POLICY AND STRATEGIC MEASURES IN SECURING WELFARES FOR AGING SOCIETY

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ABSTRACT

Title of Dissertation	Policy and Strategic Measures in Securing Welfares for Aging Society
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This paper aim to study the policy and strategic measures welfare for the aging society in Thailand in order to propose strategic measure to accommodate the aging society. Both field research and documentary research were conducted. It was found that the stakeholders realized that Thailand was entering the aging society and that the policy on welfare for the elderly was not suitable because it could not cope with social changes, especially economic change. Most consider that the public health policy was efficient and effective, where as the policy on the living allowance of the policy on the cost of living was the least satisfactory. Moreover, Thailand still lack the services system for old people who had to stay at home, particularly primary services. With regard to the measure for preparation to accommodate the aging society, the researcher proposed strategic measures of building knowledge and understanding about the aging society, creating a suitable environment, and setting standards so that the elderly would have security and safety in eight aspects, i.e., social, economic, environmental, technological, legal, educational, health care, and the service personnel

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CHAPTER 1

INTRODUCTION

1.1 Background and Significance of the Problem

Development of the quality of life of people is an important factor for national development. The government of all ages have given importance to developing the people's quality of the life, as evidenced in the Seventh National Economic and Social Development Plan and other national plans after that, and particularly the public health development plan, which aims to improve the overall public health. However, the problem of demographic change as a result of the decrease in the birth rate and the mortality rate has increasingly led to change in the aging structure. At present, the world has entered the "century of the elderly" because the number or size or proportion of elderly people across the world has risen rapidly, Such a phenomenon has occurred in both developed and developing countries, causing the demographic structure of the world in the 21st century to move to the stage called "population aging." Thailand is no exception. Its demographic structure has changed and the country has moved into the aging society as well (The National Elderly Promotion and Coordination Committee, 2002). In 2007, the number of elderly people aged 60-79 years or more was 6,172,000. The number of those in the age range of 80-99 was 648,000 and the number of those aged 100 years or more was 4,000. Overall, the elderly people accounted for 6,824,000 out of the total population of 62,829,000 (Mahidol University. The Social and Demographic Institute, 2007).

This estimation was in accordance with that of the Demographic and Social Research Institute, Mahidol University, estimated that Thailand's population would increase but at a slow rate, as shown in Table 1.1

Table 1.1 Bar Graph Showing the Estimated Number of Thailand's Population During 2005-2025

Year	0-14 year	15-59 year	60 year or more	Total
2005	14,274,600	41,465,900	6,422,100	62,162600
2010	13,202,900	42,926,600	7,522,800	63,652,300
2015	12,301,900	43,311,500	9,034,100	64,647,600
2020	11,172,200	43,011,900	10,954,200	65,138,300
2025	10,441,200	41,746,500	12,901,100	65,088,800

Source: Mahidol University. The Demographic and Social Research Institute, 2006: 8.

Thailand has a population of around 67 million. When the age structure of the population is considered, 20.3% are in the age range of 0-14, 70.7% in the age range of 15-64. and 9% in the age range of 65 or more. The average life expectancy of Thai males is 71.02 years and that of Thai females is 75.82 (Wanida Thanaprayodsak, 2010)

Moreover, Thailand's number of population ranked the 19th in the world (The Office of National Statistics, 2006), accounting for 1% of the world population. The number of its population increases at the population of 1 to 140 of the increasing number of the world population. The increasing rate is consistent and tends to decline in the future. In 2006, the increasing rate was at 0.6% a year, and in 2000, the rate was still at 0.6% a year. The statistics suggest that the number of young people has been declining. The demographic projection working group of the Demographic and Social Research Institute, Mahidol University has estimated that by 2022, or in the next 11 years, the rate of population increase will be near zero. That is, the birth rate of each year will be more or less the same as the mortality rate of each year. This estimation is in accordance with the result of the population and housing concensus in 2010, which indicates that the number of Thailand's population has continuously decreased since 1960. The rate of population increase was 2.70% a year during 1960-1970; 1.05% a year during 1990-2000; and 0.77% a year during 2000-2010, respectively, as a result

of the rapidly and continuously decreasing birth rate (Wiboonthat Suthunthanakit, 2010).

At present, the birth rate of Thailand's population is rather stable because the country has a birth control policy, which has been effectively implemented from the past until present. More and more working-age Thai women tend to get married at an older age or tend to remain single. The social structure has changed from the extended family to the nucleus family, so the burden and cost of child-raising has consequently increased. Further, Thailand is becoming the aging society in the near future. The number of young people has declined, while the number of elderly people (60 years or more) has risen (Wanida Thanaprayodsak, 2010). The demographic change from the past, until the present and to the future is demonstrated.

The United Nations has recognized this problem, so it held the World Assembly on Aging in order to set an international long-term action plan on aging. The conclusions drawn from the opinions given by different countries concerned: humanitarian issues and developmental issues. With regard to humanitarian issues, the elderly should receive assistance in accordance with humanitarian principles and their needs, e.g, health care, housing, environment, social welfare, income security, education, family, and so on. Developmental issues concern aging of the population, which affects the country's economic and social development; international cooperation in conducting research, collecting and analyzing data; and academic cooperation concerning aging population (Surakul Jane-obrom, 1998).

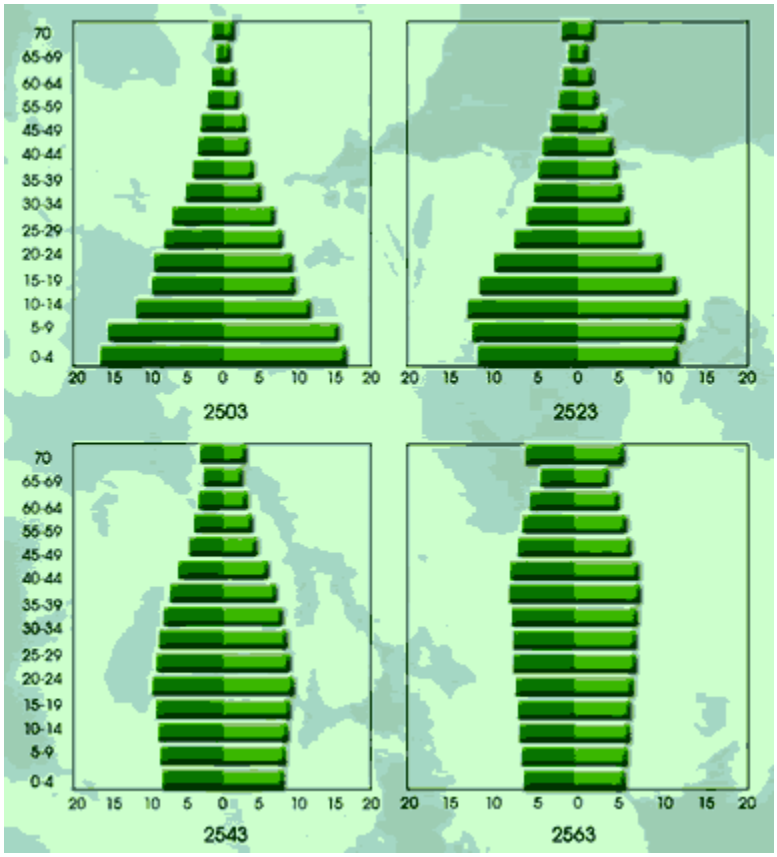


Figure 1.1 Pyramid of the Total Thai Population in the Past, at Present and in the Future

Source: Wiphan Prajuabmoh Rufolo, 1999.

Figure 2 illustrates that the shape of the population pyramid has changed from a bell shape into a vase shape. This suggested that the number of old people in Thailand increased almost twice from 1990 to 2010. The UN survey revealed that it took a short time, or only 20 years, for Thailand's aging population proportion to become doubled, whereas it took about 70 years or more for the same increase in developed countries. Some reasons for which the number of aging population in Thailand has increased rapidly are that the country has efficient medical service and a good public health service system, which are as modern as those in developed countries and that Thais have a better knowledge of nutrition, look after their health well and exercise more. (Wanida Thanaprayodsak, 2010)

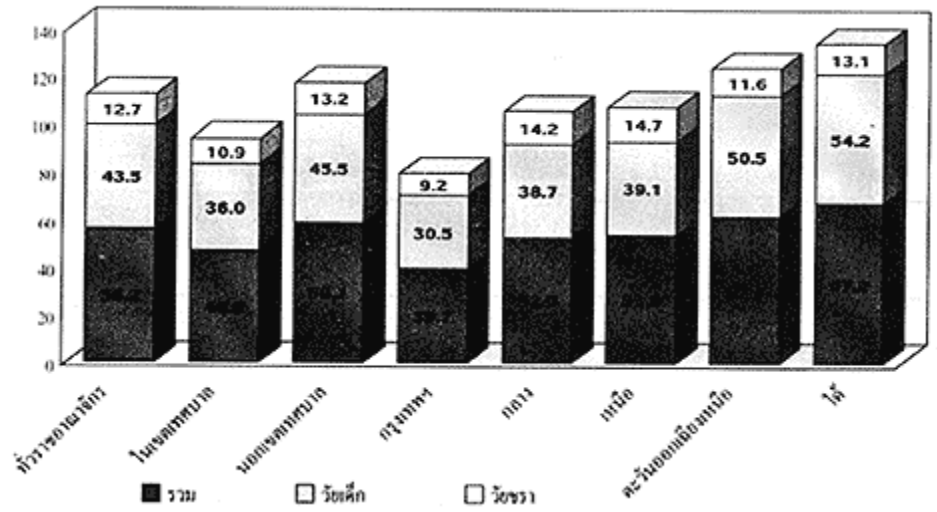


Figure 1.2 Rate of Being a Burden

Source: Wiphan Prajuabmoh Rufolo, 1999.

The statistics of the increasing number of old people and the figure showing the rate of being a burden indicate the importance and severity of the aging problem in the future. Such change seriously affects the living condition of the population, especially the old-age groups.

The first impact is the effect of demographic change. Better medical service and public health service have led to better living conditions. The death rates of all the age groups have decreased and people have a longer life expectancy. The increase in the number of old people means an increase in the needs for health care service. Such a need has increased tremendously in comparison with the ability of the family and the society to respond to it. With the coming of aging society, children who look after their parents will also become aging. Those looking after the elderly may be old people themselves, who also need attending to. Besides, the decreased number of children may reduce an opportunity for elderly people to have their own children to look after them. Therefore, a formal support system will be very necessary in the future (Napaporn Chayowan et al, 2003)

The second impact is that the increasing level of urbanization reflects migration, especially of the youths from rural areas to cities. What is widely discussed is the fact that Thailand has changed into a newly industrial society, but its prosperity

is unevenly distributed, which results in rural people moving to cities to find jobs, leaving their parents or old people behind or to live alone. Moreover, there is a cause-effect link between the change in household structure and the weakness of the culture of looking after old parents. So far, the change came from the fact that each family has decided to limit the number of children it will have, and that people change their occupations from the agriculture sector to the industrial sector. Other causes are extension of the urban area, change in the way of life, migration for work or for education, and the desire for freedom of the married couple who do not want to live with the husband's or the wife's family and thus move out to settle elsewhere. These causal factors has made the family size smaller (Sasipat Yodpet, 2001). For old people to have financial security, it is necessary to save money when they are still young, or to have children to take of them when they are old (Patsorn Limanond, 1992). The family is thus a social unit that plays a very crucial role in providing welfare and a good living condition for elderly people at present.

It is the responsibility of family members or relatives to look after and assist elderly people. At present, many public and private organizations have played a role in looking after and assist old people in different ways in response to their needs, especially basic needs, i.e., food, clothes, dwelling, and health care, in order to raise their quality of life (Srithabtim Panitchapan,1993).

It is the responsibility of the government to tackle this problem by paying more attention to prevention and solution of the problems experienced by old people, who are a very important human resource (Mahidol University, 1995). Promotion of health-care behavior and development of medical and public health service are important elements to delay their dependence.

Meanwhile, health, safety, environment, financial status, income, family and knowledge are all important factors that can lead to an opportunity for dependence-free and that can guarantee their good life when they enter the dependence state (Suthichai Jitaphankul, 2002).

The development of aging population was officially materialized in response to the resolution of the government led by General Prem Tinsulanond on December 14, 1982. The Cabinet resolved that the thirteenth of April every year is the National Elderly's Day, which is very important in terms of Thai customs and traditions and

culture. The Thai society from the past until present has cherished a value of respecting old people,or ancestors who deserve gratitude because they have continuously made contributions to the society for a long time. If Thais hold this belief, they will be ready for the aging society and will arrange special activities on the National Elderly's Day. So far, the National Day for the Elderly has been celebrated every year since 1983 (The Office of Elderly Promotion and Protection, 2012) The National Committee for the Elderly established on February 9, 1982 was responsible for setting the first long - term plan for the Elderly (1992-2011) (Banlu Siriphanit, 1999).

However, change in the demographic and social structure has partly contributed to change in the form of support given to the elderly, who need more welfare and health care. To provide more welfare and service for the elderly in the future, it is necessary to consider the characteristics of elderly people in the future, which will be different from those at present (Malinee Wongsit and Siriwan Siriboon, 2001).

In Thailand the system and form of social welfare provision for the elderly has some restrictions. Apart from the service plan which is not systematic or is not good enough, elderly people in Thailand receive little attention from the public and the private sectors. The policy and service for elderly people are considered as not urgent or not important, compared to those for other population groups. The problem in implementing the social welfare project for the elderly from the past until present has been that it benefits only some groups of elderly people, and cannot serve their real needs (Rapeephan Kumhom et al., 1999) and does not extend to elderly people in rural areas, who are the majority. Existing services are not widespread. The operation of public and private organizations in this matter is rather limited in both quantity and forms. In some cases, the qualifications are determined to fit only a certain group of elderly people. Besides, support given to elderly people by public organizations has been faced with the problem of inadequate personnel and budget and the problem of management. That is why the services cannot reach all old people and cannot truly meet their needs (Siriwan Siriboon, 2000). One more important problem is the lack of research on epidemics related to elderly people and the lack of information about elderly people who suffer from being deserted by the society, especially those in rural

areas. This has brought about the problem of providing different types of social welfare for them because the current information came from only some elderly groups, thus being unable to represent the whole picture (Korakot Sangkhachart, 1983).

For the above reasons and because of change in demographic structure, the problem of accommodating the aging society has received a lot of attention from countries around the world, including Thailand. Its policy, strategies and tactics to cope with the aging society are important and deserve studying. The dissertation, therefore, was aimed at investigating this issue by reviewing related theories and concepts of welfare for elderly people and the aging society in different countries, examining the welfare for elderly people in developed countries and in ASEAN countries, and studying the policy and welfare for elderly people in Thailand in the eyes of stakeholders, such as policy makers, government officials who have implemented the policy of the Ministry of Social Development and Human Security, private enterprises, civil societies, elderly people with local wisdom, leaders, senior citizens, elderly club members and mass media, like ThaiPBS. The researcher will apply the results of the study to the social context of Thailand and will present some strategic measures to accommodate the aging society in the future.

1.2 Objectives of the Study

1) To review theories and concepts related to welfare for the elderly;

2) To find out the expectations and needs for welfare of elderly people in Thailand;

3) To examine the policy on welfare for elderly people in Thailand in the eyes of stakeholders;

4) To compare the form of welfare sets for elderly people in Thailand and that in developed countries;

5) To present some strategic measures to accommodate the aging society.

1.3 Research Questions

1) What are the essences of the theories and concepts related to welfare for elderly for elderly people?

2) What are the details of the form of welfare sets for elderly people in Thailand and that in developed countries and what are the differences? What are their strengths and weaknesses?

3) To what degree do the stakeholders have experience, knowledge and understanding about Thailand's policy and welfare for elderly people? And what are their opinions on this matter? Thai elderly people's expectations and needs for welfare?

4) What are Thai elderly people's expectations and needs for welfare?

5) What are suitable strategic measures for accommodating the aging society?

1.4 Scope of the Study

The scope of the study was stated as follows.

The contents of the study encompassed theories and concepts of welfare for elderly people, including welfare for elderly people in developed countries with readiness to accommodate the aging society. Comparison was made between Thailand and the developed countries in terms of welfare for elderly people in order to develop some guidelines and recommend some strategic measures to accommodate the aging society in Thailand in the future.

The stakeholders were policy makers, government officials who implemented the policy of the Ministry of Social Development and Human Security, private enterprises, civil societies, elderly people with local wisdom, leaders, senior citizens, elderly club members, and mass media that broadcast TV program on elderly people.

The studied period in case of Thailand began with the formal operation of development of elderly people in response to the resolution of the Cabinet led by General Prem Tinsulanond as of December 14, 1982 that the 13th of April every year be the National Elderly's Day. After the resolution, National Elderly Committee was

established on February 9, 1982 to set the first national long term plan for elderly people (1992-2011). The studied period began with the resolution in 1982 and ended in 2014.

1.5 Significance of the Study

This research produced four concrete benefits as follows:

Firstly, this research uses the body of knowledge, theories and concepts from comparative analysis, principles, policies, and methods of providing welfare for elderly people inside and outside the country in order to develop some guidelines for providing suitable welfare for elderly people in Thailand.

Secondly, the results of this study will be useful for scholar's people in general, the personnel dealing with social welfare provision, the public health personnel and others whose work is concerned with elderly people. They can use the findings to develop their own work. The results will also benefit teachers, researchers and students in related fields, such as development administration, public policies, social work, and age theology. Those studying in graduate program can use the research findings for referencing and for building the body of knowledge in their areas of study.

Thirdly, this research has policy implications. Its empirical results can be used as information and suggestions for setting a strategic policy on providing welfare for elderly people.

The research includes policy setting, policy-implication, and efficiency and effectiveness of the policy as prescribed in the Seventh National Economic and Social Development Plan and others after that, and the Public Health Development Plan.

The research provides many details on management of cooperation between agencies concerned; mobilization of resources for welfare provision for elderly people; budget allocation; evaluation of the project results; and spread of innovation for looking after elderly people; including suggestions on some ways and strategies leading to the effectiveness of policy setting and policy implementation in the future. These details are based on the findings of this study.

Lastly, this research results are useful for policy implementation, especially the policy and welfare for elderly people in Thailand in the eyes of stakeholders, such

as policy makers, government officials who have implemented the policy of the Ministry of Social Development and Human Security, private enterprises, civil societies, elderly sages, leaders, seniors, elderly club members, mass media like ThaiPBS. The study revealed the problems, obstacles and suggestions on how Thailand Should implement the policy and measures to deal with the aging society so that those involved can use the research results to improve their work or to adopt some suggestions develop their work. The research will be useful as an academic paper for related public and private organizations, researchers and policy implementation who want the clarity of principles and strategic measures for welfare provision to accommodate the aging society.

CHAPTER 2

REVIEW OF LITERATURE AND CONCEPTUAL FRAMEWORK

This research is a qualitative study aimed at surveying theories and concepts of welfare for the elderly and comparing the form of welfare sets provided by Thailand and That provided by developed countries. Its focus was on related policies and laws and welfare for the elderly in the eyes of stakeholders. A survey was also conducted on the expectations and needs of elderly people in Thailand in order to present some strategic measures to accommodate the aging society.

To meet the objectives of the study, the research reviewed concepts, theories and previous research in order to formulate the conceptual framework of this study. The topics reviewed were as follows:

2.1 Theories and concepts of the elderly

2.2 Theories and concepts of welfare for the elderly

2.3 Policies, measures, laws, and the welfare system for the elderly in Thailand

2.4 Public Policy Setting Theory, Expectancy Theory, and SWOT Analysis

2.5 Policies, measures, laws, and the welfare system for the elderly in developed countries

2.6 Related research

2.7 Conceptual framework of the study

2.1 Theories and Concepts of the Elderly

Different terms are used for elderliness, such as aging geriatric, gerontology. Different countries define elderliness differently, depending on an average years of physical functioning, including social and economic conditions .and culture of each country. Although all humans must experience birth, aging, ailment and death, there have been attempts to study how to delay or prevent aging. Ancient philosophers,

such as Hippokratia, stated that aging was a natural process, resulting from the reduction of heat in the body, while Galen found that aging resulted from change within the body, which would increase coldness, causing skin to have wrinkles. Leonado Davinchi developed a biological theory that explained human development and changes (Panu Odkrun, 2012: 1)

Attempts have been made to study aging for a long time. Many studies were seriously done so in the 19th century in Europe and America. At present, aging is also an interesting issue because of the increasing number of elderly people and the increasing average life expectancy.

In the following section different views about elderly people will be presented.

2.1.1 Definitions of "Elderly"

The term"elderly", "aging", or "an old person" in English has many equivalent words in Thai, depending on the region. In the Northern Region of Thailand, an old person will be called "Por Oui" "Mae Oui" or "Por Tui" "Mae Tui". The word "Mon" is also used to call people aged 80-90 or more in some areas. For example, people in Petchaboon province call the elderly "Por Sone" "Mae Sone". In the Central Region, there are different terms to call old people, such as "Poo Tao", "Por Khun", "Mae Khun", "Pu", "Ya", "Ta", "Yai", "Ngom". In the South, old people are called "Por Kae", "Mae Kae", "Por Tao", "Mae Tao", using a short and rising-pitch sound. These words are used to call old-age people with white hair, a wrinkled face and slow movement. The Thai Dictionary prepared by the Royal Academy in 1999 define "Cha-ra" (aging) as "old because of longevity, deterioration". However, this word was not popular as it caused depression and hopelessness. So the meeting of senior citizens headed by Policy Major General Atthasit Sittisuntorn coined the term "Poo Sung Ayu"(elderly) to replace the term "Cha-ra" and this new term has been used since December 1,1969 (Sasipat Yodpet, 2006). Those who attended this meeting agreed that there was no concrete measurement of old age and the term "Cha-ra" was not good because it caused depression. The "elderly" refer to those aged 60 years or more with physical weakness and slow movement, or invalid people who need assistance. Similarly, the Act of the Elderly, B.E. 2546, defines the elderly as those aged more than 60 years, with Thai nationality. In the encyclopedia for youth, Issue

No.27, Professor Khun Nantha Maranet, a woman physician, explains that in demography, the population of a country is divided by age into three main groups : children referring to those at birth to 14- year- old; working people referring to those aged 14-59; and elderly people referring to those aged 60 years or more. Accordingly, the term “the elderly” refers to those who are 60 years old or more.

The purpose of classifying the population into three groups by age range is to clearly see the demographic structure, which will affect the country’s social and economic condition. That is, if any country has a large proportion of children, that country must spend a large amount of money raising and educated them, and they still can not contribute to the national economic growth.

On the other hand, a country that has a large proportion of working people will benefit from productivity by its labor, thus leading to the national economic growth. A country that has a large proportion of old people will experience similar effect to a country with a large proportion of children. However, although the society is obliged to look after the elderly, especially their Health, the elderly are valuable and important to the society because they can spiritually support their children and are respected by their relatives. Besides, they are regarded by the society as people with a lot of experience and prudence who made contributions to the society during the working age. (The Royal Initiative of His Majesty the King, 2003)

In addition, the term “elderly” is defined in many aspects as follows:

In Buddhism, “aging” means approaching to death by any living thing. The symptom called “old" has developed since a person or a living thing came into existence and this state of becoming old will be with him, her or that living thing until he, she ,or it dies. “Aging” can be divided into two types:

1) Patijchinchara, which means aging that is concealed by growth. We say that children are growing while in fact they have been dominated by aging. If growth is more evident, aging will be hidden.

2) Appatijchin, which means aging that is exposed or aging that is clearly seen (Ruedeewan Rungmekarat, 1999)

Sociologists define the elderly as those who are so old that they have to depend on the society rather than support the society (Rungroj Phumriew, 2002)

The Act of Civil Servants stipulates that those who are 60 years old enter the aging state and shall retire (Worapot Charatsri, 2002).

Physiologists state that the aging process begins when a person is 20 years old and according to the physiological principle he or she will truly grow old. Whether a person will be old quickly or slowly depends on each individual's environment and behavior.

Psychologists state that behaviors belonging to old people that can be observed are varied. For instance their hands shake a little bit.They can hardly remember things or may easily forget. They have a shorter attention span. Their minds are hardly calm. They are more worried. They cannot concentrate or work on anything for a long time. Their emotion is not stable. They feel frustrated more often, especially about trivial things. They can hardly sleep. (Inthraporn Promprakarn, 1998)

2.1.2 Criteria for Determining Old Age

There are several criteria to determine whether a person is old. Sasipat Yodpet (2006) has summarized the following four approaches to determine whether a person is old.The first is consideration of the real chronological aging.

Surakul Jane-obrom (1998) has used the real chronological aging to determine old age. This approach is to count the number of calendar years for which a person lives, not considering other factors like the following:

1) Physiological aging or biological aging. The process of physical change is considered. This change increases as time passes.

2) Psychological aging. The process of psychological change is considered. This change includes a degrading intellect, understanding and learning ability.

3) Sociological aging. Changes in social roles and responsibilities are considered, including interaction with other groups of people, and work responsibilities.

The second approach is consideration of different components.

Barrow and Smith (1979) contend that it is difficult to determine whether a person is old; it is unfair to use a single criterion to judge that this person or that person is old, They suggest taking different components into account, which are

1) Tradition Old age is determined by retirement. Each country may set the retirement age differently. For example, the age of 60 is the retirement age in Thailand, while the age of 65 is the retirement age in the USA.

2) Body functioning The physiological criterion is used to determine old age. People will have a different degree of physiological deterioration in old age. Although their organs will function less efficiently different people have different experiences. For example, some 50-year-old people may lose all their teeth, while 80-year-old people just start losing some of their teeth.

3) Mental functioning Considered are the ability to have productive ideas, to remember and to learn, and waning mental health. What are found most in old people are that they start to lose their memory and lack of motivation. However, this does not mean that all old people will be in this state.

4) Self-concepts This criterion is based on how individual old people look at themselves. Normally, old people tend to think that they are “old" “very old". This thought affects their physical personality, feelings, spirit, and their leading a daily life. These have been changed in line with what an old person thinks about himself or herself.

5) Occupation Whether a person is old or not is judged by his or her ability to work. This concept comes from the fact that the body and the mind naturally become deteriorated. So people in general believe that old people need restingand stopping work. For this reason, old people refer to those whose chronological age is beyond that in the labor force or beyond. in the working age and can not independently do activities and help themselves. In other words, “old people are those of 70 years old or more whose status and roles are reduced, because of their physical strength. They are a group of people from whom the society removes their economic power. The aged are those of 80 years old or more and have to depend on their children in every aspect.

Similarly, other research studies reveal that old people can be classified in to five groups. The classification is based on the chronological age and health.

Chanploy Sinsukset (1998) divides the elderly into 3 subgroups :

1) 60-70 years old. The young old.
2) 75-84 years old. The middle old.
3) 85 years old or more. The old old

Likewise, Banlu Siripanit (1998) classified the elderly by chronological age and health into 3 subgroups:

(1) Those of 60-70 years old are in the young old group. Their physical and physiological appearance has changed very little and most can help themselves.

(2) Those of 71-80 years old are in the middle old group. Their physical and physiological appearance has mostly changed, so they can help themselves less than ever and need help in some circumstances.

(3) Those of 81 years old or more are in the old group. Their physical and physiological appearance has obviously changed. Some are disabled; others cannot help themselves in some matters and need help. Not many can help themselves, anyway.

From the definitions above, it can be concluded that the elderly refer to men and women who are 60 years of age or beyond that (calendar years). They experience physical and mental change, including social change.

6) Coping with stress and illnesses. This concept is based on the physical and mental conditions of a person. Old people often experience illnesses because of the deterioration of the body and organs. Besides, they may encounter varions social problems, which cause stress. Those age 60-65 often have such problems.

The third approach of defining “old age” comes from field studies.

Sasipat Yodpet (1993) concluded that although those aged 60 or more were considered old, other factors should also be considered in some areas. These factors are, for example, health and strength. Some people were 50-55 years of age , but their health was poor They were ill and could not work. Their hair turned grey or white and their back bent. Such people would be considered “old". Some people thought that they became old when they had nieces or nephews, as they reduced their economic activities. Some old people did not care much about the chronological age. Instead, they considered being old from different components, such as white hair, poor eyesight gradual loss of hearing, weak muscles, bending back, wrinkled face, loss of teeth, back ache, waist ache and joint ache, inability to walk far and to work hard and being easily tired. They could only roughly identify the chronological age of people in the focus group. They just estimated the age by noticing the physical appearance. Some in the focus group were around 60 but were put into the same group of people aged 70-80 because of their physical deterioration due to hard work.

The fourth approach look at the role and responsibility of a person in identifying whether a person is old.

Muttiko, Mulliga et al (1999) state that elderly people are those of 60 years old or more, with good health. They are still in the working age. They can help themselves. The “middle old” are those of 70 years old or more. Their roles and responsibilities are reduced to suit their energy or body strength. They start to have less economic power. On the other hand, “The old old ” are those of 80 years old or more. They need helps and care from the family members and the society to live a happy life.

2.1.3 Change in the Elderly

Aging is normal for every life. Although an elderly person’s body will change in a declining rather than growing direction, the change in each person does not occur at the same pace due to several factors. What is important is self-health care behavior. The elderly experience physical, mental and socio-economic changes as follows.

2.1.4 Physical Change

Nunthasak Thanmanawat et al. (2001) mention nine physical Changes in old people as follows:

1) Body structure The figure of an old person will bend down. The backbone of 50% of the women will bend faster than that of old men, expecially women who enter the menopause period their hormone decrease results in the loss of bone mass, causing caries ,and the femur bone and the carpal bone to break easily.

The skin will be thin and breakable. They experience less perspiration. The skin cannot absorb things well. The control of body temperature is poor and the smell is less. Much hair is not only lost but also turns grey.

The muscles are used less and there are lack of potassium in the muscles, degradation of protein and lack of water. Because of this, old people are easily tired and are not physically vigorous. Old people are advised to exercise regularly to strengthen their muscles. They should eat food with a lot of potassium and drink a lot of water.

2) Brain and nervous system As the brain weight become less, old people are forgetful and have less speaking skill. The ability to sense pain and temperature become less. Their fingers and tip toes get numbed, thus easily getting bruises. The sense of smell and taste do not function well.

Old people tend to lose balance while walking so they have to spread their legs apart to avoid falling down. They will feel dizzy when changing gestures.

The automatic nerves and their order are less efficient and can slowly respond to the stimulus. Old people more slowly. Their eyes can respond less to the light. They shilver easily. Their bodies are cool even though they are not exposed to coldness from outside.

3) The endocrine grands and pituitary grands function poorly, so they produce less hormones. This causes old people to lose appetite and weight. They will feel weak and get thin.

4) The pancreas, which produces insulin to control the sugar level in the blood, will be atrophic, so the sugar level in old's people blood will be higher than youths. That is why old people are often found to develop diabetes.

5) Heart and vascular tubes The rate of heart muscle contraction and release is reduced and so The pulse is rate. Because the heart's energy reserve is lessened, old people can easily get a heart attack.

When a person gets old, his or her vascular tubes will be hardened and less flexible. Also, calcium and fat will stick to the tubes, resulting in their being easily clogged. The blood circulation in the vascular tubes will be poor, so the body will get less oxygen. This, coupled with the decreasing efficiency of oxygen use, causes old people to lack blood in their heart muscles.

6) Respiratory system. Like heart and vasculars, The lungs of an old person are less elastic, The trachea or windpipe will be hardened and fascia or connective tissues will increase. Consequently, old people will have a feeling of not getting enough air and have to breathe faster and more shallowly. Old people in general do not have strong lungs, so shallow breathing can make old people easily get infected in the respiratory system.

7) Oral cavity and the chewing system. teeth are decayed from chewing or are broken because of being used for a long time or because of accidents

from using them. The tooth bases and roots will be easily decayed because they have not been perfectly cleaned.

The gum is swollen or retracted from usage. Scale collected in the mouth for a long time can cause periodontitis or pyorrhea diseases, causing teeth to loose.

The cells of saliva grand become deteriorated. This, together with smoking or some diseases, will cause reduction in saliva production, resulting in driness in the oral cavity.

The jaw joints and chewing muscles have been deteriorated or loosened as a person is aging. The tendons of jaw joints have been loosened because of long usage, causing the jaws to move unsmoothly or not move when chewing food or yawning.

The slimy tissues in the oral cavity, i.e., in gum calls, tooth sockets and tooth tissues have been deteriorated and the cementums lack blood to feed. There is change in fiber tissues and in sensitivity of cells, which will be repaired less and less when a person gets old.

The tongue becomes red and the tongue mucosa is weakened, which may result from lack of iron and vitamin B12.

8) The digestive tract. The stomach will produce less gastric juice. The small intestines function less efficient in food digestion and absorption, causing less absorption of carbohydrate, fat, vitamin D and calcium. Food bits are still left in the large intestine for a longer time but speed from being stimulated by faeces is slowed down, so it is easy to experience constipation.

The size of the liver becomes smaller and more membranes are produced causing a less blood flow into the lever, which in turn reduces the ability of the liver to destroy toxins.

9) The urinary tract. The kidney will have fewer filtering units. The ability to filter waste and medicine is reduced. Therefore, it is necessary for the physician to reduce a dose of medicines for old people because of the low efficiency of creatinine clearance.

The urinary bladder becomes weak and its capacity is less than before so old often urinate. The muscle of the blabber slipknot is loose, so they hardly withhold their urine.

10) The whole immune system can work less efficient, so it is easy for old people to get infected.

2.1.5 Psychological Change

Scholars agree that old's psychological and emotional change is related to physical change and social, economic and cultural changes (Suchart Somprayoon, 2002). When the body of an old person functions less efficiently, that person will lose his or her role and confidence, resulting in dissatisfaction in daily life activities, which in turn causes worry and fear, If they see the poor condition of those in the same age range, they will have more fear, depression and hopelessness. To conclude, the two factors are internal and external factors affect old people.

1) External factors The external factors include loss or deprivation of the beloved ones, loss of social and economic relationship (Chak Thanasiri,1999), having to retire from work, no more business contact, no more work or responsibility. Meanwhile, they lack income or have reduced income, so they are faced with difficulty in living, Especially, in the present society, in which most families are nucleus ones, so their role in bringing up or giving advice to their children, nieces and nephews is reduced.

2) Internal factors Change or deterioration of organs and body systems brings about physical illnesses, such as heart disease, rheumatism, alzheimer, hearing loss, and so on. These factors cause old people to worry and to lack confidence about their security safety. However, this depends on the environment, the society, and past experiences.

2.1.6 Social and Cultural Change

Social and cultural change is one of important factors that cause difficulty for old people to adapt themselves . They become physically and mentally ill, as a results (Surakul Jane-obrom, 1981).

Change in social structure and the current economic crisis might affect The family's ability to support old family members. This might lead to their economic problem and poor quality of life. In addition, change in the family structure to be a nucleus family causes a decline in the family relationship. An old person has to

change his or her role from being a household head to be dependent and from giving to taking, so he or she feels that he or she is no longer more important

All the afore-mentioned changes directly and indirectly affect old people's way of life. They feel stressful all the time. So old people should learn how to cope with stress or situations that cause stress, using their intellect, knowledge and experiences to solve problems, to adjust their disposition and feeling efficiently and effectively and to play a role in the society happily (Lazarus and Folkman, 1984). If old people can adapt themselves by accepting the change, they can lead a happy life for the rest of their lives. On the contrary, if they fail to do so, they will experience health problems or ailments.

Aging is a long process of physiological, emotional, cognitive, interpersonal and economic changes. It is not surprising that the older we grow the more we become unlike each other. The process of change in the human body can be divided into two stages. The first stage is change starting at birth until 40 years of age, which is growth. After adulthood people will enter the second stage (after 40 years old) and degenerative change will come (Pranorm Othakanond, 1994). Experts in biology, psychology and social sciences agree that there are Two causes of aging : 1) genetic etiology and 2) environment etiology. They have taken into consideration internal and external factors of living organisms and use a holistic approach to study human beings. Theorists from the three fields of study admit that knowledge from each individual field cannot completely explain the aging process so many theories are formulated to explain the process as clearly as possible. The main groups of theories are biological theories, psychological theories, and sociological theories. Scholars use several theories to explain this phenomenon (Pranorm Othakanond, 2011). The formal theories of aging are briefly stated below.

2.1.6.1 Biological Theories

Biological theories explain the structural change of human bodies They are divided theories in to three types: genetic theory, organ theory and physiological theory.

1) Genetic theory. This theory states that living things are aging because there is something wrong with transferring information from the nucleus of the cell, which occurs from the change of genes transferred by DNA. The theories in this type include

(1) Evolution theory or cell theory by Charles Darwin. This theory explains the aging process, stating that living things are changing and developing all the time. Each species of living organisms has genes which determine the characteristics when the chronological age increases.

(2) Biological clock or genetic clock or programmed aging theory. The theory explains that living organisms have genes that determine their life expectancy. If the ancestors have a long life, their children will also have a long life, too. This theory believes that the biological clock is in the nucleus and protoplasm of the body cells.

(3) Somatic mutation theory. This theory states that aging results from being regularly exposed to a little bit of rays or from mutation of DNA, causing organs and body systems to change. While cells divide themselves, the cells produced by a mutation will be greatly increased, so tissues, organs and body systems will function in an irregular fashion or less efficiently, thus causing illnesses. The cells are deteriorated or develop cancer, for example.

(4) Error theory or molecular theory. The theory explains that when living organisms are aged, their body can wrongly produce protein. The new protein becomes foreign in the body, so the body will produce immune to fight against the foreign objects, resulting in the destruction of cells, which become malfunctioned and finally die.

