164,844	9.5
Yasothon	539,288	49,882	9.2	535,289	57,540	10.7
Chaiyaphum	1,101,786	112,241	10.2	1,100,157	125,462	11.4
Amnatcharoen	364,712	32,368	8.9	364,365	35,566	9.8
Nongbualamphu	492,872	37,593	7.6	491,776	42,599	8.7
Khonkaen	1,726,737	159,480	9.2	1,733,602	185,790	10.7
Udonthani	1,503,074	115,470	7.7	1,502,758	133,396	8.9
Loey	599,270	59,267	9.9	604,732	66,825	11.1
Nongkhai	877,054	73,110	8.3	888,198	83,207	9.4
Maharakham	924,295	79,939	8.6	925,420	96,600	10.4
Roy Ed	1,303,569	124,007	9.5	1,295,602	136,302	10.5
Kalasin	961,946	80,026	8.3	968,271	93,695	9.7
Sakolnakhon	1,084,867	81,210	7.5	1,101,287	94,341	8.6
Nakhonphanom	682,865	60,434	8.9	689,635	64,264	9.3
Mukdahan	328,181	27,466	8.4	329,980	30,271	9.2
Northern Region						
Chiangmai	1,486,562	180,145	12.1	1,521,697	188,344	12.4
Lamphun	401,513	53,486	13.3	400,834	55,071	13.7



Table 1 Number of total populations, populations aged 60 years and more and percentages of populations aged 60 years and more in each province pursuant to the data of the Population Register, 2003 and 2007

Provinces	2003			2007		
	Total populations ¹	Populations aged 60 years and more ²	% of populations aged 60 years and more ³	Total populations ⁴	Populations aged 60 years and more ⁵	% of populations aged 60 years and more ⁶
Lampang	776,750	101,065	13.0	760,594	105,058	13.8
Utradit	469,310	57,239	12.2	460,558	60,759	13.2
Phrae	473,186	58,478	12.4	462,479	63,005	13.6
Nan	471,222	51,108	10.8	471,600	55,241	11.7
Phayao	489,125	54,128	11.1	480,219	56,079	11.7
Chiangrai	1,094,068	118,140	10.8	1,103,202	124,358	11.3
Maehongson	208,814	21,903	10.5	212,951	21,186	9.9
Nakhonsawan	1,057,422	124,490	11.8	1,046,583	133,952	12.8
Uthaithani	322,221	38,486	11.9	323,413	42,246	13.1
Kamphaengphet	714,182	70,580	9.9	713,356	76,964	10.8
Tak	448,594	42,176	9.4	466,788	44,095	9.4
Sukhothai	602,816	68,813	11.4	596,228	73,766	12.4
Phitsanulok	826,630	87,486	10.6	829,355	95,507	11.5
Phichit	549,280	64,430	11.7	547,587	69,792	12.7
Phetchabun	978,492	99,487	10.2	976,785	109,807	11.2
Southern Region						
Nakhon Sri Thammarat	1,473,015	163,46	111.1	1,487,537	181,832	12.2
Krabi	376,120	30,199	8.0	407,887	33,247	8.2
Phang Nga	235,067	25,138	10.7	244,743	27,331	11.2
Phuket	272,217	19,031	7.0	311,377	23,025	7.4
Suratthani	902,653	87,343	9.7	953,710	99,240	10.4
Ranong	154,669	13,425	8.7	161,894	15,279	9.4
Chumphon	460,347	51,382	11.2	473,978	56,956	12.0
Songkhla	1,244,099	125,505	10.1	1,301,785	139,066	10.7



Table 1 Number of total populations, populations aged 60 years and more and percentages of populations aged 60 years and more in each province pursuant to the data of the Population Register, 2003 and 2007

Provinces	2003			2007		
	Total populations ¹	Populations aged 60 years and more ²	% of populations aged 60 years and more ³	Total populations ⁴	Populations aged 60 years and more ⁵	% of populations aged 60 years and more ⁶
Satun	267,354	23,568	8.8	282,879	25,354	9.0
Trang	583,094	54,521	9.4	604,073	62,049	10.3
Phthalung	487,056	52,469	10.8	497,616	62,768	12.6
Pattani	623,142	70,830	11.4	630,534	65,664	10.4
Yala	445,004	42,260	9.5	463,414	43,334	9.4
Narathiwat	683,676	66,749	9.8	699,827	63,144	9.0

Remarks:

- Columns (1) and (4) = number of populations of the provinces referred only to Thai nationals whose names are listed in the relevant house registrations (excluding the persons whose names are listed in the common house registrations and those who are going to remove to another house).
- Columns (2) and (5) = persons aged 60 years and more referred only to Thai nationals whose names are listed in the relevant house registrations (excluding the persons whose names are listed in the common house registrations and those who are going to remove to another house).
- Columns (3) and (6) are the percent calculated from the populations in columns (1) and (4) whose ages are known.



Table 2 Number and percent of literate older persons classified by their degrees graduated, genders and administration areas, 2007

Their literacy and degrees graduated	Total	Genders		Administration Areas	
		Male	Female	In municipalities	Outside municipalities
Survey of literacy	7,020,959 (100.0)	(100.0) 2,005,218	3,130,736 (100.0)	(100.0) 5,015,741	3,890,223 (100.0)
Literacy	5,343,231 (69.0)	(76.1) 1,661,919	2,659,425 (82.9)	(84.9) 3,681,312	2,683,806 (73.4)
Illiteracy	1,677,728 (31.0)	(23.9) 343,299	471,311 (17.1)	(15.1) 1,334,429	1,206,417 (26.6)
Survey of highest degrees graduated	7,020,959 (100.0)	(100.0) 2,005,218	3,130,736 (100.0)	(100.0) 5,015,741	3,890,223 (100.0)
No education	1,154,218 (21.5)	(16.4) 285,775	316,833 (14.2)	(10.1) 868,444	837,386 (17.3)
Elementary level	4,838,544 (67.1)	(68.9) 1,164,959	2,228,730 (58.1)	(71.2) 3,673,586	2,609,814 (73.3)
Medium level	185,995 (1.5)	(2.7) 114,728	129,311 (5.7)	(4.2) 71,267	56,684 (1.4)
High school/ vocational level	217,650 (1.7)	(3.1) 143,849	149,721 (7.2)	(4.8) 73,800	67,929 (1.5)
High vocational/ junior degree level	59,280 (0.8)	(0.8) 38,510	28,874 (1.9)	(0.9) 20,770	30,406 (0.4)
Bachelor degree and higher	201,348 (2.2)	(2.8) 150,979	116,558 (7.5)	(3.7) 50,369	84,791 (1.0)
Others	363,923 (5.2)	(5.2) 106,417	160,710 (5.3)	(5.1) 257,506	203,213 (5.1)

Source: The Survey of the Older Persons in Thailand 2007, the National Statistical Office.

**Table 3** Percentages of older persons classified by the efficiency of their sight, genders, age groups and administration areas 2007

Efficiency of Sight	Total	Genders		Age groups			Administration areas	
		Male	Female	60-69 years	70-79 years	80 years and more	In municipal Areas	Outside municipal areas
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Normal sight without glasses	53.6	56.0	51.6	60.5	46.7	33.6	46.7	56.3
Normal sight with glasses	25.3	28.0	23.2	26.3	25.1	20.7	38.8	20.0
Blur sight	20.5	15.5	24.5	12.9	27.5	44.2	14.0	23.1
Lose sight	0.4	0.3	0.4	0.1	0.5	1.4	0.3	0.4
Unknown	0.2	0.2	0.3	0.2	0.2	0.1	0.2	0.2

Source: The Survey of the Older Persons in Thailand 2007, the National Statistical Office.

