

SOCIAL WELFARE PROGRAMS FOR ELDERLY PEOPLE AND WOMEN IN THAILAND

Phra Rangson Suwan,¹ Phrakhrū Sarakitphaisan, Phramaha Dhanardhip Mahadharmarakhito

Sociology & Social Work Acharya Nagarjuna University,
India
Mahachulalongkornrajavidyalaya University,
Thailand

E-mail: rangson.suwan@gmail.com,¹ piya1003289@gmail.com
dhanardhip.har@ibsc.mcu.ac.th,

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Abstract

The population of elderly people is increasing rapidly in Thailand and the number of elderly people will reach 13 million by the end of 2021. The Thai Government has prepared social welfare programs for elderly people. When elderly people suffer from health problems, Governmental Organizations (GOs) have launched the health care services for them. The health care services of GOs are outstanding for dealing with the health problems of elderly people. Therefore, elderly people can receive health care services without difficulty. Elderly women are confronted by numerous challenges than elderly men. The main responsibility of elderly women is the family, such as to raise grandchildren, to be strong and steadfast, and to maintain the faith of the tribe to their descendants. Fortunately, they can access the health care services which are supported by many sectors such as Local Governmental Organizations (LGOs), health personnel, health volunteers, caretakers, and family members. These sectors have prepared social welfare programs to help elderly people and women have quality of life in Thailand.

Keywords: Elderly people, elderly women, health care services, social welfare programs

Introduction

The population of elderly people is increasing rapidly in Thailand. Thai elderly people will reach 13 million by the end of 2021. Elderly people generally suffer from chronic ailments. They need to receive social welfare programs from others in daily life. Boonruangsak and Sudnongbua (2019) have provided on how to promote health for Thai elderly people within five viewpoints: (i) the resolution of the situations for elderly people; (ii) the importance of promoting health for elderly people; (iii) the helping and promotion of the health care services for elderly people; (iv) the promoting of a health strategy for elderly people; and (v) the implementing of health standards for elderly people. Elderly people can access the health care services from various sectors such as family members, caretakers, health personnel, and health volunteers. These sectors have launched social welfare programs to take care, treat, and support elderly people to have quality of life in Thailand.

Social welfare programs are promoted for elderly people in Thailand. Social welfare programs are distributed for the needs of elderly people. In the informal sectors, for example, elderly workers have been affected by inequality, policies, laws, regulations, etc. Senanuch and Suntonanantachai (2018) declare that the social disparity of social welfare systems in Thailand has been classified into three dimensions: (i) social welfare dimension; (ii) human dignity dimension; and (iii) economic dimension. However, the highest level of the social disparity is an economic dimension. Within economic dimension, the common goal of social welfare centers is focused on how to increase more income, savings, and investments for elderly people. Local Administrative Organizations (LAOs), Non-Governmental Organizations (NGOs), community, and family have produced social welfare programs for elderly people. Social welfare systems are based on six steps: (i) to engage the valuable local environments; (ii) to understand the local wisdom; (iii) to produce the occupations; (iv) to generate the income; (v) to reach the health care services; (vi) to communicate with the organizations professionally.

Elderly women have confronted many challenges in Thailand. Nilthirach and Jong-udomkarn (2020) points out the roles of Phu Tai women in six ways: (i) to be mainly responsible for the family; (ii) to raise children alone; (iii) to suffer from irresponsibility of their children; (iv) to look for welfare monetary

payment from the government; (v) to be strong and steadfast; (vi) to be faithful to the tribe of their descendants. Thai elderly women fulfil the important roles for caring for their family members through many strategies. They should be empowered by knowledge and the economy for improving the quality of life. Therefore, elderly women will get the stability of the family and society in Thailand.