2) Organ theory. This theory explains that when living organism are getting old, their body organs will be used more and more, so they are deteriorated or changed, which affects the function of different organs. The theories in this group are

(1) Wear and tear theory. The theory explains that aging is a natural process. When cells are used, they will produce surplus substances such as lipofuscin, which will be accumulate in the body. When a person is getting old, these substances will accumulated to a certain extent, and the cells will be no longer function or will function less efficiently, resulting in deterioration of the cells and other organs. This explanation is in harmony with the error catastrophe theory proposed by Leslie Orgel, which states that deterioration of tissues and malfunctioning of aged cells have caused organs to function less efficiently. The

Collagen theory by Johan Bjorkoten also supports this theory. It proposes that the contraction of collagen fibers will cause wrinkles of the skin and corrosion of bones.

(2) Neuroendocrine theory The theory explains the cause of the less efficient function of the neuro-system. For instance, old people's reflex action is reduced and so is memorization. The function of the endocrine grands is reduced, which is evidenced by the fact that old people often develop diabetes because their body's ability to produce insulin is decreased.

(3) Immunological theory The theory explains that when living organisms are getting old, the organs related to the immune system, such as bone-marrow, tymus grans, the lymph system and the liver will function less efficiently and produce substances that destroy the body itself When people are aging, some cells will change, making the body sense that these cells are foreign substances, so it produces immunizing agents, resulting in the death of these cells. This theory is in line with the auto-immune theory proposed by Roy Le Walford, which states that the declining function of immunizing agents will weaken the body's ability to fight against diseases and foreign objects in the body; so they can easily become ill, as a result.

3) Physiological theory. Theories in this group are as follows :

(1) Stress adaptation theory. The theory explains that living organisms that are very stressful will age quickly. When we are stressful, our body will adjust itself by stimulating the work of the hypothalamus grand and the pituitary grand, both of which will produce adrenocorticotropic hormone to stimulate adrenal cortex and adrenal medulla, to produce cortisol, aldosterone and epinephrine These substances will increase sugar in the blood, which will speed up blood circulation. The adjustment will enable the body to survive in the stressful condition.

(2) Waste product accumulation theory. The theory explains that if the body is used very much and for long time, it will accumulate a lot of waste, causing the cells to deteriorate and change their forms.

(3) Free radical theory. This theory proposed by Harman (1950) states that a free radicals is a chemical component of a cell which occurs from its malfunction. When the molecules of free radical break they will catch nearby molecules, causing the cell structure and function to change. Free radicals come from

several causes, such as food, rays, air pollution, smoking, etc. When free radicals react with tissues and organs, they will destroy them, causing rapid aging.

(4) Cross linkage Theory. This theory explains that aging is a process of DNA change, which affects the body's functions. Cross linking is a chemical reaction that results, cause the DNA deterioration and finally the death of cells.

2.1.6.2 Psychological View

Psychologists have given explanation about behavioral change of old people that cannot be explained by using any single factor. Both heredity and environment affect each individual's behavioral change in each age range. Behavioral change results from internal and external factors of an individual. The internal factors concern an individual's memory, awareness, learning, and personality, all of which in old people will change, following the change of molecules, cells, organs and body systems. On the other hand, psychologists state that aging is the heredity change of the body and its reaction to social factors, i.e., customs, traditions, culture and social structure. Currently, psychological theories that explain the aging process (Pranorm Othakanond, 2011) are as follows:

1) Jung's theory of personality. This theory focuses on personality development and fulfilment of basic needs of a person in each period of life. It proposes that when a person is getting old, his or her personality will change from the personality of friendliness and sociability to that of spending time on his or her own interest.

2) Erikson and Peck's developmental theory. The theory divides a person's activity development at birth until old age into 8 phases. In each phase, some activities are successful and thus bring about satisfaction; others fail and thus causing dissatisfaction. Especially when a person is middle-aged, he or she will be spiritually secure and can see his or her own value. He or she is not hopeless if he or she has a positive personality, i.e., broad-mindedness, hospitality and unselfishness (generativity). Peck has extended Erikson's theory by specifying activities an old person must do to achieve ego integrity. That is, a person in his or her old age. must not think only about himself or herself (ego) and his or her changing condition of the body and roles.

3) Maslow's hierarchy of human needs. Maslow divides basic human needs into 5 levels : body need, safety need, need for love, need for dignity, and self-actualization. To achieve the highest level of needs, a person must first satisfy the needs at the lower levels. These needs drive human behaviors.

2.1.6.3 Sociological View

Sociological theories explain a person's change in roles and relationships with focus on the adjustment process. The theories in this group (Pranorm Othakanond, 2011) are as follows:

1) Role theory. This theory states that a person's roles in the society change as they are getting old. The person's ability to adjust himself or herself to the changing roles as he or she is getting old is a predictor of his or her adjustment to the old age.

2) Disengagement theory. The theory explains that a person is in the society to keep the body, mind and disposition balance, but the person's role will decline and so will his or her interaction with the society when he or she is getting old. That is, the person will gradually ilsolate himself or herself from the society and become more interested in himself or herself. Retreating from the society will help old people to save their energy and give younger people an opportunity to increase their roles in the society.

3) Activity theory. Activities in this theory refer to activities a person perform for the benefits of his or her friends, family members and society. When old people do such activities, they will feel that they are still valuable and useful for the society, although their body condition makes them retreat from the society. This theory states that old people's doing activities for society is positively related to satisfaction with their lives.

4) Continuity theory This theory states that old people still want to play a role in society, although the society has changed.

5) Age-stratification theory. This is a new theory which considers people by looking at the social structure. Those in different social eras will have different experiences. The theory helps us to understand and define aging in the social and cultural context and incidents in each era, including differences in different parts of the world.

6) Social exchange theory. This theory corner from the cost-benefit model of interaction in the society and from a balanced exchange of values and benefits. Old people may be considered to give the society little returns - that is, no cost-effectiveness. However, The value of exchange will indicate the social status of the exchanger. A person's role or skill may be used in exchange in the social situation that needs it. For example, the parents are valuable because they bring up their nieces and nephews so that the young parents can go out to work.

7) Modernization theory. This theory explains that social change due to modern technology and people's modern roles may cause old people to be unable to keep pace with the change and to be considered as valueless. However, some notice that in some societies, such as Japan, which is very prosperous still respect old people as in the past.

2.2 Theories and Concepts of Social Welfare for the Elderly

Welfare is related to all people in the society at birth until death. It can be said that the life cycle make it necessary people in the society to get basic needs to leading their lives. Their basic needs are, for example, health care service, education, etc. Some questions raised are: Who should be responsible for providing the welfare service system? Who should get the services? Who in the society should have a priority in getting the services? How can social welfare service search all people? These issues are still controversial in terms of the philosophy, the concept of social development in each society, and the application to setting the policy, plans and activities.

In the past, protection of the society's members is the role and responsibility of the family. The family is the first important institution to build human security and social security. The system of looking after the family members, therefore, depends on that family's financial status. The second social support system involves the relatives and neighbors. The community system will give temporary assistance while the government organization will take the responsibility only when other social support system near that person cannot do so. One important role of the government is assisting suffering people in securing basic social services or social welfare services.

People have the right of citizens to get basic public services necessary for their living. It is obligatory for the government to manage resources for its people. In the past, people made a common promise called a “community agreement”, so the state power is legitimate. The government’s main responsibility is looking after its people so that they can lead their lives suitable for their socio-economic status. This is evidenced in the government policy in the form of laws and the Act of Social Welfare of individual countries.

At present the government provides its people with social welfare in the form of workfare. Meanwhile, it is necessary for the government to set the policy of social safety networks to cover all people in the society in order to be a measure to solve the unemployment problem in the future. The provision of social welfare for only the disadvantaged in unexpected incidents has now been limited. Instead the government has lined to use the social welfare system in the form of the social security project, coupled with decentralization of power to local government and more public participation in social welfare provision. Consequently, social welfare provision is not only the role of the public sector. People have formed groups to call for various forms of social welfare. The welfare management must be flexible and mainly focus on the problems and needs of the community. Therefore, change in the social welfare system in the Thai society depends on communities, rather than an allowing the government alone to provide social welfare.

2.2.1 Meaning of Social Welfare

The meaning of “social welfare” is so varied and confusing that it is difficult to define the term in the same way. Thai and foreign scholars give different definitions and classification. The term varies from country to country. The term is defined in different ways, depending on the acknowledgement and value given to the concept. The collected of the definition of “social welfare” in individual periods as summarized below.

1) Social welfare as a criterion for a good quality of life “or” well-being along with the social policy to build a social service system that reaches all people in order to bring about human security and the overall social security.

Marissa Poopet (1993) describes that “foreign and Thai scholars defined the term as such during 1958-1992 . The elements of social welfare in the definition

reflected that it aimed to help people to have a good quality of life in normal times and in crises. Assistance came in different forms-cash, things, care and services. The activities concerned education, public health, housing, income guarantee, employment and social services" Those defining social welfare in this way are Encyclopedia Britannica, the National social welfare promotion, B.E 2546 (amended in the Second Act of Social Welfare Provision Promotion, B.E. 2550 (Provision 3). Noticeably, The definition of social welfare given by the National Social Welfare Promotion Committee and that of the Act of Social Welfare Provision Promotion, B.E. 2546, gave importance to provision of social services with focus on building the social security system under the principle of giving values, human dignity, and right and public participation in social services.

The first meaning comes from the belief that if the country has economic growth, its people will experience well-being. That is why in the first-to-seventh (except the eighth and the ninth) national economic and social development plans, the Thai government emphasized human resource development which appeared in plans and projects of government agencies. However, the government was still mainly responsible for assisting people. But from the year 2000 on, the meaning of social welfare has changed to a broader dimension, with emphasis on the social policy that builds widespread social protection in order to achieve overall human security and social security.

2) Social Welfare as the Goal

The meaning of social welfare comes from the belief that social welfare is the operational goal. It is a tool for the whole social development. The scholars that support this meaning are (Wanthanee Wasikasin, 2004). This research concluded that social welfare was the ultimate goal of social work. Social workers must use different methods through plans and activities for the target groups to get social welfare.

3) A Specific Meaning in the Form of Projects, Activities, or Services.

Many scholars give a specific meaning in the form of projects or activities to define "social welfare". The term defined in this way is easy to understand because it is concrete. For instance the USA implements the social welfare system in conformity with the Social Security Act of 1935). Social welfare services in the system are divided into three types: social insurance, public assistance and social services.

4) Social Welfare as Social Institution (Wanthanee Wasikasin, 2004)

The scholars that define social welfare as social institution are Federico, Reid, and Rochefort. Social welfare provision must depend on social institutions and the existing social structure which is now responsible for assisting suffering people that need help. If these social institutions can take the responsibility for providing welfare for their members, this will lead to a welfare society, a society that has social order with different social institutions promoting the well-being of people in the society.

5) Social Welfare as the Right and Equality of all in the Society

Professor Dr. Puey Ungphakorn wrote an article entitled "From the mother's womb to the funeral pyre". This article discusses the quality of life of people in the life cycle from birth to death. It mentions basic social services that the government must provide for all society's members who must have an equal opportunity to access public services. In other words, it reflects social welfare that Thais should get from the state. In addition, Wanthanee Wasikasin, 2004; Apinya Wetchayachai (2005) classified the definitions of social welfare into 3 types: 1) Meanings that change in line with the social situation; 2) Broad meanings that cover the service system and life security; and 3) profound meanings of welfare in terms of development and services aimed at building power to service users more than just assistance.

To sum up, definitions of social welfare service in all dimensions are related to the mechanism of the government policy, the mechanism of management, the mechanism of efficient and effective operation. In general, social welfare service across the world deals with only services that affect the quality of life of people in the society, such as education, public health, and housing. In providing social welfare, it is necessary to develop all the aspects of the system to keep pace with social changes all the time, specially setting the public policy on welfare at the international level and distributing social responsibilities to different sectors, The definitions of social welfare in 1997-2010 were developed with an important change: that is, welfare is not assistance. People have the right to get welfare from the state as they are citizens of the country. Especially, in 2010, the Thai government announced that the social welfare public was a national agenda: "Building a welfare society by 2017"

2.2.2 Forms of Social Welfare Provision

The forms of social welfare provision, in general, are as follows : (The Ministry of Social Development and Human Security, 2006)

1) Area-based Social Welfare Provision

In general, social welfare is provided on the basis of geographical areas and local government areas, such as regions, provinces, districts, localities, sub-districts. The government agencies in the area are required to provide social welfare services, depending on their missions as social welfare organizations, in order that all people can fairly get access to good standard services.

There are some restrictions to access the service sources by the target groups because they are required to show documents that indicate their hometowns. At present, this form should be developed by including other dimensions, such as using the area-based social welfare province, together with the functional-based administrative structure of the public organization and participation-based form in order to have vertical social welfare provision (top-down) and horizontal social welfare provision, which requires participation from different sectors.

2) Method-based Social Welfare Provision

This forms of social welfare provision gives importance to methods for micro-social services for only a specific person, a group of persons, a group of people, a community, for example. The social welfare service is given directly to the target group. On the other hand. macro-social services, such as organizational administration and research, are supported to create new types of welfare. In general, this form of social service provision is aimed at an individual, giving less important to other methods. To provide social services in this way, it is necessary to use both micro-and macro-methods.

Currently, the form of social welfare provision includes many social work methods, with emphasis on integration of methods, especially social actions, such as campaigns, pushes, negotiating with other social mechanisms to create new types of welfare.

3) Social Movement form of Social Welfare Provision

This form of social welfare provision is an alternative for the society to provide welfare related to important social problems, with the belief that it is

necessary to empower target groups to know how to protect their own rights, politics and socio-culture. Social movements are aimed at making people in the society recognize their social responsibility along with social welfare. The social movements include the use of networks and community organizations to make bargains with the state authority, for example. For this form to be successful, it is necessary to set a plan, strategies, objectives and an operational mechanism to drive in the right direction.

4) Institution-based form of Social Welfare Provision

The social welfare provided by institutions is a form that the government believes necessary to provide different types of welfare for its people by using its authoritative structure. For instance, compulsory welfare is provided by means of social and legal policies, such as social insurance, compulsory education, health insurance service, services offered by social relief organizations. However, such services cannot respond to the needs of every member of the society , so they deinstitution-based form has emerged. The welfare provision comes from all sectors of the community. People who have potential and strength participate in providing services to particular groups, such as the saving group and the community cremation fund group. This form stems from the belief that the government should reduce their intervention in welfare provision and let the community mechanism do so instead.

However, many Thai scholars believe that welfare provision in Thailand should be both institution-based and deinstitution-based forms or a mixed model, which will contribute to a better quality of life of the people as a whole.

2.2.3 Scope of Social Welfare Work

The Ministry of Social Development and Human Security has set the scope of welfare work related to the development of living conditions of people in the society, which covers seven areas (Porn-anan Kittmunkong, 2004) as follows :

1) Good health. People should be protected from illnesses, provided with medical service, promoted to have good physical and mental health, and a good social life. People regardless of their gender, age, nationality, religion, culture region where they live, political interest, a course of living or social-economic levels should all equally and fairly receive social welfare services, and standard health care that respond to their problems and needs.

2) Good education. People should receive services that increase their knowledge and skills. They should be disciplined to have virtues, right values and desirable characteristics so that they will lead a good life. Those with physical and mental defects as well as mediocre intellect, emotional problems, social problems or disadvantages in terms of education should receive special educational services. The form of educational services must serve their needs. Besides, all people must complete at least the basic education level.

3) Housing. People should have a dwelling suitable for their statuses in order to have a good quality of life. Everyone should have a dwelling that they can afford. At least, the dwelling must be a safe place in a good environment with no pollution or no risk of danger for the body, the mind, the disposition and the society.

4) Having employment, income and labor welfare. People should have jobs with enough income to live their lives. Their work should also provides them with good welfare or at least welfare as stipulated by law. In working, they do not have to take risks of illnesses, accidents and other disasters. The jobs do not harm their human dignity and are not immoral and illegal.

5) Income security. All people should have enough income to lead their lives. People and their families should be protected in the form of social insurance that cover benefits from health insurance, child support welfare, compensation for income when being ill, disabled, old and unemployed. Social insurance is a measure that can create social security, especially for those with regular incomes. They will not suffer when they have to lose all or some income, or when they are old and not do enough income to support themselves.

6) Recreation. People should have quality recreational activities for entertainment and a rest. Such recreational activities must not cause human indignity and illegality, and must not take advantage of other people, or bully them, or violate the rights of others.

7) General social service. This refers to rendering services to people, especially the poor, the disadvantaged and special target groups. These services will enhance their quality of life and develop their well-being so that they can live in the society happily.

2.2.4 Social Welfare Provision for Old People

Sasipat Yodpet (2001) states that social welfare provision for old people should focus on improving their quality of life so that they will be physically and mentally healthy and will feel that they are part of the society. There are two concepts that have been believed long and are used to treat old people.

1) Humanitarian aspect of aging. Old people should be assisted for humanistic purpose to serve their needs in terms of health, nutrition, housing and environment, family, social welfare, income security, employment, including education.

2) Developmental aspect of aging. This concept concerns the roles of old people in the social and economic development process.

Apinya Wetchayachai (2003 quoted in Porn-anan Kittimunkong, 2004) states that the principle of providing social welfare for old people is clear and is a continuous process in the social. The United Nations announced that the first of October every year is an International Day for the Elderly. On October 16,1991, the UN Assembly approved 8 principles for the elderly, which the Social Welfare Department has used to set a guideline for providing services to the elderly in Thailand.

Principle 1 : Freedom

1) Old people should get enough food, water, housing, clothes and health care. They should have an income and receive support from the family and the community.

2) Old people should have an opportunity to get employed and to receive other incomes.

3) Old people should participate in making a decision on when to stop working or to retire.

4) Old people should receive training and education as appropriate.

5) Old people should have an opportunity to be in a peaceful and safe environment as much as they can afford.

6) Old people should be in their own houses as long as possible.

Principle 2 : Participation

7) Old people should have an opportunity to set and implement policies that directly affect their well-being and to transfer their knowledge and skills to the younger generation.

8) Old people should have opportunities to render services to the community. They may be volunteers in the positions appropriate for their interest and ability.

9) Old people should have a role in forming a group or an association of the elderly.

Principle 3 : Receiving Care

10) Old people should be looked after by their families and community. They should be protected.

11) Old people should receive health care to rehabilitate their body and mind in order to prevent or delay illnesses developed in the initial stage.

12) Old people should have an opportunity to access social and legal services in order to support their being independent, being protected and being looked after.

13) Old people should be taken care of, protected, rehabilitated. Appropriate social and psychological promotion should be carried by the welfare center for the elderly so that they will have a secure environment.

14) Old people should have basic human rights and freedom in leading their lives.

Principle 4 : Attainment of Satisfaction

15) Old people should have an opportunity to develop their own potential to the full extent.

16) Old people should have an opportunity to access education, culture, and recreational activities in the society.

Principle 5 : Dignity

17) Old people should lead their lives with dignity and safety without being taken advantage of or being physically and mentally hurt.

18) Old people should be treated appropriately. The treatment should be suitable to their statuses and backgrounds. They should be free to help themselves economically.

2.2.5 Standard of Support for the Elderly

The Local Government Promotion Department as an organization that supports local government organizations, in collaboration with the Research and Consulting Institute, Thammasat University, has set a standard of support for the elderly for local government organizations to use as a guideline for efficient and effective administration and service to achieve people's satisfaction. The standard of services for the elderly is base on the conceptual framework for providing social welfare and public services to the elderly, on the requirements and related laws, and especially on the power of local government organizations. The standard covers six dimensions as follows:

1) Health and Medical Care Standard

(1) Establishing a public health service center for the elderly.

(2) Providing a physical examination at home.

(3) Providing the elderly with knowledge and giving advice about how to look after their health correctly. A training program might be held for those who have to look after the elderly at home.

(4) Providing a yearly physical examination.

(5) Giving advice to individual old people about their health and illnesses.

(6) Issuing an identity card for an old person so that he or she can get medical treatment free of charge at hospital. The hospital fee must be in conformity with the regulations of the Ministry of Public Health on Supporting the Medical treatment of the Elderly, B.E. 2535.

(7) Providing convenience for the elderly to swiftly get access to existing medical services and public health services.

(8) Assisting in hospital fee payment

(9) Health insurance.

(10) Providing physiotherapy.

2) Income Standard

(1) Providing welfare in the form of income for the elderly who are poor and do not have financial resources to turn to.

(2) Promoting the establishment of the welfare promotion fund for the elderly in the community.

(3) Giving assistance in daily life expenses.

(4) Paying an allowance for the elderly.

(5) Giving assistance in transport expenses as appropriate.

(6) Establishing a provident fund.

(7) Giving deductions in several items, such as purchase of medicines, bus fares, hotel fees, restaurants, entertainment activities and government-owned places, i.e., museums, ancient places, national parks and dental service fees.

(8) Providing occupational loans.

3) Housing Standard

(1) Houses for the elderly are a housing service for the elderly who have physical and emotional problems, financial problems, low incomes and others, which make them separate from the family.

(2) Health clinics are a kind of service for the elderly who have to meet the doctors regularly, or who need close attention.

(3) Houses for the elderly of which they have to pay part of the rental fee.

(4) Host family service is a service for the elderly who live alone without relatives.

(5) Provision of housing and clothes as necessary.

4) Recreation Standard

(1) Establishing a meeting place for the elderly to be the center for information, a place for getting together and exchanging experiences, the center for arranging activities on religious days and for arranging observation tours related to the religion, arts, culture, and nature.

(2) The service center for the elderly. The center will give advice to the elderly and their families. It will be a place for exercising ,playing sports, being relaxed, and doing hobbies.

(3) The club for the elderly. The club will be a center for the elderly to take a rest, to exercise, to get together, to have a physical examination, to undergo vocational training, to study languages, to seek advice, to do good for the public, such as teaching academic subjects, music, and dancing, and telling stories, and visiting old people who are ill and disabled.

(4) Giving recreational service and parties on holidays

(5) Holding recreational activities in cooperation with youths, community people and networks.

(6) Study tours to natural sites, temples and tourist attractions outside the communities.

5) Social Security, Family, Attendance and Protection Standard

(1) Opportunities to learn and to develop one's potential continuously and to access information and social services.

(2) Providing convenience and safety directly to the elderly in dwelling, including transportation and other public services.

(3) Supporting traditional cremation arrangement.

(4) Establishing the social service center for the elderly and the village people-assisting center. The nature of the services is as follows:

a) Services at the center, i.e., health service, physiotherapy service, social welfare, activities for earning an extra income, activities for knowledge enhancement, recreational activities, religious activities, etc.

b) Mobile service unit. It is a service for the elderly in the community. The mobile service unit will visit old people at their houses to give advice on how to deal with health problems, to disseminate information, and so on.

c) Emergency housing service. This is a service for the elderly who experience unexpected problems. They will be taken to stay at an emergency house temporarily.

(5) Religious activities and cremation for old people who have no relatives.

(6) Providing cremation welfare.

(7) Tax deduction for the child who look after his or her parent(s) who has (have) no income or who have an income of lower than 30,000 baht a month.

(8) Passing a law and a guideline for protecting the rights of the elderly.

(9) Promoting the elderly's living with their families happily and continuously until the end of their lives.

(10) Launching a campaign for the family and the community to see the value of the elderly.

(11) Promoting the value of living together with the elderly.

(12) Promoting the elderly's family members to have skills in looking after the elderly by educating them and giving them information about how to take care of the elderly, including services for them.

(13) Legal service for the elderly's safety, rights and welfare.

(14) Assisting the elderly who are harmed, or are illegally taken advantage of , or are left alone.

(15) Giving advice or consultation or others related to legal matters to solve family problems.

6) Support the service and network standard. Setting and developing social services in the community to which the elderly can get access easily, with focus on rendering services at home in combination with health service and social service. The services encompass the following:

(1) The all-purpose center for the elderly.

(2) The nursing center for which the elderly are looked after during the daytime.

(3) Home-visiting service.

(4) System of looking after the elderly in the community.

(5) Mobile service units that move to different places, especially to remote areas.

(6) Setting up a watchdog system to support and look after the elderly by the community.

(7) Having volunteers to look after the elderly in the community

(8) Training or giving knowledge to attendants of the elderly and those who volunteer to look after them.

(9) Encouraging the elderly to build a network to help each other in the community.

(10) House maid service. A maid will be rent to help the elderly to do housework, such as go shopping, cleaning, cooking and other types of assistances that relieve the elderly's burdens.

To conclude, provision of social welfare for the elderly in Thailand focuses on humanity and development by encouraging participation of family

members, the community, and the society. This will enable the elderly to have good health, to feel safe and secure in life, to live happily with the family, and to be able to adjust themselves to the group and the society, which will lead to social development and the national security.

2.2.6 Theories of the Origin of Welfare Provision and the Government's Responsibility

Rapeephan Kumhom (2011) Although social science research has not yet found the true reasons for adopting and expanding social welfare, research on social policies at present has contributed to the body of knowledge and theories that can account for the phenomenon. The government social plan comes from the historical politics of each country. There are six theories related to welfare provided by the government as follows:

1) Theory of Social Consciousness and Humanitarian Impulse

This theory believes that provision of welfare to people in the society partly comes from kindness and sympathy with fellow human beings. The welfare comes from family members, neighbors, the community and charity organizations, such as the work of Axin and Levin and Dolgoff and Feldstein. Contemporary anthropological evidence shows that ancient communities in Africa, Asia, Central America and South America have still carried out activities that help people in the community.

Many thinkers agree that the government's welfare provision has stemmed from social consciousness and humanitarian impulse. For example, Titmuss mentions in his book entitled "The Gift Relationship" that "social welfare stipulated in the Act is a social norm which allows the government' s intervention and is doing good for the benefit of others". Those who support this idea are, for example, Robson ,Atherton, and Baker.

One major problem of the theory of social consciousness was the government's welfare plan was not extensively supported by political leaders and an opinion survey revealed that providing income to the poor was not greatly admired

2) Citizenship Theory

Marshall proposed that the government's welfare provision was the best evolution of the citizens' right. Mead and Roche stated that citizenship had to come

with conditions. People had to do their duties perfectly and to be responsible. Payment to financially support people in Industrial countries who needed help became an outstanding controversy.

3) Functionalism, Industrialization, and Welfare

Functionalism believes that social welfare institutions have been established to serve some important purposes in the society and some states are pressed by social force to play a role in this matter. It is an imperative function apart from the political rightness and the ideology of the state. According to Pinker and Mishra Emile Durkheim, a French sociologist in the 19th century, believed that the social welfare plan proposed by the government strengthened social solidarity by alleviating needs and extending fairness to the society. A social worker who is influenced by this concept is Titmuss. Some scholars who give importance to industrialization in determining the form of social institutions, values and behaviors are, for example, Wilensky and Lebeaux, Rimlinger, Dunlop .Besides, Bell confirmed this concept, saying that ideological conflicts in the modern world were diminishing. These theories are used to account for the occurrence of social welfare provided by governments in developing countries.Moreover, Cockburn described the introduction of social insurance in the third world and Clifford described the introduction of social work in Africa. Rimlinger and Wilensky noticed that industrialization partly supported the state intervention in this matter. However, Midly found that there was no clear background of the occurrence of social welfare provision in the "Four Tigers" of East Asia (i.e., South Korea, Hong Kong, Singapore, and Taiwan), which had tried to develop themselves to "industrialization."

4) Interest Groups and State Welfare

The theories in this group were formulated by political scientists. They argued that social services were gradually provided by the government in response to political pressure directly by leaders and indirectly by interest groups that expanded their activities. Some important scholars are Rimlinger, Korpi, Esping-Anderson, and Stephens. One scholar who used the theory of interest groups to account for the origin of social service provision under the Act in developing countries was Lago. A scholar who disagreed with this theory was Skocpol who studied the development of social policies in the USA. He believed that the state-centered or the politics-centered

concept should be used to explain the origin of social welfare provided by the government.

5) Marxist Theories

Marxism and Frederick Engels believed that the government always served the interest of capitalists by promoting social plans. They insisted that social welfare provision could be achieved only in the society under socialism, in which people would be supported in line with their ability and would receive welfare as needed.

2.2.7 Theory of Government - Provided Welfare Norms

The theory of norms plays an outstanding role in international social welfare with the purpose of policy development and evaluation as follows:

1) Policy development These theories help set the social policy and plans by describing with conceptual terms what a desirable social plan will bring about and how such a plan will be successful.

2) Evaluation by setting criteria for assessment of the government welfare plan.

In 1994, the theories were improved and were divided in to six doctrines

1) New Right. People following the New Right were opposed to common ownership.

2) Middle Way. People following the Middle Way supported common ownership.

3) Democratic Socialism. This doctrine was supported by Fabians.

4) Marxism. People who believed in Marxism adjusted themselves more to capitalism.

5) Feminism. Feminists believed that it was necessary for capitalism to take gender into consideration and to give opportunities to women.

6) Greenism. Greenists beehived that development of capitalism had caused environmental management problems and social problems.

2.2.8 Basic Concepts Related to Social Welfare

Rapeephan Kumhom (2011) has proposed four basic concepts related to social welfare, which are:

1) Concept of Human Needs

The basic concept of social welfare provision takes into consideration human needs in Maslow's theory, which was one of the first concepts of welfare provision to which service renders must give priority, with emphasis on basic human needs, especially protection and support of people's ability to lead their lives without bias from the society. The social welfare policy in each country can be seen from projects/ services/ forms of providing welfare for the social target groups. Moreover, the government's policy specifies that in implementing social welfare work by the government, the local administration, and the community, it is necessary to hold a public hearing to listen to problems and needs of the people. Budgets for development/plans/projects/activities are allocated, depending on the priority of the problems and needs of people in the area. She found that the Thai government provided basic social welfare in response to service users' needs, especially the four basic needs. But in reality, needs for social welfare of the target groups were delicate because each group had special characteristics. So it was necessary for social workers to understand needs of individuals, group and communities. For example, the elderly group needed being attended to, respect and love from their children.

2) Concept of Human Rights

There are different definitions of "human rights." Six concepts of human rights that influence the social welfare system are as follow.

3) Humanity

Humanism believes that each person has potential and ability to develop and change themselves. This concept rejects reducing humans to slaves and being punished without reasons.

4) Liberty

Jean-Jacques Rousseau proposes that individuals must build "social contract" Everybody must set rules for living together in the society. This concept extends the definition of social welfare in that liberalism gives importance to the private life rather than the public. It limits the government's power over individuals. John Locke states that the government is important only when it protects people's safety and freedom. This concept influences the development of "civil rights"

5) Universality

Universality means looking at the world universally with the belief that human being in the world are more similar than different. They are not different in their basic needs. The concept of human rights goes beyond “being a country” to “building international cooperation”. Each country turns to respect human rights, which is believed to bring peace to world.

6) Egalitarianism

Egalitarianism and equality are the terms that are used together. It is difficult to clearly define them separately. That is ,egalitarianism means that all people must equally receive respect, care and protection because all people have human dignity and are born with nothing. On the other hand, equality means no discrimination. Everybody can use their rights and are satisfied with their rights and liberty.

7) Rationality

“Human beings are reasonable animals.” The first item of the international declaration of human rights, gives importance to the attributes of human beings since they are born: that is, reason and conscience. According to rationality, “rights are intangible but belong to everyone, everywhere, and every time. All people can play a part or participate The declaration gives attention to “democracy”, a system that goes well with human rights.

8) Utilitarianism

John Stuart Mill who emphasizes private rights, saying that saying that an individual must be allowed to have free thinking; meanwhile, the government must look after its people His idea has led to the establishment of the welfare state so that people will have equal rights. In this respect, utilitarianism has made a contribution to liberalism, which focuses on the values of rights and liberty. Not only private rights but also benefits of most people are promoted.

To sum up, the concept of human rights gives importance to a variety of ideas which have been developed into the ethical framework for mankind to follow so that they can live together under the world rules. This concept is also used to set policies, pass laws and issue social measures for different target groups in Thai society, namely, consumers children, women, the elderly, the disabled, patients, and so on.

9) Concept of Social Justice

Social justice is an important is an important element of civil rights, which reffects justice for people in the society. That is, everyone in the society should enjoy basic rights, protection, opportunities, and social benefits. The government has social obligations to allocate resources and to provide social welfare service. Social welfare workers give importance to three issues : 1) bias : a negative attitude toward an individual ; 2) discrimination: treating people differently as a result of bias ; and 3) oppression: racism, ethnocentrism, sexism, classism, xenophobia and ageism.

10) Concept of Human Security

The United Nations Development Project (UNDP) proposed the concept of “human security”during the 20th century after the end of the cold war when there were political conflicts and tensions. Attention was turned from the national security to an individual's security. Emphasis was placed on developing the relief work and protection from risks and disasters. Human security consists of 7 elements and 37 indicators as follows: 1) economic security (10 indicators), 2) food security (1 indicator), 3) health security (7 indicators), 4) environmental security, 5) personal security, 6) cossremurutues security (3 indicators), and 7) political security (4 indicators). Thailand is the only country in the world that gives importance to human security. In 2002 it established the Ministry of Social Development and Human Security, which took some work from (The Ministry of Labor and Social Welfare in the past). However, in 2009 UNDP chose some elements to be the focus of human security at present and in the future and reduced the elements from 7 to 6. The discarded element was community security.

Human security is one of the concepts that influence social welfare provision in Thailand. Others which are not mentioned in details are democracy, social participation, human resource development and social development, for instance.

2.3 Public Policy Setting Theory, Expectancy Theory, and SWOT Analysis

Theory of Public Policy – Setting

A well – known scholars who collected and summarized the political scientists’ ideas about the models for public policy setting was Dye (1984). The

model included the answer to the question of "who sets the public policy ?" and "what criteria are used to set the public policy?" Dye present nine models for public policy setting as follows: 1) Institutional Model, 2) Process Model, 3) Group Model, 4) Elite Model, 5) Rational Model, 6) Incremental Model, 7) Game theory Model, 8) Public choice Model, and 9) systems Model. The model adopted by this research was the systems Model, the details of which are presented below:

Systems Model : Policy as Systems Output

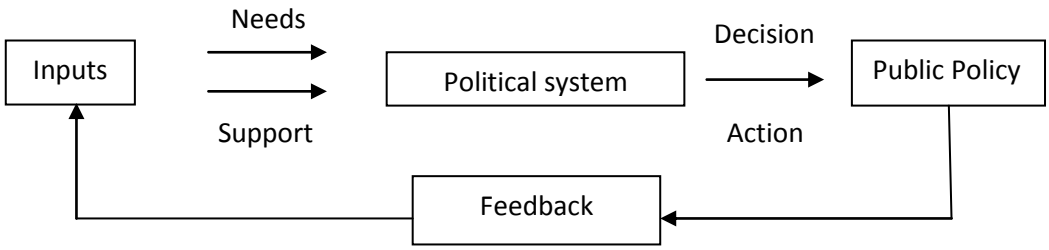


Figure 2.1 Systems Model : Policy as Systems Output

Analysis based on the Systems Model will consider whether the policy is an output or is a reponse of the political system influenced by the environment that call for that system. In the Systems Model, the political system refers to structure and processes that distributed benefits in the society in the form of output or public policy in order to give feedbacks to the environment. The environment will, in turn, give the feedback in the form of inputs to the political system.

2.3.1 Vroom's Expectancy Theory

Vicker Vroom's Expectancy Theory is composed of the following elements (Anchalee Arnwarunhawanit, 2006) : valence, referring to personal satisfaction which affects the outcome ; instrumentality, referring to tools and equipment that lead to satisfaction; expectancy, referring to a person's expectations. Individuals have various needs ; Therefore, they strive or act in a certain way to respond to their needs or expectations. When their expectations are fulfilled, they will be satisfied; meanwhile, they will have higher expectations.

To conclude, expectancy is a feeling on need for something at present and in the future. It is and expectation of what will impact our awareness by using knowledge and experiences.

Vroom (1964) believed that a person's behaviors came from his or her choice. These behaviors were systematic and related to his or her mental processes .i.e., awareness, belief, attitude, and resulted from motivation.

As for the factors that determine expectations, three factors: 1) Difference between each individual and the environment. Accordingly, expectations and performance of individuals were different. 2) Degree of job difficulty and past experiences. It could be said that if a person succeeded in doing such work, he or she would set a higher degree of expectation from that work and the expectation would be close to the reality. On the contrary, he or she would reduce his or her expectation to avoid the feeling of failure because of too high expectation. 3) Feasibility An expectation is a feeling on a thought and the expectation from something – concrete or abstract – comes from appraisal through one's standard. Each individual's appraisal of the same thing can be different, depending on the background, experience, interest and valued given to that thing. Therefore, people's expectation stems from their environment, their feeling and thought, and their behaviors are different, depending on their knowledge, need and decision.

2.3.2 SWOT Analysis

Albert Humphrey has been admired as the developer of SWOT analysis, as he was the leader of the research team (1960-1970) that conducted a study of executives of private companies and the reports was published in Fortune 500, a magazine in the USA. Finally , the research results came out in the form of management called "Team Action model (TAM)", which act a guideline for change management (Hill and Westbrook, 1997: 46-52). The so–called SWOT analysis is an instrument for evaluation of situations in organizations and the weaknesses of the interval environment, opportunities, and treats from the external environment, including the impacts from different factors on the organizational performance. Two factors to be considered in SWOT analysis (Narongwit Saenthong, 2008) are as follows:

1) Internal Environment Analysis

(1) S stands for strengths, meaning outstanding point or strong points which come from internal factors. They are good point as a result of the healthy internal environment of the organization, such as financial strength, production strength, human resource strength.