Table 4 Percentages of older persons classified by the efficiency of their hearing, genders, age groups and administration areas 2007

Efficiency of Hearing	Total	Genders		Age groups			Administration areas	
		Male	Female	60-69 years	70-79 years	80 years and more	In municipal Areas	Outside municipal areas
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Normal hearing without helping devices	53.6	56.0	51.6	60.5	46.7	33.6	46.7	56.3
Normal hearing with helping devices	25.3	28.0	23.2	26.3	25.1	20.7	38.8	20.0
Lose partial hearing	20.5	15.5	24.5	12.9	27.5	44.2	14.0	23.1
Lose full hearing	0.4	0.3	0.4	0.1	0.5	1.4	0.3	0.4
Unknown	0.2	0.2	0.3	0.2	0.2	0.1	0.2	0.2

Source: The Survey of the Older Persons in Thailand 2007, the National Statistical Office.



Table 5 Percentages of older persons classified by their number of teeth/fixing dentures, genders, age groups and administration areas 2007

Number of teeth/ Fixing dentures	Total	Genders		Age groups			Administration areas	
		Male	Female	60-69 years	70-79 years	80 years and more	In municipal Areas	Outside municipal areas
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20 teeth and more	51.4	54.6	48.9	63.5	38.1	21.8	48.8	52.5
Less than 20 teeth	48.6	45.4	51.1	36.5	61.9	78.2	51.1	47.5
Fixed dentures	17.5	15.9	18.7	14.2	22.0	22.4	25.1	14.4
Not fixed dentures	31.1	29.5	32.4	22.3	39.9	55.8	26.0	33.1

Source: The Survey of the Older Persons in Thailand 2007, the National Statistical Office.

Table 6 Number of older persons with mental illness classified according to years, genders and types of patients

Years	Total	Male		Female	
		Outpatients	Inpatients	Outpatients	Inpatients
2004	108,797	37,732	1,440	68,186	1,439
2005	104,541	36,958	1,152	65,304	1,127
2006	130,063	44,917	1,143	82,982	1,021
2007	91,267	32,087	1,184	56,861	1,135

Source: Report on Patients with Mental Illness, Forms Sor Chor. Ror Ngor. 202-1: Sor Chor. Ror Ngor. 202-2, 2007. The Information Center, the Department of Mental Health.

Remarks: Forms Sor Chor. Ror Ngor. 202-1: Sor Chor. Ror Ngor. 202-2 are report forms of 17 hospitals throughout the Country under the charge of the Department of Mental Health.

**Table 7** Number of older persons with dementia classified according to years, genders and types of patients

Years	Total	Male		Female	
		Outpatients	Inpatients	Outpatients	Inpatients
2004	16,450	6,227	298	9,600	325
2005	16,289	6,074	43	10,108	64
2006	22,253	8,502	43	13,655	53
2007	11,878	4,434	34	7,372	38

Source: Report on Patients with Mental Illness, Forms Sor Chor. Ror Ngor. 202-1: Sor Chor. Ror Ngor. 202-2, 2007. The Information Center, the Department of Mental Health.

Remarks: Forms Sor Chor. Ror Ngor. 202-1: Sor Chor. Ror Ngor. 202-2 are report forms of 17 hospitals throughout the Country under the charge of the Department of Mental Health.

Table 8 Number of older persons with dementia classified according to age groups, genders and types of patients 2007

Age groups	Total	Male		Female	
		Outpatients	Inpatients	Outpatients	Inpatients
Total	11,878	4,434	34	7,372	38
60-69 years	2,826	1,157	13	1,642	14
70-79 years	6,151	2,297	11	3,824	19
80 years and more	2,901	980	10	1,906	5

Source: Report on Patients with Mental Illness, Forms Sor Chor. Ror Ngor. 202-1: Sor Chor. Ror Ngor. 202-2, 2007. The Information Center, the Department of Mental Health.

Remarks: Forms Sor Chor. Ror Ngor. 202-1: Sor Chor. Ror Ngor. 202-2 are report forms of 17 hospitals throughout the Country under the charge of the Department of Mental Health.



Table 9 Number of patients who died of AIDS classified according to years, age groups and genders

Age Groups (years)	2005			2006			2007		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	16	14	30	9	11	20	3	3	6
5-14	22	38	60	27	21	48	8	6	14
15-24	86	95	181	57	57	114	23	18	41
25-59	2,491	1,316	3,807	1,556	897	2,453	819	407	1,226
60 years and more	68	21	89	35	16	51	29	16	43

Source: The Epidemiological Information Center, the Bureau of Epidemiology, the Department of Disease Control, 2007.

Table 10 Number of new AIDS patients classified according to years, age groups and genders

Age Groups (years)	2005			2006			2007		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	95	90	185	22	65	147	28	24	52
5-14	195	225	420	146	163	309	57	78	135
15-24	546	536	1,082	413	391	804	197	181	378
25-59	11,821	7,107	18,928	9,058	5,507	14,565	4,286	2,515	6,801
60 years and more	217	104	321	150	80	230	102	39	141

Source: The Epidemiological Information Center, the Bureau of Epidemiology, the Department of Disease Control, 2007.

**Table 11** Percentages of older persons who access health insurance schemes classified according to age groups, genders, administration areas and regions

Age groups (years)	Total	Genders		Administration Areas		Bangkok	Regions			
		Male	Female	Within municipalities	Within municipalities		Central	North	North-east	South
60-69 years	97.5	97.7	97.2	95.3	98.3	90.8	96.0	98.8	99.2	98.4
70-79 years	97.7	98.0	97.4	94.1	99.1	86.1	98.2	98.8	99.4	98.8
80 years and more	97.6	98.1	97.2	94.2	98.9	98.4	97.6	97.4	99.6	98.9

Source: The Survey of Health and Welfare 2007, the National Statistical Office.

Table 12 Percentages of older persons who access health welfare classified according to age groups and types of welfare

Age groups	Total	Types of Health Welfare (years)					
		Health Security Cards	Social Security/ Compensation Fund	Civil Servants' Medical Benefit Security	Health Insurance made with insurance companies	Welfare provided by Employers	Others
60-69 years	97.5	78.4	1.5	16.9	0.4	na	0.3
70-79 years	97.7	74.7	0.2	22.0	0.2	na	0.6
80 years and more	97.6	75.7	Na	21.1	na	na	0.8

Sources: The Survey of Health and Welfare 2007, the National Statistical Office.

Remarks: na = less than 0.1



Table 13 Percentages of older persons classified by the incidents of falling during 6 months prior to the interview, genders, age groups and administration areas 2007

Incidents of falling	Total	Genders		Age groups			Administration areas	
		Male	Female	60-69 years	70-79 years	80 years and more	In municipal Areas	Outside municipal areas
Incidents of Falling	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No	89.7	92.6	87.4	90.8	88.3	87.3	90.7	89.3
Yes	10.3	7.4	12.6	9.2	11.7	12.7	9.3	10.7
Times of Falling								
1 time	55.7	61.3	53.0	57.5	52.3	57.6	64.0	52.8
2 times	23.7	20.0	25.4	22.4	26.5	21.3	19.9	25.0
3 times	9.6	8.8	10.0	9.0	11.2	7.5	8.4	10.1
4 times	3.3	2.6	3.6	3.0	2.5	6.7	2.9	3.3
5 times and more	7.7	7.3	8.0	8.1	7.5	6.9	4.8	8.8
Locality of Falling								
Within residence	41.0	31.1	45.7	36.7	40.7	61.2	53.7	36.6
Outside residence	59.0	68.9	54.3	63.3	59.3	38.8	46.3	63.4
Causes of Falling								
Slipping	31.8	28.8	33.2	35.0	26.5	33.7	39.6	29.1
Stepping on a thing	33.8	34.5	33.5	32.6	38.4	25.4	28.0	35.8
Different level surface Ground	8.6	8.1	8.9	9.1	8.7	6.1	8.0	8.8
Falling from stairs	2.9	2.7	2.9	2.7	2.8	3.7	3.0	2.8
Being faint	14.9	16.7	14.0	12.8	15.9	21.1	13.5	15.4
Others	8.0	9.2	7.5	7.8	7.7	10.0	7.9	8.1
Treatments after Falling								
Have treatments as outpatients	27.6	26.2	28.2	28.0	27.7	25.6	30.4	26.6
Have treatments as inpatients	9.8	10.7	9.5	8.4	10.6	14.2	12.1	9.1
Heal themselves	34.8	31.4	36.4	38.0	30.6	33.0	32.0	35.8
No treatments	27.8	31.7	25.9	25.6	31.1	27.2	25.5	28.5

Sources: The Survey of the Older Persons in Thailand 2007, the National Statistical Office.