Social Welfare Programs for Elderly People in Thailand

The Thai Government has Local Administrative Organizations (LAOs) to launch social welfare programs for elderly people in Thailand. The roles of LAOs can be classified into four aspects: (i) the environment aspect; (ii) the health aspect; (iii) the mental aspect; and (iv) the social relationship aspect. Chantagul (2019) claims the roles of LAOs on launching social welfare programs for elderly people in Muang District, Ubonratchathani Province. In the city municipality, the population is 24,156 people with 400 people chosen for the study. However, the results found that the roles of LAO were to develop the quality of life for elderly people in Muang District at average level only. LAO should develop the quality of life for elderly people through four methods: (i) to distribute the cleanliness of water within the environment aspect; (ii) to promote the religious practice within the health aspect; (iii) to support the religious practice for freshening elderly people's minds within the mental aspect; (iv) to found the elderly club within the social relationship aspect. Then, LAO can promote social welfare programs for elderly people effectively.

Social welfare programs have been launched for elderly people in Thailand. Social workers should manage social welfare programs effectively for elderly people. Jomboonrueang and team researchers (2013) study social welfare management in Nakhon Sawan Province within three viewpoints: (i) the models of social welfare management for elderly people; (ii) the problems and obstacles of social welfare management for elderly people; and (iii) the guidelines to improve social welfare management for elderly people. The results are showed in the following: (i) The Thai Government and local people have provided the models of social welfare management for elderly people; (ii) The lack of public health officers, family's close attention, and activities for learning are the problems and obstacles of social welfare management for elderly people; (iii) The annual comprehensive medical examination and ongoing consultations are

the guidelines to developing social welfare management for elderly people. As shown in Table 1, when elderly people reach nearly twenty percent of Thai population in 2021, social welfare management is valuable for supporting elderly people and their relatives effectively in Thailand.

Table 1

Thai Population Among 2010-2040

Year	Population (Million people)				Percent (%)			
	0-14 Y	15-59 Y	> 60 Y	Total	0-14 Y	15-59 Y	> 60 Y	Total
2010	12.6	42.7	8.4	63.7	19.8	67.0	13.2	100
2020	11.0	42.2	12.6	65.9	16.8	64.1	19.1	100
2030	9.8	38.7	17.5	66.1	14.8	58.6	26.6	100
2040	8.1	35.1	20.5	63.8	12.8	55.1	32.1	100

Note. From the Office of the National Economic and Social Development Council (2013)

Social welfare programs have the public services for supporting elderly people in Thailand. Khueankaew, Rattanasak, and Yawainawichai (2019) observe the public services for elderly people in Mae Hia Town Municipality, Nong Khwai Sub-district, Chiang Mai, Thailand. Researchers examine the public services on four points: (i) municipal administrators; (ii) government agencies; (iii) public organizations; and (iv) elderly clubs. By conducting in-depth interviews and in-depth document reviews, the results are found as the following: (i) Mae Hia Municipality has created the “Happiness Center”; and (ii) Nong Khwai Sub-district has established the “Center for Quality of Life” and the “Elderly Occupation Promotion.” In these areas, Local Administrative Organizations (LAOs) have created the public services within three steps: (i) to review problems for elderly people; (ii) to create service options for elderly people; and (iii) to make the public services for elderly people.

Social welfare programs have the health care services for elderly people in Thailand. For example, in Huay Yang Sub-district, Bauyai District, Nakhon Ratchasima Province, the Bu Thai community have launched the health care

services for elderly people. The community has focused on the elderly health care through four pillars: (i) to identify circumstances; (ii) to resolve circumstances; (iii) to create teamwork; and (iv) to have mentors. These four pillars can support the self-health care of elderly people in the community. Nirarat, Klangkhan, and Thaewpia (2017) investigate the model of the self-health care for elderly people in the Bu Thai community. The results found that the target group has satisfied increased development and senior groups have evaluated the ability to engage more activities daily.