The organization must use its strengths in setting its strategies

(2) W stands for weakness, meaning weak points, which result from internal factors. They are problems or defects emerging from the internal environment of the organization. The organization must find some way to solves the problems.

2) External Environment Analysis

(1) O stands for Opportunities, referring to opportunities as a result of the external environment of the organization that enhance or promote the organizational operation. Opportunities are different from strengths in that the former stem from the external environment, whereas strengthens emerge from the internal environment. good management must always seek for opportunities and use them for the company's benefits.

(2) T stands for treats, referring to obstracles, that arise from the external environment of the organization. For efficient management, it is necessary to adjust the strategies and to get rid of obstacles. The framework is given below :

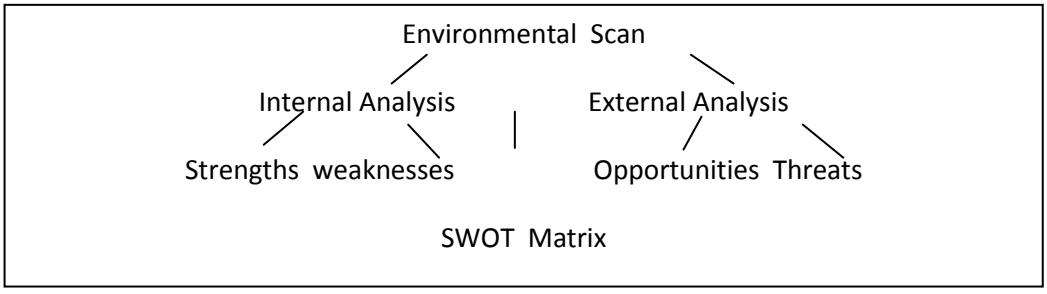


Figure 2.2 SWOT Matrix

Source: Bradford and Duncan, 2002.

The evoluation of the internal environment of the organization concerns the evaluation of various factors under the control of the organization, such as financial

resource, machines, buildings, work sites, personnel and all operations within the organization.

2.4 Measures, Laws and the Welfare System for the Elderly in Thailand

With regard to laws and the welfare system for the elderly in Thailand, the researcher reviewed the following subjects: The Constitution of Thailand, the government's policy on the elderly, the declaration of the elderly Thais ,the Second National Plan for the Elderly (2002-2021), and the welfare system for the elderly in Thailand. The details are as follows.

1) The Constitution of Thailand Section 1 and
2) Public policy on the elderly

The policy on the elderly by the Yingluck Shinnawatra's government in 2011 was the 4 - year policy, which was in live with the basic policy guideline in Section 5 of the Constitution of Thailand, Provision 80 (1) and (2) as follows:

1) Urgent Policy to Implement in the First Year

Raising the quality of life of people by increasing purchasing power in the country and building a balanced and strong macro-economic system.

Providing a ladder form of monthly allowances for the elderly. Those of 60-69 years old will receive 600 baht; those of 70-79 years old, 700 baht; those of 80-89 years old, 800 baht; and those of 90 years old more, 1,000 baht.

Developing the quality of life of people since birth in their childhood, fertility age, maturity, and old age or even they become disabled. Supporting the project for increasing children's intellect. Assisting, giving advice to and training those working in the early childhood development centers. Supporting the project on developing the woman health development centers to look after women and children across the country, to disseminate the knowledge about how to prevent pregnancy among teenagers and undesirable pregnancy, and to reduce violence against children and women. Supporting the establishment of the centers for promoting the quality of life of the elderly and the disabled so that they can fairly access quality services with dignity. Supporting the establishment of the health rehabilitation system in the community. Carrying out systematic aggressive public relations to spread knowledge about health care through different types of media.

2) Life and Social Security Policy

Promoting a good quality of life among the elderly, the disabled and the disadvantaged by providing public conveniences to accommodate the elderly and the disabled. Preparation to become an aging society. Development of health services. Providing aid, education, welfare and employment for the disadvantaged, the disabled or handicapped. Supporting the elderly to be a social driving force under the idea that the elderly have a lot of experience, so they should participate in developing the country.

3) Declaration of the Elderly Thais

The United Nations held a world assembly on the elderly in Vienna, Austria in 1982. It set an international long-term action plan about the elderly and persuaded the member countries to hold activities for the elderly. In 1991 the UN assembly accredited the elderly's rights for freedom, participation, being looked after, self–satisfaction and dignities – the total of 20 rights. In 1998 the United Nation Socio–economic Commission for Asia and Pacific held an international meeting of Asia and Pacific countries in Macau, China ,to accredit the Macau declaration and action plan for the elderly in Asia and Pacific. In 1999 the United Nations announced that the year 1999 was the international year of the elderly.

In Thailand in 1982, the Cabinet resolved that the 13th of April every year be the "National Day for the Elderly" and announced the declaration for elderly Thais on March 23, 1999 to celebrate the 72 anniversary of the King's Birthday, which was the same year that the United Nations announced to be the international year for the elderly. The details are as follows:

(1) The elderly must have basic factors for leading their lives with value and dignity. They must have protection from being deserted, from violating their rights and from discrimination, especially the elderly who can't help themselves and the disabled who are old.

(2) The elderly should live with their families. They should receive respect, understanding, hospitality, attention, and recognition of the roles of individual family members in order to create a good relationship for living together happily.

(3) The elderly should have an opportunity to learn and to develop their potential continuously, to get access to news and information and social services

useful for their living and their understanding of social changes in order to adjust their roles in the right way.

(4) The elderly should have an opportunity to transfer their knowledge and experience to the society, to willingly do work that fits their age, with a reasonable pay so that they will feel proud and see the value of life.

(5) The elderly should learn how to look after their health. They should be guaranteed to equally reach a complete cycle of health care services and to be taken care of until they die peacefully.

(6) Most elderly people can depend on themselves, can help their families and communities, and can take part in social activities. They are a source of wisdom for the next generation. They can have a social life, good recreation, and a network for helping each other in the community.

(7) The government, in collaboration with private organizations, people and social institutions, should set a policy and a major plan on the elderly. It should coordinate with agencies concerned to carry out the policy and the plan continuously to meet the objectives.

(8) The government, in collaboration with private organizations, people and social institutions, should pass the Act of the Elderly to guarantee and enforce the production of the elderly's rights, safety and welfare.

(9) The government, in collaboration with private organization, people, and social institutions, should launch a campaign to make the society recognize the value of the elderly in line with the Thai culture which focuses on gratitude and mutual hospitability.

4) The second National Plan for the Elderly (2002-2021) (The Office of Elderly Promotion and Protection, 2012)

2.4.1 Basic Concept of Plan-setting

1) Philosophy

(1) Creating security for the elderly in a process of building social security.

(2) The elderly are valuable and have potential, so they should be encouraged to participate in activities useful for the society.

(3) The elderly have dignity and deserve to have a happy life in the community.

(4) Most elderly people are not the disadvantaged or aburden to the society, although some may suffer and need assistance from the society and the government. But they need help for some time only.

2) Vision

The elderly are the finishing line of the society

(1) they are physically and mentally healthy;if they they have a warm family, economic security, reasonable welfare and services, and dignity;if they can depend on themselves; if they can participate in social activities; if they can access news and information continuously

(2) Though suitable operation, the elderly who suffer and need help can live in the community continuously.

(3) The family and the community are the main institutions to support the elderly.

(4) The welfare and service system must be able to accommodate the elderly so that they can live with the family and the community happily.

(5) The government must promote and encourage private organizations to participate in the service system.

3) Objectives

(1) To make people in the society regard the elderly as people useful for the society;

(2) To make people recognize the importance of preparedness and preparation to become valuable elderly people;

(3) To enable the elderly to live independently with dignity, security and a good quality of life;

(4) To encourage the public, the family, the community, public and private organizations to participate in activities related to the elderly;

(5) To set a frame and a practical guideline for different sections in the society – the public, the community, public and private organizations whose work concerns the elderly – to work cooperatively in the same direction.

2.4.2 Strategies in the Plan

The Second National Plan for the Elderly (2002-2021) consists of 5 strategies as follows:

1) Preparing people to become valuable elderly people. There are 3 major measures:

(1) Guarantee of income for the elderly

(2) Providing education and life–long learning

(3) Making people in the society recognize the value and dignity of the elderly.

2) Promoting the elderly. There are 6 major measures:

(1) Providing a basic knowledge of self–health care

(2) Promoting living together with the elderly and strengthening organization related to the elderly

(3) Promoting employment and income - earning of the elderly

(4) Supporting the elderly with potential

(5) Promoting and supporting all types of media to have programs for the elderly, encouraging the elderly to acquire knowledge and getting access to news, information and media

(6) Promoting and supporting the elderly to have a house in a safe and sound environment.

3) Social promotion system for the elderly. There are 4 major measures:

(1) Income protection

(2) Health security

(3) Family, attendants and protection

(4) Service system and support networks

4) Management of the national development of the operation for the elderly and development of the personnel related to the elderly. There are 2 major measures:

(1) Management for the national development of the operation for the elderly

(2) Promotion and support of development of the personnel related to the elderly

5) Collection and development of the body of knowledge about the elderly, follow–up and evaluation of the operation in the national plan for the elderly. There are 4 major measures:

(1) Supporting and promoting research institutions to collect and analyze the data to develop the body of knowledge about the elderly that is necessary to set a policy and providing services on others that benefit the elderly

(2) Supporting and promoting conducting research on the elderly, especially research useful for setting the policy, developing services and promoting the elderly to live happily in the society

(3) Developing and modernizing a database system about the elderly.

2.4.3 Welfare Systems for the Elderly in Thailand

At present the welfare systems for elderly Thais are classified into 3 types (Sasipat Yodpet, 2006), which can be summarized as follows:

1) Social Insurance

Social insurance brings about security in living a life and protection of employees. It helps solve the problem of lack of income after retirement. The changing social situation makes the elderly receive less support from the family. The lasting poor health has led to high medical expenses.

All of the above mentioned issues are economic problems the elderly encounter and the seriousness of the problem will increase unless there is a plan to present them. Social insurance, therefore, is very important and necessary.

(1) Saving for retirement

(2) The national pension system

(3) The pension fund for government officials

(4) Fund for the Elderly

(5) Extension of the retirement age

(6) Provident Fund

(7) One–baht saving Project

2) Public Assistance

Public assistance is given free of charge for those who need help because they cannot help themselves, are socially disadvantaged, and have no one to depend on. The forms of existing welfare are

(1) Allowance for the elderly

(2) Fund for the elderly who have no one to depend on

(3) Support traditional Cremation

3) Social Services

Social services are provided in response to the basic needs of people. There are 4 type of services:

(1) Health

a) Health security for all

b) Medical and public health services

c) Subdistrict health promotion hospitals

d) Home health care for the elderly

e) Group home health care for dependent old people

f) Volunteers for looking after the elderly at home

i) Volunteers “Friends Help Friends”

J) Looking after the mental health of the elderly in the community. Information system for management and follow–up of the operational performance

k) Project on the center for looking after the elderly in the community

(2) Project on the network of social protection of the elderly

(3) Education

a) Informal education

b) Computer education

(4) Ban Din Learning Center

(5) Housing

a) Providing dwellings and care

b) Looking after the elderly in the institutions

c) Providing and adjusting the dwellings and the environment to be suitable for the elderly

(6) Employment and income

Welfare fund for the elderly

(7) Social and recreational services

a) Club for the elderly

b) All – purpose center for the elderly

c) Service centers for the elderly in the monasteries

d) Daycare center, a kind of welfare for laborers, which indirectly affects the elderly.

2.5 Policy, Laws and Welfare Systems for the Elderly in Developing Countries

Jumpol Srijongsirikul (2012) To suggest a policy, legal measures, and strategies related to provision of welfare and conveniences for the elderly in Thailand, the researcher studied policies and legal measures for providing welfare for the elderly in foreign countries, especially the country which has the largest number of old people in the world and countries which have an efficient welfare system for the elderly, e.,g., Sweden, which is a country in Scandinavia and Japan, which is a country in Asia.

2.5.1 Sweden

2.5.1.1 Concept and Background of Welfare Provision for the Elderly in Sweden

At present Sweden has the highest number of aging people in the European Union. Besides, the elderly in Sweden have the highest average life expectancy among industrial countries. This reflects a good quality of life of the population and success in health care of its population. The important goals are basic security in daily life, good housing, and services needed by the elderly who are service users. The purpose is to enable the service users to have choices in order to get quality and standard services, The country follows the basic principle of the state welfare system in the “democratic society” is used in Scandinavian countries, where the government implements the policy on providing welfare to all people equally,

regardless of age, sex, race, income, hometown, and social status. The policy on social services and health care and its implementation cover all the areas. This concept makes Sweden be one of the countries that have the most efficient welfare and health care system for the elderly. Sweden spends 3 percent of its Gross National Profit (GNP) looking after the elderly, while other countries in Europe spend only 0.5-1.5 percent of the GNP on this matter

In Sweden, taking care of the elderly is a common responsibility of the society. That is, the government usually allocates a budget from to looking after the elderly and establishes the medical service system. The health care and medical service management will be carried out by the government but there is decentralization of power in this matter to regional and local agencies to be flexible. There are three levels of welfare provision to the elderly in Sweden as follows:

1) The national level: The government and the parliament will set a policy, goals, and a guideline to implement the policy through passing laws and issuing different measures.

2) The regional level: The county council will be responsible for setting criteria for management and operating health and medical services.

3) The municipal level: Municipalities have responsibilities as stipulated in the law to carry out social services and to serve housing needs of the elderly. They have freedom for management and operation and for setting criteria about giving privileges to the elderly before groups of people as prescribed in the law.

As mentioned earlier, the county councils in Sweden are directly responsible for health and medical services. There are 21 counties in total, 8 hospitals in the region, 70 hospitals in localities, and more than 1000 health centers. Besides, There are 290 municipalities, which are responsible for basic health care services for local people, and for provision of additional social services to the elderly, including looking after the elderly in case that they are not necessarily admitted to hospitals.

Provision of welfare for the elderly is decentralized to local administrative organizations by the establishment of health centers and hospitals under the administration of the counties or municipalities. This has made all the areas in Sweden have health centers and hospitals to serve all people, which is in response to the policy on the equal rights to access health care. Since 2003, all people in

Sweden have the right to choose places for medical service freely. In other words, the elderly can choose to have out-patient care at any hospital across the country, not limiting to their own counties.

Since 1998, the government has tried to improve the welfare system for the elderly by increasing the budget and revising related criteria for efficient welfare service to the elderly.

The economic crisis at the end of 1990 gave rise to a large amount of unemployment, which, in turn, caused worry about social inequality that might affect social welfare provision. The Swedish parliament approved the national plan for the elderly in 1998 by insisting on the principle and concept of providing welfare and care as needed by individual old people with the emphasis on quality rather than on quantity. Accordingly, laws related to the criteria of welfare and service quality are amended in response to the policy. Also, criteria for supporting family members or attendants were established. The government increased financial support for local administrative organizations to fulfill the above mentioned goal.

To sum up, the main concept for looking after the elderly in Sweden at present is

1) Enabling the elderly to live in their own residence as long as possible. Statistics revealed that more than 53 percent of the elderly in Sweden live in formal residences. The residence in Sweden is of high standard and the buildings have been adapted to fit the daily life of the elderly. Service for the elderly are, for example, medical care and service at home, safety service, and other assistance services in daily life.

2) Making elderly patients stay at hospital for a short time they will be sent to stay in their residences or in a place that the municipality uses for basic health care.

2.5.1.2 Measures and Laws for the Elderly in Sweden

Sweden is a country that has the state welfare system. There is decentralization of power and responsibility to local administrative organizations. The law stipulates that it is the responsibility of municipalities and counties to provide welfare and social services, including medical services. The local administrative organizations are free to set the policy, plans and guidelines for service management.

They also have an authority to collect related taxes. Therefore, most of the budget for looking after the elderly comes from taxes collected by local administrative organizations(local taxes) and fees that service users pay additionally at the rate of only 5-6 percent of the total expense. The remainder, or 82-85%, comes from local taxes and money allocated by the government, which comes from national taxes (above 10%).

For these reasons, all regions differ, depending on the potential of individual local administrative organizations. However, criteria for operation of welfare for the elderly by the local administrative organizations have been determined by law, and operational control and evaluation are carried by two boards: the National Board of Health and Welfare and 21 County Administrative Boards. The former board will oversee the local administrative organizations' operation of public health welfare, while the latter will oversee the operation of welfare provision and social services.

The major Act that specifies the criteria for social welfare provision for the elderly is the Social Welfare and Social Service Act of 2012 (The Office of Elderly Promotion and Protection, 2012)

This Act was amended last time in 2001 so that it would be a central law that set a frame and a guideline on how to get public services in Sweden This Act stipulates that those who need social welfare have the right to ask for public assistance from the local administrative organization under the conditions set by the Act. The organization will select those who deserve assistance. If anyone disagrees with the result of consideration, he or she can submit a petition to the Administrative Court to review the consideration. Besides, this Act states that the budget derived from taxes will be used for the operation of welfare and care for the elderly in order to reduce the expenses of the elderly and their families.

The Act also allows each local administrative organization (municipality) to set its own criteria for paying additional money as welfare or social welfare in some cases. People who disagree with the result of consideration may submit a petition to the Administrative Court to revise the decision, as well.

An important principle is that the government wants to promote and develop the welfare system on the basis of democracy and social solidarity in order to

increase the economic growth, social security, the people's living condition, and participation of community people.

The Act specifies that local administrative organizations are main organizations that are responsible for welfare provision in the locality. They may hire other public or private organizations to provide social and welfare services.

2.5.1.3 The Swedish Healthcare System

Swedish people have the right to call for public services and care as necessary. However, local administrative organizations can set criteria on the service level and can select service users and priority of service users. Management of the service system and care for the elderly (about 80%) of most is similar to that of the private sector, taking into consideration the satisfaction of service users.

The government, through the local administrative organizations, will be responsible for expenses of care and services given to the elderly. The budget comes from taxes. In some cases, service users may have to pay part of the expense - only 5% of the real expense.

In addition, services and care for the elderly are the responsibility of not only public organizations, but also private organizations so that service users can have a choice to choose a variety of services.

2.5.1.4 Types of Services for the Elderly

1) Health Care and Long-term Care

In Sweden (the Swedish healthcare system (2012), public health care is a direct responsibility of the government, including local administrative organizations. The county is responsible for local hospital management, health centers for out-patients, and clinics, while the municipality is responsible for health care in a specific form (long-term mental health care for severe mental disorder), including management of housing for the elderly.

Since 2003 all Swedish people have the right to choose health service freely. They can choose any clinic or health center for out-patients across the country.

2) Home Care Services

Home care services are very important because the elderly can be attended to at their residences. The municipality is responsible for such services,

which are assisting in shopping, cleaning, cooking, washing, informing about dangers, food delivery and others at the elderly's home.

Apart from the afore-mentioned services, service and welfare provision also include different types of conveniences for the elderly, such as transportation, technical assistance, improvement of the residence to fit the daily life of the elderly.

2.5.2 Japan

2.5.2.1 Concept and Background of Welfare Provision for the Elderly in Japan

The concept of social welfare provision, including welfare provision for the elderly in Japan ,significantly changed after World War II After Japan lost the war ,the General Headquarters of the Allied Powers (GHQ) changed different systems there, including the public welfare system in the country.

Initially, the Japanese government enforced social insurance and social welfare measures at the lowest level of socio-economic insurance. They are, for example, insurance of quality daily life, assistance of people in different aspect. Several years later, personal social services and social support operation were combined into the social welfare system.

In 1980s Japan encountered rapid social change into the aging society and the lower birth rate of the population. These problems affect its demographic structure, welfare provision for the elderly, health care services, especially the budget. The burden of pension payment increased and so did medical expenses for the elderly, for example. Moreover, Japan experienced the decreasing number of working-age people, resulting in the lack of labor force and the increasing number of people without income in the society. Consequently, the government could not collect taxes from the elderly, who have no income. This problem has been expected to happen in many countries worldwide because the world population now has a tendency to live longer due to medical progress which enables people to be healthy and to have a longer life expectancy, with the reduction of mortality

The problem made it necessary for the Japanese government to refer the social welfare provision measure based on the concept of decentralization of power and to revise criteria that hindered the welfare provision operation. There was a big welfare reform, which were carried out as follows:

1) Reducing the responsibility of the government and central administration for social welfare operation in 1981.

2) Transferring the organizations responsible for social welfare provision to be under the local administrative organizations in 1986.

3) Preparing action plans and policies to implement the “Gold Plan” in 1989.

4) Amending eight laws related to social welfare provision in 1990.

5) Amending the Social Welfare Act in 1992 which has contributed to the social welfare system in Japan since then.

To sum up, change in demographic structure due to the increasing number of the elderly has made it necessary for the government to allocate more budget in providing different types of welfare, especially the elderly who are bed-ridden, who develop dementia, or who lead their lives with difficulty. The elderly people who need assistance in daily life are increasing in number, causing the government to improve the pension system, the medical care system, and the long-term care system so that these systems will be more efficient.

2.5.2.2 Measures and Laws for the Elderly in Japan

At the initial stage, the welfare system was in operation under 3 basic principles as follows:

1) Non-discrimination and equality

2) Assistance as a national responsibility

3) Separation of the public and private interest

Later the policy and measures were developed to cope with the changing society. At present the policy and main plans are

1) The policy and plan on welfare and health care for the elderly (the Gold Plan) is a 10-year strategy to promote health care and welfare services for the elderly. The plan has been implemented since the beginning of 1990s.

2) The public long-term care insurance plan

2.5.2.3 The Welfare Law for the Elderly

The Act of Welfare for the Elderly in 1963 stipulates that the government and local administrative organizations shall allocate a budget derived

from taxes to run houses for the elderly and a short-stay program including other services. In the past the Act applied to the elderly who had a low income and had no one to take care of them; however at present all elderly people who need long-term care have the right to get basic services under this Act. The fee to use welfare services depends on the income level of the service user, with the rate of zero to almost the full expense. Moreover, local administrative organizations have the authority to determine the qualifications of welfare service users, including the benefits, taking into account the income of the elderly themselves, the family income or the income of their relatives who take care of them. The priority belongs to those with a low income or with no relatives.

2.5.2.4 The Health Service System for the Elderly

The health service system for the elderly was established in 1982 in response to the necessity to provide medical care for the elderly. Some privileges were added, such as health care at hospital, long-term rehabilitation, home visits by the hospital and home rehabilitation for elderly patients. Long-term care is considered part of medical care. At present there is an overlap of two different systems, i.e., the welfare system for the elderly and the health care system for the elderly.

2.5.2.5 The Gold Plan

In 1989 the Japanese government developed and enforced action plans under the policy on the elderly only with a ten-year goal. In designing the structure and personnel management for long-term care for the elderly, each local administrative organization developed long-term care services based on its survey, with the support of provincial organizations to achieve the objectives of the plan. However, the service renders defined in this plan were not enough to serve the elderly's demand, so in 1994 the plan was reviewed and a new gold plan was set, with the increase in the number of service renders ,and its objectives were set to be fulfilled by 1999.

2.5.2.6 Public Long-term Care Insurance System

Because of the problem of the elderly as a burden of the family, it is necessary to distribute the responsibility to the society.

2.5.2.7 The Act of Long-Term Care for the Elderly

In 1997, the Long-Term Care Insurance Act was enacted, which covered the increasing expense of care for the elderly. In 1999 special measures such

as a special measure, for the elderly's insurance policy payment, were issued for the operation of the long-term care insurance system to attain the goal. After the Act was passed, services and measures were improved so that the long-term care for the elderly would be more efficient.

2.5.2.8 Welfare Systems for the Elderly in Japan

There are several types of welfare systems for the elderly in Japan which can be classified into

1) Public pension system
2) Health care system for the elderly in the last period of their lives
3) Long-term care insurance system for the elderly

2.5.2.9 Current Pension System

The first-level pension systems (KisoNenkin) are the basic pension systems that have a fixed rate and cover all people. They are the national pension and a co-assistance pension.

The second-level pension system (KoseNekin) is the employee pension insurance, which covers all the employees in the labor force, with the purpose of guarantee of the income after retirement. This pension system is applied to any workplaces which employs at least 5 employees.

The third-level pension system is the employee pension fund. It is the system in which private companies as the employee pay a pension to the employees. in case of self-employed business operators, a pension will be given to those who accumulate additional money in the National Pension Fund. In this case the government is the guarantor.

2.5.2.10 Health Insurance System

In Japan medical service fees are paid through the public insurance system which consist of 3 types of insurance plans for those aged below 75 based on occupation and area. The health insurance for those aged over 75 is separated from those aged below that.

1) Health insurance systems based on the occupation of the insurer covers both the employee and his or her family members under his or her care.

(1) Health insurance system under the management of the company

(2) Health insurance system under the management of the association

(3) Health insurance system for specific occupations

The employer will deduct money from the employee's salary and make an additional payment. The employer will not make such a payment for the insurer's family members. The rate of the insurance policy of the health insurance association differs from each other, depending on the management of each province.

2) National Health Insurance System

The national health insurance system covers people who do not have the right to get the first type of insurance. They are the self-employed, the unemployed and the retired, farmers, fishermen, and employees in small-scale companies. The local administrative organization is responsible for the system. Some occupations, such as doctors, will have their own health insurance system.

The government will give a financial support ,but the registered members must make an additional payment for their individual households.

3) Health Insurance System for the Elderly

In 2008 there were a medical care system for the elderly in their last period of life (those aged 75 or more) and a monetary equality system for the elderly aged 65-74 years, which was operated through cooperation between provinces, with the local administrative organization as the collector of additional money.

2.5.2.11 Long-term Care System for the Elderly

Users are considered the center of the service so as to have efficiency and equality. They can choose any service they want. There are both welfare services and health care services which can serve their needs. Besides, participation of private organizations are also encouraged.

2.5.2.12 Nature of Services

There are two main types of services for the elderly:

1) Health promotion services, e.g. health care and other services by nurses at the elderly's houses.

2) Medical care service, e.g. medical care at home and conveniences such as providing welfare and conveniences for health care of the

elderly who need long-term care, including sickly elderly patients. The service user can freely choose types of medical care and service renders public or private.

2.6 Research Related to the Elderly

Apart from the review of literature on the elderly, the aging society, and social welfare for the elderly, the researcher studied the direction of research in Thailand and other countries. The details are briefly stated as follows:

2.6.1 Synthesis of Research on the Aging Society

Pennee Naerot (2011) conducted a study on synthesis of research relate to the aging society. they collected the research studies conducted inside and outside Thailand during 2002-2010. The samples for synthesis were 205 in total and the conclusions were divided into 8 aspects as follows:

1) There were Change in elderly population and income in Thailand . 6 studies in Thailand and 6 in foreign countries. The studies revealed that Thailand and other countries in Asia-Pacific and Scandinavia were becoming aging society with the decreasing number of working-age population. Therefore, these countries should be prepared to offer welfare services and securities to accommodate aging population. Especially, Thailand should prepare its people of all ages in terms of income because of the high tendency of nucleus families. The strategy of promoting the family to attend to and live with the elderly should be used with incentives in terms of welfare and taxes for those who look after their parents.

2) Promotion of the value and use of the potential of the elderly From reviewing 15 studies in Thailand and 4 studies in foreign countries, it was found that the topics were related to the use of potential of the elderly in the society, the way of life of the elderly who lived long with a good quality of life.

3) Role of the mass media in building attitudes, knowledge and understanding of the elderly. There was only one study that examined the attitude and needs of the elderly. This study found that the elderly received news mostly from television, followed by newspapers and radio , respectively

4) Technology relate to a suitable living condition for the elderly. Two studies considered with this aspect. In Thailand, development of technology for the

elderly is not prevailing when compared to the environmental improvement. The technology has been developed in academic institutions and has not been publicized.

5) Laws about the elderly. Two studies in Thailand and five in foreign countries were made on this matter. As a whole, the studies concerned different operations relate to the elderly as specified by the Act of the Elderly, especially the rights and benefits given by different agencies, divisions and departments that provided welfare and services for the elderly.

6) Health of aging people. There were 8 studies in the Thai context and 5 studies in foreign countries. The studies were conducted with the elderly aged 60-80 years as the sample. They investigated their illnesses, self - health care and care from the community, attendance to the elderly when they were ill, their nutrition and consumption. It was found that more than 90 percent could do their basic daily routines by themselves. The percentage was higher than in 2004. Many elderly people were faced with the problems of poor sight, poor hearing, poor chewing and alzheimer.

7) Welfare, happiness and hygiene in the aging society. There were 26 studies in Thailand and 36 studies in foreign countries that deal with this issue. In Thailand, it was found that the local administrative organizations set a policy and provided welfare for the elderly. The studies on strategies for developing service business innovations for the elderly found that there were three groups of service renders: the public sector, foundations, and private businesses. However, most elderly were looked after by their families in accordance with the Thai culture.

The studies of the way of life of people who lived long or who were more than 100 years old found that their ways of life were similar. For example, they were careful about food; they did not drink alcohol nor did they smoke.

The studies of the community's participation in looking after the elderly found that there were volunteers to attend to the elderly in the community and to collect related data. The elderly were visited at home.

In foreign countries, surveys, of needs for welfare and care were conducted and it was found that they have focused on home visits and a suitable housing design. Both Korea and Japan had a policy of having the elderly staying with their adult children, who were given tax deduction. Also, housing welfare was available for the elderly who had a low income.

In Japan, there was an “Angle Plan” for women to take leave to look after their parents and could resume their work later.

Singapore has given importance to making people recognize the change in demographic structure so as to seek cooperation from the family and the community in driving the policy on the elderly.

New Zealand has focused on health care welfare and improvement of the houses so that the elderly can live in their own houses to maintain the social network.

In the Scandinavian countries, local administrative organizations have played the major role in providing welfare for the elderly. The private sector have been driven to be responsible for welfare for the elderly, as well.

In the USA and Canada, it was found that health and understanding of sexual intercourse were some elements of success in entering the old age smoothly and happily.

8) Religion and ethics. There were seven studies on spiritual happiness, state of scrutinizing at Dharma, preparation for death by the elderly, happiness stemming from following the eight precepts, and satisfaction with life.

2.6.2 Problems and Needs of the Elderly

Napaporn Chayowan (1988) examined the economic status and income of the elderly and found that most elderly people experienced a financial problem, followed by physical and mental health problems. Only 11 percent had no problem. More men encountered problems than women and the elderly in rural areas had a more serious financial problem than those in urban areas. Most got an income from their children.

Suthichai Chitapankul (1994, 2000) studied health problems and invalidity, dependency and Alzheimer of elderly Thais and found that the health problem of elderly Thais were uncommunicable disease and accidents. Most were chronic ailments, such as hypertension, diabetes, depression and falls Research in 1999 revealed that the health problem caused one-quarter of elderly people to be unable to move or do a activities normally. They became invalid and needed attendants and had to depend on others in daily life. In addition, the elderly living in municipalities, those who were poor or those who were poorly educated.

Sasipat Yodpet (1991) investigated guidelines for welfare service provision for the elderly by standing related documents and case studies. She found that the emphasis of services for the elderly was on human development because their bodies, minds, emotions and social life change, These change led to several problems for the elderly. For instance, they had physical problems because their bodies deteriorated , which in turn caused mental problems, socio – economic problems and lack of income, Some were desented. Therefore, the elderly were a group that needed assistance, attendance, and social welfare services. Assistance should cover their working life, feelings, family life, social life ,and use of free time – all these were what mature people wanted.

Malee Thamlikitkul (1983) studied problems and needs of the elderly who came for services at the social welfare section in Ramathibordi Hospital. The sample was 30 in total. It was found that most of the elderly lived with their families or were supported by their families, About 80 percent wanted children so that they could turn to when they were ill, or when they had problems, especially the financial problem.

Srinean Kaewkungwan (1997) surveyed the affective needs of the elderly and found that they wanted to join a group of people of the same age range, They also need sympathy. They wanted to have relations with others in the society apart from family members.

Suthin On-ubon (1998) studied factors affecting the needs for social welfare service of the elderly in rural areas in chiyaphum. The sample consist of men and women aged 60 or more who lived outside the municipality as well as those who lived in the municipality of chaiyaphum province. The data were collected by in-depth interview. It was found that the elderly need all types of social welfare services at a high level. They wanted health service most .

Saisawad Petrasuwan (1999) made a survey on need for health service of the elderly in Rayong province. The respondents consisted of 563 people aged 60 years or more. They were selected by simple random sampling. In-depth interview was conducted to collect the data. It was found that the elderly wanted physical examination service most and wanted to have this service at the health center and its general hospital. They wanted the mobile medical unit to go to their villages. They wanted advice on health care, nutrition and exercise. As for the effective needs, most

elderly people wanted to live close to their children. They want them to look after them. They also wanted the government or the community to hold traditional and cultural activities in villages.

Wilaiwan Wattananond (2002) conducted a survey of problems and needs of the elderly in Ban Ped Community, Muang District, KhonKhaen Province. In-depth interview was used to collect the data from 180 men and women aged 60 years or more, It was found that the respondents needed health care at a moderate level but they needed sanitation most. They wanted social services at a high level. What they needed most was recognition of their role and the relationship in the family.

Siriwan Siriboon (2000) made a study on "Response to problems and needs of the elderly: A case study of establishing the social service center for the elderly." The study was conducted in four areas: Bangkok, KhomKhaen, Chiangmai, and Suphanburi provinces. The data were collected in two stages: before the establishment of the social service center and 11 months after that. The elderly aged 60 years or more were interviewed. It was found that important problems encountered by the elderly were economic, physical and mental health, family problems, etc. They wanted the community to help them solve the economic and health problems. What the elderly patients wanted was getting-together or an organization that provided them an opportunity to attend social activities.

Malinee Wongsit and Siriwan Siriboon (2001) studied civil society and supports given to the elderly. In-depth interview was conducted with two sample groups: 163 people who played an important role in the community. e.g., village headmen, teachers, village committee members, and members of different groups in the village, and 1007 elderly people. The two sample groups were selected by systematic random sampling. The areas under the study were 1) those that the Public Welfare Department had set up the social service centers for the elderly, i.e., one in Bangkok and two rural areas, and 2) four areas not under the responsibility of the Public Welfare Department. The research revealed that important problems of the elderly were health and economic problems. They need financial assistance and medical care. Those who needed help most were old women, poorly-educated old people, very old people, and unhealthy old people.

Natchanart Uhan-ngao and Sopha On-opat (2003) conducted qualitative research entitled “The elderly: The last straws of families in urban communities in Bangkok” in order to find out the elderly’s difficulties as family leaders and to recommend some way to provide social welfare for the elderly and their families. In-depth interview was used to collect the data from 8 elderly people who were garbage collectors in Bangkok and from other community members to clarify the data. It was found that the elderly people lacked a life plan on having children and expenses. They did not receive services from the public and the private sector. The government could not provide services that covered all people. It was recommended that related organizations should pay a visit to them and their families to boost their morale, that they should be given an allowance, that the dignity of garbage collectors should be promoted, and that there should be a policy of reducing taxes for those who looked after the elderly.

Rapeephan Kumhom et al. (2004) studied the project on evaluation of allowance welfare for the elderly. Both documentary research and field research were conducted. A questionnaire and meeting of 4 elderly from 4 regions were used to collect the data. The sample of 3230 elderly people aged 60 years or more who received an allowance were selected by accidental sampling. It was found that the elderly who were poor and had no one to look after them needed the allowance most. They thought it was the right of the elderly to get such an allowance, although they were not truly poor.

Wanchai Chupradit (2011) studied needs for social welfare of the elderly in the municipality of LumThub subdistrict, LumThub district, Krabi province. A questionnaire and a logical simulation test were used to collect the data from 178 elderly people. It was found that in providing welfare for the elderly, it was necessary to consider the status of the elderly. As for the expense for service use at the municipality, income and age should be considered so as to meet the real needs, which would make the welfare provision more efficient and effective.

The Office of National Statistics (2003) reported the results of a survey of the elderly people in Thailand in 2002 that the public and the private sectors provided welfare services for the elderly ,and that they used services from the public sector more than from the private sector. More than 92% of the elderly wanted the

government to increase welfare in terms of care for the elderly by establishing a daycare center for the elderly, providing houses for sickly elderly people, and finding jobs or activities suitable for the elderly so that they could earn a living. They also wanted the government to reduce taxes for those who looked after the elderly. The needs of elderly men and women were not different.

Withit Trienteeyakul (2007) studied the problems and needs for social welfare of the elderly under the responsibility of the Ban Chang Subdistrict Administrative Organization in Rayong Province and found that the elderly did not know that they had the right to get services from public organizations because they could not get access to related information. They had health problems at a high level but there was no organization to serve them in the community. They suggested that the government should urgently find suitable occupations for them to increase their income. There should also be a club for the elderly in every village in order to develop the quality of the life of the elderly.

Bancha Saraewong (2008) studied the need for social welfare provision for the elderly under the responsibility of the Borwin Subdistrict Administrative Organization, Sriracha District, Chonburi Province and found that most of the respondents had a very good knowledge of social services as specified by law. When the items in the questionnaire were considered individually, the respondents were found to have the best knowledge and understanding about social support work and related social welfare. They had the least knowledge and understanding of the fact that a scientific process could not be used in social support work. They wanted support for traditional cremation of dead elderly people who had no relatives. They also wanted the subdistrict administrative organization to promote the value of living together with the elderly, followed by other types of welfare, such as educational support, health care, recreation, income, and dwelling, respectively.