Remarks: na: less than 0.1.

**Table 14** Percentages of older persons classified by their chronic diseases, genders and age groups 2007

Incidents of falling	Total	Genders		Age groups		
		Male	Female	60-69 years	70-79 years	80 years and more
Total	100.0	44.6	55.4	58.8	31.7	9.5
Neurovascular disease						
No	81.2	79.7	82.4	81.3	81.0	81.3
Yes	1.6	1.5	1.6	1.3	2.0	1.6
Unknown/never get examination	17.2	18.8	16.0	17.4	17.0	17.1
Hypertension						
No	60.2	63.3	57.7	62.7	56.7	56.7
Yes	31.7	26.8	35.6	28.9	36.0	34.6
Unknown/never get examination	8.1	9.9	6.7	8.4	7.3	8.7
Diabetes						
No	77.6	79.7	75.8	77.0	77.8	79.9
Yes	13.3	9.5	16.4	13.5	13.9	10.5
Unknown/never get examination	9.1	10.8	7.8	9.5	8.3	9.6
Heart attack						
No	81.3	81.7	80.9	82.2	80.1	79.6
Yes	7.0	5.0	8.6	5.7	9.0	8.4
Unknown/never get examination	11.7	13.3	10.5	12.1	10.9	12.0
Stroke						
No	84.0	82.9	85.5	83.9	85.0	84.5
Yes	0.4	0.4	0.6	0.5	0.6	0.6
Unknown/never get examination	15.6	16.7	13.9	15.6	14.4	14.9
Paralysis/partial paralysis						
No	86.4	85.2	87.3	86.8	86.1	84.3
Yes	2.5	2.7	2.3	1.8	3.1	4.7
Unknown/never get examination	11.1	12.1	10.4	11.4	10.8	11.0

Sources: The Survey of Health and Welfare 2007, the National Statistical Office.



Table 15 Percentages of older persons classified by their chronic diseases, administration areas and regions 2007

Chronic diseases	Total	Administration Areas		Bangkok	Regions			
		Within municipalities	Within municipalities		Central	North	North-east	South
Total	100.0	28.6	71.4	9.2	23.6	20.9	33.6	12.7
Neurovascular Disease								
No	81.2	85.1	79.7	88.9	78.6	81.1	80.0	84.2
Yes	1.6	2.1	1.3	2.3	2.0	1.9	0.8	1.3
Unknown/never get examination	17.2	12.8	19.0	8.8	19.4	17.0	19.2	4.5
Hypertension								
No	60.2	55.3	62.1	56.3	49.8	59.1	68.7	61.6
Yes	31.7	38.3	29.1	38.0	40.8	34.8	21.7	31.5
Unknown/never get examination	8.1	6.4	8.8	5.7	9.4	6.1	9.6	6.9
Diabetes								
No	77.6	75.8	78.2	77.0	71.3	81.8	77.9	81.7
Yes	13.3	16.8	12.0	16.8	17.7	11.1	18.9	10.1
Unknown/never get examination	9.1	7.4	12.8	6.2	11.0	7.1	10.2	8.2
Heart attack								
No	81.3	82.2	80.9	84.5	76.0	82.0	83.2	82.5
Yes	7.0	8.9	6.3	9.1	9.3	6.5	5.0	7.5
Unknown/never get examination	11.7	8.9	12.8	6.4	14.7	11.5	11.8	10.0
Cancer								
No	84.0	88.2	82.8	91.0	81.2	85.7	83.3	85.9
Yes	0.4	0.5	0.5	0.3	0.6	0.3	0.3	1.0
Unknown/never get examination	15.6	11.3	16.7	8.7	18.2	14.0	16.4	13.1
Paralysis/partial paralysis								
No	86.4	87.8	85.8	87.5	85.6	88.4	85.4	86.0
Yes	2.5	3.1	2.3	2.9	2.6	2.7	1.8	3.5
Unknown/never get examination	11.1	9.1	11.9	9.6	11.8	8.9	12.8	10.5

Sources: The Survey of Health and Welfare 2007, the National Statistical Office.



Table 16 Percentages of the old-age workers classified by their economic activities 2002-2007

Sex and Areas	2002			2003			2004			2005			2006			2007			
	Total	Agri culture	Non-agri culture	Total	Agri culture	Non-agri culture	Total	Agri culture	Non-agri culture	Total	Agri culture	Non-agri culture	Total	Agri culture	Non-agri culture	Total	Agri culture	Non-agri culture	
Sex																			
Total	100.0	61.1	38.9	100.0	60.4	39.6	100.0	61.2	38.8	100.0	59.8	40.2	100.0	59.9	40.1	100.0	59.2	40.8	
Male	100.0	65.7	34.3	100.0	65.2	34.8	100.0	63.8	36.2	100.0	64.0	36.0	100.0	63.8	36.2	100.0	63.2	36.8	
Female	100.0	54.0	46.0	100.0	52.7	47.3	100.0	53.7	46.3	100.0	53.4	46.6	100.0	53.7	46.3	100.0	52.9	47.1	
Local Administration																			
Municipal areas	100.0	24.6	75.4	100.0	23.3	76.7	100.0	24.1	75.9	100.0	23.8	76.2	100.0	23.7	76.3	100.0	23.7	76.3	
Non-municipal areas	100.0	72.9	27.1	100.0	74.5	25.5	100.0	72.3	27.7	100.0	71.8	28.2	100.0	71.8	28.2	100.0	71.5	28.5	

Source: Labor Force Survey 2002-2007, the National Statistical Office (calculated from the yearly average).

Remarks: Economic activities mean activities that give products either goods or services such as planting rice, dressmaking, laundry, etc.


Table 17 Percentages of the old age workers classified by their work status 2002-2007

Status and Areas	2002			2003			2004			2005			2006			2007		
	Total	Agri culture	Non-agri culture	Total	Agri culture	Non-agri culture	Total	Agri culture	Non-agri culture	Total	Agri culture	Non-agri culture	Total	Agri culture	Non-agri culture	Total	Agri culture	Non-agri culture
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Employer	5.0	8.1	4.0	4.8	8.7	3.5	4.9	8.4	3.8	5.0	7.8	4.2	4.9	8.6	3.9	4.7	8.0	3.8
Own account worker	63.3	56.9	65.4	63.4	57.1	65.4	61.9	55.6	63.9	61.2	55.2	62.9	61.8	54.1	63.9	62.0	54.5	64.0
Unpaid family worker	18.9	17.4	19.3	18.4	16.6	19.0	17.8	16.9	18.1	18.3	17.1	18.6	18.6	17.5	18.8	18.4	17.8	18.5
Government employee	0.9	1.9	0.6	1.0	1.8	0.7	1.0	1.9	0.7	1.3	2.4	1.0	1.4	2.6	1.1	1.7	2.7	1.4
Government enterprise employee	0.1	0.3	*	0.1	0.4	0.1	0.1	0.5	*	0.1	0.3	0.1	0.2	0.5	0.1	0.1	0.3	0.1
Private employee	11.6	15.3	10.4	12.0	15.3	11.0	14.0	16.6	13.2	13.9	17.0	13.0	13.0	16.5	12.1	13.0	16.5	12.0
Members for Produce's Cooperatives	0.2	0.1	0.2	0.3	0.1	0.3	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2

Source: Labor Force Survey 2002-2007, the National Statistical Office (calculated from the yearly average).

Remarks: * = less than 0.05.