Social welfare programs are essential for elderly people in Thailand. Aksornprom and Rungrojwanich (2018) confirm that social welfare programs can eliminate the gap between the obtaining and the access within social welfare services for families with elderly people. Not only elderly people, but also their family members who need social welfare programs to support them. There are high rates of elderly people in Chiang Rai, Ubon Ratchathani, Supan Buri, and Nakhon Srithammarat Provinces. In these provinces, elderly people and caregivers have debated on social welfare programs within two viewpoints. First viewpoint is on the information of social welfare for families with elderly people and the second viewpoint is on the needs of social welfare for families with elderly people. In conclusion, elderly people and caregivers want to get more social welfare services for: (i) value-added tax exemption; (ii) income tax concession; (iii) fund assistance; (iv) database; (v) occupational enhancement; (vi) the home visit from officers; (vii) elderly health cares; (viii) center for elderly equipment loan; (ix) 24 hours emergency vehicle; (x) assistance center for caregivers; and (xi) funding for cultural activity for elderly people and caregivers. Elderly people also want to be understood, listened, and respected by their family members.

Social Welfare Programs for Elderly Women in Thailand

Social welfare programs have been prepared for elderly women in Thailand. Krivart, Supthun, and Sookhom (2016) explore the situation on the involvement of civil society for helping elderly women in Thai community. Chiang Mai, Buriram, Rayong, Phetchaburi, and Songkhla Provinces have the highest statistics of social problems among elderly women. These provinces are chosen for the study using the combination of documentary research, focus groups, and in-depth interviews. The results found that the involvement of civil

society in helping elderly women in the community was relatively small. There have not been effective connections such as the vertical connections, the horizontal connections, the district-and-local connections, and the civic-and-public connections. To promote social welfare programs for elderly women, the community should combine all five methods: (i) to develop the master plan; (ii) to create the connection mechanism; (iii) to manage the assistant network; (iv) to promote the assistant development; and (v) to strengthen the incentives for the agencies in all sectors.

Social welfare programs have been centered for elderly people and women in Thailand. Many Laotian and Thai women have attended the aged care training courses in Thailand. Petcharadee and Wisrunrat (2018) compare the training's results between Laotian and Thai women in the aged care training courses. There are three ways to recruit and select Laotian women to attend aged care training courses: (i) Laotian Women's Union by following Laos's single gateway law; (ii) Laotian women who have worked in Thailand; and (iii) Laotian women who are working in Thailand. The average scores from theory sessions for Thai women were at satisfactory level only, but Laotian women were at a good level. However, on social welfare services, the practice sessions of both Thai women and Laotian women were at a good level.

Poopunsri and Thamrongworaku (2018) argue on the health care services in Thailand through three viewpoints: (i) The satisfaction of elderly women with the care services provided by a private sector nursing home; (ii) The perceived quality of life of elderly women by a private sector nursing home; and (iii) The relationship between the satisfaction and the quality of life of elderly women. By qualitative and quantitative approaches, the results were the following: (i) The satisfaction of elderly women with the health care services provided by the nursing home in terms of the accommodation, meals, apparel, medical care, and recreation was found to be at the highest level; (ii) The quality of life of elderly women under the care of the nursing home in terms of environment was ranked at the highest level, in terms of physical and mental at the high level, and in terms of society at the medium level; and (iii) The relationship between the satisfaction and the quality of life of elderly women had a significant positive correlation at a high level.

Elderly women have related with the concept of the family care services in Thailand. Jooprempre and Jong-udomkarn (2019) analyze the relationship between elderly women and the concept of family care services at Laplae District in Uttaradit Province. Elderly women have four duties. Firstly, as a young woman, she does household work, cares for younger sisters and brothers, makes sacrifices for family members, shares responsibility and supports the family. Secondly, as a wife, she provides caring for family members with compromise, affection, and generosity. Thirdly, as a mother, she takes care of children, expects children to be comfortable, and teaches children to be good children. Fourthly, as an elderly woman, she takes care of grandchildren, allows grandchildren's parents to work, and be relied upon by her children and family members. The conditions of family care are also depended on family values and family relationships.