To sum up, the elderly had physical, mental, emotional and social needs, so social welfare services were necessary as one source that the elderly could turn to in response to their needs. The level of each type of needs depended on each individual's ability and way of life as evidenced by the 14 afore-mentioned studies.

2.6.3 Social Welfare Provision for the Elderly in Communities

Prapaisri Sutthikitiworakul (1994) conducted a feasibility study of establishing a community service center for the elderly by the community. The communities of Muang District, Suphanburi Province was studied and it was found that the community leader, people in general, and the elderly had potential to join the activities arranged by the community service center for the elderly. This was in harmony with the principle of participation in groups or the community. The activities to be held should respond to the needs and the living condition of the elderly in the community.

Sasipat Yodpet et al. (1993) examined the potential of social support factors in providing services for the elderly and found that the family was a very important social supporter system for the elderly. The family could respond to the elderly's body and mind and society. The support varied, depending on the economic status. There was no difference in the social network of the elderly because of profound relationship. In general, the living condition of the elderly changed in line with the community condition. The elderly wanted the same things, that is, living peacefully and spending the last part of their lives happily with their children.

Sodsai Khumkrongsap-anan (1997) investigated development of the elderly in the family by using the community as a basis It was a case study of hospitals and general hospitals., which found that the social workers had a good knowledge and understanding of the work that used the community as the basis. They agreed most with holding activities that responded to the spiritual problem. They thought that there should be activities that coped with all the problems faced by the elderly and mind, society, and intellect. With regard to the work problems and obstacles, the social workers stated that there was neither clear framework nor policy and plan. Also, there was no activity to strengthen the family to help solve the elderly's problems. The social workers played an important role in social services. The elderly should be made to have a common ideology that the club for the elderly belonged to the elderly. At the policy level, an organization directly responsible for the work on the aging society should be established, with the participation of the community in all the stages. The government agency should have a clear policy and plans on this matter.

Nisa Chuto (1982) studied elderly Thais in order to find out the security of Thai families. She found that most elderly people lived with their families as they

could get help and that the relationship with the family was good, making them feel that their children were the most important thing in their lives.

Preuthinan Luengpaiboon (1987) conducted a survey on social welfare provision in the clubs for the elderly in Bangkok in 1987 and found that activities and social welfare services in Thailand were held to cope with each type of problems and to serve the needs of each elderly group. In the past, social welfare services were provided to meet the four basic needs and the living condition, but at present, the focus is on humanity and development of the elderly by the family and the community.

Five research studies during 1982-1997 concerning social welfare provision for the elderly in the community recommended using the community-based approach, the family-based approach, people's participation, and access to the elderly in order to directly respond to their needs and problems. The personnel should come from different occupations and work in teams. The community should be made to recognize the importance of the elderly and its dependence on the government should be reduced.

2.6.4 Evaluation of Social Welfare Service

Monthira Khewying et al. (1997) studied the expectation and the reality in health care of the elderly by the family. The sample consisted of all 145 elderly people aged 60 years or more living in two villages in KhonKaen province. Each of them was interviewed to collect the data. It was found that the mean score of expectation of health care from the family was higher than the mean score of reality at the 0.05 level.

Rapeephan Kumhom et al. (1999) evaluated the social welfare service project for developing the quality of life of the elderly in Thailand in four aspects : housing service, living allowance service, social service in the community, and cremation support service. Both quantitative and qualitative data were collected from the elderly in 9 provinces in four regions. It was found that most of the services that the government provided for the elderly were neither appropriate nor fair because the elderly who were poor and had no relatives could not get access to the public services due to unfair selection of the elderly under the patronage system.

Nuanchan Ngaoprasert (1997) studied satisfaction of the elderly with services of the Ban Bangkhae House for the elderly. Eighty elderly people there were interviewed. It was found that overall the elderly were satisfied with the service at a high level. They were the most satisfied with cremation service and the least satisfied with occupational training. On the other hand, the demographic variables and the number of years they stayed at the house for the elderly were found to have no relationship with their satisfaction, except sex. The elderly women were more satisfied with the service than the elderly men. The answers to the open-ended question revealed that about 60 percent of the elderly considered the services suitable, while the other 40 percent suggested that improvement should be made in food service, care, conveniences, building, activities, and cremation arrangement.

Suphannee Peuwnalao (2012) studied forms of health care service for the elderly in Suphanburi Province and found that there was no clear form of such a service or no specific service was given to the elderly. They had to use the services given to adults in general. All the districts, however, had long-term care service, a club for the elderly, and home visits. Also, services in the community were given similarly in all health stations in all the communities. The elderly suggested that the province should have a clear policy on the elderly, promote corporation and integration of work among agencies concerned. There should be varied services to accommodate the increasing number of elderly people of different groups ,Also, knowledge and skills of those looking after the elderly should be increased. There should be full – time nurses in the house for the elderly in order to reduce the public expenses.

Nitchanan Suwannakood (2011) studied the system of care for the elderly in the community. It was a case study at the health promotion hospital in Sri KhaiSubdistrict, Warinchamrab District, Ubonratchathani Province. The data were collected during November, 2010 and December, 2011 by using focus group discussion and brainstorming to exchange opinions. and content analysis was used to analyze the data. It was found that the elderly were faced with the physical and mental health problems as well as emotional and socio-economic problems. Meanwhile, those who attended to the elderly had the problem of an overlapping role in both earning an income and taking care of them. They also lacked knowledge and skills in

looking after the elderly. Some attendants had the health problem themselves. The factors influencing the health care system in the Muang Sri Khai municipality were: 1) values, 2) the leader's action plan, 3) supports from different organizations, and 4) participatory planning on care for the elderly.

2.6.5 Attitude of Attendants of the Elderly and People in General

Kanokwan Kumwong (1993) examined the factors affecting the attitude of the attendants toward care for the elderly in 12 houses for the elderly under the Public Welfare Department, Ministry of Interior. The sample consisted of 97 attendants in total. A questionnaire was used to collect the data, and related documents and research were also studied. It was found that sex, age, marital status, burden of supporting family members, training, and organizational commitment were positively related to care for the elderly. Older women who were married, who had to support their families, who used to undergo related training, and who had high organizational commitment had a better attitude toward care for the elderly than their counterparts.

The Ministry of Social Development and Human Security. The Institute of Demography, and the Office of National Statistics. (2007) surveyed people's opinions on knowledge and attitude of people in general toward the elderly in 2007. The sample of 9000 people were distributed questionnaires to fill out during February 16-23, 2007. It was found that most people did not know about the Act of the Elderly. They thought it necessary for a person to prepare himself/herself to enter the old age in terms of finance, health, and dwelling, starting when a person was 40-45 years old. With regard to their attitude toward the elderly, they thought that the elderly should get special privileges. They agreed least that the elderly should live in monasteries or houses for the elderly. They agreed that the age of 60 was the starting age of old people. Those who should mainly look after the elderly were their children. About 45.4% stated that they were willing to and were able to pay additional money to the government to guarantee that they would have a good quality of life when they were old. Most government officials chose to have pensions. Those who were not government officials were not members of any funds. The sources of fund to look after themselves when they were old were children, second by working to support themselves. What they prepared for themselves was saving, followed by keeping

healthy. What they did not prepare was cremation for themselves or working for the community or being volunteers when they retired.

2.6.6 Religious Teaching and the Elderly

Nithinan Sutthiwiriwan (1995) studied the effect of meditation on the short-term memory and learning of the elderly. The sample of 45 elderly people were administered a test on short-term memory and a learning test. It was found that meditation improved their intellect, short-term memory, and learning. The findings might be used as a guideline for the elderly or those whose work concerned the elderly to apply meditation, a religious activity, to prevent or delay the degradation of intellect as the time passed, and to develop the elderly's quality of life suitably and variedly.

Thida Thongwichien (2007) examined happiness of the elderly in Samutprakarn Province. The total of 380 people aged 70 years or more were included in the study. It was found that the respondents were happy at a high level. The lowest mean belonged to peace and recognition. Old people's overall activity for the family was found to be moderate. The highest mean was maintainance of the relationship and doing activities among the family members. The elderly took care of themselves and access health service at a moderate level. Most of the elderly were satisfied with the quality of services that they received. They suggested promotion of participation of the family and the community in looking after the elderly. The government should set a policy that enabled the elderly to get access to health services more easily, such as improvement of home visits. Besides, there should be a living allowance for the elderly, or a living fund should be established for people aged 70 years or more so that they would live longer and be happier.

Jinjutha Rodpan (2006) studied "Good death from the perspective of Buddhist elderly people. The study was qualitative research which collected its data by using focus group discussion of the elderly from 5 clubs in Ayuthaya Province. The sample consisted of 40 purposively selected elderly people who were divided into 5 groups. Apart from focus group discussion, observation and recording were also carried out in the field study. Content analysis was used to analyze the data. It was found that the meaning of "good death" from the perspective of the elderly who believed in

Buddhism was composed of three dimensions, that is, dying in peace and calmness, dying naturally and not being ill for so long that it would be a burden for the children, and dying without worry after preparing everything already. The Health personnel could use the results of the study as basic information for developing care for the elderly when they entered the last period of their lives so that they would pass away peacefully as they desired.

2.6.7 Dying Elderly People

Siwalee Sirilai (1992) talked about the holistic care of the patients almost at the end of their lives, saying that it should consist of 1) cooperation and coordination from all parties concerned, 2) giving medical care based on the symptom and giving basic aid, 3) lifting up the mind of the patients and their family, 4) personal value about culture, customs and belief. Holistic care meant that looking at an individual patient as he or she really was and combining all the knowledge to help the patient and the family – the most important of all.

Thatsana Mahanuparb (2000) made a survey of the attitude of certificated nurses toward the death of elderly patients and dying patients at the Maharaj Nakhonchaingmai Hospital and found that they had a very positive attitude. No significant difference was found among the nurses with the different number of working years. The nurses with less experience had a better attitude toward care of dying patients than those with more experience. However, there was no relationship between life experience about death and attitude toward the dying patient. However, when the nurses in each section were compared, they were found to have a significant difference in their attitude at the 0.01 level.

Soontharee Panuthat (1998) studied interesting diseases and home care for the patients and found 7 things necessary for looking after patients who were in the last stage of cancer. These principles were 1) cleanliness, 2) comfort, 3) calmness, 4) assistance, 5) communication, 6) dignity, and 7) saying goodbye. The patient should be assisted by responding to their basic needs whether they are physical, spiritual, emotional and social needs. The attendant had to know how to keep good physical and mental health, not being stressful so that he or she could look after the patient efficiently.

Kwanta Banthip et al. (2000) conducted qualitative research on experience of awareness of death by AIDs patients in a temple in the South of Thailand. Four things they needed while facing the death were 1) recovering from the illness and sufferings, 2) encouragement, attendance and assistance from their beloved persons, 3) forgiveness before they died, and 4) dying peacefully and a good life after death.

Nujarin Lapankul (2000) studied the experience of looking after dying patients by nurses and found that what nurses did were 1) following up and being watchful, 2) providing medical care as designed by the doctor, 3) responding to the patient's physical and mental needs, and 4) giving necessary information. It was also found that the behavior of the nurses differed and changed dynamically with the definitions of dying patients. That is, if a patient was dying, the nurse would help him or her die calmly. For a patient who risked being dead or alive, the nurse would emphasize saving his or her life. If it was hopeless to cure, the nurse would help the patient who had no hope to survive by helping him or her stay alive suitably to changing symptom.

The Institute of Geriatric Medicine, Medicine Department (2003) investigated care for the elderly who entered the last period of their lives and found no difference from care for the patients of other ages who entered the last period of their lives. That is, apart from medical care for the patients who developed cancers, aging diseases, allergies, neuro-diseases, especially the motor neurone disease which progressed gradually and was impossibly recovered, important care in this period was to assist the patients to lead their lives normally, not suffering and having a good quality of life. These patients would be admitted to a health center specially designed for them called the "hospice care unit". There were criteria to admit them. For example, they were predicted to live for no longer than 3-6 months. Only necessary medicines were provided for them adequately. They would be sent home and public health officers would visit them at home. They would be helped to return home and lived as well as they could. After that , assistance was also given to their children and old spouse.

Thammasat University. Faculty of Social Administration (2011), in collaboration with the Ministry of Social Development and Human Security, examined the factors and the environment that enabled the elderly aged 100 years or more to live happily. The data were collected from 95 people aged over 100 years, 95

major attendants, and 228 people who worked in the health service units in the areas, the Center for Developing Welfare Provision for the Elderly, assistance centers, local administrative organizations, including scholars. In-depth interview was employed to collect the qualitative data and close observation was also made. It was found that in the studied group the female participants outnumbered the male ones. Most were Buddhists and were divorced. They had more than one chronic disease and some had defects in their organs. Most could help themselves in daily life. However, all had to be attended to, the level of which was different depending on the ability and the restrictions, but they were not left to live alone. Most of them lived in their own houses, although the house conditions were not suitable for the elderly—slippery floor of the toilet, sleep stairs, and so on. Nearly all received a living allowance and most were members of the cremation fund groups.

With regard to the way to look after the elderly, it was found that they had been look after well continuously and consistently since they were in the young old age (60-70 years), the middle old age (71-79 years) and the old old age (80 years up). However, the emphasis of care differed, depending on the age range. In the young old age, the emphasis was on exercising and preparedness. In the middle old age, filtration and treatment of illnesses were the emphasis, while in the old old age, the elderly were divided into 4 groups, depending on their ability: totally dependent, partly dependent, moderately dependent, and a little dependent groups.

There were 7 factors that enabled the elderly to live happily. They were local food, no alcohol, exercise, pure air, good disposition, going outside, and living with the children. Living happily was related with the relationships with the family. There were four types of relationship: 1) the elderly had authority to a certain extent; 2) the elderly had no authority at home and had to live humbly; 3) the elderly lived freely; and 4) the elderly could hardly acknowledge anything. The four types of relationship would determine the role of the family members that influenced their happiness. The components were care from the family, fulfilling the four basic needs, a private space, access to the religious teachings, talking to familiar people, routine greeting or greeting on traditional occasions, doing routines by oneself or being assisted at a certain level, and living in a warm family.

2.6.8 Policies and Measures in Foreign Countries

Darunee Thayati (2009) studied the policy and service provision for the elderly in Australia and in Thailand. The sample consisted of experts with expertise in the elderly – both the administrators and implementers from the public and the private sectors – who were purposively selected. They were 13 experts from Australia and 8 experts from Thailand. The data were collected by in-depth interview, together with observation. It was found that Australia had continuously improved its policy in systematic care for the elderly. Studies were made on the elderly's problems and needs. Different forms of service were experimented to derive services suitable for the present condition. The elderly were promoted to live alone safely in their own houses as long as possible, with cooperation from the public and the private sectors and an appropriate budget so that the elderly could get quality and standard services in order to live happily.

In Thailand, the government set the second national plan for the elderly (2002-2021), which emphasized the care for the elderly by their families and community with additional welfare supported by the government, while the private sector could provide services for only some elderly groups. However, each organization worked alone; there was no central unit to coordinate them. Besides, it was necessary to strengthen the community by developing the core leaders' ability. Lastly, the government had to allocate an appropriate amount of budget to achieve the objectives of the plan.

Chompol Srijongsirikul (2012) conducted a documentary study on legal measures for provision of welfare and conveniences for the elderly in France, Sweden and Japan in order to compare them to Thailand. It was found that Thailand had a law that specified the right of the elderly to receive welfare, public conveniences and appropriate assistance from the government. However, the rising number of the elderly in Thailand caused low service efficiency and inadequate service plans for them. It was recommended that a new law be passed or the overall existing law be revised and related laws be amended for effective enforcement and for the policy and legal measures for providing welfare and conveniences for the elder in Thailand to be more efficient.

Nareerat Chitmontri and Sawitri Thayansil (2012) reviewed the body of knowledge and ways to provide welfare for the elderly in Thailand by analyzing related documents and research inside and outside the country. Also, in-depth interviews of the elderly and those whose work was related to the elderly. It was found that most countries had the same goal, i.e. promotion of the quality of life, the well-being, and health, but they had different measures. Nearly all countries promoted different forms of savings for people to get ready for the old age. Meanwhile, health services in all the countries still needed development for all the elderly to get access to them more conveniently and quickly. In Thailand, where the value of gratitude was popular, the welfare system was initiated in 1940, following the concept Residual Model of Social Welfare. However, this system did not help the elderly to be strong or to be self-dependent, causing a negative attitude toward the service users who were considered as a social burden. Later the government changed the concept of welfare provision to reducing dependence on the state and making people recognize the importance of self-dependence. At present social welfare provision for the elderly has been specified in the Constitution of Thailand and appears in the Framework of the Second National Plan for the Elderly (2002-2021), too.

The factors contributing to success in the welfare work were 1) paradigm shift, 2) participation, 3) budget integration, 4) operation in the form of networks, 5) strong and devoted community leaders, 6) the one-baht-a-day saving project (the amount was not large), 7) flexibility of informal education, 8) subdistrict hospital operation, and 9) payment of a living allowance to local elderly people by the subdistrict administrative organization.

The problems and obstacles in the welfare work were as follows: 1) lack of integration and continuity, 2) implementation, 3) unreadiness of the budget and lack of the personnel, 4) inadequacy of the budget and not covering all with emphasis on assistance rather than the rights, 5) the elderly's unsustainable self-dependence, 6) the elderly lack of awareness and understanding of their rights, 7) no public participation, 8) lack of leadership in the community, 9) inability of the multi-purpose center for the elderly to access the elderly's families, 10) lack of promotion of the values of gratitude and lack of preparation 11) having a problem of saving after retirement, 12) one-baht-a-day fund, which might encounter a financial problem in the future when

the expense for pensions was beyond the income from the members, 13) problem of paying a living allowance and operational problems, and 14) restrictions of the construction law.

It was recommended that the community and the elderly should be encouraged to be self-dependent. Assistance services should be given to the poor only when necessary. Health welfare should be provided to the elderly. The system of saving for retirement should be built. There should be a policy to promote the elderly in the society to live with happiness and dignity. Finally, the policy on paying a living allowance to the elderly should be revised so that they could truly get assistance.

2.6.9 Research on the Elderly in Foreign Countries

Ulker (2002) conducted an empirical study on "Social Welfare of Older Americans: Household Structure, Inequality and Retirement. The study focused on the financial status of the elderly in the USA, the number of whom was increasing. The first chapter of the research report concerned analysis of welfare provision for the elderly who lived in extended families. The basic data came from a survey of consumer expenses and income change (PSID). The study analyzed general welfare and levels of poverty in the course of living. It was found that the welfare system was established during 1980-1995, and that the elderly living in extended families could receive efficient welfare support, making them have no problem in consumption. Comparison of the variables concerning consumption of the elderly living at home and that at other places revealed a significant difference between the two groups. This difference affected the household structure.

The second chapter analyzed ages of the population in order to find out the differences in leading a life of the elderly who naturally experienced physical change. Importance was given to the policy which would influence assistance in tax payment and money transfer. The theoretical analyses revealed that there was inequality in the life cycle, even among those with the same age range, and in living conditions. In fact, age was not the main factor that led to the difference. The important factors were the household expense and the family size. The last part of the research concerned expenses after retirement. It was found that expense was considerably reduced when compared to the past. The study also indicated that retired people did not reduce their living standards for saving or for other reasons.

Hou (2009) made a study entitled “Third way reforms: A comparative study of social democratic welfare state reforms after the golden age”. The state welfare and labor market under democracy in nine OECD countries were analyzed. Three types of state welfare systems were considered and case studies were used for comparison. The findings were as follows:

1) The theoretical framework of welfare reforms which covered three strategic goals for expansion of the labor market.

2) Argument against the new welfare state concept of reducing a person’s state dependence after the person reached the golden age.

3) Argument against the emphasis on the welfare state and social expenses, stating that it was not suitable for studies on reforms.

4) According to the institution evolution theory, this study gave importance to development of innovations, depending on political argument, in contrast to institution decoding, which relied on dependence.

Farrah (2010) did research on “Perception of old age in comparative perspectives: Does the welfare state matter? The research examined the effects of the increasing number of elderly population on social reforms and political discourses in Europe that mentioned difficulties of old age in the welfare state. farrah conducted a social survey in Europe and contended that the theory of the welfare state was an important tool for comparison to account for awareness of old age and the state welfare form of each age range in Europe. The study reveal that the form of the state welfare and awareness of individuals were not significantly related. That is, awareness of whatever form would be more or less the same. The elderly’s awareness would be seen more clearly from the findings of each age range and change in public policies.

In The research by Wang (2008) entitled “Care and work: Taiwan’s attempts to change its welfare regime through changes in long-term care”, the sample consisted of the government researcher group and the women’s right group for reforming state welfare, which was affected by economic insecurity since 1990. Two research questions were how the two groups applied the Western method of care for the elderly and how the care program of each group affected the social status of people of different genders and ages and the family relationship. The data were collected for 8

months (from 2006-2007) by a field survey of experiences of the program participants and concepts of the program designers. It was found that both programs which were adapted from the West were totally different. The government program aimed to look after individual elderly people and adjust the health services to cope with different illnesses without considering the feelings of service users, fees, and program operators. Finally, it turned to be services for the poor.

On the contrary, the women's right group aimed to serve needs of individuals, their families and the main course of life. It had no specific standards because it wanted to meet the service user's needs, ability to pay for the fee, security and environment of the service operator. The program could pay for itself because most service users were middle-class people.

This research indicated that there was no clear criteria Esping-Andersen's method could not be used for comparison because the conditions were different from the West, where there was no social strata. It was necessary to understand the comparison between the program operators, development and various social response in order to adjust the whole state welfare system.

Dakin (2004) studied the elderly's awareness of being bullied the elderly and three things that government did to prevent crimes: compulsory reporting, protection, and criminal penalty. The sample was 88 elderly women aged 60 years or more. The definition of being bullied was being left uncared physically and spiritually, being scolded, being cheating, being hurt by the society, being hurt by family members or strangers, and being hurt in the care center for the elderly. It was found that the elderly gave importance to protection and penalty, including prevention. When there was something wrong or unusual, it was necessary to urgently correct it. Friends and family members had to take part in solving problems that happened to the elderly. The Latin elderly women were familiar with being bullied. The elderly white women would tolerate being scolded more than their counterparts. However, the elderly who had a good financial status and a good social status would prefer freedom to protection. To conclude, most of the samples gave importance to protection.

Nonaka (2007) conducted a survey on long-term care among low-income elderly people in order to understand their use of long-term care service for patients in the community supported by the government budget and other resources, such as

assistance money and money to pay for home rental. The study used both qualitative and quantitative research methodology. The data were collected from 1996 to 2000. The purpose was to find out factors that affected social services. It was found that the factors that caused Latin American elderly people with a low income to use social services were life experience of individuals, their roles, culture, and experience of lacking opportunities, social status and country where an elderly person had lived before.

Shin (2011) explored old Korean adults' perceptions of volunteers and decisions to volunteer. Being volunteers was very popular in Europe. It was also very useful. However, this was not popular in Korea. However, the Korean government tried to encourage elderly people to be volunteers because the number of elderly people increased 11% in 2010 and would be increased to 58% by 2050. The purpose was to have the elderly live happily in the society or community. This research gave importance to the value of volunteers and aimed to find out the reasons why elderly people wanted or did not want to be volunteers. The qualitative data were collected by in-depth interviewing 30 elderly people in the welfare centers for the elderly in Seoul and the community welfare centers in Kwangyong. It was found that the factors related to becoming volunteers were the personal background, conveniences and restrictions, including strategies for selection and support, all of which affected their decision to become volunteers or to remain so. The in-depth interviews revealed their motivation and life experience, which would be useful for finding out suitable social strategies and the body of knowledge about old age, which in turn would make the increasing number of elderly population beneficial to the society.

Corna (2011) studied gender, the state, a life - time experience, and Understanding of health inequality among old adults in Britain. It was found that there was obviously a significant relationship between the socio-economic status of the elderly and their health. However, there was no relationship between the elderly's life experience and gender, work and family life or the public policy. This research also studied whether of the labor market and experience in the family had a significant relationship with the elderly's health. The data were collected from 1552 people who were born during 1927-1940. It was found that there were 4 ways of life classified by experience, which were in line with the social policies after World War II. Gender

was found to influence people's role in each age range. Only the mental health was found to have a relationship with life experience. Also, the social status of people in the age range of 65 was related to health. However, life experience had no relationship with the chronic health problem.

Mair (2011) conducted research entitled "Older adults' health and preferences for care in Europe: A cross-national, multi-level study. The study concerned the elderly's health and their choice of medical services in many countries in Europe. These elderly came from different social strata, different social networks, different social structures, different cultures and different policies and economic levels. The literature review indicated that social activities positively impacted the family relationship and health but the impact was inconsistent and varied. If the elderly lived in the country where the state welfare was good but they themselves had a low income, the government would give them more welfare. The researchers wanted to find out the factors that affected the elderly's health and their choice of services. The data were taken from the survey of health, age and retirement in Europe and the international surveys of social values in Europe by World Bank, the United Nations and OECD. Based on the international data and individuals' perspectives, it was found that there were differences in terms of the way of life in the society, health and need for care in the old age The differences depended on family culture and race. The public expenses on social activities for the elderly's health were very high and various types of welfare had no effect on the elderly's health or their choice of care in the old age.

Leary (2008) conducted research entitled "Policy interactions or policy chasms-state elder mobility policy, practice and long-term care reform." The study focused on the government's policy on providing convenience in travel to the elderly it took into consideration the long-term care system for the elderly and the mass transportation system. It was found that it cost a lot to make the elderly travel more conveniently. Since the expenses of care for the elderly at the care center was high, it should be better to look after them at home or in the community. It was therefore recommended that the government should promote care for the elderly at home or within the community and that it should increase investment in transportation for the elderly in the community.

Mckinley (2011) made a study on “A conceptual model for quality in elder care communities based on qualitative analysis of stakeholder documents”. The study concerned challenges of the administrators of the elderly care centers in creating and maintaining the quality of care. The stakeholders had their own specific definitions and standards. This qualitative research analyzed documents related to the standards of the elderly care centers in order to build a conceptual framework. The formulated framework was found to be similar to Maslow’s. It contained step-by-step operation as follows: 1) fund, 2) framework, 3) values and satisfaction of the dwellers, 4) quality of care, and 5) quality of life. All these steps had to be completed. However, all the stakeholders had to participate in building the quality.

Chung, Mclarney and Gillen (2008) conducted research entitiled “Social policy recommendations to alleviate among informal providers of elder care. The purpose was to analyze the recommendations on the management policy and pressure on the informal providers of care services for the elderly. The data from different countries were collected to find out how each country dealt with the elderly care in order to set a policy for the USA. It was found that flexibility of work and plans were necessary so as to get approve and cooperation from different related organizations in carrying out activities and to persuade the administrators of the elderly care centers to turn to management by objectives and to put it into practice.

Bourke, Karl and Lewis (2010) made a study entitled “Elder care and work-life balance: Exploring the experiences of female small business owners. The study concerned decision-making of women to become business owners and look after their families at the same time, especially the family with many children, which needed a balance of both activities. This survey collected the data from a small group of women who ran their own businesses and looked after the elderly. It was found that they could do both jobs very well. They could control themselves and their emotions very well and their businesses ran smoothly.

Tabor (2010) conducted research on “Cultural competency in healthcare policy: Pursuing elder, A African-American diabetics as stakeholders in successful treatment”. It was found that care of African-Americans were different, depending on their illness, such as disease that caused one’s leg or kidney to be cut off, malfunctioned kidney, paralysis. Differences were found between old patients and

young patients in that the former were usually not invited to participate in any forum. This study examined the elderly who developed diabetes and found that if the patient and the service provider talked very little to each other about health service, the patient would look after themselves very little, and the illness would be more severe. If the patient was the center of the treatment, he or she would look after themselves better. Therefore, the patient-centered approach was a good method of treatment.

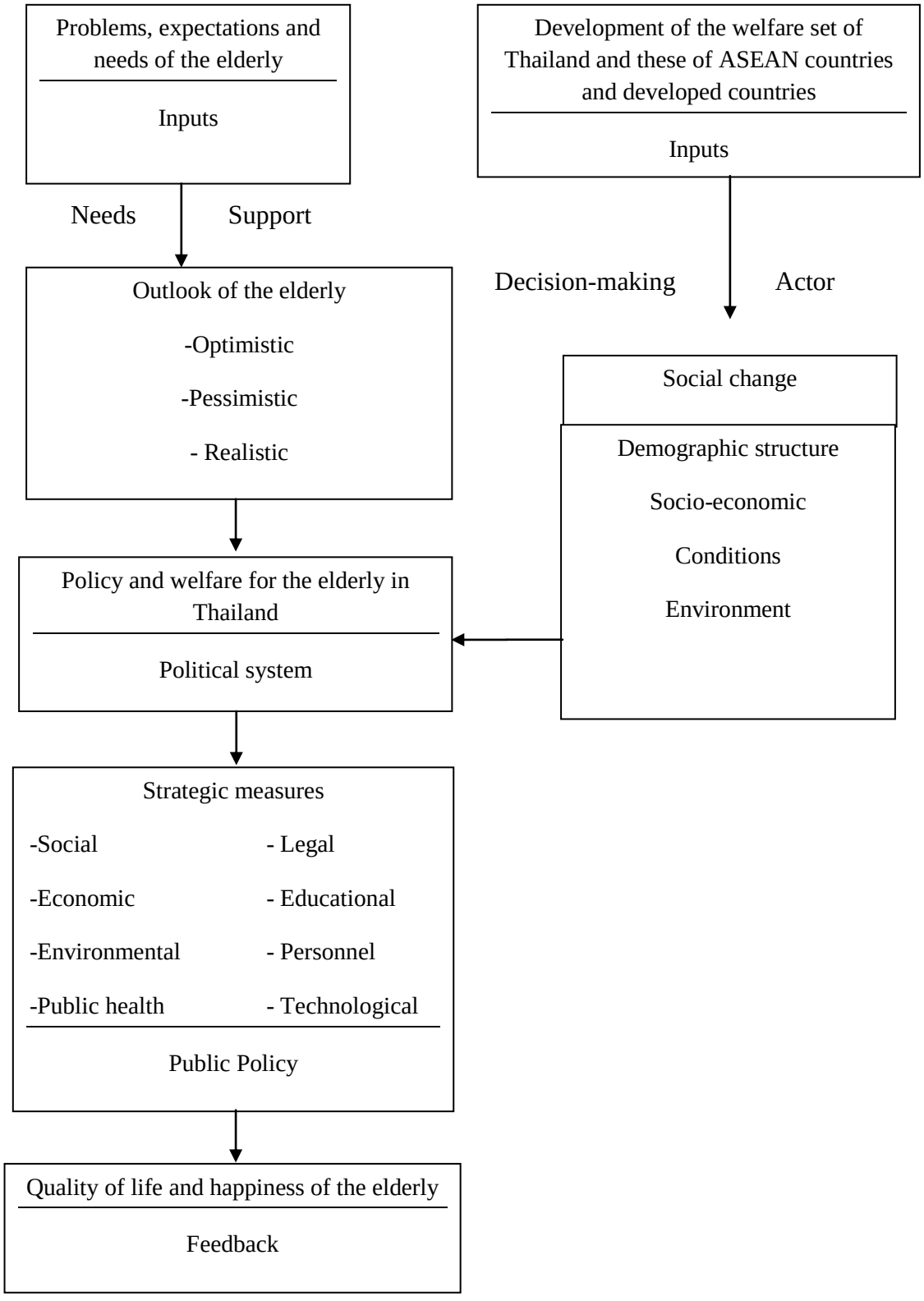
Kodwo-Nyameazea and Nguyen (2008) conducted an exploratory study entitled on "Immigrants and long distance elder care: An Exploratory study" Five people from Gana who immigrated to the USA were interviewed to find on the process and reasons why many people from Gana migrated to two US cities and how their elderly in Gana were looked after. It was found that although elder care was a burden, they were willing to continue taking care of them. They considered that care for the elderly showed the family strength and their gratude. To conclude, the elderly in Gana were well taken care of, although their children migrated to the USA.

Knodel and Napaporn Chayovan (2009) conducted research entitled "Older persons in Thailand: A demographic, social and economic profile". The study aimed to describe the social and economic characteristics of the elderly in Thailand. It was found that the number of elderly people in Thailand was increasing, which challenged the government and the whole society. At present the quality of living conditions, consumption, and conveniences at present were better than 10-20 years ago. For example, communication was easier. However, there was still a gap of prosperity between the city and remote rural areas and the number of working-age people that could be depended upon was smaller than the number of elderly. It was hoped that the government and the family would be crucial social units that cooperated to cope with the aging society which would inevitably emerge.

Based on the literature review, the researcher found that no one had studied the strategic policy and measures for taking care of the elderly to cope with the aging society, especially the survey of theories and concepts of welfare for the elderly and the aging society. The researcher therefore decided to compare types of welfare in Thailand and those in other ASEAN countries and developed countries. The focus was on the policy, laws and welfare for the elderly including the stakeholders' perspective. The expectations and needs for welfare of the elderly in Thailand were

also surveyed in order to suggest some strategic measures to accommodate the aging society. The findings would be useful because the elderly had problems and needs they were valuable to the society like other groups of people. They wanted well-being and welfare and an opportunity to access public services in the society, but because of their physical weakness, they might want some services and privileges that differed from people in general. The government should play a role in setting the strategic policy and measures for providing the elderly with conveniences, services and opportunities to access public services. It should also protect their rights and safety. For example, it could pass the protection laws, provide conveniences and different types of welfare so that the elderly could live happily, freely and calmly. It was necessary to develop a good quality of life for the elderly and for the country.
motion, and social security, respectively.

2.7 Conceptual Framework



Figures 2.3 Conceptual Framework

CHAPTER 3

METHODOLOGY

This qualitative study on "Policy and Strategic Measures for Welfare Provision to Accommodate the Aging Society" was mainly documentary research. The data came from the policy, laws, official regulations, research reports, dissertations, theses, books, journal articles, including statistics related to welfare provision to accommodate the aging society. Also, the data were collected by observation and in-depth interview of key informants who set and implemented the policy on welfare provision to accommodate the aging society. The informants included policy makers, policy implementers ,elderly people who were service users, private organization, civil societies, old sages, social leaders, members of the elderly clubs, and mass media. Content analysis was made to describe the information about the policy, types of welfare, problems and obstacles, and ways to develop the policy and strategic measures for welfare provision to accommodate the aging society in the future.

3.1 Population and Sampling

This qualitative study included field research to meet the objectives of the study. The key informants who were interviewed in depth were those who set the policy, those who implemented the policy, the elderly who used the services, the private sector, i.e., the care centers for the elderly, and related organizations, civil societies, old sages, social leaders, members of the elderly clubs, and mass media. The data were collected in Bangkok, Thailand, in 2013.

3.2 Data Collection and Analysis

The data collection began in March, 2013 and ended in May, 2015. The key informants were those who set the policy on the elderly, those who implemented the policy, and the service users who were affected by the policy.

Methods for Data Collection

The first method was documentary research to strengthen the data from the field study.

The second method was formal interviews in which a set of questions had been formed beforehand and informal interview to obtain profound information. A frame of interest was set for informal interview but the questions were not set in advance, including the order of questions. The conversation was free, leading to what the researcher was interested in. However, this type of interview had some weaknesses. Sometimes, some interviewees used their emotions or feelings to talk about the conversation topic, so the researcher had to decide what analytical technique should be used to analyze the data in each situation or had to separate the real data from emotions of the interviewees.

The third method was in-depth interview. There were both structured interview and unstructured interview (open-ended interview).

The fourth method was participatory observation, which was used throughout the data collection period. The researcher participated in various activities, such as meetings, seminars and acted like a member of the group. There were both informal observation and formal observation, such as observing care for the elderly by sitting at a certain distance, not participating in management. In informal observation, the research entered the care centers for the elderly and did different activities as if she were an elderly person who used the welfare service. In the way, she could observe and analyze the behaviors and opinions of the elderly and the personnel more deeply.

The fifth method was analysis of the environmental condition in Thailand. The tangible and intangible elements that facilitated social welfare provision to accommodate the aging society were analyzed. The positive external environment was regarded as “opportunities”, and the negative external environment was called “treats”, whereas the positive internal environment was “strength” and the negative environment was “weakness”

3.3 Source of Data

This study examined theories and concepts of welfare for the elderly and the aging society, types of welfare in Thailand in comparison with those in develop

countries and those in ASEAN countries which were ready for the aging society; the policy and welfare for the elderly in Thailand in the stakeholders' perspectives; and problems, obstacles and suggestions on implementing the policy and measures to accommodate the aging society in Thailand. The data would be useful those who imposed strategic measures and implementing them in the future, for those interested to seek for additional knowledge, for related public and private organizations to use for academic purposes. The researcher took the data from e-documents, textbooks and interview of those concerned. There were two sources of data.

1) Documents: Laws, official regulations, related research, dissertations, theses, textbooks, academic papers, news and articles in daily newspapers, including e-documents in the websites related to welfare provision for the elderly in Thailand and in foreign countries.