**Table 18** Number of old-age workers classified by average income and working hours 2002-2007

Sex, Areas and Regions	Average Monthly Income						Average Weekly Working Hours					
	2002	2003	2004	2005	2006	2007	2002	2003	2004	2005	2006	2007
Sex												
Total	5,291.5	5,379.0	5,783.7	6,023.5	6,282.8	6,245.9	43.8	43.1	42.8	42.0	41.8	41.8
Male	6,277.7	6,733.8	6,939.4	7,431.2	7,275.2	7,276.8	44.5	43.7	43.5	42.8	42.6	42.7
Female	3,687.9	3,427.2	3,950.3	3,750.1	4,715.8	4,640.8	42.8	42.2	41.7	40.8	40.7	40.6
Local Administration												
Municipal areas	9,493.0	9,841.6	11,396.0	13,008.0	12,696.1	12,415.3	49.6	49.0	48.6	47.6	47.4	47.3
Non-municipal areas	3,175.3	3,277.9	3,379.1	3,241.0	3,714.9	3,722.7	41.9	41.2	40.9	40.4	40.3	40.3
Regions												
Bangkok	16,730.9	15,752.4	19,437.5	23,561.0	21,554.6	20,783.2	54.1	52.9	53.6	52.9	51.6	52.5
Central Region	4,448.4	4,936.3	5,644.1	6,373.2	6,398.3	5,666.6	47.1	45.5	45.8	45.1	44.7	45.1
North Region	2,711.7	3,146.8	3,003.9	2,496.2	2,973.3	3,125.7	44.5	43.7	42.8	41.5	42.5	42.6
Northeastern Region	3,857.7	3,036.2	3,816.4	3,318.5	3,922.2	4,333.1	42.2	42.7	42.0	41.7	41.2	41.2
Southern Region	3,359.4	4,381.1	4,201.8	4,271.5	4,455.8	5,022.0	37.2	35.3	35.1	35.3	35.1	34.0

Source: Labor Force Survey 2002-2007, the National Statistical Office (calculated from the yearly average).



Table 19 Number of older persons classified by their literacy, age groups, genders and administration areas 2007

Age Groups and Areas	Total			Male			Female		
	Total	Literacy	Illiteracy	Total	Literacy	Illiteracy	Total	Literacy	Illiteracy
Age Groups (Percent)	7,020,959.19 100.0	5,343,231 100.0	1,677,728 100.0	3,130,736 100.0	2,659,425 100.0	471,311 100.0	3,890,223 100.0	2,683,806 100.0	1,206,417 100.0
Young Old Group (60-69 years) (Percent)	4,125,253.03 58.8	3,446,815 64.5	678,438 40.4	1,910,507 61.0	1,707,939 64.2	202,568 43.0	2,214,746 56.9	1,738,876 64.8	475,870 39.5
Old Old Group (70-79 years) (Percent)	2,226,712.39 31.7	1,572,995 29.4	653,718 39.0	962,209 30.7	783,988 29.5	178,220 37.8	1,264,504 32.5	789,006 29.4	475,497 39.4
Oldest Old Group (80 years and more) (Percent)	668,993.77 9.5	323,421 6.1	345,573 20.6	258,021 8.3	167,497 6.3	90,523 19.2	410,973 10.6	155,923 5.8	255,049 21.1
Local Administration (Percent)	7,020,959.19 100.0	5,343,231 100.0	1,677,728 100.0	3,130,736 100.0	2,659,425 100.0	471,311 100.0	3,890,223 100.0	2,683,806 100.0	1,206,417 100.0
Municipal areas (Percent)	2,005,217.95 28.6	1,661,919 31.1	343,299 20.5	868,789 27.8	789,531 29.7	79,257 16.8	1,136,429 29.2	872,388 32.5	264,041 21.9

Source: The 2007 Survey of the Older Persons in Thailand, the National Statistical Office.

**Table 20** Number of older persons who use computers classified according to regions and administration areas in comparison among 3 years (2005-2007)

Regions and Areas	Computers Using					
	2005 : 1,000		2006 : 1,000		2007 : 1,000	
Whole country	61,266	9	65,902	10	77,869	11
Municipal areas	49,154	26	48,014	25	54,635	27
Non-municipal areas	12,112	3	17,888	4	23,234	5
Bangkok	30,715	51	29,888	48	32,301	49
Central region (excluding Bangkok)	14,525	9	15,175	9	19,184	12
Municipal areas	9,134	19	6,493	13	9,741	19
Non-municipal areas	5,390	5	8,682	8	9,444	8
Northern region	4,27	3	5,655	4	8,803	6
Municipal areas	2,898	1	4,630	16	4,324	15
Non-municipal areas	1,379	1	1,025	1	4,479	4
Northeastern region	8,036	4	10,493	5	11,549	5
Municipal areas	4,609	14	4,626	13	4,538	12
Non-municipal areas	3,427	2	5,868	3	7,011	4
Southern region	3,713	4	4,691	5	6,033	7
Municipal areas	1,797	9	2,377	12	3,732	18
Non-municipal areas	1,916	3	2,314	3	2,301	3

Source: The Survey of Information and Communication Technology (in Families) 2005-2007, the National Statistical Office.



Table 21 Number of older persons who use computers classified according to regions and administration areas in comparison among 3 years (2005-2007)

Unit: 1,000 persons

Regions and Areas	Computers Using		
	2005	2006	2007
Whole country	9	10	11
Municipal areas	26	25	27
Non-municipal areas	3	4	5
Bangkok	51	48	49
Central region (excluding Bangkok)	9	9	12
Municipal areas	19	13	19
Non-municipal areas	5	8	8
Northern region	3	4	6
Municipal areas	1	16	15
Non-municipal areas	1	1	4
Northeastern region	4	5	5
Municipal areas	14	13	12
Non-municipal areas	2	3	
Southern region	4	5	7
Municipal areas	9	12	18
Non-municipal areas	3	3	3

Source: The Survey of Information and Communication Technology (in Families) 2005-2007, the National Statistical Office.

Table 22 Number of students aged 60 years and more in universities classified according to academic years and degree levels

Academic years	Lower than bachelor degree	Percent	Bachelor degree	Percent	Higher than bachelor degree	Percent	Total
2005	-	-	1,322	78.7	358	21.3	1,680
2006	53	2.5	1,751	81.3	346	16.1	2,155
2007	37	1.4	2,092	80.4	473	18.2	2,602

Source: The Report on information of individual students, the Commission on Higher Education 2007.

Remarks: 29 government universities, 9 Rajamongala technology universities, 40 Rajabhat universities and 58 private universities.

**Table 23 Percentages of students aged 60 years and more in universities classified according to groups of universities 2007**

No.	Universities	Lower than bachelor degree	Bachelor degree	Higher than bachelor degree	Total
1	Government universities	-	57.6	13.0	70.5
2	Rajabhat universities	0.5	1.5	-	2.0
3	Rajamongala technology universities	0.9	17.9	3.96	22.8
4	Private universities	-	3.4	1.27	4.7
	Total	1.4	80.4	18.2	100.0

Source: The Report on information of individual students, the Commission on Higher Education 2007.

Table 24 Number of students aged 60 years and more in universities classified according to types of universities 2007

No.	Universities	Lower than bachelor degree	Bachelor degree	Higher than bachelor degree	Total
1	Government universities	37	2,004	440	2,481
2	Private universities	-	88	33	121
	Total	37	2,092	473	2,602

Remarks: From the database of information of individual students in the 1st semester of 2007 of all 145 universities, where there are 139 universities that provide information, consisting of 27 government universities, 9 Rajamongala technology universities, 40 Rajabhat universities, and 63 private universities.

Table 25 Number of students aged 60 years and more in universities classified by their fields of study

No.	Fields of Study	Lower than bachelor degree	Bachelor degree	Higher than bachelor degree	Total
1	Anthropology & Sociology	26	1,810	442	2,278
2	Science & Technology	5	112	19	136
3	Science & Health	6	170	12	188
	Total	37	2,092	473	2,602

Remarks: From the database of information of individual students in the 1st semester of 2007 of all 145 universities, where there are 139 universities that provide information, consisting of 27 government universities, 9 Rajamongala technology universities, 40 Rajabhat universities, and 63 private universities.