Elderly women are more prone to suffer from depression than elderly men in Thailand. Depression is a significant contributor to human suffering in elderly women. Kitsumban, Thapinta, Sirindharo, and Anders (2009) emphasize the effect of a cognitive mindfulness practice program on depression among elderly women at the community center in Chiang Mai Province. Participants were randomly assigned as the control group and as the experimental group. While the control group had received the traditional emotional support and nursing care from community nurses at the community center, the experimental group had participated the cognitive mindfulness practice program from the study. After three months, the results showed that the cognitive mindfulness practice program can reduce the level of depression among elderly women in the experimental group than in the control group. Thus, the cognitive mindfulness program can provide the non-biological and appropriate intervention for the treatment of mild to moderate depression among elderly women.

Promsri and Chamnongkich (2010) study gait parameters of elderly women with and without balance impairment during walking on a level surface and over obstacles. The "Berg Balance Scale (BBS)" use a criterion to assign subjects into the balance-impaired group and the non-balance-impaired group. Participants were tested on three walking conditions: (i) walking on a level surface; (ii) walking and stepping over low obstacles; and (iii) walking and stepping over high obstacles. A two-dimensional (2D) motion analysis system was used to measure all gait parameters. Gait parameters of level walking

include walking speed, step length, and toe-floor clearance from the floor. Gait parameters of crossing step include crossing speed, crossing step length, leading and trailing limb elevations and pre- and post-obstacle distances. The results found that the balance-impaired group displayed significantly reduced gait parameters during walking on a level surface and both obstacle tasks than the non-balance-impaired group. Thus, the balance-impaired group seemed to use a conservative or a cautious strategy during walking on a level surface and obstacle tasks for maintaining body stability and safety than the non-balance-impaired group.

Social welfare programs have been concerned with the health care services for elderly women in Thailand. Social welfare policy has promoted the well-being for elderly women to have quality of life. Prasertsin, Suriyo, and Nutmatawin (2018) note that the well-being of an individual refers to their expression in a suitable social role. It also means a condition in which individuals recognize the situation to feel happy. The happiness of elderly women is caused by internal and external factors. The internal factors are physical function, physical capability, mental capability, self-esteem, optimism, meaning of life, autonomy, quality of life, loneliness, depression, etc. The external factors are voluntariness of retirement, physical activity, security, lifestyle, religion, social support, social network, social activities, income, marriage, education, etc. If Thai people eliminate circumstances for elderly women, elderly women will have better health than before.

Elderly women are suffering more from health problems than elderly men. Satraphand, Panichpathom, and Metapirak (2017) research the health problems of elderly women in Thailand. Many elderly women are still working in the labor force and they are maintaining good health. Considering this crucial point, they have founded “Senior Wellness Center” (SWC) as a new business opportunity for real estate developers. Elderly women have preferred the characteristics of SWC. The 200 respondents thought that recreational space located in the suburban communities with friendly staff, accessible public transportation with an interior design emphasizing nature as a feature provides maximum total utility value. This research examined the willingness to pay for services and segmentation of elderly women according to their preferences of SWC attributes. In their organizations, pre-senior and senior groups have

brought new knowledge not only to develop their businesses, but also to promote the health care services for elderly women Thailand.

Conclusion

The Thai Government have worked tirelessly to accommodate the increased population of elderly people in Thailand through various social welfare programs. These social welfare programs have been distributed to health care services, health promotion, family care services, public services, community nurses, private sector nursing homes, age care training courses, etc. to ensure they are accessible to our most vulnerable population. Without these programs, the elderly people and women in Thailand would not have quality of life and would continue to struggle with their daily needs, in terms of health, both physically and mentally.

These social welfare programs would not exist without the efforts by Local Government Organizations (LGOs), Non-Governmental Organizations (NGOs), community, and health care services. These organizations have especially supported elderly people and women in daily life with the support of community and family.

Unfortunately, the increasing of the elderly population has raised concerns on the ability to accommodate their needs. And with many problems continuing to exist within the social welfare programs, these programs are constantly being researched, studied, and improved to ensure that they provide the support of elderly people according to their needs. But overall, social welfare programs have assisted the elderly people and women in Thailand to have a better quality of life.

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