2) People: Interviewees. In this research, people selected were those who set the policy; those who implemented the policy; the elderly who were service users; the private sector, i.e., the care center for the elderly and related organizations; civil societies; old sages; social leaders, members of the elderly club, and mass media. These key informants were purposively selected as shown in Table 3.1

Table 3.1 Key Informants

Seven elderly welfare policy makers	**Ten elderly welfare policy implementers**	**Twenty–six old people who benefited from the policy**
1. Doctor Nanthasah Thanmanawat, director of the Geriatrics Institute of Somdy Prasanarat–yansungvorn for the elderly	1. Ajarn Werachai Weerachanthachat, free–lance scholar at the Office of Promotion of Safety and Protection of Children Youths, the Disadvantaged, the Disabled and the	1. Khun Ampanpin Pintukanok, director of the Environmental Office, Region 6 Nonthaburi and her mother

Table 3.1 (Continued)

Seven elderly welfare policy makers	Ten elderly welfare policy implementers	Twenty–six old people who benefited from the policy
	Elderly, the Ministry of Social Welfare and Human Security	
2. Professor Sasipat Yodpet, full–time professor at the Faculty of Social Administration, Thammasat University	2. Khun Patcharin Piladrum, Public health officer at Bangkru Subdistrict Hospital, Phrapradaeng,	2. Khun Preecha Chinchusak, director of the Marketing and Customer Relations Department, Metropolitan Electricity Generating Authority
3. Associate Professor Dr.Varavet Suwanrada, dean of the College of Demography, Chulalongkorn University	3. Khun Areerat Saeng–iam, certificated nurse at Bangkru Subdistrict Hospital, Phrapradaeng,	3. Khun Karun Preedawichit, a private business owner
4. Associate Professor Dr.Kittipat Nonthapatamadul, an instructor in the social administration section, the Faculty of Social Administration, Thammasat University	4. Khun Taew Thasuwan, working as a village public health volunteer for 16 years	4. Khun Nilubon Khonsue, a villager in Kao Vai Subdistrict

Table 3.1 (Continued)

Seven elderly welfare policy makers	Ten elderly welfare policy implementers	Twenty–six old people who benefited from the policy
5. Khun Siriwan Arunthippaitoon, director of the mechanism development group, the Office of Elderly Promotion and Protection	5. Khun Gingkarm Sirsawad, working a village public health volunteer for 14 years	5. Khun Samphan Weerasophon, C8 head of the Goods Instection Section, the Port Authority of Thailand
6. Woman Doctor Suwanee Raktham, representative of the president of the Association of Elderly Council of Thailand and representative of the president of the Social Welfare Council of Thailand, under the Royal Patronage	6. Mr.Chatchai Songprang, an administrator (SAB8) of the Kao Pho subdistrict administrative organization, Pakplee District, Nakhonnayok Province.	6. Khun Sarid Krabuanrat, an expert at the National Intelligence Office
7. Mr.Watchara Termwanthanapat, president of the Songkhanong Subdistrict Administrative Organization	7. Commander R.N. Chaluk Kongkha, president of the Welfare Fund, Kao Vai Community, Nakhonnayok Province	7. Twelve volunteers and members of the elderly club at Samutprakarn Hospital

Table 3.1 (Continued)

Seven elderly welfare policy makers	Ten elderly welfare policy implementers	Twenty–six old people who benefited from the policy
	8. A Kao Wai community developer	8. Lieutenant Colonel Peerapol Rakreansop, Deputy Commander of the Special Battle Unit, Lopburi Province
	9. A member of the Kao Vai Subdistrict Administrative Organization	9. Professor Wichien Tantraseni, chairperson of the Intellectual Bank Club of the Elderly, Bangkok
	10. Mrs.Jumnong Meecharoen, Deputy of permanent secretary	10. Major Wichien, chairperson of the elderly club, Moo 11, Phrapradaeng
		11. Khun Arunee Srito, an Ngo representative
		12. Khun Sommart Troy
		13. Khun Oranan Udomparb, representative of Nawasri Nursing Home
		14. Khun Pattarit na Nagara, news reporter, singer, former moderator of the “Poo Sung Wai Jai Gern Roi” TV program

The key informants who were selected by purposive sampling were divided into 3 groups: those who set the policy on the elderly and those who implemented the policy; experts or scholars, representatives from private organizations and civil societies related to the elderly; and the elderly who used welfare services.

3.4 Research Instruments

There were two types of research tools, the first type was a form for recording the result of environmental analysis, substances from related documents, and the second type was an interview form. The details of each tool were as follows:

1) The form for recording the substance from related documents and analysis of welfare provision for the elderly. The form contained items for recording the substances from the studied documents and the aging society and comparison of types of welfare between Thailand and ASEAN countries and developed countries. The form was shown below:

2) An Interview form. The interview form included substances from the study of the forms of management of welfare for the elderly, from the survey of expectations and needs for welfare of the elderly in Thailand, and suggestions on strategic measures to accommodate the aging society.

The research tool contained items for interview and the questions were itemized.

3.5 Research Procedures

Step 1: The researcher studied concepts, theories, documents and research that were related to welfare for the elderly and the aging society. After that the data were analyzed and synthesized. Comparison of types of welfare was made between Thailand and developed countries in order to formulated conceptual framework and to constructs research instruments.

Step 2: The data and the guidelines from the documentary research were used to prepare an interview form which covered all the required information in accordance with the concepts and the theories so that the research tool would have content

validity. After that, the drafted interview form was checked by the advisor and revised as recommended.

Step 3: The interview form were checked for its reliability by using it to interview the target group or people who were not included in the study in order to check its clearness, validity, language suitability, and inclusion of the main topics or issues or needed data. Again the interview form was improved before its quality was examined by the experts.

Step 4: The experts in welfare for the elderly checked the content validity of the instrument and the inclusion of necessary contents the validity of the questions, suitability of the quality of the topics or issues or needed data, order of topics/issues and language use. The interview form was then revised as recommended by the experts before being used with the target groups.

Step 5: The interview form was improved as advised by the experts and the adviser so as to get a perfect interview form for data collection.

Step 6: Based on the form for recording the results of the analysis and the interview form, the researcher concluded important issues and drafted strategic measures for accommodating the aging society, taking into consideration the findings and information from the interviews in order to set visions and strategies.

Step 7: A meeting was held for the experts to make comments on the data in order to derive facts or true information. During the meeting, the researcher took notes of the issues that needed additional information as recommended by the experts. Again, the recommendations were used for revision before the research report was presented and publicized.

The research procedures were shown in Figure 3.1 below.

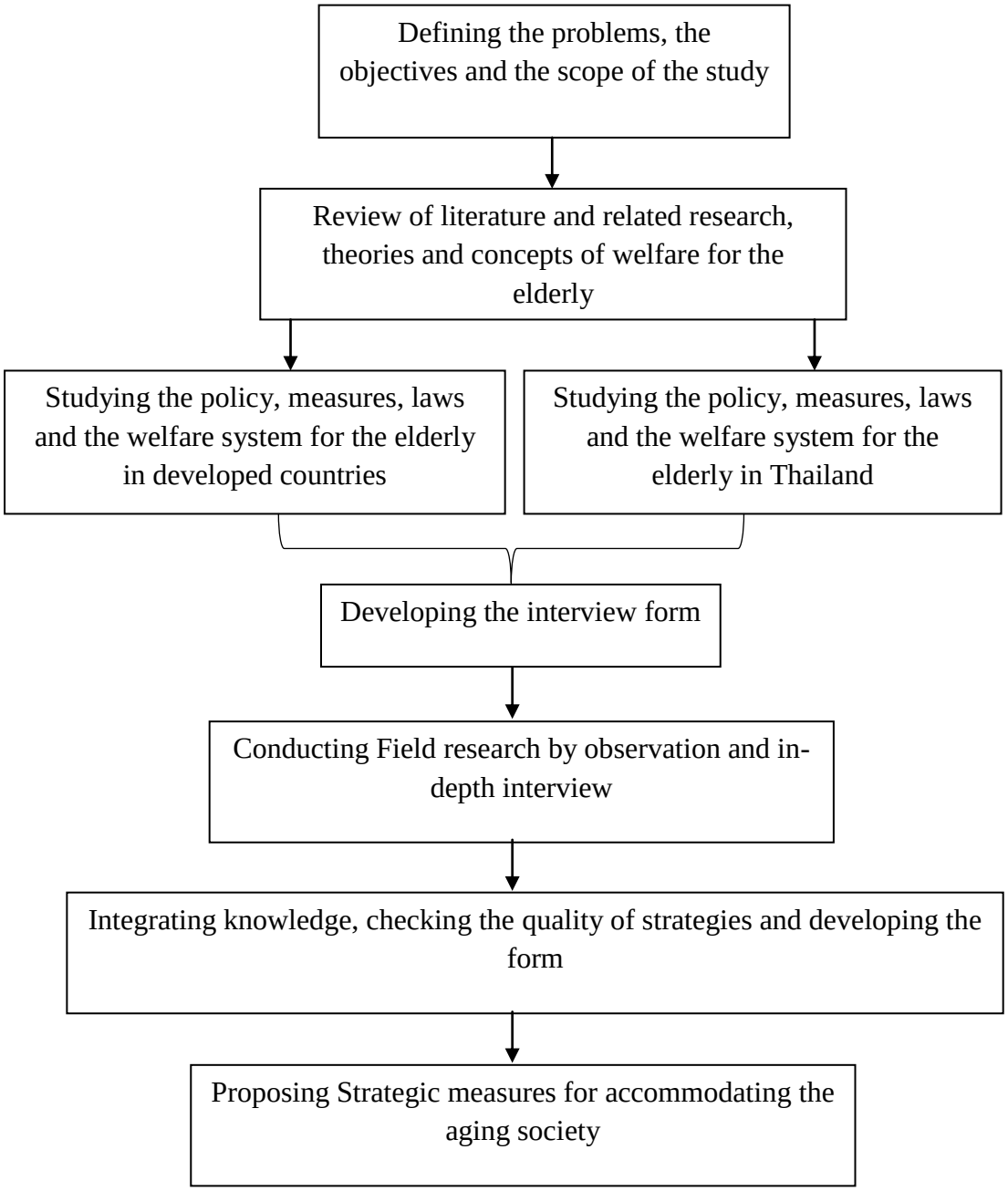


Figure 3.1 Research Procedures

3.6 Checking and Analyzing the Data

The analysis and interpretation of the data were carefully made. The analysis of related documents was necessary to check the truth of the data from the interviews, which was useful for comparison and for reliability.

3.6.1 Checking the Data

The correctness of the data from the analysis of the operation, the interviews, the participatory focus group discussion were checked before they were analyzed. The data for analysis and conclusion in order to set strategies needed to be harmonious . Any data that did not meet the criteria would be checked by another way again. Besides, methodological triangulation was employed. That is the data from observation would be used to cross – check with the data from interviews. and with related documents. The researchers did not believe in any specific sources of data gathered first. The data check was made as follows : 1) methodological triangulation, i.e., observation, participatory observation coupled with interviews; 2) data triangulation : changing the informants ,time and places that were data sources: There were three sources: the policy workers, the policy implementers, and those gaining benefits from the policy.

3.6.2 Analysis to Answer the Research Questions

Content analysis was made for the data from the documentary research, the results of the analysis of the operation, the interviews. After that the inductive method was applied. The results of checking the quality of the strategies were analyzed based on the agreement of all the experts in all aspects. The data analysis were made step as follows.

Step 1: Decoding the interview data

Step 2: Typological analysis. The data were manually classified under main topics to be studied and were recorded under each category by using codes.

Step 3: More data were sought the second time and were again manually classified under the two main topics and were recorded under each category by using codes.

Step 4: The data under the topics in the framework of the study were analyzed to find out the consistency.

As for the analysis of strategies, the researcher presented the drafted strategic measures for accommodating the aging society for the key informants to check the correctness in four dimensions: usefulness, practicality, correctness and suitability. After that, the researcher revised the strategic measures and presented the strategic measures to accommodate the aging society.

Step 5: The researcher interpreted the results based on the conceptual frameworks and drew conclusions.

3.7 Presentation of the Results of Data Analysis and Report Writing

The results of the study were mainly presented by means of description, quotation of important statements to reinforce the findings. For clarity, the researcher presented the findings, summary and conclusion for each topic in order to set strategic measures to accommodate the aging society.

CHAPTER 4

RESULTS AND DISCUSSION

This chapter presents the answers to five objectives of the study of the policy and strategic measures for welfare provision to accommodate the aging society. The first objective concerned the views about the aging society and the problems related to it. The second dealt with the survey of the elderly's needs and expectations for welfare. The third objective was to examine the stakeholders' views of the welfare policy for the elderly. The fourth objective was to compare the welfare set for the elderly in Thailand and those in developed countries to use the results as a basis for developing the welfare policy for the elderly in Thailand in the future. The fifth objective was to survey the opinions on preparedness for the aging society and to propose some strategic measures for accommodating the aging society.

4.1 Views About the Aging Society and Problems Relate to It

With regard to the views about the aging society in the future, the policy makers, the policy implementers and those gaining the benefits from the policy had the same opinion. That is, Thailand was truly entering the aging society. This happened naturally in accordance with the proportion of the population, medical advancement and technological development and the public policy.

The policy makers had various opinions on social problems emerging from the aging society. Overall, they realized that the problems existed. The policy implementers, on the other hand, had different opinions. That is, village public health volunteers did not see any problem, while those working at subdistrict hospitals were sure that the problems would be clearly seen in the future.

Overall, those who benefited from the policy were worried about economic problems, health care problem, and basic education. Some were concerned that old people would be left alone. Such an opinion was the same as that of the policy makers. The details were as follows:

4.1.1 Views About the Aging Society

Natural Occurrance

Three policy makers have agreed that entering an aging society is a natural process. People are inevitably and continuously getting old and enter the last period of their lives. The physical changes resulting from physical degradation were, for example, a wrinkled face, weak bones and teeth, muscular pains, white hair, long–sighted eyes. The mental changes affecting their personality were poor memory, decreasing ability to learn, change of the social role from bread–winners to dependents, for example.

Thailand is one of the Southeast Asian countries that are entering the aging society. It has entered the aging society since 2005 and will rapidly and completely be an aging society in the near future. The world population increased from 3000 million in 1961 to 7000 million in September, 2015. When the world population distribution is considered, one–third of the world population are in China and India and about 60 percent are in Asia.(National Statistical Office,2014) (See Table 4.1)

Table 4.1 shows that in 2001 Thailand gots the 19th rank of the countries which had a very large population. According to Professor Sasipat Yodpet,

The current trend is that countries in the world are becoming aging societies. It is normal and natural. To cope with the aging society each government must use a people–centered approach.

Similarly, four policy implementers and 25 people who benefited from the policy agreed with the professor.

Table 4.1 Countries that have a very Large Population in the World in 2001

Rank	Country	Population (million)
1	China	1,281
2	India	1,050
3	The USA	287
4	Indonesia	217

Table 4.1 (Continued)

Rank	Country	Population (million)
5	Brazil	174
6	Russia	144
7	Pakistan	144
8	Banglades	134
9	Nigeria	130
10	Japan	127
11	Mexico	102
12	Germany	82
13	The Philippines	80
14	Vietnam	80
15	Egypt	71
16	Ethiopia	68
17	Turkey	67
18	Iran	66
19	Thailand	63

4.1.2 Proportion of the Population

Three Thai policy makers stated that Thailand was aware of its entering the aging society from the reports and the statistics which indicated the decreasing number of children and working age population, while the number of aging people was increasing. Associate Professor Dr.Voravej Suwanrada said, "As a whole, we have fewer and fewer children and old people have a longer life. We have the population database which the National Economic and Social Development Board has used to estimate the latest number of population. It reveals that the intensity of the aging society has been increasing. The number, as well as the proportion of old people has been rising." His statement was consistent with the UN report that the number of aging population in Thailand was increasing and it would become the aging society in a rather short time when compared to many developed countries. That is, the proportion of aging people in Thailand increased from 8% in 2000 to 16% in 2020

(Figure 4.1) or only 20 years. Its proportion of aging population would double, while it took about 70–100 years for most developed countries to become aging societies.

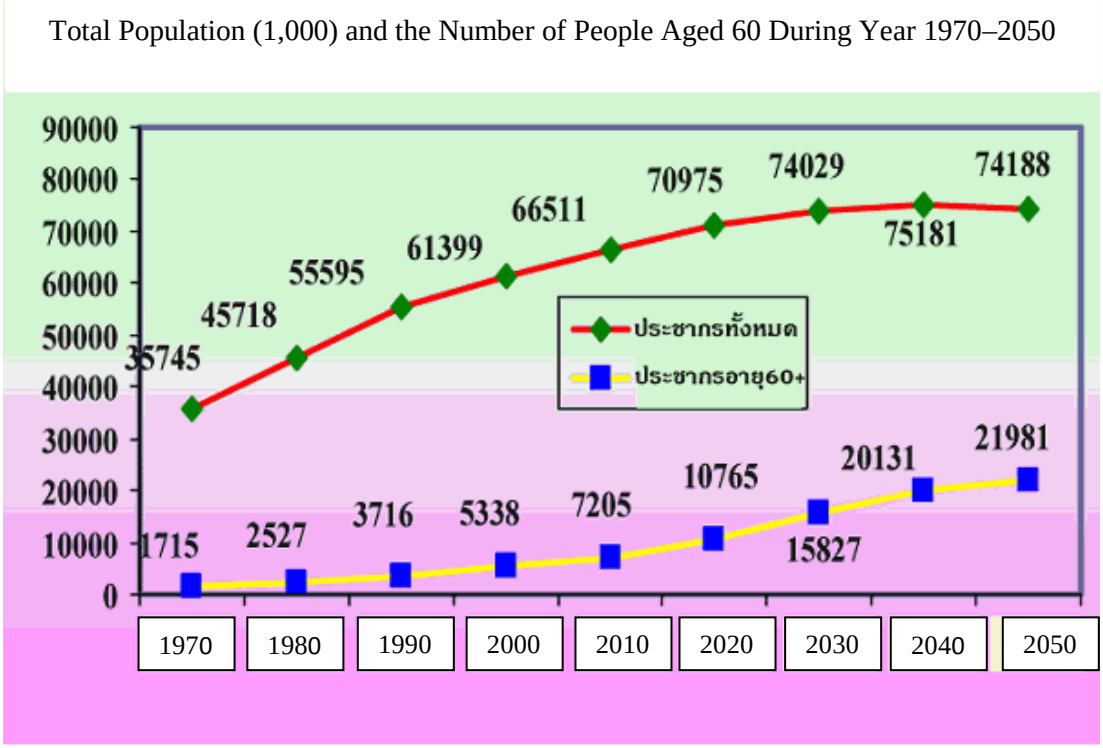


Figure 4.1 Total Population (1,000) and the Number of People Aged 60 During Year 1970–2050

Five policy implementers and one person who benefited from the policy agreed in their opinions. Pattarit Na Nagara said, “In the future the number of old people will considerably increase,” This has resulted from that fact that people prefer to have fewer children and that the way of living has changed. At present people have fewer children and do not want to get, married; they prefer being single. In the past, or in our parents’ time, people who got married wanted to have children; in contrast, the new generation does not believe in marriage. They live together till old age and finally depart. Therefore, they are single.

4.1.3 Medical Advancement and Technological Development

One policy maker, Director Ampol Yutitham said, “…because of medical advancement, better self–health care among Thai people, and change from extended

families to nucleus families." His statement was similar to that of two policy implementers and 18 people who benefited from the policy. Because most developed countries have scientific progress and modern technologies, they have medical advancement and innovations to fight against diseases ,to control epidemics, and to strengthen human bodies. Their population have a longer life expectancy. These countries have developed a good public health care system and hospitals. The transportation system reaches all areas. Their people are well–being, consume nutritious food and know how to look after themselves.

Thailand's health care system (senate,2001)has been continuously developed in all dimensions. The service units can be found in all areas. Its structure of the health care system consists of the primary service, the secondary service, and the tertiary service, the specific service, and the transfer service.

1) Health Service Centers

There are both public and private health care centers/hospitals in Thailand. Most centers/hospitals are run by the government and are under the control of the Ministry of Public Health. There are 116,307 beds in public hospitals throughout the country. In Bangkok there are medical schools, general hospitals, specialized hospitals and hospitals for specific diseases, and 68 public health service centers in all districts. In the regions, there are medical schools, specialized hospitals, hospital centers, general hospitals, community hospitals in all districts, urban public health service centers, subdistrict health promotion hospitals, community public health service centers, primary public health centers in rural areas (health care stations), primary public health centers in urban areas. The total is 62,235. During 2009–2011, there were 32,872 beds in private health service centers. Now there are private hospitals clinics, health care centers, modern drugstores, modern drugstores that carry only undangerous medicines, and drugstores that carry traditional Thai medicines. The total is 37,552.

2) Transfer System

Thailand has an IT innovation called "Refer online" which is used to transfer patients so that the transfer system will be more efficient.

3) Health Insurance

The health insurance system enables more health service users to use services at hospitals.

4) Use of Health Service at Affiliated Hospitals

During 2002–2009, the proportion of outpatients of the hospitals under the Ministry of Public Health was two–thirds (65%).

5) Access to Public Health Care

More people can get access to services at hospitals through government official welfare and the "Health Guarantee for All People" program.

4.1.4 Public Policy

One policy maker and two people who benefited from the policy had the same opinion that the birth control policy in the past and the public health policy had contributed to Thailand's quickly entering the aging society. For more than four decades, Thailand had been very successful in the population control, causing the rapid decline in the number of population. This success stemmed from the policy on reduction of the population growth rate and on development of population quality in terms of education and health service. Birth control policy implementation could be divided into three periods. The first period was from 1970 to 1996 (under the 1^{st}–7^{th} national development plans). It was a period of "reduction of the population growth rate" under the concept "The more the children, the poorer the family".

The control of the population growth rate began with promoting the voluntary family planning in 1970. The policy was seriously implemented under the third national development plan (1972–1976) with a campaign for family planning by using several incentives to reduce the number of children. During such a period, the family planning program was successful, as it could reduce the number of population to a great extent. In the sixth and seventh national development plans (1987–1996), the family planning program was slowed down and turned to focus more on some specific groups of population. The success of the initial period led to the policy implementation in the second period (during 2001–2011), which emphasized "retaining the fertility rate at the replacing rate. In the eighth national development plan (1997–2001) the family planning program was slowed down in the area where the fertility rate was stable. In the third period (or since 2001), the population policy has focused on retaining the overall stable fertility rate so that it will not be lower. Married couples who are ready are encouraged to have children. Measures that

facilitate child–rearing– e.g. taxes and welfare– are imposed. Importance is given to the birth quality and human development. As Dr.Kittipat Nonthapattamadul put it: "The manpower has decreased as a result of the family planning campaign run by Mr.Meechai Veravithaya, causing Thailand to become an aging society at the fastest speed, excluding Japan and some other countries," Mr.Meechai Veravithaya, the former minister of the Office of the Prime Minister was well known because of his campaign on using condoms for birth control and prevention of sexual diseases. He established the Demography and Community Development Association in 1974 during that time the popular name of condoms was "Tung Meechi."

Since Thailand changed the ruling system from the absolute monarchy to democracy with the King as the head of the country on June 24, 1932, nineteen Constitutions were promulgated. The first Constitution was the temporary Constitution of B.E. 2475. From the first until the present Constitution, public health has been clearly prescribed in different provisions. For instance, the Constitution of B.E. 2540 prescribes public health in Provision 3 Rights and freedom of Thai People, Section 9 The right to receive public health service and welfare from the government, and Provision 5 the fundamental state policy, Section 4 Policies on religions, public health, education and culture. The Constitution of B.E. 2550 prescribes public health in the same provision.

In response to the current public health situation, more prescriptions have been added, which are briefly stated as follows:

1) The state guarantees that all people can access the public health system in order to protect their rights in receiving suitable and efficient public health care.

2) Children and youths are guaranteed to survive and to be developed in all respects–physical, mental, and intellectual – by giving importance to their participation. Children, youths, women and other family members will be protected from violence and shall have the right for rehabilitation as the result of the violence. Intervention and restriction of their rights are prohibited so that the family institution will be warmly taken care of and totally protected by law.

3) The elderly with an inadequate income will have the right to get enough assistances ,including welfare, public conveniences and others from the state as appropriate.

4) The disabled or the handicapped will have the right to truly get welfare, public conveniences and others from the state. Assistances are also extended to the insane, who ,like the disabled or the handicapped, are in difficulty. The state must appropriately give assistances to these groups of people as stipulated in this provision.

5) People have the right to be protected from being homeless and having an inadequate income for a living. They will receive assistances from the state as appropriate.

6) The social principles related to public health, education and culture are added and the old principles have been revised to clearly reflect crucial substances. The government must support child–rearing, and provide primary education. It must encourage the private sector and communities participate in developing health and rendering public health services. Service renders strictly following their professional standards and ethics will be protected by law related to quality development. Education standards at all levels and all forms must cope with socio–economic change. Decentralization of power to local government is promoted and supported so that local government will have an authority in management and administration. Major Wichien, chairperson of the elderly club, talked about the medical advancement and public health development as follows: “People aged 60 years are still healthy because the government’s policy on health care and medical care, including the “30–baht for All Diseases” project, enables people to access medical treatments.”

4.1.4.1 Problems of the Aging Society

With regard to the concern about social problems that might emerge from the aging society, the policy makers had various opinions. Overall, they realized the importance of the problems, i.e., social inequality being deserted, inadequate budget for elderly care ,economic problem, and unpreparedness. In contrast, the public health volunteers did not think that these problems existed.

4.1.4.2 Problem of Social Inequality

One policy maker, Kittipat Nonthapattamadul, gave his opinion about Thailand’s handling justice and social inequality confronted by old people, by saying, “In the future it will be a worry because the problem concerns not only the old age

dimension but also social justice or social inequality. To many old people in rural areas in particular ” The social inequality is a problem that needs an urgent solution. The problem can be obviously seen in society at present. It adversely affects this group of people, causing sufferings because inequality makes them lack an opportunity to access limited resources and an opportunity to reach basic services that they deserve.

An empirical study on inequality of wealth distribution in Thailand by Direk Patamasiriwat at Thammasat University (Direk Patamasiriwat, 2008) focused on the monetary policy for social justice. The purpose of the study was to build a basic body of knowledge about how wealth or assets were distributed among households (rich/poor) in Thailand, and how unequal it was. The estimation was made from household wealth surveyed in 2006 by the National Statistics Office and from Gini Coefficient, which indicated the difference in incomes among households.

4.1.4.3 Problem of Old People’s Being Deserted

One social problem now is that old people are left alone by their families and society. In addition to the economic condition and high competition, physical deterioration is another important cause of old people’s being deserted. Two policy makers and two people who benefited from the policy gave importance to this problem. Amphol Yutitham mentioned in a service business seminar about the way of life in the modern age when people pay more attention to earning a living to have a financial success in life, so they spend less time and resources looking after their parents. As he put it: “Economic and social change (and change in the way of life and family structure) from a warm family to an urban way of life has reduced the importance of old people. Old people are thus left lonesome”. The social watchdog and warning center under the Ministry of Social Development and Human Security conducted a survey of risks of Thai old people in 2006 and found that six percent of old people were deserted. About 32.3 percent had neither spouse nor child. The survey of the National Statistics Office in 2007 revealed that 34.8 percent of old people were ‘widows’ or widowers, were divorced or separated. About 7.7 percent lived alone and 43.3 percent of this percentage faced problems. About 51.2 were left lonely. About 27.5 percent had no one to take care of them when they were ill. The information was in line with the report of a survey on elderly in Thailand in 2011 by

the Social Watchdog and Warning Center under the Office of Permanent Secretary of the Ministry of Social Development and Human Security. The sample was 400 old people aged 60 years or more in each of 76 provinces. The analysis of 29,636 questionnaires indicated that 13.34 percent of old people felt that they were left alone to lead a difficult life. See Table 4.2.

Table 4.2 Frequency and Percentage of Old People Classified by Reason for Feeling Deserted

	Item	Frequency	Percent
1	Does not feel deserted	25,682	86.66
2	Used to feel deserted	3,954	13.34
	Total	**29,636**	**100.00**
1	Feel deserted because they have no spouse or children	1,200	30.35
2	Feel deserted because their spouse left them	408	10.32
3	Feel deserted because their children/nephews/nieces left them	630	15.93
4	Feel deserted because their spouses/children died/were ill	1,098	27.77
5	Other causes	65	1.64

Note: 1. Reasons for being left alone (More than one answer possible)
2. Percentage out of 3,954 old people who felt deserted

Woman Doctor Suwanee Raktham, who was the representative of the Elderly Council Association of Thailand and representative of the president of the Social Welfare Council of Thailand under the Royal Patronage added that besides the economic condition in which there was high competition, there were also spiritual, physical and social problems. These factors degraded self–dependence and environmental management for good health, or the quality of life.

4.1.4.4 Problem of Inadequate Budget for Elderly Care

Most basic welfare services and additional welfare services are under the government's responsibility, with the Ministry of Social Development and Human Security as the major responsible organization. Other organizations that look after old people, such as the Ministry of Interior, are responsible for those who have no one to look after them.

Elderly care centers run by the government are not be enough to accommodate the increasing number of old people and do not have The adequate number of personnel. For these reasons, private elderly care centers have increased and the service standards vary.

4.1.4.5 Economic Problem

Looking after the elderly costs a lot. It is a burden for the elderly themselves and their children. Many elderly people have no welfare, no pension, no provident fund, no life insurance, etc. after their retirement. Some have enough income to use each day but do not have enough for medical expenses. This can cause an economic problem for them. The high cost of living at present stems from high production costs that include wages and raw materials for production and , from distribution costs and others. Besides, goods and services necessary for the elderly are also in great demand. Interviews of 15 people who benefited from the policy indicated another major problem confronted by old people was expensive consumption goods. Chuen Pintuknok, an old woman, said, "Everything is expensive, but we have to buy things."

Her opinion was the same as the group of volunteers at Samutprakarn Hospital who complained,

Things are very costly. Even things for small children are expensive. The government does not control consumption prices. It helps only business operators but doesn't help the poor. There are many old people now whose children have to spend money looking after them in addition to milk power for their infants. Public utilities are also expensive Today taxes are high, so the welfare should be better.

Similarly, a study by Suwinee Wiwatwanich et al. (2008) on the poverty of the elderly and management for promoting the quality of life of Thai elderly people and the survey of the employment of the population during the same period (2002,

2006), revealed that there was a tendency for more elderly people to work during the past 5 years, from 32% in 2002 to 34% in 2006. More elderly men tended to be employed than elderly women during the past five years. However, the ratio of employed elderly men and their counterparts tended to be a little bit narrow. This shows that employment is necessary for old people to earn a living, especially elderly people in rural areas. The table 4.3 shows clearly that the proportion of elderly people who worked lived outside the municipality, especially in the Northeast, the North and the Central Region. The proportion increased during the past five years, while the proportion of elderly people in municipalities, Bangkok and the South who worked was smaller. This reflected that old people in urban society had a better economic status than the rural society because of effective income distribution. The economic policy that emphasized growth but neglected economic fairness caused elderly people in rural areas who received an opportunity from the past economic development to work harder to earn a living to support themselves and their families.

4.1.4.6 Problem of Unpreparedness

Three policy implementers and two people who benefited from the policy talked about the problems of unpreparedness in health care, exercising, leading a life in a healthy way ,and education as an important foundation of life. Peerapol Rakreonrop said, “There are several factors that make people have long life. The important things are food, exercise and emotion, self–care of one’s body, especially the excrement system. Most people do not look after themselves in a correct way. They drink tonics and smoke. Educational background is an indicator of what one should do to the society or how one should live in the society.” His opinion was similar to a study on “Relationship of preparedness before entering the old age and satisfaction with life of old people in Nakhonsrithammarat Municipality, Nakhonsrithammarat Province” by Pathomporn Thamthawat (2012). The research aimed to examine 1) the personal factors and old people’s preparedness to enter the old age, 2) old people’s satisfaction with their lives, 3) the relationship between the personal factors, and preparedness for entering the old age and old people’s satisfaction with then lives. The sample of 370 old people were selected by accidental sampling. It was found that sex, age, marital status, education, occupation, income, source of income, adequacy of income, and chronic illnesses were significantly related to old people’s satisfaction “with” their lives at the 0.05 level.

Expenditure preparation, housing preparation, physical and mental preparation, leisure preparation, and relationship preparation were all found to have a positive relationship with the satisfaction with their lives at the 0.01 level. The difference in the degree of preparedness led to the difference in the satisfaction level. The findings supported those in the research by Boonthip Siritharungsri (2010) who found that a negative impact on old people who lived alone mostly came from unpreparedness to live alone. Therefore, it was necessary for people to prepare themselves well before retirement. Old people needed to be provided with a knowledge about how to look after their health and the rights they deserved. They should get encouragement in living their lives. Such knowledge and encouragement for old people living alone were not different from old people in general. Only most of the former wanted more encouragement and more social activities.

4.1.4.7 No Problem

Two policy implementers had a different opinion from all other key informants because of their hometowns and experiences in each locality. Both of them were public health volunteers. Both Taen Thasuwan and Kingkarn Sirisawat said, That there was no problem at all, partly because some were taken care of by their children. They supported their opinion by adding: there is a center for the handicapped under the responsibility of Unit 58. This center also looks after old people. If an old person dies, we will inform the authority concerned. So far we haven't found any bed–ridden patient being left uncare. Most old people here are well–to–do, so they hire attendants to look after them. The community here is good. It looks after its own people. No one has been neglected. Public health volunteers will go to each community to make a survey. If they cannot handle any case, they will call a doctor. If local people have as health problem, they will call the health center. The health center will send public health volunteers to check the symptoms first. Bangchak Hospital or the Sub–district Administrative Organization will send an ambulance to take the patient to hospital. The subdistrict administrative organization will give assistance all the time.

To conclude, there was an agreement in the opinions about the aging society in the future by policy makers and experts involved in the social welfare policy implementation, policy implementers, people who benefited from the policy,

i.e., people in general, civil societies, and private elderly care centers. Also, mass media expressed the same opinion that in the future Thailand would surely become an aging society. They were aware of the issue from reports, statistics and direct experience in daily life about the reducing number of children and working age people, the increasing number of old people as a result of medical advancement, preference of fever children, the changing way of life, including the past birth control policy.

Regarding worry about social problems that might emerge from the aging society, the policy makers realized the importance of the problems and had various opinions.They stated that everything was natural . The society and culture should be developed to cope with changes on time and with fairness. In the situation in which old people had to greatly depend on others because of their poor health or other causes, this became a social problem because the number of working age people on whom old people could depend was smaller and did not match the rising number of old people. Besides, there was a concern about the overall management of justice and inequality, realization of human value, physical deterioration ,and old people's being deserted. All these were impacts of the modern way of life and modern occupations which focused more on financial success. It demanded preparedness of an individual. The state and local governments had prepared to prevent this social problem though welfare provision that required a large amount of budget.

However, The policy implementers' opinions were different from one another, depending on each individual's hometown and experience. Meanwhile, the village public health volunteers did not see the problem, while those working in the subdistrict hospitals had a different opinion because the number of service users was larger and larger, thus more clearly reflecting the future problem.

Overall, people who benefited from the policy, people in general, civil societies, private elderly service centers and mass media had similar opinions. That is, they were worried about many emerging problems. The current problem was an economic problem concerning daily expenditures, health care, a correct way of life, and basic education. Some were worried about the elderly being deserted. Their opinions were like those of the policy makers. The civil societies made comments and suggestions that the problem stemmed from unpreparedness of individuals and poor

preparation of the state, so the elderly should participate in solving the problem by trying to be self–reliant. Moreover, the number of public welfare centers and elderly care center should be increased. The mass media also stressed the importance of elderly care.

4.2 Expectations and Needs for Welfare of the Elderly in Thailand

In setting a strategic plan to develop the policy on welfare for the elderly in the future, the researcher collected the data by in–depth interviews of people who benefited from the policy. The data included 1) the response of the policy to social changes, 2) efficiency and effectiveness of the policy and welfare assistance to the elderly, 3) preparedness to accommodate the aging society, and 4) adequacy of protection standards for elderly care in service centers.

4.2.1 Response of the Policy to Social Changes

In response to the question of how the elderly welfare policy implementation has social changes, e.g. economic condition, the environment, the public health system, etc., people who benefited from the policy were divided by their opinion in to four groups. The first group felt that the elderly were well taken care of at present. The second group considered welfare for the elderly adequate and suitable to a small extent. The third group thought that the policy could respond to social changes, although it still needed more improvement. The last group did not regard the policy as suitable for social changes.

The fact that the Thai government had chosen to set the economic development policy based on capitalism with emphasis on exportation, promotion of foreign investment and large–scale investment, and GDP growth rather than balanced and fair distribution of development gave rise to the growth of the service and industrial sectors ,and a higher rate of employment in urban areas than the growth of the private rural economic sector. This caused more unequal asset and income distribution among different groups of people: economic change and change in the way of life made a lot of people move to work in the service and industrial sector in urban areas. The movement affected the demographic structure and old people in many ways. The people who benefited from the policy had the following opinions.

4.2.1.1 Response to Social Changes

One person who benefited from the policy felt that the policy provided suitable welfare for the elderly. The government had realized the importance of providing welfare for old people, so it had placed the elderly issue in the national economic and social development plan, including the policy and the national strategic research. In practice, government organizations implemented the policy and strategies in response to the problems and needs of old people, with the measures that were in line with the concept of human rights and the UN policy. The measures were, for example, setting a long–term policy, a long–term elderly plan and measures, prescribing the rights of the elderly in the Constitution of Thailand, B.E. 2540, preparing the Thai elderly declaration, setting the second national elderly plan which was more complete, passing the National Elderly Act to facilitate the structure, organizations, and to accommodate operations related to the elderly. Karun Predawichitkul expressed his view that administrators attempt to make the policy respond to the reality but it is very confusing at present. It is impossible to please the elderly in all aspects. But now they are well taken care of. There are public health volunteers to look after them. There is also a "30–baht–for all illnesses" program. Politics hardly have influence over the elderly welfare. The economic growth tends to depend on the world market. Actually, the elderly should realize that they are old and should not cause too much trouble to their children. They should try to help themselves as much as possible. To me, it means getting ready to die.