**Table 26** Number of older persons who study in the non-formal educational system 2007

No.	Courses	Regions					Total
		North	North-east	Central	East	South	
1	Basic education	787	155	106	61	10	1,119
2	Occupational development	4,622	5,441	4,321	1,503	1,356	17,243
3	Living skills development	6,052	6,134	2,610	1,044	2,078	17,918
4	Social and community development	14,794	22,875	15,761	3,659	17,984	75,073
5	Study to enhance the learning by preference	10,636	15,914	10,887	2,255	4,993	44,685
	Total	36,891	50,519	33,685	8,522	26,421	156,038
	Number of total older Persons	1,250,872	2,133,464	1,733,745	213,464	898,289	6,229,834

Source: The Report on the Non-formal Education Provided for Older Persons, the Office of Non-formal Education Administration, 2007

Table 27 The whole depict of right exercising by older persons

Exercise of Right	Administration Areas			Bangkok (N=540)	Central Region (N=1,446)	Northern Region (N=1,310)	North- eastern Region (N=1,886)	Southern Region (N=780)
	Total (N=5,962)	In municipalities (N=2,155)	Outside municipalities (N=3,807)					
Using of all kinds of services								
Knowing of such services - using	12.9	25.3	13.6	37.4	12.5	24.1	19.1	41.1
- not using	30.0	42.3	3.5	4.5	7.7	29.3	5.6	8.0
Not knowing of such services	61.8	59.0	63.3	39.8	27.7	92.0	63.0	86.4
The whole depict of right exercising pursuant to Section 11 (1) medical and public health services specially rendered to provide convenience and rapidness to older persons.								
Knowing of such services - using	29.3	19.9	29.9	22.3	29.0	18.5	31.7	28.8
- not using	52.3	31.8	17.4	2.5	26.2	25.8	12.8	6.5
Not knowing of such services	50.8	47.8	52.5	39.6	15.9	80.2	48.0	80.6
The whole depict of right exercising pursuant to Section 11 (2) education, religions and information useful to their living.								
Knowing of such services - using	10.2	22.8	11.6	26.4	9.4	20.8	16.5	43.3
- not using	23.3	43.8	2.2	5.5	4.3	20.6	9.1	4.1
Not knowing of such services	67.0	62.0	69.8	40.2	32.8	9.2	75.1	40.2

**Table 27** The whole depict of right exercising by older persons

Exercise of Right	Administration Areas			Bangkok (N=540)	Central Region (N=1,446)	Northern Region (N=1,310)	North- eastern Region (N=1,886)	Southern Region (N=780)
	Total (N=5,962)	In municipalities (N=2,155)	Outside municipalities (N=3,807)					
The whole depict of right exercising pursuant to Section 11 (3) appropriate occupations and occupational training.								
Knowing of such services - using	11.7	18.3	12.4	19.4	11.3	17.7	23.3	37.5
- not using	32.5	36.5	1.3	1.7	3.0	14.2	3.9	10.5
Not knowing of such services	70.0	68.2	1.0	41.0	31.0	97.0	82.8	85.6
The whole depict of right exercising pursuant to Section 11 (4) self development and their integration into social activities, gathering in networks and communities.								
Knowing of such services - using	10.0	29.3	9.0	31.7	10.4	28.0	7.6	51.8
- not using	14.5	56.5	3.1	4.4	12.2	27.1	9.2	10.5
Not knowing of such services	60.7	59.3	61.6	40.6	29.0	92.5	60.6	80.3
The whole depict of right exercising pursuant to Section 11 (5) convenience and safety in buildings, places, vehicles or other public services directly provided to older persons.								
Knowing of such services - using	15.0	19.1	16.0	20.5	14.5	18.3	25.7	34.3
- not using	42.2	35.4	2.1	2.7	4.5	19.6	4.5	4.7
Not knowing of such services	65.9	63.5	67.2	40.1	22.4	95.2	75.8	90.7



Table 27 The whole depict of right exercising by older persons

Exercise of Right	Administration Areas			Bangkok (N=540)	Central Region (N=1,446)	Northern Region (N=1,310)	North- eastern Region (N=1,886)	Southern Region (N=780)
	Total (N=5,962)	In municipalities (N=2,155)	Outside municipalities (N=3,807)					
The whole depict of right exercising pursuant to Section 11 (6) assistance of their transportation fees as deemed suitable.								
Knowing of such services								
- using	4.2	31.8	4.7	34.1	3.9	30.5	-	-
- not using	12.5	55.1	0.6	0.3	1.4	39.8	2.3	5.3
Not knowing of such services	64.0	61.2	65.6	-	32.4	99.1	58.8	92.4
The whole depict of right exercising pursuant to Section 11 (7) exemption of fees in visiting government places.								
Knowing of such services								
- using	15.1	25.9	17.9	27.3	13.6	25.1	35.2	26.5
- not using	41.2	27.8	1.8	3.4	3.5	46.4	3.5	10.3
Not knowing of such services	59.0	54.8	61.3	38.3	31.1	94.8	50.1	86.3
The whole depict of right exercising pursuant to Section 11 (8) rescue of tortured or illegally abused or exploited or abandoned older persons.								
Knowing of such services								
- using	6.0	29.6	6.2	32.0	5.9	28.2	5.7	53.6
- not using	0.8	56.8	0.5	1.6	7.2	29.9	3.4	8.9
Not knowing of such services	64.4	61.9	65.9	40.7	32.4	97.9	62.9	87.7

**Table 27** The whole depict of right exercising by older persons

Exercise of Right	Administration Areas			Bangkok (N=540)	Central Region (N=1,446)	Northern Region (N=1,310)	North- eastern Region (N=1,886)	Southern Region (N=780)
	Total (N=5,962)	In municipalities (N=2,155)	Outside municipalities (N=3,807)					
The whole depict of right exercising pursuant to Section 11 (9) providing accommodations, foods and clothing according to their necessity with full coverage.								
Knowing of such services	9.5	37.5	7.6	41.5	9.1	35.3	3.2	56.0
- using								
- not using	13.8	55.0	5.3	15.4	10.5	45.3	3.2	10.6
Not knowing of such services	54.0	51.0	55.7	40.8	31.3	79.3	44.3	86.2
The whole depict of right exercising pursuant to Section 11 (10) providing subsistence allowance according to their necessity with full coverage.								
Knowing of such services	23.0	54.3	19.4	54.7	25.0	54.1	1.1	77.8
- using								
- not using	17.3	56.4	28.2	49.2	32.1	52.1	17.8	48.1
Not knowing of such services	22.7	25.9	20.9	21.1	26.3	22.6	15.8	34.1
The whole depict of right exercising pursuant to Section 11 (13) other rights as prescribed by the National Commission on the Elderly.								
Knowing of such services	16.3	24.0	18.4	26.3	15.2	22.7	27.6	33.7
- using								
- not using	38.5	35.4	1.9	2.0	10.2	35.4	6.4	5.5
Not knowing of such services	59.7	55.3	62.1	38.7	26.1	96.1	54.4	88.1



Table 27 The whole depict of right exercising by older persons

Exercise of Right	Administration Areas			Bangkok (N=540)	Central Region (N=1,446)	Northern Region (N=1,310)	North- eastern Region (N=1,886)	Southern Region (N=780)
	Total (N=5,962)	In municipalities (N=2,155)	Outside municipalities (N=3,807)					
The whole depict of right exercising pursuant to Section 13 awareness of their entitlement to the Elderly Fund.								
Knowing of such services								
- using	6.2	34.4	6.5	38.4	6.1	32.1	4.6	54.3
- not using	13.8	57.2	1.2	5.9	5.7	42.4	2.8	6.6
Not knowing of such services	59.4	55.1	61.9	41.1	29.0	92.9	51.9	90.6
The whole depict of right exercising pursuant to Section 17 children who take care of their older parents shall be entitled to the tax deduction of 30,000 Baht.								
Knowing of such services								
- using	4.4	35.9	4.7	38.9	4.2	34.2	1.5	57.8
- not using	9.0	61.5	1.8	2.2	2.7	46.8	6.0	3.7
Not knowing of such services	59.7	56.4	61.6	40.7	29.5	96.0	50.5	90.3

Source: Adjusted from the Report on Older Persons' Access to Their Rights Entitled under the Act on Older Persons 2003, Sasiphat Yodphetch and Wannalak Miankerd 2007.



Table 28 The list of independent occupations and occupational promotion courses in which older persons are interested, and independent occupations (various programs) promoted by the Department of Employment

No.	Types of occupations/occupational promotion courses	Agencies in charge
1	Ku Shai (a Chinese cuisine food made of rice flour stuffed with vegetables)/fried oyster pastry/the art of folding bank notes into the shape of flowers/camphor artificial fruits	The Office of Employment of Bangkok, Area 1
2	Making auspicious trees/artificial flower garlands made of soups/pedestals of couple of artificial golden and silver clusters of flowers(made of cloth) Making agar cakes(a kind of desserts)/making artificial trees from Thai clay/Japanese clay/clothing rails made of vines Making auspicious stone trees of many colors/making artificial tulips/gift boxes made of Sa paper/Sarim Sawoey (a kind of desserts)	The Office of Employment of Bangkok, Area 3
3	Production of mosquito chasing substances/kitchenware cleansing solutions/cooking rice noodles wrapping vegetables/ producing artificial flowers made of transparent fabrics/making souvenirs (bank notes folding)/producing herbal body shampoos/holders of towels/artificial camphor fruits made of transparent fabrics/flowers arrangement/ Kuaychab (big rice noodles in soup)	The Office of Employment of Bangkok, Area 5
4	Cooking Puy Fai (a kind of steamed cakes made of rice flour and sugar)/Dok Chok (a kind of desserts)/crispy rice vermicelli/ cooking rice noodles wrapping vegetables/ making artificial jasmine trees/making stone/bead necklaces and bracelets/making artificial sunflower trees made of transparent fabrics/ cooking vegetable + fruit salads	The Office of Employment of Bangkok, Area 6
5	Making auspicious trees/towels/herbal salted eggs/ mimic tray gardens/making artificial Cattleya from Japanese clay/mosquito chasing fragrant sand/mosquito chasing camphor	The Office of Employment of Bangkok, Area 7
6	Rice noodles in pork stew soup and Lod Chong (a kind of desserts)/liquid camphor/towels	The Office of Employment of Bangkok, Area 8
7	Decorating baskets/sand-water pictures/bean curd in milk/artificial bouquets made of transparent fabrics/bank notes folding into the rose shape/cooking rice mixed with shrimp paste	The Office of Employment of Bangkok, Area 9
8	Producing grass brooms	The Provincial Office of Employment, Ayudhya Province
9	Cloth dyeing by tying technique/producing artificial flowers used in traditional funerals/mimic tray gardens/bead ornaments	The Provincial Office of Employment, Pathumthani Province



Table 28 The list of independent occupations and occupational promotion courses in which older persons are interested, and independent occupations (various programs) promoted by the Department of Employment

No.	Types of occupations/occupational promotion courses	Agencies in charge
10	Producing towel wreathes	The Provincial Office of Employment, Saraburi Province
11	Herbal products	The Provincial Office of Employment, Lopburi Province
12	Wickerwork	The Provincial Office of Employment, Angthong Province
13	Thai desserts	The Provincial Office of Employment, Samutprakan Province
14	Making artificial flowers	The Provincial Office of Employment, Samutsakorn Province
15	Stringing stones as necklaces and bracelets/mosquito chasing fragrant sand/baked taros with herbs/herbal soups/herbal juices/cooking Phadthai (Thai cuisine fried noodles)/ making orange candles/artificial flowers made of white clay	The Provincial Office of Employment, Nakhonpathom Province
16	Weave bamboos to be chicken coops and winnowing baskets	The Provincial Office of Employment, Chachoengsao Province
17	Paekuay (Chinese pistachio nut) juices/tamarind body shampoos/herbal products	The Provincial Office of Employment, Cholburi Province
18	Fragrant herbs and herbal juices/Thai north-eastern sour sausages	The Provincial Office of Employment, Rayong Province
19	Rubber leave soups/camphor/air refreshing candles/soups/body lotions	The Provincial Office of Employment, Trad Province
20	Weaving platter-like basketworks for containing fish/ Basketworks made of palm leaves	The Provincial Office of Employment, Prachinburi Province
21	Multi-purpose solutions/herbal ointments/balms	The Provincial Office of Employment, Nakhonnayok Province
22	Making herbal packs for applying a compress to muscles	The Provincial Office of Employment, Srakaew Province



Table 28 The list of independent occupations and occupational promotion courses in which older persons are interested, and independent occupations (various programs) promoted by the Department of Employment

No.	Types of occupations/occupational promotion courses	Agencies in charge
23	Producing artificial flowers used in traditional funerals/wreathes/arrangement of flowers for ceremonies	The Provincial Office of Employment, Buriram Province
24	Hammocks made of pieces of cloth/bamboo furniture	The Provincial Office of Employment, Chaiyaphum Province
25	Foot massage/producing herbs for use in Thai massage	The Provincial Office of Employment, Yasothon Province
26	Salted eggs/Khanom Chan (layer dessert)/pumpkin sweetmeats/ banana sweetmeats	The Provincial Office of Employment, Udonthani Province
27	Artificial flowers made of fragrant clay/liquid camphor/camphor packs	The Provincial Office of Employment, Amnatcharoen Province
28	Nylon hammock weave/meat foods conversion	The Provincial Office of Employment, Roy Ed Province
29	Cloth weave by 4-legged weaving machine/hats weave (made of palmyra palm leaves)	The Provincial Office of Employment, Karasin Province
30	Raising catfish in cement pipes/cotton cloth weave	The Provincial Office of Employment, Nongkhai Province
31	Sandwiches and banana caramels	The Provincial Office of Employment, Nongbualamphu Province
32	Producing balms/cassumunar liquid balms/carwash solutions/dish washing solutions/liquid soups/grass brooms	The Provincial Office of Employment, Maehongson Province
33	Producing artificial flowers used in traditional funerals/ancient lamps	The Provincial Office of Employment, Lampang Province
34	Vessels made of banana leaves widely used as a receptacle for food/artificial flowers made of Sa paper	The Provincial Office of Employment, Phrae Province
35	Producing mops and doormats & bathmats/domestic cloth weave	The Provincial Office of Employment, Nan Province
36	Bamboo benches	The Provincial Office of Employment, Chiangrai Province
37	Tongkong grass brooms	The Provincial Office of Employment, Utradit Province



Table 28 The list of independent occupations and occupational promotion courses in which older persons are interested, and independent occupations (various programs) promoted by the Department of Employment

No.	Types of occupations/occupational promotion courses	Agencies in charge
38	Artificial paper flowers	The Provincial Office of Employment, Phayao Province
39	Bamboo wickerwork	The Provincial Office of Employment, Sukhothai Province
40	Conversed products made of ethnically woven cloth/grass roofs	The Provincial Office of Employment, Tak Province
41	Herbal liquid balms/	The Provincial Office of Employment, Kamphaeng phet Province
42	Producing organic fertilizer/multi-purpose solutions	The Provincial Office of Employment, Uthaitхани Province
43	Producing artificial flowers used in traditional funerals/wreathes	The Provincial Office of Employment, Nakhonsawan Province
44	Producing coconut stem brooms/grass brooms/artificial flowers used in traditional funerals/curry sauces and salted eggs covered with talc	The Provincial Office of Employment, Phichit Province
45	Producing artificial flowers used in traditional funerals/wreathes	The Provincial Office of Employment, Suphanburi Province
46	Producing liquid camphor/cussumunar liquid balms/cussumunar oil (an ointment)/producing Thongmuan (a Thai sweet crispy roll snack)/stuffed rice flour buns	The Provincial Office of Employment, Kanchanaburi Province
47	Producing crispy banana rolls/paprika favored crispy bananas/sugar-coated crispy banana/three-tasted crispy bananas/lamps made of transparent fabrics/artificial camphor fruit bunches/herbal balms/silky hairdressing/making herbal packs for applying a compress to muscles	The Provincial Office of Employment, Ratchaburi Province
48	Producing salted eggs/soy bean milk/fruits preserved in syrup/camphor liquid/Sa-led Phangphon herbal balms	The Provincial Office of Employment, Phetchaburi Province
49	Cooking wantons and Chinese pao (stuffed rice flour buns)/dish washing solutions/herbal oil balms/cooking Puy Fai (a kind of steamed cakes made of rice flour with sugar)	The Provincial Office of Employment, Prachuabkhirikha Province
50	Producing dish washing solutions/clothes washing solutions/clothes softening solutions/herbal shampoos	The Provincial Office of Employment, Krabi Province