The statements supported the findings in Purichaya Thepsiri (2012) a survey on "The quality of life of the elderly in Thonglang Subdistrict, Ban Na District, Nakornnayok Province, classified by the personal data. It was found that the overall quality of life of the elderly was moderate. When the individual dimensions were considered, social welfare had the highest level, followed by realization of one's own value, relationship with the family members, physical health, social relationship and mental health, respectively. When the hypotheses were tested, difference in age and income significantly contributed to difference in the quality of life at the 0.05 level.

4.2.1.2 Response to Social Changes to a Certain Extent

However, implementing the policy and the plans has not obviously been successful preparedness for the aging society because of the long lasting corruption

problem in Thailand, which has adversely affected the national development even at present. Many past governments attempted to solve this problem by placing the corruption problem on the state policy under the Constitution of Thailand and setting some guidance to solve the problem in the national economic and social development plans. Still, the problem cannot be truly solved, but it has become so serious and complicated that it is difficult to probe. The fact was supported by two persons in the second group that welfare for the elderly was suitable and adequate to a small extent. As Sarit Krabuanact, a skilled reporter of the National Intelligence Office, put it:

Satisfied to a certain extent. The future society will be better. The subdistrict administrative organization has been assigned to be responsible for the elderly welfare. Government officials are sent to be trained on how to prepare themselves to lead a life after retirement. There are free–of–charge buses, houses for low–income earners and a living allowance for the elderly. The government has also tried to help about the personal tax. It allows people to participate in policy information but corruption can still be found. The problem is that government officials at present are in debt. Technological advancement, such as Line, can help us save money.

His statements agreed with the findings in Netnapa Jaruchart (2011) study on "Social welfare provision for the elderly in the Poprathabchang Subdistrict Administrative Organization in Pichit Province." The purpose of the study was to find out the level of satisfaction with social welfare of the elderly in the subdistrict. The sample consisted of 227 old people aged 60 years or more living in the area under the responsibility of the Poprathabchange Subdistrict Administrative Organization. A questionnaire was used to collect the data. It was found that most old people were moderately satisfied with social welfare given to them.

The opinion on corruption was supported by the research on the trend of corruption in Thailand by Jaruwan Sukhumanpong (2013). It was found that each year more than 80 percent of merchants and business persons lost almost 300,000 million baht to corruption. This amount of money could have been beneficial to the majority people in Thailand. The government had to spend more money than it should have, while people still received poor quality public services. Some government officials have abused their authority.

Corruption has been a major problem in Thailand for a long time and tends to be more and more serious. The problem can be found in almost all public organizations, although the government has attempted to prevent them until now. It seems that the corruption problem has not been solved since the report on corruption ranking shows that from 1988 to 2011, the indicator of its corruption image was still low–the rank of 32th out of 100 countries. This reflects that Thailand still have corruption at a high level and the problem is increasingly serious. Its anti – corruption operation from the past until present has not been satisfactorily successful, although Thailand has tried to impose preventive measures and suppress corruption continuously.

4.2.1.3 Response to Social Change, Although Needed Improvement

The third group had a different opinion from the first two groups. Suwinya Kungsadan, one of those who benefited from the policy, stated that the welfare was suitable for social changes; however, it still needed improvement because there was still a problem of old people being left alone, not realizing their own value and not engaging in any occupation More opinion of this group are given below :

The welfare is suitable for the real life. But some old people are left uncared, so there should be better welfare. In Japan, for example, there is a program that helps people save their money while they are still working. At present old people are happier than in the past. There are elderly clubs and activities that they can attend. Some Old people are local sages. If they are proud of themselves, and make themselves valuable, they will feel encouraged, and will not be a burden for their children. Old people encounter an economic problem. Things are now expensive and the living allowance is small. If they do not save money when they can still make money, they will be in trouble. Apart from economic problems, old people also face social problems. They hardly receive attention from the family. They are deserted. It is a pity that some people even have their old parents raise their children. Old people have a problem of not being able to use modern technology. They should learn new technology so that they can follow the trend. They should find a job that they can do to make money. The age considered to be old should be extended from 60 to 65 years. The government has lost valuable personnel. It should hire those who retried to train newly recruited personnel.

The facts above supported the research by Piengchan Sawetsrikul (2000), who found that a lot of old people in Nakornsrithammarat Municipality had been left alone. Urbanization had caused change in the family structure from an extended family to a nucleus family, so mutual dependency of the family members has become less and less. Such change very negatively affects old people's way of life. Besides, the working age children have turned from agricultural occupations to working in industrial factories. This has caused the majority of old people to be responsible for their own lives or to help themselves as much as they can. The findings supported the study by Suthichai Chitaphankul et al. (2000) who pointed out that old people had to live alone for three reasons. First, their children worked outside, or in other provinces, or left them to have their own families, or died. Secondly, their spouses died, or worked outside, or went to temple to practice meditation or went to live with their children to help take care of their nephews or nieces. Some old people themselves could still look after themselves and did not want to be a burden, while others had no children to depend on.

The negative impacts of such changes on old people were evidenced. A study by Boonthip Siritharungsri (2010), which revealed that old people were physically, mentally and emotionally affected by the afore–mentioned causes. They encountered family, social and spiritual impacts. The findings were supported by the study by Prapaporn Manorat and Panpilai Sutthana (2013) The study concerned the form of the volunteer network to strengthen the mental health of old people who lived alone. It was found that the majority of old people in the communities under Muang Utaradit Municipality lived alone because their spouses died, and they had no children, or their children moved to work in other provinces, or their children died of illnesses or from accidents. These old people were depressed, lacked love and care from their children or family members. They felt discouraged and hopeless in life and needed help from the society in the living environment, health care, and encouragement. It was also found that they received encouragement from their neighbors or community people who shared things for them to live on. Also, they were taken care of by community core leaders and the government, although the assistance was not consistent.

4.2.1.4 No Response to Social Changes

The fourth group consisted of 12 volunteers at Samutprakarn Hospital. They all had the same opinion that the elderly welfare policy could not serve the elderly and was not suitable for social changes. They said,

> Although a monthly living allowance of 600 baht is given to individual old people, the amount is not enough even for transportation to get the money. It cannot cope with change. It is not enough. The overnment does not help them at all. Some public health volunteers work very hard; others work very little.

The opinion was similar to a case study of the effectiveness of subdistrict administrative organizations in the management of the living allowance for old people in Nakornsawan Province by Natthaya Raso (2011). She found that old people who got a living allowance agreed most to the policy on giving the living allowance to old people and suggested that the local government should find additional money to supplement the government budget. They thought that the amount was too small. The opinion was the same as the finding in Polpat Uthai's (2010) study on management of the living allowance for the elderly by the Phothong Subdistrict Administrative Organization, Pangsilathong District, Kampaengpet Province. The respondents were 167 old men. It was found that most old people wanted a larger amount of the living allowance. This indicated that most of them had a low income, so they wanted to get more money. The finding was also similar to that in a study by Malinee Wongsit and Sirawan Siriboon (1999), who investigated the project of the community's participation in elderly care, providing services and holding activities for old people in Yungthalai Subdistrict in Uthong District, Suphanburi Province. The most important problem of old people in the community was poor health, followed by the financial problem and lack of attendants, respectively. Old people in the community wanted financial assistance most, followed by health care, including medical treatment and health promotion, someone to look after them, and employment, respectively.

Similarly, Preecha Chinchusak, Director of Marketing and Customer Relations Division of the Metropolitan Electricity – Generating Authority, said,

> Although the government has already provided support for the elderly, it does not reach them all. The number of service places are still small. The amount of the allocated budget was also small, not enough for those who are poor. Old people cannot access all bureaucracies. The policy has not directly served them and cannot keep up with the economic change. Old people can no longer earn a living while their expenses increase. Those who have enough money do not suffer. As a whole, they face both negative and positive aspects of their social life. Those who have a pension can live well, without depending on their children. Old people also have a technological problem. When we retire, we cannot keep up with modern technology. Information from mass media is very important.

Chronic illnesses and the high cost of living have caused old people to demand more medical care. Better transportation at present enables more people to access service. Patchari Rakreanrop had the same opinion that Public health service is very slow. We see tired but emotional officials. We have sympathy with them. They have to serve people of all ages, not only old people. We have to be in the queue with people of other ages. Some old people have chronic diseases. So there should be a special service to serve only these people. Welfare does not cope with socio-economic changes. Most health centers do not have toilets for the handicapped. Old people have experienced the economic problem. How can they get fairness? The society does not honor old people. Thai culture needs to be observed. There should not be a serious problem about technology because their children can help them.

The opinions were similar to the results of Ratthapong Udomsri (2008) research on “Satisfaction with services at Police Hospital: A case study of the out–patient section.” The objectives of the study were to find out the level of satisfaction with services of the out–patient section of Police Hospital, the factors related to the service users’ satisfaction, and problems in service–rendering of the out–patient section. The total sample was 230 service users, who were the general public, police officers and their family members. A questionnaire was employed to collect the data. The problems of service–rendering there ranked from the most to the least serious were having to wait for a long time, unspaciousness of the service place, delay of card

issuance, too much smell and noise. The factors related to their satisfaction level were education and the right to get medical service at the 0.05 level. The opinion of Samphan Weerasophon, a C–8 officer who was the head of the Goods Inspection Section of the Port Authority of Thailand, was the same as most of the interviewees. He said,

> The focus was on others, not the elderly. The medical care system has poorly worked for decades because the government has not given importance to it. It seems to promote private hospitals. It does not focus on the last part of people's lives. It seems to encourage people to go to private hospitals because you have to waste one day to get a service at a public hospital. In short, the policy is not good enough.

The opinions were similar to the results of the study by Mayuri Kittijarukhajorn (1999) on "Satisfaction with convenience in using the services of the out–patient section of Buddhachinarat Hospital in Pitsanuloke Province. It was found that waiting for the service had the lowest mean score ($\bar{x} = 1.57$). This indicated that most service users were bored with long waiting. However, most of them considered that the personnel was enough, the service place was spacious, the service procedures were not complicated, and the service was speedy. See Table 4.3

Table 4.3 Number of Respondents Who Used Services at Buddhachinarat Hospital (1,500 persons in total)

Conveniences	1	2	3	$\bar{x}$
1. Bored with long waiting	154	41	65	1.57
2. Adequate number of personnel	41	73	186	2.48
3. Spacious service place	23	37	240	2.72
4. Complicated procedures	70	61	169	2.33
5. Speedy service	89	75	136	2.16

Source: Mayuree Kithjarukhajorn, 1999.

4.2.1.5 Efficiency and Effectiveness of the Elderly Welfare Policy

With regard to the efficiency and effectiveness of different elderly welfare policies, especially what policies should be continued and what policies should be revised, people who benefited from the policy had the same opinion. For example, the policy that was good but not satisfying enough was the 30–baht–for–all–illnesses policy. Another policy that was hardly useful was the policy on providing a living allowance to the elderly. Apart from allocating enough resources and providing standard medical services for all people, the government needed to give importance to the building of knowledge about health among people. This idea was similar to that of Suwinya Kungsadan, who said, "There should be a medical care channel specifically for the elderly, provision of free–of–charge spectacles, and discrimination of a knowledge of diseases by the elderly club."

Nevertheless, the elderly welfare policy implementation was not enough efficient and effective. Individual policies and individual people had to be considered. Peerapol Rukreanrop commented:

> The policy itself is right but the implementation isn't; therefore, some measures should be set, especially the occupational promotion policy and the social activity participation policy. Public health volunteers cannot function as well as health centers. The ticket fare reduction policy and the policy on exemption of entertainment fees are not necessary. The policy on assisting abused old people may not be necessary, either. Because it depends on old people's behavior. If they are good to their children, I think such a bad thing will not occur. Another policy that needs consideration is a policy on preventing old people from being illegally taken advantage of. It is time to review the living allowance provision. The living allowance should be given to only those who deserve it. As for the policy on giving legal advice, it is better to give such advice by using running statements. The policy on housing and clothing should also be revised. The living allowance policy should be based on reasoning. It should be given to those who do good to the society. As for the policy of providing 2,000 baht for

cremation, the money should not be given to well–to–do people. Regarding the policy on tax deduction for children who look after their parents, how much they take care of them should be considered.

The opinions above was in line with the findings in Onnut Isarapanit (2011) research on "Satisfaction of the elderly with the services of the elderly welfare development center at Ban Banglamung, Chonburi Province." The sample was 302 old people there. Overall, they were moderately satisfied with the services. They were most satisfied with cremation, physical therapy, medical care and sanitation service, religious activities, and recreations, respectively. The findings supported those in Sompol Nawaka (2011) on "Welfare need of the elderly in the area under the Aao Luk Tai Subdistrict Administrative Organization, Aao Luk District, Krabi Province. A questionnaire was used to collect the data from 204 old people who had the right to get a living allowance. It was found that those concerned with providing welfare for the elderly should consider the elderly's status in terms of service expenses, income, and age so as to provide them with suitable welfare that truly served their needs. This would enable the elderly welfare provision to be more efficient and more effective.

4.2.1.6 Useless Policies

The income insurance policy or the policy on providing a living allowance for the elderly was a policy urgently implemented to extend the payment of 500 baht as a living allowance to cover all people aged 60 years or more who had not got the right, which in the past was given to only poor old people who did not have enough income to live on. The policy has been implemented since April, 2009 in response to the Elderly Act of B.E. 2546. However, 12 volunteers at Samutprakarn Hospital and the majority of people who benefited from the policy thought that the living allowance was too small, because the cost of living was very high. They preferred that the prices of good be lower. The prices of consumption goods rising, while old people had no regular income. Besides, many old people had to raise their nephews and nieces and the cost of doing so was rather high. In addition, equal welfare distribution should also be considered. Sarit Krabuanrat said, "The living allowance is small. Free buses and trains can be found only in Bangkok and they are inefficient. They serve only some areas, not all." The opinion was consistent with

Suwinya Kungsadan, who added, "The economic problem is the most serious. The living allowance is not enough. Especially old people who had no children should get at least 1,000 baht." Most old people wanted the government to increase the living allowance to 1,000 baht. The opinion was supported by the findings of the study by Chawakorn Chompookum (2013) who studied the policy on income insurance for the elderly and the quality of life of elderly people in Ban Klang Subdistrict Municipality in Sanpathong District, Chiangmai Province. In-depth interviews were conducted with 135 old people divided into three groups: a group of old people who were poor and had no children to look after them, a group of middle–income old people who had children to look after them, and a group of well–to–do old people who had children to look after them. It was found that the old people wanted the amount of the living allowance to be increased so that their quality of life would be better in all the four aspects: mental health, physical health, the environment, and housing. However, they were worried about the sustainability of the policy because the number of elderly people was increasing every year. Moreover, they had other needs, such as a yearly physical health check–up, transportation to visit a doctor or to go to hospital. There should be volunteers to visit old people at home to make them feel happy and not lonely.

Based on the in–depth interviews above, It could be inferred that both the 30–baht–for–all–illnesses policy and the income insurance policy that provided elderly people with a living allowance were public policies that were influenced by politics. That is, the ruling party in each age would carry out the populatist policies that they had announced. The 30–baht–for–all–illnesses policy could serve the need of people who wanted to reduce their health expenses; therefore, it was very popular. Meanwhile, the elderly living allowance policy which attempted to distribute wealth equally was not enough successful because the amount of money was not big enough to serve people's need. Conversely, both policies became burdens of the government and tax payers and could not sustainably develop the quality of life. Therefore, the government should reduce such welfare measures and turned to finding jobs for elderly people so that they could earn a living. Old people should be trained to have working skills, which would really build their value. The government should use the budget fruitfully and directly serve the target group. Samphan Weerasophon added,

“The policies are not remarkable, although it had quality and sustainability to a certain extent. But they are not remarkable; they had only mistakes.”

4.2.2 Current Preparedness to Become an Aging Society

People had different opinions on preparedness to become an aging society. Some thought that Thailand was ready enough to become an aging society; however, it should continue preparing itself to accommodate the aging society. Some thought that Thailand was not ready yet, and it should prepare itself better. Some thought that Thailand was not ready because it had not prepared anything . Others, who were the majority, had not known anything about preparedness to become an aging society in the future ,and thus they felt Thailand was not well–prepared. Four things they needed the government to prepare to accommodate the aging society were 1) convenience of places and transportation, 2) penalties, 3) support of service personnel development, and 3) arrangement of volunteers and officials to visit elderly people at home.

4.2.2.1 Convenience of Places and Transportation

All old people – whether they were physically healthy and can travel or old people who had a problem in traveling–have to do their routines and participated in social activities. For example, some may have to go to the market, to earn a living, to go for recreation, and to join groups for self–development. However, old people did not receive convenience in traveling from their houses to service places. The public transportation system was an important obstacle to the development and upgrading of their quality of life. Although the Act of Provision of Conveniences in Buildings for the Disabled or the Handicapped and the Elderly (The Royal Gazette, 2005) stipulated that all buildings shall have wheelchairs for the disabled or the handicapped and the elderly, such a law was enforced on places, of which the area was more than 300 square meters. The Act was not reactively enforced and did not prescribe any penalty. The finding was in line with the opinion of those who benefited from the policy. They said that Thailand was not well prepared to become an aging society. It should be better prepared. Suwinya Kungsadan said, “…in terms of ,for example ,traveling, public bus service, manners of bus drivers and bus conductors. All government buildings should have elevators and slope ways. Selling on sidewalks must not be permitted. The elderly may use the same conveniences as the handicapped. The

number of toilets for the elderly should be increased. There should be volunteers from hospitals to visit elderly people at home to boost their morale. Now there are not enough elderly care centers. In Samutprakarn, there are no rooms for women at Ban Bangkhae Center. Bangkok have some but you need to have money. There should be elderly care centers in all provinces, for both men and women."

The information supported the opinion of the second group that at present Thailand was preparing itself to accommodate the aging society, but it still needed further development. Karun Preedawichitkul said, "It should be ready but if it wants to develop further, it needs to develop the personnel to take care of old people." For these reasons, people who benefited from the policy thought that Thailand was not ready to become an aging society. It had nothing to accommodate the aging society. Peerapol Rakroenrop and Patcharee Rakroenrop gave some examples, "When crossing the road, you have to use a pedestrian bridge. Old people may faint if they use such a bridge. So zebra crossings should be made like before but there should be a penalty. Sloping ways have been made. But it depends on equipment, the personnel – the number and the desire to look after old people. Instead of increasing the amount of the living allowance for the elderly, it is better to spend money employing the personnel to take care of them. The elderly's income should be large enough. People must have ethics. As for the standard of each service place, how much it is satisfying depends on individual users." The opinions were similar to the findings in the research by Songkran Kanthawong (2010) on "Access to buildings and services of the public transportation system by the elderly, the disabled or the handicapped and readiness in environmental arrangement to accommodate all people in Thailand." It was found that the testing of the mechanism to lift the wheelchair of a handicapped person proved it to be as designed. But currently the Building Control Act, the ministrial regulations and other laws related to providing conveniences in buildings for the disabled or the handicapped and the elderly in 2005 and amended in 2007 were not strictly enforced. The government and local officers ignored the issue. The business operators lacked virtues and violated the law. The architects and engineers lacked professional ethics. The results of official inspection showed that more than 80,000 buildings nationwide were not certified for their safety.

4.2.2.2 Penalties

The opinion given by Peerapol Rukroenrop and Patcharee Rukroenrop that “zebra crossings should be made as in the past but there should clearly be penalties” was in line with the Legal Reform Committee. The committee, which revised and developed the Social Welfare Act of B.E. 2555, commented that the Elderly Act of B.E. 2546 had not yet been enforced to protect the elderly’s rights. While the National Saving Fund Act of B.E. 2554 had already been enforced, the government did not allocate money to the welfare fund, so it did not give any benefit to the elderly in practice. In the meeting the committee members agreed that it was necessary to integrate several laws into one to avoid overlapping and adversely affecting all people, including the elderly. There should be a law or regulation to support the work of local administrative organizations so that they would play an important role in looking after the elderly and supporting activities for them. The community and the elderly club must be strengthened. The elderly should also play a participatory role.

4.2.2.3 Support of Service Personnel Development

Elderly care is very important work in Thai society, which is becoming an aging society, because the number of old people has been rapidly increasing and they tend to have a longer life expectancy. Therefore, preparation of the elderly care system is very crucial .At the micro–level, it is essential to pass a pertinent law , to establish a specific organization for elderly care , and to train the service personnel and community volunteers on elderly care. A transfer system should be set up to transfer the care from community volunteers and the elderly’s close relatives to a health center or a hospital (Yothin Sawangdee et al., 2009). Because of differences in characteristics and needs, elderly care can be divided into four types: 1) care within the family, 2) care in an institution, 3) care by the community, and 4) care in a special situation (Sairuedee Worakitphokathorn et al., 2007). Although the relatives play an important role in elderly care, some obstacles are lack of people who can attend to old people, poverty, lack of relevant knowledge and lack of care quality.

The network of subdistrict administrative organizations, home nurses and community volunteers are all important support factors. However, an obstacle to good care is that community volunteers and public health volunteers are the same

persons. Their knowledge is not enough for giving services, while nurses have overworkloads which can cause the health care quality degradation. Also, the administrative system of public organizations clearly separates health care from social activities and lacks the social development personnel (Sasipat Yodpet et al., 1999). This fact is consistent with the opinion of Peerapol Rakroenrop and Patcharee Rakroenrop that "the quality depends on the number of personnel and the personnel attributes–whether they love elderly care. It is better to increase their pay rather than to increase the living allowance for the elderly. The personnel should have a good pay and they must have ethics." The statements were supported by the findings of a study made. She explained that the mechanisms in the community i.e., Local government, Health Promoting hospital district, the elderly club, volunteers, temples, schools, families and community people held some activities for old people in the community but they were not enough to serve the elderly needs due to many restrictions or operational gaps. There are five types of inappropriate care for the elderly (Swagerty, Takahashi, and Evans, 1999): 1) physical abuse, 2) negligence and desertion 3) psychological abuse, 4) financial exploitation, and 5) violation of rights.

The personnel development to accommodate different aspects of the aging society involved the process of changing the working method and attitude; upgrading the personnel's knowledge, ability, and skills so that they could work efficiently in response to the strategic management of developing the elderly services at the national level and the development of the service personnel to look after the elderly, which was prescribed in the Second National Elderly Plan (2002–2021). The plan consisted of two major measures: 1) administration and management for developing elderly services at the national level and 2) promotion and support of developing the personnel to look after the elderly.

4.2.2.4 Volunteers and Home Care Officers

Regarding preparation to become an aging society, it was interesting to find out that 12 hospital volunteers insisted that they did not know anything about the government's preparedness to become an aging society in the future , so they felt that it was not enough. They wanted the government to get ready. They said, "Old people should get free bus/train tickets. They should be visited by a doctor at home when they fall ill. They must not be left alone. They want to live in their own houses and

have someone to look after them at home. They do not want to live in a welfare center. The environment is still dirty and the canal smells bad." The findings reflected that the elderly's long–term care need and the problem of lack of attendants needed to be solved. The problem resulted from the socio–economic condition, which has caused change in the structure and size of the family. Meanwhile, more and more elderly people were ill and disabled. Continuous care of the elderly at home after they left the hospital was very important for the elderly who had chronic illnesses. In filling the gap, the elderly care plan should be set on the first day the parent was admitted at the hospital. The finding was supported by Juthathip Ngoychansri (2012) on "Development of continuous health care for bed–ridden elderly people in the communities in Muang Petchaboon Municipality." The purpose of the study was to investigate the current situation in order to develop a way to continuously looking after bed–ridden elderly people in the municipality. The sample consisted of 20 bed–ridden old people, 20 attendants of elderly people, 10 elderly care volunteers, and 10 elderly service teams. The data were collected by in–depth interview and focus group discussion, using a semi–structure interview guide. It was found that bed–ridden old people were regularly visited by public health volunteers and public health officers who had developed their elderly care skill. The elderly and their attendants were increasingly satisfied with continuous health services. The service teams looked after the bed–ridden old people's health continuously. The bed–ridden old people were trained to have self–health care behavior and could depend on themselves better.

4.2.3 Protection of the Elderly Care Standard in Service Places

It was predicted that there would be a total of 499,837 old people in 2000, 741.766 in 2020, and 1,103,754 in 2029. Therefore, more attendants were needed both in the family and at service places. However, there was no basic information about service places that provided long–term care for the elderly in Thailand. There were no clear number and type of service places and no public organization was mainly responsible for controlling and inspecting the service quality. Especially, there was no major organization handling the registration (Siriphan Sasat, 2009). The information was in line with the answer to the question of adequacy of protection of the elderly care standard in service places. Most of the people who benefited from the policy said

that they had no information and no idea about the issue. Some thought that the protection was adequate and others thought it wasn't . Three things that people who benefited from the policy were worried about were the personnel, the budget, and giving importance.

4.2.3.1 The Personnel

Elderly care is an important job, so preparation of the elderly care management system is very essential because it will enable the elderly to have a good quality of life and can live in the Thai society with value and dignity. Karun Predawichitkul expressed his view that the protection of the elderly care standard at present was adequate. The elderly should not complain much. The organizations concerned were good. Everything was good. But the personnel was not good because they were not well trained. The government looked after the elderly well." His statement reflected the importance of the personnel development which must serve the needs of the elderly continuously at the macro–level. The following should be carried out: 1) a specific law should be passed, 2) A specific organization for overseeing elderly care services this purpose should be established, 3) there should be a transfer system from volunteers or close relatives of the elderly, and 6) Close relatives of the elderly should look after them (Yothin Sawangdee et al., 2009).

Preecha Chinchusak further explained the importance of the elderly care personnel, "If an old person does not know anyone, he or she will not be taken care of. But if he or she knows someone, he or she will be better looked after. There is a standard, of course, but it is people who treat others with different standards. In Southeast Asia, Thailand ranks among top countries. The practice should follow the same standard–no bias." His statement was similar to the findings of the study by Siriphan Sasat et al. (2009), who examined the long–term elderly care in service places in Thailand. Regarding the operational problem, it was found that all service places faced the problem of lack of skills of the personnel and inadequate manpower.

4.2.3.2 Budget

The development of the standard and the quality control of elderly care centers needs to be financially supported by the government. Nilubon Konsue stated that many elderly care centers do not reach the standard. "The number was not adequate either. The budget amount is small. The government should support health

care services by assigning the Health Insurance Fund to look after this matter." What she said was similar to the findings of a research study by Samrit Srithamrongsawat and Kanittha Boonthamcharoen (2010). Their research report on synthesis of the elderly care system suggested that in a long run, the Ministry of Public Health should have the provincial public health office in all provinces establish an organization directly responsible for developing the community health service system. Also, there should be manpower for health rehabilitation, and social welfare workers, with a budget for the service system development. Also, the institution that accredits the quality of hospital service should set a standard for community health services.

4.2.3.3 Giving Importance

At present the care for bed–ridden old people can be found only in private institutions. It serves only those who can pay the expenses, while public institutions take care of only those without dependent condition at the start (but when they become dependent, they will be looked after as appropriate). One important gap is there are a variety of registered private service centers. There is neither standard nor mechanism to check the standard quality of elderly care centers (Samrit Srithamrongsawat and Kanittha Boonthamcharoen, 2010). This was supported by Samphan Werasophon who said, "The government gives little importance to old people who have not money to pay for a private service place. The law gives little importance to this matter."

The responses to the interviews indicated that elderly welfare was put in the Second National Elderly Plan, Strategy 3 Social protection system for the elderly, Item No. 4.4 Support private elderly care centers to provide affordable social and health care services for the elderly by overseeing the standard and the service change, and Strategy 4, Item No. 2 Support standard/production and training of elderly care personnel. There were many organizations that dealt with elderly care. The Ministry of Public Health made a ministerial announcement that providing elderly care service at home was harmful to their health, as stipulated in the Act of Public Health of B.E 2535 in order to provide safety for the elderly. The ministry also issued a guideline to set the standard for the local administrative organization to issue a license for an elderly care center. The first part of the guideline specified the qualifications of the business operators who ran elderly care centers. First, he or she need to hold at least a

Bachelor's degree or a nursing and midwife certificate or have at least 3 years of experience in elderly care, or undergo a 420–hour–training course on elderly care offered by the Health Department or a related agency or private schools permitted by the Ministry of Education. Elderly care centers were required to control and check their employees' performance at least every 3 months. They needed to arrange a training course to refresh their employees' knowledge of elderly care at home at least every 2 years. More important, the center were required transfer elderly patients in times of emergency. The second part prescribed that those attending to elderly people had to be at least 18 years old and complete at least secondary school or equivalent and have experience in elderly care. In elderly care, the attendant must take care of the elderly person in daily routine activities, such as eating, taking a rest, and going to the toilet. She need to notice the elderly person's behavioral change and promote the latter's health in every aspect, such as exercising to prevent complicated illnesses, e.g. pneumonia, etc. The Health Department held a 420–hour training course on elderly care for attendants. The course consisted of 155 hours in theory and 305 hours in practice. The content focused on illnesses often found in elderly people, basic assistance in a critical condition, health care for elderly people who had a digestive problem, a respiratory problem, bowel–releasing problem, a problem of medicine usage, health promotion such as exercising, food and nutrition, oral cavity health, mental health care and local wisdom for elderly care (Paichit Warachit and Somsak Pattarakulwanit, 2011). However, the Health Department failed in practice, resulting in the unawareness of those who benefited from the policy about the elderly care standard in public elderly care centers.

To conclude, the policy on welfare for elderly people from the past until present has been developed to cope with social changes, the economic condition, the environment, the public health system, etc. People who benefited from the policy had different opinions on the policy. Some of them felt that elderly care was suitable for the real –life situation. Some thought it served the elderly's needs adequately and suitably to a certain extent. Others considered it suitable for social changes, but it still needed improvement because many old people were deserted. Twelve volunteers from Samutprakarn Hospital had a totally different opinion from the rest. They thought that the policy did not serve the elderly's needs and was not suitable for social

and economic changes .As for the efficiency and the effectiveness of the policy ,people who benefited from the policy criticized that some policies were efficient and effective ; others weren't. For example, the elderly living allowance policy and the 30–bath–for–all–illnesses policy were efficient and effective, whereas the policy on the cost of living did not help to reduce expenses and the policy on welfare centers and elderly care centers was not efficient and effective because the number of service places was still small.

With respect to preparedness to accommodate the aging society at present, there were many different opinions. Some thought the government prepared for it adequately but it needed further development. Some thought the preparedness was not good enough and more preparation was needed. Still, some considered that there was no prepareness for the aging society at all. Others did not know anything about the government's preparation for the aging society and thus felt that the preparedness was not adequate.

Regarding the adequacy of the protection of the elderly care standard in service places, it was found that people who benefited from the policy had no information and thus no opinion about this matter. Other groups had different opinions. Some considered the preparedness as adequate, while others thought it was not adequate. Three things about which people benefiting from the policy were worried were the service personnel, the budget and giving importance.

4.3 Studies of the Elderly Welfare Policy in Thailand in the Viewpoint of Policy Makers and Policy Implementers

To find out what organizations the policy makers and the policy implementers worked with, whether they had studied foreign case studies, and what problems they had found, the policy makers and the policy implementers replied that they worked with all related agencies in the public sector, the private sector, and civil societies, but not in the same direction. The top-down approach was used to set the policy. They studied related documents and international cases to make comparisons with emphasis on strengths and weaknesses and best practice, They used their direct experience from observation tours and international conferences as a basis to do the job. Many policy

implementers studied previous research to gain a knowledge and understanding of international practices. However, some did not study anythings.

With regard to the implementation problems and obstacles, the policy makers pointed out that there were problems of the system, information, attitude, governance, practice in public health centers, and violation of the elderly's rights in welfare centers. Some obstacles were poor cooperation, unrealization of the future, and inappropriate budgets. Their opinions were in accordance with the policy implementers who mentioned more problems, such as the problem of the elderly's bad behavior that affected the quality of life, the problem of complexity of regulations of the public organizations. In contrast, community public health volunteers thought there was no problem at all. The details from the in–depth interviews were as follows :

4.3.1 Working in Collaboration with Other Organizations

The policy makers and the policy implementers worked in collaboration with all related agencies in the public sector, the private sector and the civil society. For example, the policy makers worked with every ministry and the Office of the National Economic and Social Development Board. Doctor Nunthasak Thanmanawat, a physician, said, "The policy makers play a role in setting and driving the national policy on elderly care, overseeing the distribution and transfer of authority, in training people who attended to old people, providing relevant knowledge to old people, and coordinating in social responses, such as providing the elderly with a living allowance, operating the elderly fund, including other types of elderly welfare."

Such work showed that the policy was set based on the Elite theory. This model considers that elites play an important role in policy–setting, with the value and the attitude going in a similar direction. The idea was supported by Professor Sasipat Yodpet who was one of the policy makers who conducted research to get information for policy setting. She related that "The policy makers acted as the subcommittee that revised the Elderly Act, and conducted a survey to find out if old people could access the services provided, what they needed and what they didn't. The Act was amended once in 2000." The policy makers conducted research in collaboration with the public and the private sectors, i.e., the Foundation of Thai Elderly Research and Development Institute, non–government organizations (NGOs), the Family Planning

Association of Thailand, Michigan University in the USA, Utah University, and The IIASA Research Institute in Austria.

Associate Professor Dr.Worawet Suwanrada said, "I have worked for the elderly for a long time. I worked with the Office of the National Economic and Social Development Board, and Office of the National Economics and Social Development Board in projecting the number of population and setting the family planning policy and the population planning policy. I studied population distribution for use in building major cities to see if the government could handle it. I got a fund for conducting research on the elderly from the Ministry of Social Development and Human Security, the Foundation of the Elderly Research and Development Institute, the Ministry of Public Health, NGOs, the Family Planning Association of Thailand, and international organizations, such as University of Michigan and Utah University in the USA, the IIAS Research Institute in Austria. Besides, I worked with private enterprises or charity organizations, the elderly clubs, social developers, students, doctors, nurses, clinics for the elderly, community health centers, public health volunteers, the 58th social development center, or the provincial social development office."

Woman Doctor Suwanee Raktham said, "I work in medicine. I do administration work as well. I was once the director of the Bangkok Metropolitan Administration Office. I looked after health services with emphasis on health promotion, prevention, and epidemic control. There was a rather complete network for this purpose, and we were successful in reducing the mortality rate.But our model was suitable for cities, not for provinces. there was scarcity of the personnel in the local administrative organization . I was the first person who set up an elderly club in Bangkok. Then I established elderly clinics and community health centers. I also recruited public health volunteers."

This reflected the attempt to work as a network within and between organizations responsible for policy setting. The fact was in line with Siriwan Arunthippaitoon, who added, "the Ministry of Public Health and the Ministry of Social Development and Human Security have worked together because the elderly problem is the most serious, especially the health of the elderly who can hardly depend on themselves. The Elderly Act stipulates that the Ministry of Labor, the

Ministry of Education, the Ministry of Transport, the Ministry of the National Resources and Environment, and the Ministry of Sports shall work in collaboration . They will be invited to attend meetings related on the elderly issues. The government has attempted to urge private enterprises, charity organizations, elderly clubs and networks to work hand in hand."

However, when the interview was extended to the local administrative organization , it was found that there was a hierarchy of relationships and cooperation with policy implementers in the locality. It was a top–down operation; that is, the policy was set and directed from the policy makers at the top. There was coordination and communication down to the local administrative organization to control the policy implementation. This finding was in line with Watchara Termwantanapat , the chairperson of the Songkanong Subdistrict Administrative Organization, who said that his organization worked together with "the 58th social development center to look after community welfare, especially for the elderly group and with the provincial social development office to look after 5 different age groups."

Although the policy implementers worked with public organizations, they did not play a role in policy making at all.

4.3.2 Studying Foreign Case Studies

4.3.2.1 Studying Strengths and Weaknesses

The policy makers gave information about Their study of foreign case in term of studies of strengths and weaknesses of the elderly care system. They related that other countries had given importance to setting the long–term elderly care system, taking into account, the economic potential of elderly people because of the high cost in looking after them, while their income reduced. Unlike other countries, Thailand does not have an efficient elderly care system which have been continuously improved because of the difference ways in the life and the difference in preparedness. Doctor Nanthasak Thamanwat saids, "Now what should be done is establishing the long–term care financial system. We are interested in the strengths and the weaknesses of such a system in Japan, Europe and the U.S.A. A comparative study was conducted to compare the elderly care system in Thailand and in other countries. Mostly, we learn from them, but we cannot apply all we have learnt

because of the difference in the context of individual countries. We have the National Health Insurance Office, the Ministry of Public Health, the Ministry of Social Development and Human Security, and subdistrict administrative organizations. What is worrying is coordination with subdistrict administrative organizations. We attended the conference held by the World Health Organization in the Southeast Asia Regional Office (SEA RO). We also participated in the conference on the Madrid International Plan of Action on Aging (MIPAA) and on the Yogyakarta Declaration on Aging. We learn that The weakness of Japan's system is the high expense. In Japan it is convenient to travel anywhere. In Singapore, the environment is good. Although The fact that foreigners spend the last part of their lives in Thailand is good in that it helps better the Thai economy, it causes the attendant's salary to rise and we have to share our resources with them. We have to forbid foreigners to benefit from the 30–baht–for–all–illnesses program. They must pay for their hospital fees. They must not be a burden for the Thai government." His statements reveal the strengths of the long–term elderly care system in foreign countries, which have better transportation and environment than Thailand, but their weakness is the high cost. The opinions is similar to that of policy implementers. Community developers at Kao Wai gave some information from studying Japan:

> In Japan, elderly care centers to be given a license will be selected by the government from private organizations or foundations working on elderly people only. This business needs continuity and stability. Once the business starts, it cannot be closed down. All old people who are well–to–do must pay the expenses. If some old people do not have enough money, the local government will pay additional money. This will be done case by case as necessary. The area for housing the elderly is proportionally divided for individual groups –different floors and different buildings.