Table 28 The list of independent occupations and occupational promotion courses in which older persons are interested, and independent occupations (various programs) promoted by the Department of Employment

No.	Types of occupations/occupational promotion courses	Agencies in charge
51	Liquid soups/shampoos/clothes softening solutions/dish washing solutions/toilet cleansing solutions/clothes washing solutions	The Provincial Office of Employment, Suratthani Province
52	Producing artificial flowers used in traditional funerals and presents	The Provincial Office of Employment, Chomphon Province
53	Planting Bhutanese mushrooms	The Provincial Office of Employment, Ranong Province
54	Producing artificial flowers used in traditional funerals/herbal yellow ointments	The Provincial Office of Employment, Phang-nga Province
55	Cooking fried curry sauces and Southern fish maw spicy soups	The Provincial Office of Employment, Trang Province
56	Planting mushrooms	The Provincial Office of Employment, Yala Province
57	Flowers arrangements for various ceremonies/weaving mats	The Provincial Office of Employment, Narathiwat Province
58	Flowers arrangement/making artificial flowers made of transparent fabrics	The Provincial Office of Employment, Pattani Province

**Table 29** Supplementary occupation promotion courses and skill development courses organized by the Department of Skill Development

No.	Activities/programs	Agencies in charge
1	Handicrafts(making bag holders)/development of labor networks and volunteers/small agricultural engines mechanics/wickerwork (rattan)/gem cutters	The Provincial Development Center of Angthong
2	Cloth weave/splendid servicing/making household utensils as business/Thai massage for health (the Royal style)/ legislations on occupations/cost, logistics and budget administration	The Regional Development Center, Suphanburi Province
3	Internet & e-mail/English conversation 2	The Industrial Service Group
4	Decoration & fundamental gardens arrangement/Japanese cuisine (sushi)/Thai massage/beads stringing/ Microsoft Word using/fundamental repair of mobile phones/ massage by compressing with herbal packs/salt pots	The Provincial Development Center of Nonthaburi
5	Vessels made of banana leaves widely used as a receptacle for food - arrangement of footed trays with satin made in the flower form used as a sign of respect to ask for forgiveness/novelty of Thai clay/repair of household electric appliances/ Ku Shai (a Chinese cuisine made of rice flour stuffed with vegetables)/ Chomuang (a kind of Thai desserts)/Pansip (a kind of Thai desserts)/curry puffs/soy bean milk/bean curd in milk/ milk curd with fruits in syrup/foot massage/ benzene engine repair/fruitful jobs making happiness	The Provincial Development Center of Pathumthani
6	Cooking wantons - pao/herbal soups/Japanese cuisine (sushi)/mirror carving/gift wrapping/make up technique/ bags made of cloth/installing gypsum walls and ceilings/ how to stimulate good conscience in work/making three-dimensioned pictures with cloth/silk screen/producing mosquito nets/tiles paving/cement glues and white cement glues/crystals stringing/repair of CVD players/shoes repair/ laundry/ development of international business privilege (JTEPA)/dressmaking/producing leather bags/producing artificial bouquets & camphor packs/benzene engine repair	BMA Integrated Development Center
7	Liquid camphor, camphor and balms/artificial trees made of beads/cloth for wrapping chinaware/conversion of foods/crystal ornaments/dressmaking/painting of buildings	The Provincial Development Center of Ayudhya
8	Braiding ropes &straws/weaving cloth with manual looms/ bread dolls sculpture/products made of domestic fabrics/ massage (Chaloeyesak style)/planning & administration of logistics cost/batiks producing/how to use industrial sewing machines/technique of installing LPG tanks in automobiles/ painting of buildings	The Provincial Development Center of Lopburi



Table 29 Supplementary occupation promotion courses and skill development courses organized by the Department of Skill Development

No.	Activities/programs	Agencies in charge
9	Thai spa massage/dressmaking	The Provincial Development Center of Saraburi
10	Basketworks made of cord and straw/manual welding/producing artificial flowers made of transparent fabrics/electrical soldering/how to use Microsoft Windows XP	The Provincial Development Center of Saraburi
11	Making artificial flowers made of Sa paper and Para rubber/bamboo wickerwork/Thai desserts (rice crackers with ground pork dip)/herbal shampoos/artificial flowers made of transparent fabrics and arrangement of vases of flowers/wax candles/painting of buildings/Thai massage/quality control, decoration of products with natural materials and leather/improvement and development of occupational groups/herbal oil and herbal packs for applying a compress to muscles/safety in work/time management/5 ways for improvement of work/spirit of servicing & teamwork/basic automobile maintenance/technique of problems solving and making clever decision/technique of cost reduction and 7 wastes/products made from water hyacinth/producing brooms/crispy Roti (Indian crispy pastry) and egg crackers/how to use industrial sewing machines/village plumbers/flower garlands/marketing planning	The Provincial Development Center of Singhburi
12	How to use Marble Controller Program/modern warehousing	The Regional Development Office, Samutprakan Province
13	How to apply a herbal pack compress to muscles after delivery of a child/Thai massage (Royal style)/Thai massage/massage (Chaloeyasak style)	The Regional Development Office, Choburi Province
14	Impressive services/technique of nice treatment toward guests/oration for leaders	The Provincial Development Center of Kanchanaburi
15	Care-giving for mothers after their child delivery/technique of installation of LPG and NGV tanks and components	The Provincial Development Center of Nakhonpathom
16	Motorcycle mechanics/electric circuit of air conditioner	The Provincial Development Center of Samutsakhon
17	Thai massage for health 150 hours course	The Provincial Development Center of Samutsongkhram
18	How to be a good trainer	The Provincial Development Center of Chachoengsao

**Table 29** Supplementary occupation promotion courses and skill development courses organized by the Department of Skill Development

No.	Activities/programs	Agencies in charge
19	Thai desserts/producing bead and crystal ornaments	The Provincial Development Center of Buriram
20	Producing multi-medias	The Provincial Development Office, Khonkaen Province
21	Training liaison officers/vegetables and fruits carving/ installation of LPG and CNG(NGV) tanks with components in large trucks	The Regional Development Office, Nakhonsawan Province
22	Products made of Japanese clay	The Provincial Development Center of Kamphaengphet
23	English for work/English for immigration officers	The Provincial Development Center of Chiangmai
24	Products created from local intellect/ products made of domestic fabrics	The Provincial Development Center of Maehongson
25	Thai desserts/conversion of dairy and fruit products/ development of occupational groups for conversion of agricultural products/using industrial sewing machines/ baking longan/fragrant joss sticks/foot massage/ Thai massage (Chaloeyasak style)/products converted from longan	The Occupational Development Groups on Conversion of Agricultural Products, the Provincial Development Center of Lamphun
30	Rattan chairs/modern photo frames/baked desserts/ artificial flowers made of Thai clay/weaving tableware for a Khantok party/producing aluminium windows and doors/ training skills in Thai massage/presents made of Sa paper/ conversion and preservation of foods/motorcycle maintenance & repair 2/conversion of fabric products	The Regional Development Office, Lampang Province
31	Painting/conversion of fabric products	The Provincial Development Center of Nan
32	Clothing design/masonry	The Provincial Development Center of Phetchabun
33	Handicrafts (made of Thai clay)/products made of domestic fabrics/herbal packs for applying a compress to muscles/ technique of repairing industrial sewing machines/ conversion and preservation of foods/herbal cleansers/ catering & personality development	The Provincial Development Center of Phrae
34	Sewing of blankets & woven bamboo hats	The Provincial Development Center of Sukhothai
35	Fragrant joss sticks/handicrafts	The Provincial Development Center of Utradit



Table 29 Supplementary occupation promotion courses and skill development courses organized by the Department of Skill Development

No.	Activities/programs	Agencies in charge
36	Making presents/producing economizing stoves for fumed charcoals/electricians for houses and buildings	The Regional Development Office, Phitsanulok Province
37	Dyeing natural fibers (of plants)	The Provincial Development Center of Phayao
38	Baking longan/producing fragrant joss sticks/foot massage	The Provincial Development Center of Lamphun
39	Thai massage (Chaloey Sak style)/conversion of dairy and fruit products/food conversion from longan/development of occupational groups for conversion of agricultural products	
40	Modern photo frames/baked desserts/presents made of Sa paper/artificial flowers made of Thai clay/conversion and preservation of foods/weaving tableware for Khantok parties/ motorcycle maintenance & repair 2/ producing aluminium windows and doors	The Regional Development Office, Lampang Province

**Table 30** The proportions of older persons who access subsistence allowance to the number of total older persons, classified according to provinces

Provinces	2005	Provinces	2006	Provinces	2007
The top 10 provinces which have the lowest proportions of older persons who access subsistence allowance					
Samutprakan	1.87	Samutprakan	2.64	Songkhla	10.05
Cholburi	3.05	Nonthaburi	5.75	Nonthaburi	11.30
Phuket	3.07	Ratchaburi	7.57	Cholburi	11.37
Songkhla	4.45	Nakhonpathom	7.95	Samutsakhon	12.95
Nonthaburi	4.91	Songkhla	8.42	Nakhonpathom	16.78
Yala	5.12	Cholburi	8.60	Samutprakan	17.28
Nakhonsawan	5.61	Nakhonsawan	8.87	Kanchanaburi	17.82
Ratchaburi	5.63	Phuket	8.97	Chumphon	17.93
Samutsakhon	5.75	Samutsakhon	9.11	Nakhonsawan	18.20
Srakaew	5.83	Suratthani	10.23	Nakhon Sri Thammarat	18.27
The top 10 provinces which have the highest proportions of older persons who access subsistence allowance					
Nongbualamphu	14.66	Satun	31.99	Loey	44.54
Sakolnakhon	15.86	Nakhonnayok	32.27	Nongbualamphu	44.99
Krabi	16.68	Mukdahan	35.72	Mukdahan	48.79
Amnatcharoen	16.81	Trang	36.09	Phayao	49.53
Mukdahan	16.82	Buriram	42.07	Buriram	58.50
Phayao	17.30	Nakhonphanom	42.95	Yasothon	61.22
Buriram	17.89	Phayao	43.39	Chaiyaphum	63.49
Nakhonnayok	21.32	Yasothon	50.60	Nakhonnayok	67.93
Yasothon	26.20	Chaiyaphum	56.50	Surin	73.13
Nakhonphanom	26.25	Amnatcharoen	67.82	Amnatcharoen	78.12

Source: Voravesma Suwanrada (2007)



Annex 3

The Ministry of Justice's Notification

Subject: Counseling and Actions on Support of Legal Proceedings for Older Persons

By virtue of Section 11(9) contributing Section 11, third paragraph of the Act on Older Persons:2003, and Article 7 of the Notification of the Office of the Prime Minister concerning Set-up of Agencies in Charge of Implementation of the Act on Older Persons:2003, dated July 28, 2004; the Minister of Justice hereby issues notification as follows:

Article 1 This Notification shall be called the Notification on Counseling and Actions on Support of Legal Proceedings for Older Persons.

Article 2 This Notification shall be in force from this date.

Article 3 The Rights and Liberties Protection Department shall act as the major agency in charge of providing them with convenience and rapidness the following services:-

- (1) Counseling and assisting in legal proceedings and interacting with the Lawyers Council of Thailand in order to provide a lawyer for their defense.
- (2) Interacting with agencies or organizations involved to apply for expenditure support as necessary in assisting in their defense.
- (3) Disseminating and providing knowledge of their rights and liberties entitled by the law.
- (4) Performing any acts and actions as set forth herein.

Article 4 To apply for services subject to Article 3 (1) and (2) in Bangkok Metropolis and Nonthaburi Province, older persons may contact the Office of Financial Support for Criminal Victims and Defendants, E-Justice Clinic, the Rights and Liberties Protection Department or the Integrated Services Center, the Ministry of Justice.

For other provinces apart from the provinces mentioned in the first paragraph, older persons may apply for services at the Provincial Offices of Justice.

Article 5 The volunteers of rights and liberties protection shall act as networks in counseling and disseminating knowledge of rights and liberties of older persons in their areas in charge.

Announced on August 16, 2005
Pol. Gen. Chidchai Wannasathit
The Minister of Justice



Annex 4

List of Members of the Committee of Compilation of the Situation of the Thai Elderly 2007

The Committee of Compilation of the Situation of the Thai Elderly 2007

1.	Dr. Banloo Siriphanich The Foundation of Thai Gerontology Research and Development Institute	President
2.	Prof. Sutthichai Jitapunkul The Faculty of Architecture, Chulalongkorn University	Member
3.	The Representative of the Rights and Liberals Protection Department, the Ministry of Justice	Member
4.	The Representative of the Revenue Department, the Ministry of Finance	Member
5.	The Representative of the Office of Policies and Strategies, the Ministry of Justice	Member
6.	The Representative of the National Health Security Office	Member
7.	The Representative of the Health Promotion Office, the Department of Health, the Ministry of Public Health	Member
8.	The Representative of the Office of Non-formal Education Administration, the Ministry of Education	Member
9.	The Representative of the Office of the National Economic and Social Development Board	Member
10.	The Representative of the Social Security Office, the Ministry of Labor	Member
11.	The Representative of the Office of Policies and Strategies, the Ministry of Labor	Member
12.	The Representative of the Office of the National Culture Commission, the Ministry of Culture	Member
13.	Associate Prof. Sasiphat Yodphetch The Faculty of Social Administration, Thammasat University	Member
14.	Associate Prof. Dr. Napaporn Chayowan, the College of Population Studies, Chulalongkorn University	Member
15.	Associate Prof. Dr. Viphan Prachuabmoh, the College of Population Studies, Chulalongkorn University	Member
16.	Associate Prof. Dr. Kusol Soonthorndhada, the Institute for Population and Social Research, Mahidol University	Member
17.	Assistant Prof. Dr. Voravesma Suwanrada The Faculty of Economics, Chulalongkorn University	Member
18.	The President of the Senior Citizen Council of Thailand, under the Royal Patronage	Member
19.	The Director of the Geriatrics Institute, the Department of Medical Services, the Ministry of Public Health	Member
20.	The Director of the Bureau of Empowerment for Older Persons, the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, the Ministry of Social Development and Human Security	Member



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| 21. Khun Preeya Mittranon, the National Statistical Office,
the Ministry of Information and Communication Technology | Member |
| 22. Khun Pathama Amornsirisomboon, the National Statistical Office,
the Ministry of Information and Communication Technology | Member |
| 23. Khun Chirawan Mathuam, the National Statistical Office,
the Ministry of Information and Communication Technology | Member |
| 24. Dr. Somsak Chunharas
The Foundation of Thai Gerontology Research and Development Institute | Member cum
Secretary |
| 25. Dr. Ladda Damrikarnlert
The Foundation of Thai Gerontology Research and Development Institute | Member cum
Assistant
Secretary |



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