4.3.2.2 Studying Improvement Under Commitment

In the First World Assembly of the United Nations on ageing in Vienna in 1982, the International Plan of Action on Ageing was set. The plan was accepted

by the member countries and has been in use for more than 20 years. In 1991, the UN drafted the UN Principles for Elder Persons. They have been a guideline for practice in all countries around the world ever since.

The Madrid International Plan of Action on Ageing (MIPAA) was a conclusion from the Second World Assembly of the United Nations on ageing in Madrid, Spain in 2002. The plan was accepted by 159 countries including Thailand to develop elderly work, leading to a society for all age groups. At present there is no UN sub–agreement on the rights of the elderly. MIPAA does not have any legal contract with the member countries ; still, MIPAA is an important international mechanism in developing and promoting the rights of old people and can be a basis for a UN subcontract on the rights of old people in the future. The findings were supported by Siriwan Arunthippaitoon who said, "The committee on aging and the sectors that work together are all experts. Like developed countries, we have laws, a green–covered book on the aging plan as a framework for practice. We work under the UN commitment. As a member country of the UN, Thailand is required to prepare a 5–year report similar to the National Elderly Plan. The framework of the plan is the guideline for practice. The first topic is the policy. The second is health and well being. Thailand is doing. The third topic is supportive environment. Another topic that was added in the Shianghai conference is implementation and forum. Thailand have reported all these things to the UN. For instance, we have a law to prevent abuse. We also reported about HIV AIDS and the elderly people. If a person is 60 years old, the subdistrict administrative organization will take care of his/her rights. If an old person is disabled, he/she will receive three types of allowance : a living allowance, an allowance for the disabled person, and an allowance for the HIV–infected person. When an old person's right is violated, he/she can make a complaint by calling the unit called "One–stop service crisis center." The number is 1300. It is the social assistance center which does both reactive and pro–active work at the same time. A long–term care service is also given with emphasis on care by the family and the community. A training course on attending to old people at home is offered to volunteers by the subdistrict administrative organization."

4.3.2.3 Studying as Examples by Considering the People's Way of Life

Professor Sasipat Yodpet giving information about the Thai way of life said, "Thais do not want to die in welfare centers. They want to die at home, die with

their children around. If Thais do not look after their parents, the society will condemn them that they are ungrateful. And so will People in the community. “It is a social sanction. This is due to different cultures.”

The opinion is in line with the way of life that everyone in the Thai society follows and it becomes a habit. Neither is it necessary to enforce any law, nor to teach moral to the people. Those who do not do as expected need not be officially punished.Because the way of life of each society differs, there are different cultures.

Most Thais want to live at home as they are used to until the last minute of their lives. This fact was supported by Associate Professor Warawet Suwanrada, who said, “ I think that this may be a remarkable characteristics of old people in Thailand. We learn about foreign countries so that we can understand ourselves better. Scholars and government officials work hard and systematically on aging. There is a mechanism to oversee the overall picture, although they may move slowly in driving the policy.”

4.3.2.4 Studying Tax Collection

Associate Professor Dr.Kittipat Nonthapatamadul mentions that tax collection in different countries varies. “In welfare states, the tax rate is high but people are willing to pay taxes because they can benefit from tax payment when they are old” .However, the average income per head in each country was different. Werachai Werachanthachart added, “In the Scandinavian countries the tax rates are high.But When people retire, they will have enough money to live on, similar to the Retirement Fund for Government Officials. Now we think that when we retire, we need to have two million baht to live on. This amount is suitable for government officials. It is not easy for farmers to earn this amount of money. The government works hard to collect taxes and all people must not avoid paying taxes. This is a big job.”

4.3.2.5 Learning from Experience

Woman Doctor Suwanee Raktham said, “I did not officially study about aging but I learn from experience, reading, lectures or observation tours in Asia and the relatives living in the US. I learn that welfare there is better than in Thailand, especially pensions.”

4.3.2.6 No Study

However, some policy makers and policy implementers have not sought knowledge from any source. Chatchai Songprang, an administrative official (C8) at the Kao Pho Subdistrict Administrative Organization, Pakplee District, Nakhonnayok Province said, “We just implement the government’s policy.”

4.3.3 Problems and Obstacles to Policy Implementation

4.3.3.1 Administration and Management

The policy makers and the policy implementers gave some details about the problems and obstacles to the elderly social welfare provision. Doctor Nanthasak Thamanwat talked about management, saying that “…it is necessary to adjust the system and the form. Not disease management, but case management. Old–age patients that have several chronic illnesses, such as diabetes, heart obsesses, and bone–marrow infection, need to go to hospital but children and youth usually have only one illness such as a fever, diarrhea. The kitchen must be a source of medicine . Our office must turn to be an exercising place. We must emphasize good health and self–help. No fat. Good teeth. Strong. Old peoplemust be able to help themselves in spite of several illnesses. Desirable health. Desirable behavior. Exercise. Eat well. Not smoke. Not drink. Not addicted to vices.” We work together in systematically , starting from the people themselves in order to truly bring about the efficiency and the effectiveness in the operation. We develop a good health system for the country to help to reduce the expenses for health. We give importance mainly to individual persons.

In the past, Thailand’s welfare provision focused on social services that people should deserve, while the government played a major role in directly providing the welfare provision for the public. It collected taxes, distributed income and provided welfare for its people. At present, however, the government emphasizes reduction of state welfare. Instead, it provides secondary welfare or alternatives. In addition to state welfare provision It focuses on welfare provision by all parties, in short, it emphasizes welfare provision to the people by the people. People are not only the recipients like in the past. Professor Sasipat Yodpet gave additional information about the government welfare system,’ “Problems can be found in all places. They

have to be solved gradually. Importantly, the majority of people are still cling to the government for assistance. Meanwhile, the modern view looks at old people as both donors and recipients. They have to use their own potential, intellect, knowledge and skills to look after their lives."

Associate Professor Dr.Worawet Suwanrada stated that the local government encountered the problem of unreadiness in many ways. "We must understand the local government. At present it does not have enough qualified personnel, including the budget. The government itself must be sincere to decentralize its power in welfare provision to the local government. The local government itself has a lot of responsibilities. It must be responsible for work transferred by different public organizations. It has several missions. The rules, regulations, and work procedures are plenty and complicated. Some are not clear enough and there is no work manual to rely on. The implementers, therefore, face operational problems. Chatchai Songprang added, "Some policies have complex regulations and procedures. It takes a long time to finish each step and sometimes this makes old people lose some opportunity," The opinion was in line with that of a Kaowei Community developer who said, "The budget must be given to all groups. Sometimes the policy of the administration conflicts with the rules and regulations,"

When the public organizations transferred work to the local government, they did not hold any meeting to explain the work, did not follow the performance, and did not give any consultation, either. So the local government lacked an understanding of the missions, the rights and welfare services, and had no main mechanism for regional coordination. This reflected that the top–down management was not the right way to solve the problems and that the top management seemed to be interested in the economic development rather than social development.

4.3.3.2 Problems of Information, Attitudes and Governance

Correct basic information was a problem. The Ministry of Interior had a policy to promote and support the collection of basic data and use them to improve people's quality of life and to set plans at every level, especially the development plan for the local government, and to be a tool for evaluating the development of people's quality of life. This fact was in line with the opinion of Associate Professor Dr.Kittipat Nonthapattamadul. He identified the problems of information, attitude,

and governance, adding that the government had to take poorest people into consideration. The information should be used in selecting projects and activities that responded to the real problems so that existing limited resources could be widely and efficiently, and so that there would be more cooperation in the policy implementation. Siriwan Arunthippaitoon said, “the problem of policy–making is politics and statistical information, such as how many old people there are.”

4.3.3.3 Problem of Cooperation

The government, local administrative organizations, NGOs and communities are important mechanisms in social welfare provision , The government set the policy on social welfare and holistically regarded social welfare as a social policy with people as the center in order to prevent problems to better develop the welfare system (Apinya Wechayachai, 2003). Regarding the problem of cooperation, Siriwan Arunthippaitoon said, “There is a problem of cooperation among offices under, the Ministry of Labor, and the Ministry of Education. Sometimes other ministries do not give assistance.” The opinion was similar to that of Patcharin Piladrum and Areerat Saeng–Iam, who commented, “There is poor cooperation among public organizations. The government cannot control all of them ”

4.3.3.4 The Problem of Service Personnel and Budget

The problem in the policy implementation was that the personnel were not professional and there was a lack of specialized personnel, such as social welfare officials and community developers. The personnel of the local administrative organization that were assigned to handle social welfare provision still lacked knowledge, skills and experience in this work. Their roles and responsibilities were not well defined. Associate Professor Worawet Suwanrada mentioned the problem of unreadiness of the local government : “We must understand that at present the local administrative organization was not ready in terms of personnel and budget.” This information was in line with the policy implementers in local administrative organizations. Watchara Termwanthanapat mentioned the budget problem : “The major problem is the budget. We are a rural community not an urban community. We are not located in the industrial estate zone. Therefore, the budget is a problem.” Patcharin Piladrum and Areerat Saeng–Iam said, “The budget allocated by the government is rather small.”

4.3.3.5 Problem of Old People's Economic and Health Care Unpreparedness

The physical health problem is normal. Old people tend to have health problems because of the deterioration of the body. They easily become ill. They experience both poor mental health and poor physical health. Weerachai Weerachanthachat talked about the quality of life that was related to health behavior or food consumption behavior and unsafety. He said, "The problems found in my research are the problem of the quality of life of old people in their last part of life which is related to their health and food consumption behavior. At present many people eat as they are used to. They do not exercise. They save very little money. They enjoy consumerism. In fact, health is very important.

Old people encountered the economic problems. Old people who were poor and had no children to depend on might not have any income, or might not have enough income to live on. They might have no house to live in, so they suffered. Siriwan Arunthippaitoon said, "Thais do not prepare themselves for the future. They save little money." Her opinion was consistent with Patcharin Piladrum and Areerat Saeng–Iam who talked about "unpreparedness of Thais for old age."

However, Taew Thasuwan and Kingkarn Sirisawat had a different opinion from others. Both thought that there was no problem.

To sum up, the policy makers set the elderly welfare policy in collaboration with the Ministry of Social Development and Human Security, the Ministry of Interior, the Local Government Promotion Department, the Ministry of Education, the Ministry of Labor, the Ministry of Finance, the Ministry of Transport, the Ministry of Natural Resources and the Environment, the Ministry of Tourism and Sports, the Office of the National Economic and Social Development Board, the Foundation of the Research and Development Institute for Thai Elderly, NGOs, the Family Planning Association of Thailand, University of Michigan and Utah University in the USA, the IIASA Research Institute in Austria, philanthropic organizations, elderly clubs, social welfare officers, university students, doctors, nurse, elderly clinics, community health centers, public health volunteers, the 58th social development center or the provincial social development offices.

The policy implementers worked together with the Ministry of Social Development and Human Security, the Ministry of Interior, subdistrict hospitals,

subdistrict administrative organizations, local government organizations, provincial social development and security offices, the Institute for Community Organization Development, social development and human security offices, the Academic Promotion and Support Office 2, the 17th social development center, the Office of Health Promotion Fund, the Health Insurance Fund, public health volunteers, social development and human security volunteers, the provincial energy offices, and the provincial culture offices.

Regarding the international case studies, the policy makers paid close attention to the strengths and the weaknesses of each case study, including the best practice in order to make comparisons and to tax collection which differed from country to country, including remuneration and happiness in life. Policy makers had a similar idea to that of the policy implementers whose work concerned tax collection. However, one policy maker did not see the importance of making comparisons because, he said Thailand had complete data and all kinds of personnel. Some policy makers and some policy implementers did not study any sources of knowledge.

As for the problems and obstacles, the policy makers agreed with the policy implementers that the problems and obstacles encompassed administration and management, data, attitude, governance, cooperation, the personnel, the budget, unpreparedness of the elderly in terms of economy and public health.

4.4 Strategic Measures to Accommodate the Aging Society

From the interview on strategic measures, strengths, weaknesses, opportunities and threats for Thailand to get ready to become an aging society, the important factors that contributed to the smoothness of implementing the elderly welfare policy were continuous participation and correct data. Also, all groups of key informants agreed on the strategic measures. With regard to preparedness on the part of individuals and the government, the three groups had various opinions Especially it was necessary to change a negative attitude toward old people. As for the strengths, all groups pointed out that it was Thai culture and the spiritual center of all Thais. However, some people did not see any strength. Both the policy makers and the policy implementers agreed that the weaknesses were old people’s low education, an inadequate budget,

tendency for old people's rights to be violated and ole people's unpreparedness. On the contrary, people who benefited from the policy had a different opinion. They thought that the government did not provide enough support for the elderly and they did not think that elderly welfare was important.

All the groups agreed on opportunities Thailand is a Buddhist society and an opening country, Thai children should be taught to prepare themselves for old age. An ambulance should be available to send sick people to hospital by dialing the phone number 1669, Statistic of the number of people who need assistance should be collected. There should be cooperation from different organizations, As for threats, all the groups agreed that the number of old people was increasing rapidly.Thai politics was not stable. The government was changed very often. Other threats was corruption and no plan or system to handle foreign old people who came to live in Thailand. The details were as follows:

4.4.1 Key Factors for Success

The policy makers, the policy implementers and people who benefited from the policy agreed on the key factors that made the elderly welfare policy implementation run smooth. These factors were 1) continuous collection of correct information, 2) participation, 3) finance, 4) policy–setting by the leader, policy implementation, and attention of the organization concerned, 5) the elderly's needs, 6) access to the people, and 7) politics.

4.4.1.1 Continuous Collection of Correct Information

Two policy makers, one policy implementer, and 13 people who benefited from the policy agreed that continuously collecting and updating correct information would be useful in setting policies that were the most efficient and the most effective. For example, Watchara Termwatanapat from a local administrative organization said, "Knowing the basic information, being close to the information, and acquiring correct information will help to solve problems in the community. Welfare must be provided for the highest benefit. It must be given to people who deserve it. The disadvantaged should get the priority to be assisted. The local administrative organization is a public organization that got in–depth information because it is closest to the people." Command R.N. chaluk kungkha added, "It is

necessary to have a correct knowledge and understanding of elderly needs. The basic information must be correct." Twelve hospital volunteers said, "The government should conduct a survey of subdistricts so as to know the number of old people who really need help. It should see the real situation."

4.4.1.2 Participation

Two policy makers, seven policy implementers, and 16 people who benefited from the policy agreed on the necessity of participation from all parties–public organizations, private enterprises and people. Associate Professor Dr.Kittipat Nonthapatamadul said, "Good governance and participation are important. People must participate in welfare provision as much as possible. The model to be used for policy making is the elite model or the group interest model. People must join hands to fight or to call for what they want." Woman Doctor Suwanee Raktham added, "To work well, it is necessary to get support from all parties–both the public and the private sectors. The work will not succeed without cooperation." Moreover, the factors contributing to success of private elderly care centers–better social welfare development–are cooperation between the public sector as the evaluator and the private sector which needs to adjust itself to the criteria set by the evaluator." Oranan Udomthep said, "There should be cooperation between the inspectors and the business operators. They should join hands in setting the policy so that it can be materialized. It will not be found just in theory but it must be able to be put into practice."

4.4.1.3 Finance

Three policy makers and seven policy implementers had the same idea about the key factors contributing to the smoothness of elderly welfare policy implementation. These factors were finance and budget for operation. Woman Doctor Suwanee Raktham commented, "It is the budget management that matters." If there are adequate resources to facilitate the operation, flexibility and speed will result."

4.4.1.4 Policy Making by the Leader, Policy Implementation and Attention of Implementing Organization

Three policy makers, two policy implementers, and four people who benefited from the policy had a similar opinion on giving importance to elderly welfare and implementing the policy to materialize the goal. Woman Doctor Suwanee Raktham said, "Something must come from the leader's order. The action plan must

be seriously carried out.” One organization should be assigned to have authority to give orders so that the policy and strategic measures will move in the same direction. As Doctor Nanthasak Thanmanawat put it : “Many organizations are now responsible for implementing the elderly welfare policy. Unlike Thailand, Japan has only one ministry–the Health Labor Welfare Ministry–be responsible for it. Every politician wants to please old people to gain votes.” Regarding the policy implementation, Professor Sasipat Yodpet expressed his opinion : “1) The policy must come from the government head, or the Prime Minister. 2) The policy must be communicated clearly for correct implementation. The organizations concerned must support the operation.” As for the local government’s role, the policy makers gave importance to determination and attention of the organizations responsible for implementation. Chatchai Songprang said, “Policy setting is the responsibility of the government. The implementing organizations must pay close attention to the work. It is the people who benefit from the policy. Professor Wichien Tantrasenee talked about the policy implementation by adding, “The policy should be seriously implemented. Thais are not serious in doing things.”

4.4.1.5 Needs of the Elderly and Access to People

Four policy makers, one policy implementer and one person who benefited from the policy agreed that the factors contributing to the smoothness of the implementation of the elderly welfare policy must be considered, especially in terms of their response to the elderly’s needs. Professor Sasipat Yodpet said, “ The policy must be in response to the elderly’s needs. The government just support them. Before some old people reached 60 years of age, they held a high work position–the school director in a province, who had knowledge and prestige, for example.” Associate Professor Dr.Kittipat Nonthapatanadul suggested, “The people must strongly jam hands to fight or to call for what they want.” His idea was consistent with Woman Doctor Suwanee Raktham who said, “The success factors must come from old people themselves because they have a correct knowledge and understanding of their own needs.

4.4.2 Preparedness to Become an Aging Society

The policy makers, the policy implementers and people who benefited from the policy agreed on the eight dimensions of preparedness to become the aging

society : social, economic, environmental, technological, legal, educational, public health and personnel dimensions. The details are as follows:

4.4.2.1 Social Preparedness

In the past Thailand was an agricultural society, which needed a lot of labor, so large families prevailed. The kinship system came with patronage and gratitude to old relatives : Grandparents looked after their children's nieces and nephews. Buddhism was the main religion and Buddhist activities were held on important holidays and festivals. Now the country has been changing from an agricultural society to a newly industrialized one in which there are a variety of ideas, beliefs, religions, and experiences, There is also difference in occupations and social status. However, in the Thai social structure people still depend on each other. In social preparation, Thailand therefore should promote unity. Six policy makers, two policy implementers, and 19 people who benefited from the policy agreed on this matter, which could be briefly stated as follows :

In social preparation, Thailand should be promoted to be a society for people of all ages. People should prepare themselves for old age since their childhood by learning that they will grow old and die. People should be promoted to have a good relationship with their family members. Those who are married and are ready to have children should be trained to have moral and ethics of parenthood. The law must prescribe that it is the duty of children to look after their parents. Siriwan Arunthippaitoon said, "The strategy is getting everybody ready to become quality elderly people." The idea was supported by Doctor Nanthasak Thanmanawat who said, "The government must prepare its people for the aging society and the standard of elderly care must be fair. Of all the 4G, the first G - Grey society - should be the society for people of all ages, rather than the society for old people. Every generation should live together happily. Therefore, the society and the environment must facilitate the self–dependence of the elderly as long as possible." This could be done by getting rid of a negative attitude toward the elderly, not making them stressful because of their physical deterioration. The youth should be taught to accept the truth that in the near future, the country will have a larger number of old people than children. They should be ready to sacrifice and give happiness to old people and get prepared to face the problems due to their old age. Sutthida Chuenwan added about

the negative attitude: ":The negative attitude toward old people should be gotten rid of. There should be life–long learning and the database on the elderly". Everyone should be encouraged to pay close attention and give importance to the elderly. Chatchai Songprang also said , "We should see the importance of old people and pay close attention to them. Their local wisdom and expertise in customs and cultures should be respected and they should be welcome to participate in expressing their opinions."

An important social problem in Thailand is that a large number of old people are deserted because of socio–economic change and change in the way of life and of the family pattern from the agricultural society to the urban business and industrial society and to a nuclear family, causing the social status of old people to reduce. Consequently, old people are left alone, which negatively affects their mental health. This is a crucial social problem that needs a combined effort to solve.

4.4.2.2 Economic Preparedness

Thailand is an open economy. That is, it trades with foreign countries, although it often experiences trade deficits because most of its exports are agricultural products. In a survey on the socio–economic condition of households in 2011, the National Statistics Office (The Office of National Statistics, 2014) found that there was still an unequal income distribution. Especially during the first six months of the year 2011 the coefficient of unequal income distribution was at 0.474. This showed that most benefits from the economic growth still belonged to a small group of rich people, not distributing to the majority of people in the country. The problem of unequality could be obviously seen in the society. Moreover, being urban or rural areas also affect income per capita, leading to the problem of purchasing power, savings, and investment on the part of the people. Especially, saving seriously affects the elderly's way of life. Two policy makers, five policy implementers and 19 people who benefited from the policy agreed that the economic preparedness of the elderly people was a problem. The details are briefly stated below.

1) Support of income increase by working to increase savings

Financial preparation should be made since childhood to reserve money for hospital care. Apart from the use of saving to look after the body which deteriorates as time passes, the saving can be reserved for use after retirement.

Associate Professor Dr.Warawet Suwanrada commented, “People should be economically prepared. Similarly, Woman Doctor Suwanee Raktham said, “People must earn an income, and they also need to save money.” In addition to saving, there should be promotion at the national, regional and community levels for old people to do secondary jobs to earn a living and to spend time fruitful, along with physical and brain exercises. Commander R.N. chaluk Kongkha added, “Do work, earn an income, and save money. There are organizations directly involved in this matter.”

2) Support of management budget

In case of old people without income or ability to look after themselves, or bed–ridden ones, it is necessary for the government to allocate an additional budget to the local government. Preeyarin Boonmemanutsin said, “The budget must be given to support the local government.” People who benefited from the policy saw the importance of the elderly living allowance but considered the amount too small to live on. Twelve volunteers at Samutprakarn Hospital said, “We want a larger amount of the elderly living allowance and want the government to assist old people who cannot help themselves.” Oranun Udompab from a private elderly care center talked about the financial measure : “The first measure should be providing financial support to old people who are admitted at a hospital.” The opinion was similar to that of Siriphan Raksasat, who studied long–term elderly care in elderly care centers in Thailand (Siriphan Raksasat, 2009). In discussing the public policy, she said that there differences between public elderly care centers and private ones. The private sector wanted the government to provide financial assistance to dependent old people and to promote the private sector to participate in rendering services for the elderly.”

4.4.2.3 Environmental Preparedness

Thailand’s current environment has resulted from its economic growth, which has given rise to the problems of resource use, degradation of natural resources –soil, water, forests and wild animals, etc. Such changes have considerably affected the Thai way of life. Apart from toxic residues from agricultural chemical use, the increasingly serious pollution problems–water, air, noise, garbage and waste–all have caused the health problem of people in urban areas.

In addition, the continuously increasing expansion of communities because of the increasing number of people has made it necessary to change the land

use for agriculture to the residential area and infra–structure. However, conveniences and the transport system are still unsuitable to accommodate the aging society. For example, there is no iron bar for gripping in public toilets. Government and private offices have no slope way. The changes have affected the way of life of people in both urban and rural communities, especially old people. Three policy makers, two policy implementers, and two people agreed on what to do to prepare for the aging society. Their ideas were summed up below.

With regard to the environment, enough standard conveniences should be available for old people in different places. The places should be have friendly designs to accommodate old people and the disabled. In other words, every place should provide conveniences and safety for people of all ages. There should be iron bars for gripping. Beds should be cushioned with a mattress. In city planning, residences for old people should be situated near hospitals and temples. Doctor Nanthasak Thammanawat said, "The government must prepare for the aging society. It must control the elderly care standard and provide fairness to 4G. The environment must be green to accommodate the aging society. it is necessary to look after the environment, which must facilitate the self–dependence of old people as long as possible." The idea was in line with Associate Professor Dr.Worawet Suwanrada, who said "In preparing the environment, we must think of what to do to cities or towns so that they will be friendly to old people." Thailand could copy the preparations in foreign countries. For example, there should be recreational places and residences specially for old people. Watchara Termwanthanapat suggested, "The environment should be a national agenda. It is a future problem because the environment must be in harmony with humans or communities."

4.4.2.4 Technological Preparedness

Thailand's technology has been continuously developed. At present, there are wireless technology and a sensor system to check the irregularity in human bodies and to have safety in the house. Besides, the Internet is a technology that widens the horizon of old people. Smart phones, tablets and computers enable people to catch up with updated news and information, to follow social movements and to teach many things–general knowledge and health care–to entertain people so that they will have good mental health, and to develop the brain. The use of technology will

help old people to practice memorization and avoid Alzheimer. They can adapt themselves to the society and feel that they can keep up with the world or are in trend. Besides, these technologies enable them to closely contact their family members. Some technologies provide them with convenience in leading their lives, such as wheelchairs, automatic beds, etc. However, a survey on the use of the Internet by different age groups by the National Statistics Office (2015), found that only 9.6 percent of those aged 50 years used it for communication. They had a problem of accessing and utilizing technologies. Moreover, old people were deceived from wrong information in the form of chain letters through the internet.

Therefore, one policy maker and three policy implementers agreed on technological preparedness for the elderly. In their opinion, Technology helped upgrade the quality of life by improving public utilities and produced conveniences as tools for the elderly to live a comfortable life. It also helped in education and public health, thus being part of preparedness for the aging society. In addition, it helped develop the quality of life of the elderly.

As Doctor Nanthasak Thammanawat put it : “We must be prepared. The elderly care standard must be fair. The age of 4G involves Google and the Internet. We must know about health and technological development so that we will not be deceived and so that we will have a knowledge of health care without depending too much on doctors. If we are well prepare for 4G, we will have a smart aging society in the future.” Besides, technology enables us to follow new knowledge and to update news. Sarit Krabnaniat added, “Following news and information by using modem technology will convenience the elderly better.”

4.4.2.5 Educational Preparedness

Three policy makers, three policy implementers, and two people who benefited from the policy expressed similar opinions on educational preparedness for the elderly as follows:

Education is crucial for people of all ages. It is essential and all people have the right to get compulsory education :The government must know the elderly’s educational needs to serve them correctly. Besides providing old people with necessary knowledge, people in the society should exchange their ideas about developing the potential of elderly people. The number of schools for the elderly

should be increased. Doctor Nanthasak Thammanawat said, “We must be prepared. The elderly care standard must be fair. The age of 4G involves Google and the Internet. Old people must know what others think so that they will not be deceived. They can gain a knowledge about health without having to see the doctor.”

All people should be taught to have a good knowledge and understanding about aging. Suwanee Raktham added, Schools should teach about aging and old people must learn about themselves. Such education must be continuous.

4.4.2.6 Legal Preparedness

There are laws related to policies and measures to accommodate the aging society in Thailand. The government has realized its importance and has set policies and measures related to the elderly to tackle problems emerged from the aging society. However, when the past policies and measures were studied, it was found that all the policies aimed to react to the problems after their occurrence. Most of the past policies concerned social welfare and social administration. When the international and national policies during the past decade were considered, it was found that there was change in the policies and measures by using a positive paradigm to build an aging society in which old people have a good quality of life and in which their value to live increases. The Constitution of Thailand, B.E. 2550, the Tenth National Economic and Social Development Plan (2007–2011); the Second National Elderly Plan, the Elderly Act of B.E. 2546; and the Declaration of Thai Elderly People were all examples of such policies.

One policy maker and four people who benefited from the policy had the same opinion on legal preparedness as briefly stated below.

In legal preparedness by old people, it is necessary to have mutual assistance between old people themselves and the public and the private sectors by giving importance to strictly enforcing the existing laws and the laws to be passed in the future. Especially there should be a survey and evaluation of how much the existing laws and services for the elderly are efficient and effective, before further development. The local administrative organization should be promoted to pass a complementary law to help old people who are deserted or abused. There should be an organization that gives wealthy old people some advice on how to write a will.

Suwanee Raktham said, “There should be laws concerning standard construction material, food, the environment, and public utilities to facilitate old people. Also, old people should be able to access to public services.” Laws are important for everything. The laws should provide justice and legal measures must be clear.

As for private elderly care centers, Oranan Udomparb talked about finance. She said, “The first measure is giving financial support to old people who have to stay at hospitals/public health centers. The centers should be responsible for looking after old people’s health with emphasis on prevention.” The opinion was similar to Siriphan Sasat (2009), who studied the long–term care for the elderly in elderly care service centers in Thailand in 2009. In the discussion on the elderly policy, Siriphan stated that there were differences between public elderly care centers and private ones. The government set the policy on not moving old people to stay in public elderly care centers unless necessary. These old people were perhaps deserted by their children, therefore, there should be a campaign to encourage the children to look after their old parents or old relatives. Also, a law should be passed that it was obligatory for children to look after their old parents. As for elderly care in private elderly care centers, it was found that there was demand for the government to establish an organization to oversee private centers that they would improve the work procedures and operate in a correct way. Also, the government should provide financial support for dependent old people and should promote the private sector to participate in elderly care services.

4.4.2.7 Service Personnel Preparedness

The relatives play the most important role in looking after old people. However, one obstacle to elderly care is poverty, scarcity of attendants, lack of knowledge and lack of quality care. As for the network of the subdistrict administrative organization, home nurses and community volunteers, one important obstacle is village volunteers or public health volunteer are the same persons. Their knowledge was not enough for rendering services, while nurses had over–workload, which affected the quality of service. The administrative system of public organizations obviously separated the health care service from social service and there was a lack of social development personnel. Four problems of elderly care in the family and the community were: 1) the decreasing number of attendants in the family,

2) the increasing number of old people with chronic illnesses, 3) A high tendency to call for elderly care at home, and 4) inappropriate elderly care.

Two policy makers, two policy implementers, and three people who benefited from the policy had the same opinion on the preparedness of the elderly care personnel, which could be summarized as follows.

To prepare the elderly care personnel, it was necessary to hold a training course to produce qualified service personnel that met the international medical standard. Sudthida Chuanwan said, "I studied elderly care and suggested that the family needed to play a major role, and other organizations should give support." Public agencies concerned should cooperate and support elderly care with the qualified personnel and also play other roles as designated. The personnel must be trained to have ethics and related knowledge to be the most efficient. The personnel must also not be overloaded. Suwinya Kungsadan said, "The number of personnel should be adequate. They should be given special training, sympathy, and a higher salary."

4.4.2.8 Public Health Preparedness

At present, there has been changed from illnesses and death due to communicable diseases to illnesses and death of uncommunicable diseases. People have now become ill because of the deterioration of organs and improper health behavior. They died from diabetes, high blood pressure, heart diseases, cancers, etc. This indicated that people did not take care of themselves correctly. Such illnesses finally led to physical disability and the patients had to depend on their family members or society for living.

Two policy makers, one policy implementer and 15 people who benefited from the policy had similar ideas about public health preparedness for elderly care. Their ideas were summed up below.

In elderly health care, emphasis should be placed on prevention of illnesses. The society should be made to be aware of the fact that Thailand was becoming an aging society and that all people would surely experience physical and mental deterioration so that they should look after themselves by eating properly, not being addicted to vices and drugs. As Associate Professor Dr.Worawet Suwanrada put it: Regarding the preparedness, the Public Health Ministry must point out to the

society that it was essential to look after the most dependent old people in a long term." Doctor Nanthasak Thammanawat added, "We must get prepared and the health care standards must be fair. The age of 4G is Geo political ; that is, an aging society which needs health and technological development so that people with not be deceived. People should be given a basic knowledge of health care so that they will not need to see the doctor often. The elderly should live at home as long as possible (aging in place). Their home is the best hospital. I do not want to build hospitals for the elderly."

To sum up, with regard to strategic measure to accommodate the aging society, the factors significantly contributing to the smoothness of the elderly welfare policy implementation in the eyes of the policy makers, the policy implementers, and people who benefited from the policy were participation of all parties and the continuous real collection of correct data . then factors that policy makers and the policy implementers agreed upon were finance, administration, responsibilities of each organization, policy–setting by the leader, policy implementation, the elderly's needs, and good governance.

To accommodate the aging society in the future, the three groups also agreed in preparedness of individuals and the public sectors in different aspects– e.g. economic, social, public health, environmental–including the change of a negative attitude toward old people.

4.5 Comparison of Thailand's Welfare Set and that of other Countries

Seeing the importance of the quality of life from birth until death is a basic international norm, leading to the development of agriculture, industries, society, and the environment. Each country has passed a law and set a policy on promoting the quality of life of its people, including old people. When the increasing rate of old people in each country was considered, it was found that the problems and solutions to develop the elderly's quality of life tended to be in the same direction. The countries that were outstanding in the elderly welfare development were Sweden, France and Japan. (Jumpol Srijongsirikul, 2012) Comparisons were made in terms of the socio–economic aspect, the environment, and public health between Thailand and

economically developed countries – the USA, European countries (e.g., England and Germany, Norway and Denmark), economically developed countries in Asia (e.g., South Korea, Singapore, Hong Kong, Malaysia) (Phum Choke–mao, 2009) and countries that were close to Asia (e.g., Australia and New Zealand). (Supattra Atipoti, 2003) These countries experienced the rapidly increasing number of old people. They also progressed in the elderly policy, as well.

4.5.1 Sweden

The welfare development in Sweden began in the 20th century or during 1930–1965, when the foundation of its elderly welfare system was laid. Especially at the end of 1950s, assistances and services for elderly health care were reformed and developed to be in line with the country's state welfare system. After the controversy and criticism of the said system during the 1950s, there was a crucial welfare and elderly care reform in 1980 when a law was passed to ensure the rights of old people to receive welfare and assistance from the state, which were the basic rights of the people. And in 1968 a law was passed that imposed criteria for elderly services and assistance. Later, the elderly service system was developed to provide more convenience to old people, causing the reduction of elderly care centers, expenses, manpower and time spent looking after old people in Sweden since 1975. Since 1980 the public transport service was developed to accommodate old people. The development of various service systems rapidly gave rise to a larger number of old people living in their own houses from 7.4% in 1966 to 17.7% in 1978 . Meanwhile, the number of old people living in elderly care centers increased from 6.4% to 7.9%. In 1980, a law was passed to accommodate the rights of old people to receive assistances necessary for living in their own houses until the last minute of their lives. This principle was used in Sweden at that time only.

However, from 1980 to 1997 Sweden encountered an economic crisis. Although the elderly care system was still efficient, old people were not equally taken care of. That is, the number of old people who got assistance from the government was reduced, while the number of old people was increasing. One cause was the limited budget of municipalities which were responsible for elderly care. In 1992 the elderly welfare system was reformed again to promote and support elderly care at

home. Criteria were set to reduce the municipal expenses and to restructure and transfer the elderly care system at hospital to the elderly care system in towns and in residences under the authority of the municipality only. It was the transfer of power and operational budget for elderly care services, exclusive of medical care, such as basic treatment, health care, giving knowledge and related preventive measures. Assistances and medical service at the elderly's home were still under the responsibility of each county as before. A new work position was introduced to make sure that service quality would be as prescribed in the law. The new position was "specialized nurse." The municipality was to bear the expenses for the county in case that it was not necessary for an old person to undergo medical treatment but still had to stay at hospital. This enabled old patients (bed- blockers) to stay at hospital for a shorter time, and they could return home earlier because of a variety of services. In 1998 the government has tried to improve elderly care services by increasing the budget and revising many regulations. After the economic crisis, there were many unemployed people and thus the national elderly plan was made in 1998, which confirmed the original principle and concept, i.e. to serve each old individual's needs with focus on quality rather than quantity. Criteria were set to support the family or those close to the elderly to look after them by increasing the amount of financial support to the local administrative organization. In 2001, the Act of Social Welfare and Social Service was amended. The Act prescribed the framework and guidelines for public services and the use of budget derived from taxes in order to reduce people's expenses. Since 2003 all people have had the right to freely choose health services at any hospital across the country.

4.5.2 Japan

Japan's Constitution of 1946 prescribed the basic rights of the people in Section 3, Provision 25. It was a basis for building the pension system. However, the social welfare provision for people in the country began after Japan lost the Second World War. The general headquarters of the allied powers (GHQ) came to make changes and set a social welfare system by introducing social security and social welfare measures to use at the minimum level of economic security . Later the Act of Elderly Welfare of 1963 was passed. However, in 1980 Japan was faced with the

economic problem as a result of rapid change of the Japanese society into the aging society and the decreased birth rate of the population, causing the government to be unable to collect the taxes as targeted. Therefore, the measure of social welfare provision was significantly reformed. The welfare reform in 1981 reduced the role of the government and the central administration in providing social welfare. In 1982 the health service system for the elderly was established to respond to the necessity to provide medical service to the elderly by adding some privileges. In 1986 the organization responsible for social welfare provision was transformed to be under the local administration organization. In 1989, the plan and the policy to implement the Gold Plan were made. In 1990 eight laws related to social welfare provision were amended. In 1992 the Social Welfare Act was amended. In 1994 the old Gold Plan was reviewed and a new gold plan was made with the increase of service providers and the time was set to complete the plan implementation in 1999. In 1997 the Long–term Care Insurance Act for the Elderly was drafted to cover the increasing expenses for elderly care and the Act was enforced in 2000. Later in 2005, community–based care service was offered so that as many people as possible could access the services. During 2002–2006 there was a reform of the health care insurance for the elderly. Also, the preventive care system was established. In 2008 the medical care system for the elderly in the last part of their lives was set up for those aged 75 or more. In addition, the monetary equality system was established and has been in use ever since.

4.5.3 France

France is a welfare state, the welfare system of which is one of the most efficient in the world. The elderly welfare has been continuously developed since the end of World War II. France passed laws that prescribed rules and regulations of providing assistances to old people living in Their own house for the first time in 1954. It also enforced the law on elderly houses in 1957 until the promulgation of the Fifth Constitution. In 1958 the government more seriously materialized the elderly policy. A report was written to publicize the elderly policy in 1962. The government also paved a way to do other things continuously. For example, financial assistance for housing was given to the elderly in 1971. There was also a measure to help the elderly to live in their own houses. The law on the criteria for providing service and

care by nurses for the elderly at home was passed in 1978. Later in 1986 the Act of Transferring of Authority on Social and Health Service Assistances to the Local Administrative Organization was passed. At present the local Administrative organization is a major organization responsible for such a matter. In 1997, the government passed a law to provide special services to the elderly. Besides, several related laws were amended to cope with the changing situation. For example, the Act of Fund for Assisting the Elderly and the Disabled after the disaster as a result of too hot weather had caused 15,000 old people to die in 2003. In 2004 the government gave additional authority for provincial administrative organization to assist old people.

Table 4.4 Comparison of Welfare for the Elderly in Thailand and that in Countries with Remarkable Elderly Welfare Development

Thailand	Sweden	Japan	France
1. Social Dimension			
• The Office of Safety Promotion and Protection of Children, Youths, the Disadvantaged and the Elderly • The Elderly Activity Department • The National Elderly Committee	The committee for overseeing 21 local Administrative organizations at the county level. The society must be responsible together. • Guaranteeing the basic daily living security • The state welfare state system in the form of	The local Administrative organization has an authority to determine the qualifications of those eligible to receive welfare service and details of the benefits to be derived. • The state welfare state system in the form of	The local Administrative organization is a major organization responsible for social and health care. Passage of the law that specifies financial assistance, care, and conveniences for elderly people including their families

Table 4.4 (Continued)

Thailand	Sweden	Japan	France
• The local Administrative organization provides public services and care for the elderly • The elderly are the milestone of the society • The Declaration of Elderly Thais • The Second National Elderly Plan (2002–2021) • Social service provision and social Security system • Social assistance system • Social partnership promotion system	"democratic society used in Scandinavian countries • Transport services and technical services to improve the houses to suit the daily life of old people	society • Principle of missions and responsibility of the state to provide social welfare for its people • Principle of separating public benefits from private benefits	• Amendment of laws and improvement of measures to cope with the changing social condition • Reform of the assistance form and paying attention to the elderly and the disabled by passing the Act of kindliness Fund for Assisting the Elderly and the Disabled • Considering all the needs of the elderly and respecting the freedom in decision–making of the elderly. Emphasis is on easy, uncomplicated

Table 4.4 (Continued)

Thailand	Sweden	Japan	France
			operation and satisfaction of service users • Welfare provision on the basis of equality and fairness. There are no difference in providing welfare and services in different areas. No Breaking of the family tie. The elderly are required to pay for additional expenses. The management is transparent.
2. Economic Dimension			
• The elderly care budget accounts for 3.5 of GDP. Taxes are collected by the state. • Social insurance • Retirement saving	• The elderly care budget accounts for 3% of GDP. Taxes are collected by the local Administrative organization	The Act of Welfare for the Elderly (1963) stipulates that the government shall allocate a budget for elderly housing	• The balanced and suitable budget, taking into consideration the impact on the next generation in the future

Table 4.4 (Continued)

Thailand	Sweden	Japan	France
• The national pension system • The Gratuity and Pension Fund for the Government officials/officers • Elderly fund • Extension of retirement age • Provident Fund • One-baht saving Program • Living allowance for the elderly • Fund for deserted elderly care • Support for traditional cremation of old people • The National Saving Fund	(local taxes). Service users pay additional money for the charge. The rate was low : only 5–6% of the total expense. The local government organization is responsible for the charge (about 82–85%(and about 10% coming from the national tax collection.	and for a short stay program. The money come from both the central government and the local Administrative organization In the past the Act was passed to help just low–income old people and those who had no one to take care of them. At present all elderly people need long–term care and have the rights to get basic services under this Act. The welfare service fee depends on the income level of the service user. • Public pension system • Medical care system for the elderly in the last part of their lives.	• Welfare in the form of living allowance or assistance money • Allowance for elderly care • Living allowance for low–income old people • Additional financial assistance in case of health deterioration

Table 4.4 (Continued)

Thailand	Sweden	Japan	France
		• Long–term elderly care insurance system. • Insurance system based on the occupation of the insurer, which covers the employee and the dependent family members • The national health insurance system covering those who are not eligible for applying for the preceding Type of insurance system • The health insurance system for the elderly.	
3. Environmental dimension			
• Housing and care welfare	• Good residence Supporting the	• Each local administrative	• Welfare in the form of providing

Table 4.4 (Continued)

Thailand	Sweden	Japan	France
• Elderly care in institutions (Elderly welfare centers). Adjustment of the housing environmental to suit the elderly • Elderly clubs • Multi–purpose centers for the elderly • Elderly service center at the temple • Day care centers for children–a type of welfare for workers which has an indirect effect on the elderly	• family members or close relatives to look after the elderly at home as long as possible More than 93% of old people in Sweden live at regular residences, which meet the standard and are adapted to be suitable for old people to live in.	organization provides a long–term elderly care service based on the survey with the support of an organization at the prefecture level to assist in implementing the action plan to attain the goal. However, the service renders as set by the plan were not enough to serve the elderly. Therefore, in 1994 the plan was revised and the new gold plan was made in which the number of service renders increased. The plan was set to	special services and conveniences • Financial assistance for housing • Other financial assistances to improve the house or to help in times of emergency, thefts and disasters • Home care and home assistance services, such as house cleaning, shopping of necessary things • Elderly care centers provided by the local administrative organization.

Table 4.4 (Continued)

Thailand	Sweden	Japan	France
		be completed in 1999. Because elderly care is a great burden of the family, it is necessary to distribute the responsibility to the whole society	
4. Public Health Dimension			
• National Health Insurance Office • Health insurance for all program • Medical service and public health service • Subdistrict health promotion hospitals • Elderly care service at home by the elderly health group • Home care for dependent old	• National Health and Welfare Committee • Giving services and care as needed by the elderly who are service users • Eight regional hospitals, to 70 district hospitals in localities and more than 1,000 health centers. In addition to health service centers in	• Plan and policy on welfare care and elderly The gold plan has been implemented for 10 years since the 1990s • Long–term plan and public policy on elderly care insurance • Elderly health service system • Service user–centered approach for efficiency and	• Setting the national plan on quality living of the elderly • Health Insurance Office is responsible for the medical expenses at elderly care centers. • Additional financial assistance for invalid old people • The local

Table 4.4 (Continued)

Thailand	Sweden	Japan	France
people • Home elderly care volunteers • "Friend–Help–Friend" volunteers • Mental care for the elderly in the community Database for management and following–up of the performance • Community elderly care project • Project on the social protection network for the elderly	counties, there are 290 health service centers in municipalities • Long–term health care • Since 2003, all people in Sweden have had the right to freely choose to get medical service for out–patients at any hospital	equality. Service users can choose any service they need. The service system covers welfare, health care, and medical care. Private organizations are also encouraged to participate in elderly care services.	administrative organization may provide food at cheap prices for low–income old people • Food delivery service

4.5.4 The United States of America

Although the USA is a welfare country in the democratic system, the government plays a limited role in social welfare provision because it emphasizes market mechanism in the economy and private social welfare. In case of the elderly, the USA has the Older American Act (OAA) to serve the needs of the elderly the number of whom is increasing. The Act prescribes the rights to get services. It is a law

for overseeing the budget allocation from the federal government to the governments of each state for setting community plans and programs to provide services to the elderly, such as the senior community service employment program. A budget is allocated to research projects and training projects for the elderly (those aged 55 years or more). There is also a project on the supplemental security income (SSI), which was approved by the Congress in 1972, to provide elderly people with a living allowance is determined in each state. The living allowance was paid to people aged 65 years or more, including the disabled. Such a project is financially supported from the general revenue of each state, not from the social security fund. The Older American Act was amended in 1992. Following a program on the protection of the elderly's rights through the network of State and Territorial Units on Aging (SUAs). The performance of all projects on the elderly most of whom have socio–economic problems are followed up.

Again, the OAA was amended to a great extent it 2000 and contains a new program called the National Family Caregiver Support Project. The project provides services to the members of the elderly's family who have a limited ability to look after the elderly and the disabled in their families. In 2001 the project got a budget of 125 million US dollars to run the state service center for the elderly and the disabled. The budget was spent on different projects needed by the community, such as data collection and assistance to those who looked after old people, giving advice and holding activities. An organization established by the federal government, which is directly responsible for elderly care, is the Office of Administration on Aging under the Department of Health and Human Services.

Besides, the USA has other laws to protect the quality of life of the elderly : 1) The Age Discrimination in Employment Act (ADEA). 2) Final medical care planning. 3) Permission of the third party called a "conservator" to act for the elderly in managing their property through the court approval. 4) Permission of a trusted third party to deal with the elderly's health (especially, the elderly whose brain does not function) by setting the health care directive through a durable power of attorney or a guardian. The latter case needs an approval from the court first. 5) Preparation for the elderly to live in a nursing home or sending a nurse to look after them at home (which is in accordance with the Nursing Home Reform Act –NHRA at a very high charge ;

therefore, it is important to have a large amount of money to pay for the charge. 6) Provision of a short–term medical service with a limited extent for medicare and a long–term medical care assistance system which covers more than medication. Medicare is used for acute health care. 7) Monthly pension for old people aged 65 years or more and the disabled (old–age survivors and disability insurance). A person must work for at least 10 years to be eligible for the pension. 8) Pension from the company's provident fund. 9) Supplemental Security Income (SSI) will be given to any elderly person whose income is lower than the poverty bottom line. Each state in the USA also established a bar association to help the elderly. The court itself used to rule that American old–age people need not be separated from other groups of people in the society. They are part of the society, so they should be treated in the same way.

4.5.5 England

England has developed the protection and promotion of the quality of life of the elderly since 1908. There was a law which stipulated that those living in Britain for at least 12 years or more were eligible to receive financial support for the elderly when they were 50 years old or more. In addition to the Old Age Pension Act of 1908, there was state pension but was not given to all the population. Later the National Insurance Act of 1901 was passed to ensure health insurance for all. Still, the Act covered only laborers and poor people. In 1925 a law was passed which stipulated that all workers with a lower income than 250 pounds a year had to enter the social insurance program and had the right to receive a pension after retirement. The National Insurance Act of 1946 was enforce which, composed of social welfare such as medical care, elderly insurance for those who had no one to attend to, etc. The employer was required to pay the social insurance fee as prescribed by law to the Fund. In 1948, the National Assistance Act of 1948 was passed. It prescribed the principles and the ways to assist people who could not help themselves, such as the disabled, the elderly, the blind, etc.

In 1993 the Community Care Act was passed. Community health service was reformed and a home care policy was set so that there would be better coordination and more flexibility in health and welfare service. Private organizations were responsible for providing services to the people who might choose to use the services

of companies or non–profit organizations. In 2000, the National Health Services (NHS) Plan was made for investment in and reform of health services and social services so that such services would meet the standard, would have a variety and would easily get access to. Financial support was given suitably and continuously. Service was developed so that old people could live independently and healthily. The emphasis was on good coordination for efficiency in service rending. In 2000, the NHS plan was made for elderly health service system development. The result was the national service framework (NSF) for older people. Two responsible organizations are the National Health Service (NHS) Department headed by Secretary of the State for Health and the Local Authority Personal Social Services Department. In addition, the Association of Age Concern of England is the largest charity organization of the country that deal with aging. It has more than 1,000 sub–organizations in the local and the national networks whose major objective was to promote health and well–being of the elderly.

4.5.6 Germany

Since 1889 all workers, including those in the agricultural sector, house maids and home workers have been required to enter the social security program and have the right to get a pension after retirement. Later in 1991 the Federal Ministry for Families and Senior Citizens was set up to specifically look after the elderly. In 1994, the ministry's name was changed to the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ). The private sector is mainly responsible for public health services under the control of the government. The major principle of the operation is solidarity of people in the society. It means willingness of healthy people to pay for patients, single people to pay for married people, and youths to pay for the elderly. The second principle is decentralization of power from the central administration to the regional administration (subsidiary). The third principle is an corporatist organization. In politics, there will be representatives from different occupations and representatives coming from the election.

The government oversees both state and local hospitals, such as care for elderly patients at in–patient clinics, elderly housing center (altenheim) ,medical care, and physical therapy at rehabilitation centers (kurs), etc. Such services are under on

the health insurance system. Meanwhile, business operators can offer day care and short–term care services to elderly patients. The short–term care is looking after elderly patients at their houses. The companies or centers that do such a business must be registered at the Chamber of Commerce of the city and follow the general rules and regulations. They must be members association of the companies and centers that provide care for the elderly and old–age patients. Besides, there is a law called "Altenpflegegesetz", which specifies the qualifications of people who look after the elderly–education and basic knowledge.

Elderly care centers must seek permission from the public organization concerned. There is also a law called "Heimgesetz" which concerns the establishment of elderly care and old–age patient care center.

4.5.7 Norway

During the war (1918–1940), public health services in Norway were improved. Public health service clinics were established for physical health examination and preparation of the preventive plan for health. Most work was done by volunteers, who were women, doctors and nurses trained to do the job. Norway's health policy was implemented in local areas in the form of guidelines. The federal government allocated an extra earmarked fund for elderly health care and for reduction of the queue for hospital care.

The city administration controls most hospitals and medical institutions, with only some being controlled by the federal government itself. The municipality is responsible for planning of administration and basic health service provision, namely basic medical service, physical therapy, public health nursing, home nursing, including elderly care service, prevention of diseases, and idiot patients. The city administration is responsible for allocating a budget to support hospital service for patients from other cities or towns. The local administrative organization gets an income from local tax collection plus a budget allocated by the federal government for health service provision. The amount of the budget depends on the demographic size and structure. Besides, Norway has a resource allocation working party (RAWP) to allocate to the local administrative organization a lump sum of budget on the basis of the death toll and distance from the hospital.

Other incomes may come from selling goods and services such as an electricity charge, etc. The municipality uses the local taxes collected from the people to support health services. This accounts for 48% of the total budget for this purpose. Another 39% are the government–allocated budget, and the other 13% come from the income from selling public services.

4.5.8 Denmark

Since Denmark is a country with a high public health standard and a high revenue, it is one of not many countries where the number of working women is high–at the ratio of 9 working women to 10 of working men. The foundation of the society of Denmark is respecting others and having common responsibility at the family level and the community level. In most families, the husband and the wife work outside, so they have a little time for the family such as time to look after the family member who becomes seriously ill. This is one of the reasons why they need help from the government to solve the problem. People who cannot look after themselves because of the disability, illness or aging can be taken care of in an elderly care center or stay at a public elderly house.

Denmark is a welfare society. Everyone has the right to get public services free of charge. The elderly and the disabled has a special right to be taken care of and assisted in their daily life. After retirement, everyone has the right to get a full amount of pension after they live in Denmark for more than 40 years. In general, working people will retire when they are 65 years old but some have chosen to retire at an earlier age and they will receive a pension before the due time. The government has a policy to encourage the elderly to participate in activities, so the elderly have an opportunity to participate in decision–making at the personal level and the community level. For example, the members of the elderly council are elected from the elderly in each municipality. The government also has a policy that the elderly should help themselves as much as possible so it provides services that support the elderly to depend on themselves in their daily life at their own home as long as possible. Such services are, for example, care service, house cleaning service, shopping service, etc. With regard to medical service, Denmark has the health insurance system supported by taxes. Each old person will have a personal doctor to look after them and can

choose any hospital to get medical service free of charge. However, there are some services that they must pay a part of the expense, such as medicines, glasses, dentist fees and charges for other types of treatment not provided by doctors or at hospital But such expenses can be redeemed.

4.5.9 Australia

Australia's Constitution gives the parliament an authority to pass the Act of Welfare for the Elderly, Children, Widows and the Unemployed, which gives these people the right to get medical services free of charge. In 1967 the Australian Institute of Health and Welfare Act was passed and later was amended in 2001. This Act was a master plan for social welfare provision to different states. However, in 1990 the Australian government had a policy to combine into one the organizations that dealt with welfare service for the family, welfare for children, welfare for youths, the disabled and the elderly so as to have unity. Each state combined welfare work into one department called the "Supra–department of Health and Community Services. The public organization that oversees the elderly welfare is the Ministry of Families, Communities and Activities for Native People (FaCSIA). It is a federal or national organization located in Canberra and is responsible for setting a social policy and controlling the policy implementation through alliance organizations in both the public and the private sectors. Its goal is to improve the quality of life of Australians and to increase the efficiency of individuals, families and communities in tackling social problems. The Center Link is another public organization under the Department of Human Services. About 90% of the budget of the department are spent through the Center Link, which is operated like a private organization. It calls its service users "customers," not clients. The organization will set its vision, strategies, values and philosophy of work, with emphasis on efficiency, effectiveness, and customer satisfaction. It works professionally in social welfare provision.

4.5.10 New Zealand

New Zealand is a welfare state where there are social welfare, women's right, elderly care and welfare for children. It set good conditions in medical care payment, financial assistance for the unemployed, etc. It is the first country that has provided

social welfare “from the cradle to the grave.” for more than 70 years. It has given an opportunity for NGOs to play a role in social welfare provision with support from the government. For example, the Ministry of Public Health allocates about 50 percent of its budget to NGOs to implement the policy on elderly welfare provision. The government only sets the policy and the direction. It does not directly serve the services users. Moreover, NGOs play a role of a watchdog to protect the people’s human rights.

New Zealand’s Ministry of Social Development is responsible for elderly care. Its operation focuses on a social development approach and on an understanding of the socio–economic reality, the environment and culture faced by its clients. It materialized its strategy for the long–term benefit of the people and uses short–term measures to respond to people’s needs. There are also senior programs held by the recreation department under the local administrative organization of each county. The budget for senior programs comes from the federal government which allocates a budget to each state, the revenue of individual states and the income of individual counties that comes from property taxes and community taxes.

4.5.11 Hong Kong, the Special Administrative Zone of the People’s Republic of China

Hong Kong’s first elderly plan began in 1977 as a result of the problem of unsuitable elderly services and that of poor coordination between organizations responsible for elderly services. In 1987 the Central Coordinating Committee on Services to the Elderly was set up to give advice on social welfare and health Unsuitable services was reviewed and an elderly welfare service plan for the future was made with emphasis on elderly care by the community and the community service for the elderly was integrated with elderly care by the family. During 1992–1994 more importance was given to the elderly as evidenced by the announcement of the policy on elderly service provision and financial support. Apart from financial assistance to the elderly, the Elderly Commission (EC) was established. Its members came from the main organizations responsible for the elderly–the welfare office, medical care clinics and the elderly housing office, but there was no official control. The policy focused mainly on social welfare and health. For instance, there was long–

term care, i.e., elderly care at home and designing houses for the elderly. There was also promotion of the quality of life of the elderly. The policy on the elderly emphasized three aspects: 1) Security. Importance was given to the family's responsibility and self–dependence. 2) Ownership. Importance was given to house ownership, provision of conveniences to the elderly, and encouraging the private sector to provide housing for the elderly And 3) health.There was Promotion of self–health care by the elderly themselves.

In 1995 the law called the "Residential Care Homes Ordinance for Elderly Persons" was passed to oversee the private sector that provided residence for the elderly. Such a business needed to have a license. Two national surveys indicated that people in general and the Hong Kong government realized the importance of long–term elderly care service. It set up a policy–making committee to give recommendations in the form of a report, setting a medium–and a long–term development policies, including conducting research necessary for national development. However, although the Hong Kong government increased the budget for social welfare provision to the elderly, the amount was less than 5% of the national budget and less than 1% of GDP. Most social services in Hong Kong focused on low–income old people. The government allocate a large amount of budget to organizations that volunteered to provide social services. In spite of the inadequate budget to provide quality services and there was poor coordination, the government saw the importance of housing,so it assisted the families of old people by providing housing and basic services so that the elderly would remain healthy, and by supporting home care for the elderly, which was a holistic approach for physical and mental health care, as clearly seen in the slogan for the elderly : "Be active, eat well and quit smoking." The health service covered evaluation of physical and mental needs. The members of the needs analysis team came from different occupations and would give service in elderly centers and elderly nursing homes. The work of the team from the private sector was to make needs analysis and to provide medical care and public health service for the elderly in the community.

A new elderly plan which is set every five years has been progressive. It is a plan to solve the problem of inadequate services, to set necessary policies, and to coordinate services provided by different departments and different service providers.

The Elderly Council is the most successful in reviewing the policy and services, leading to innovations and a new direction to solve the problems. Hong Kong's slogan for all types of service for the elderly is "aging in place and continuous of care.

4.5.12 Korea

In 1917 Korea established the first nursing center for poor elderly people and two social security projects were set up : the employee pension project in 1960 and the military pension project in 1963. The elderly were considered to be more important because the increasing number of the elderly affected the national economy, they were discriminated by thire families, and the society confronted more social problems about the elderly. In 1975 there was a pension system for private school teachers. In 1981 the government passed the Elderly Welfare Act and in 1988 it passed the National Pension Act and supported the employment of the elderly. The elderly job bank and elderly workshop programs were established in 1987. Later Korea began elderly care by the community, or the so – called community care. There were volunteers to look after old people at home. The government gave financial assistance to the welfare organization for the elderly so that the elderly would be looked after at home and so that they would have someone to attend to them during the daytime. Durinng 1989–1993 the Act on the Elderly was amended to cover middle–income and high–income old people who could pay for the care. Community care included home asssistances, adult day care, and short–stay care. Home care was given to only poor old people.

Korea emphasizes the economic aspect more than others, so the policy on the elderly is not integrated. It holds strictly on to culture and gratitude. It is ruled by the commune system, so the family is a safety network for the elderly. Also, it has a custom of not allowing the elderly to be under other people's care ; that is, why the government's decision on the policy on the elderly has been delayed. Nearly all the policies and national projects on the elderly welfare have been set and implemented by the Ministry of Public Health and Welfare. The elderly policy covers 4 areas : 1) Maintaining the income, 2) Medical care 3) Housing, and 4) Social service. The government established the elderly welfare fund and the elderly health fund and passed the Act of Pension for the Elderly and the Act of Elderly Employment

Promotion. It also abolished the Act of People Welfare and put its contents in the Act of National Well–being Insurance Act to ensure that all old people are insured of the minimum level of the living standard. It also has reviewed the Elderly Welfare Act and improved services in service centers to serve low–income old people in home assistance, day care and short–stay care.

4.5.13 Malaysia

The National Council of Senior Citizens Organization in Malaysia was founded in 1990. The members were 5,000 in total The council was responsible for holding seminars on elderly issues. In 1993 the Care Center Act, along with care center regulations, was passed. In 1994 the minimum standard for elderly care was determined to protect the interest of the elderly, and the national senior citizens policy was set in 1995, leading to the setting of the National Senior Citizens Policy and six technical committees under this policy in 1996. Each committee dealt with each of the following aspects : social and recreation, health, education, religion, training, housing, and research. It held activities for the elderly, excluding employment and income security. In 1997, the Private Health Care Facilities and Services Act was passed. The Act prescribes a guideline for hospital work. Malaysia also has a social security policy, which provides pensions for government officials and it has a provident fund for employees of private companies. In addition, the health care program for the elderly was established to develop the health and the ability of the elderly, especially those who are active aging.

Elderly care in Malaysia is the responsibility of the family and the community. Most service centers are run by the government. There are both external and institutional social welfare services for poor old people. External service means home care and home visits, while institutional service is care at a nursing home for the elderly. Private elderly care centers must get approval from the government. During 1997–2005 an action plan was set and a committee appointed. And there is a control system to oversee the progress of all activities. The formal social prevention system consists of the social insurance fund, which is a source of income of the elderly, savings, and personal life insurance. The aim is to urge the society to participate, especially the low–income people. The financial system is one of the strategies for

health development. The control system in Malaysia will make possible for inspection to keep equilibrium and to evaluate the progress of projects and activities. All the ministries and departments are responsible for implementing the action plans and activities, but the organization that will oversee the overall picture of the country is the Social Development Department.

Accommodating the aging society. Malaysia's working age structure of government officials is like that in Thailand. Malaysia is an aging society. In the past all Malaysia officials would retire on the day when they were 56 years old. If it was necessary to have some retired officials to continue working, the Malaysian government might hire them by a yearly contract. So it was not necessary to extend the retirement age. Later the retirement age was changed from 56 years of age to 58, 60, and 63 respectively, depending on positions, work lines, and scarcity. As a result, Malaysia's working age structure of government officials is equilibrium, so the lack of manpower is not a problem for the policy-setting of the Public Service Department of Malaysia (PSD). The department gives importance to the policy on care for the retired officials ; therefore, it has set an aging policy and arranged a training course for the personnel before they retire so that they will learn how to live after the retirement.

4.5.14 Singapore

The number of old people in Singapore has increased at the highest rate in the Asia–Pacific region. Singapore set up a committee to study the aging problem in 1982 and in 1984 the National Advisory Council on the Aged which consisted of the ministers of all the ministries was established. Later the National Council on Family and Aged (NACFA) was set up in the Ministry of Community Development under the concept of cooperation among the government, the community and the family, or the "Many Helping Hands Policy". In 2001 the government set the Five–Year Master Plan of Elder Care Services. Singapore provides elderly welfare in three aspects : 1) Heartware, focusing on changing the society's attitude toward the aging society so that people will regard old people as valuable and can do activities useful for themselves and the society. 2) Software, focusing on building the elderly's potential in doing activities and giving opportunities for the elderly to participate in social

activities. For instance, the elderly are encouraged to work as volunteers, to join the Friend–Helps–Friend group. There is also a multi–service center that offers a variety of services. 3) Hardware, focusing on housing, transport and service places that facilitate the elderly (with emphasis on aging in place). There is cooperation between the government and volunteer welfare organizations in providing services for the elderly.

With regard to economic and financial aspects, the government focuses on people's taking care of their own money and it just provides support. The elderly's income mainly comes from pensions and saving. The government supports saving by establishing the Central Provident Fund and the members must save about 40% of their income in this fund . There are health service and social welfare service inside and outside the institution. This is similar to other ASEAN countries. The emphasis is placed on quality and continuous services. There are also community–based support service, such as the "Be Friend" service, the "Meal" service for low–income old people, the Senior Citizen Club. Emphasis is placed on recreation and taking a rest. Moreover, there are part–time and flexible–time work for the elderly to earn extra income.

4.5.15 Thailand

Thailand protects the elderly's rights under the Beggar Control Act of B.E. 2484 in order to provide welfare for deserted and homeless old people. The elderly protected under the Civil Act, Provision 1534 and the Criminal Act, Provision 307. Later in 1544, the ruling government during World War II initiated the policy on welfare for the first time to provide welfare for the unemployed, the disabled, the elderly and homeless children in order to alleviate the problems during the war. In 1982, the Welfare Department was set up in the Ministry of Public Health. The elderly were taken care of under the Welfare Fund for the Destitute." Later in 1949, the 12th populist policy on protection of children, the elderly and the disabled was announced. In 1953 many welfare centers were set up such as the Ban Bang Khae welfare center for the elderly. In 1954, the Faculty of Social Administration was founded at Thammasat University to build the body of knowledge in social welfare and to apply the knowledge for social welfare development in Thailand. The

Constitution of Thailand, B.E. 2521 specified in Section 5 the State Policy, Provision 70 and Provision 73 to promote and support the elderly. In 1979 the elderly service centers were established to give services to the elderly in the neighborhood, such as out–patient medical care and giving the knowledge of public health, etc.

In 1982 the United Nations held a World Assembly on Aging because of the drive from international organizations. (HelpAge International and Foundation for Older Persons' Development, 2015) Accordingly Thailand, set the First National Long–Term Plan for the Elderly (1982–2001). It was the master plan which included a policy and 5 measures that covered health service, education, occupation and income, social and cultural aspect, and social welfare. Besides, the Fifth National Economic and Social Development Plan (1982–1986) specified that the family should look after the elderly, that service centers for the elderly should be established, and only the elderly who could not help themselves should be allowed to stay in the welfare centers. The emphasis was placed on solving the problem rather than on prevention. The government also held the celebration of the National Day for the Elderly on April 13 every year as resolved by the Cabinet in 1982 in order to praise the goodness of the elderly. In 1983 the Medical Department of the Ministry of Public Health invited a guest speaker from Sweden, together with a few Thai experts, to give a lecture on the geriatrics for the first time. The first elderly club was set up at the Monk Hospital. However, the club could not be operated efficiently, so the Association of Elderly Council of Thailand was founded in 1989. In 1991 the Act of Rehabilitation of the Disabled was passed. Disabled old people could benefit from this Act. And the Constitution of Thailand (B.E. 2534) prescribed the elderly's rights in Section 3 the Rights and Freedom of Thai People in Provisions 41, 87, 89 and 89 (2). It was the first Constitution that specified the people's rights. Later the Association of the Elderly Council of Thailand pushed the government to set a long–term policy and measures for the elderly (1992–2011). The living allowance project was first implemented in 1993 to help poor old people in rural areas to get the money allocated by the government and donated by the private sector. There was a campaign for donation too. Transport welfare was also given to the elderly in that same year. In 1994, the Office of the National Elderly Promotion and Coordination was founded.

In the Sixth National Economic and Social Development Plan, the strategy was revised by making the family play a role in looking after the elderly. In the

seventh national plan, the emphasis was on providing health services to the elderly. The policy and the measures in this period was successful at a certain level. The government could allocate a large amount of budget to the living allowance project, for example. Later the elderly's rights were specified in the people's Constitution promulgated on October 11, 1997 in Section 3 Rights and Freedom of Thai People, Section 5 the Basic Policy of the State. Section 4, Provisions 30–34 stipulates that decentralization of power to local administrative organizations shall be completed within 4 years. This directly affected elderly care. To solve the problem of lack of the host for implementing the first national elderly plan, the national committee for promotion and coordination of the elderly was established in 1999 and the declaration on Thai elderly people was signed by the representative of politicians in that same year.

In 2002 the Ministry of Social Development and Human Security was founded. The ministry had the Office of Promotion and Protection of the Elderly as an academic organization responsible for the elderly, and the Social Development and Welfare Department, which looked after elderly welfare centers and social service centers. In this period there was change from temporary solution with focus on the disadvantaged to giving importance to welfare for all people. The work was proactively carried out with the private sector and the community to participate more ,and many tasks started to be transferred to the local administrative organization. In 2002 the Second National Elderly Plan (2002–2021) was announced. Although a public opinion poll was made, the result did not have any impact of the content of the plan. Finally, The Elderly Act of B.E. 2546 was passed on October 29, 2003. The total time since it was drafted was 6 years. However, public service provision for the elderly by the local administrative organization was still limited. It just solved unexpected problems when facing them. The emphasis was on welfare but there were attempts to provide standard public services, as well. The elderly welfare provision standard was set in 2005 to have basic indices and development indices. In that same year, the Ministry of Public Health made an announcement on medical services and also provided conveniences and speedy services specially for the elderly. Besides, other public agencies held some activities related to the elderly. For example, the Ministry of Labor provided occupational consulting service. The Ministry of Tourism

and Sports gave a privilege in tourism to the elderly. The Ministry of Culture had a slope way built in museums. The Ministry of Transport reduced the ticket fare of public bases and trains. The Ministry of National Resources and the Environment permitted the elderly to visit national parks free of charge. The Ministry of Finance had a measure to reduce taxes for the elderly, etc. Similarly, NGOs also had projects for the elderly. Private enterprises played a more important role in giving services to the elderly. There was an elderly care business called a "nursing home." The Constitution of B.E. 2550 included the principle for assisting the elderly in Section 3 the Right and Freedom of Thai People, Provision 40 A person has the right in the judicial process ; and Section 5 Basic Policy of the State, Provisions 50, 80 and 84.

The policy on the elderly received serious attention from the government. It was determined as an urgent policy to be implemented in the first year of the plan, or in 2008. The government approved a budget of 9000 million baht for the income insurance project for the elderly. In 2009. the National Elderly Committee Regulation on the Criteria on Payment of the Living Allowance to the Elderly was announced in 2009. The Ministry of Interior also announced the criteria on paying the living allowance to the elderly by the local administrative organization in the same year. Since then all old people aged 60 years or more who have qualifications as specified in the announcement have received a living allowance.

In 2010 the Second National Elderly Plan was revised and the performance was continuously followed up and evaluated. Besides, the problem of the outstanding debts of the Elderly Fund was solved by issuing the Regulation of the National Elderly Committee on Cutting the Non–performance Debt of the Elderly Fund of B.E. 2553, which was used as The guidance in the same year. Moreover, the Ministry of Social Development and Human Security approved that the disabled who were 60 years of age had the right to get both the allowance for the disabled and the living allowance because they were legitimate to get them as stipulated in the Constitution. In 2011, the Yingluck Shinnawatra (2011) Government announced the policy on the environment and conveniences, the economic insurance policy and the public health policy. The living allowance for the elderly was given in a terrace pattern and the establishment of the center for development of the quality of life of the elderly was promoted. In addition, the National Saving Fund Act of B.E. 2554 was passed but it

was not officially enforced. Several changes were made ,For instance , there was a drive to save money under the principle similar to the saving fund through the Social Security Fund or the so–called the Insurer" in Provision 40 in 2012. This stemmed from the action plan to push and drive short–term and long–term elderly care services to be offered by the local administrative organization and the Central Administration and the monetary support was also given by the government. In the policy on the development of the quality of life and the policy on occupational promotion for the elderly, the government initiated the establishment of the centers for development of the quality of life and occupational promotion for the elderly under the responsibility of the Ministry of Social Development and Human Security, the Ministry of Interior, and the Elderly Council Association of the Thailand. In 2013 the total of 99 centers were set up (the pilot project).

The present government took office after the National Peace–keeping Committee seized and controlled the ruling power of the country on May 22, 2014, and announced that the Constitution of B.E. 2550 was abolished except Section 2 the King. Later the Cabinet headed by Prime Minister General Prayuth Chan–ocha announced his policies to the National Legislation Council on September 12, 2014. The policy on the elderly was specificed in item # 3 Reduction of social inequality and building of an opportunity to access public services and # 3.4 Getting ready to become an aging society. The aim is to promote the quality of life and employment or other suitable activities so that the elderly will not be a burden of the society in the future. The system for elderly care at home, rehabilitation centers and hospital was set, with the cooperation of the public sector, the private sector, the community and the family, including development of the monetary system for elderly care. However, the micro–magazine of the reformed constitution, Year 1, Issue # 1, January 2015, indicated clearly the rights of the elderly in # 8 The Right to get the quality–of–life guarantee in old age. It is the government's duty to have a saving system for aging and to provide basic social welfare to cope with the changing situation of becoming an aging society.

Table 4.5 Summary of Elderly Care Characteristics Classified by The Ruling Government

Government Head	Policy	Elderly Care
Field Marshal Por. Piboonsongkram	Act of Beggar Control, B.E. 2484 ; Civil Act, Provision 1534 ; Criminal Act, Provision 307	Welfare
Field Marshal Por. Piboonsongkram	Establishment of the Social Welfare Department in 1941	Welfare
Field Marshal Por. Piboonsongkram	Establishment of the Faculty of Social Administration at Thammasat University to build a body of knowledge in social welfare and use it to develop social welfare in Thailand	Study of problems and development
General Kriangsak Chamanan	The Constitution of Thailand, B.E. 2521 specifies elderly care in Section 5 Policy of the State, Provisions 70 and 73 to promote and provide support for the elderly	Reactive
General Prem Tinsulanond	The First National Long–term Plan for the Elderly (1982–2001)	Proactive
General Prem Tinsulanond	The Fifth National Economic and Social Development Plan (1982–1986) specifics elderly care in Section 3 The Rights and Freedom of Thai People in Provisions 41, 87, 89 and 89 (2). It was the first Constitution that mentions the rights a person should have.	Reactive
General chatchai Chunhavan	Revision of the strategy in the Sixth National Economic and Social Development Plan by giving	Reactive

Table 4.5 (Continued)

Government Head	Policy	Elderly Care
	importance to the family to play a role or to be responsible for elderly care.	
Mr. Chuan Leekpai	Implementation of the living allowance project for the first time in 1993 to help poor old people in rural areas with the fund allocated by the government and the private sector through a devotion campaign.	Welfare
Mr. Anan Panyarachun	The Seventh National Economic and Social Development Plan specifies more assistances to the elderly with focusing on providing health services. The policy and measures in this period was successful to a certain extent, enabling the government to allocate a larger amount of budget to different projects, e.g. the living allowance project.	Proactive
Mr. Chuan Leekpai	Solving the problem of the lack of the host to implement the first national elderly plan by setting up the National Committee for the Elderly Promotion and Coordination and announcing the Declaration of Thai Elderly People signed by the representative of the politicians.	Reactive
Dr. Taksin Shinawatra	Establishment of the Ministry of Social Development and Human Security with	Proactive by having the private

Table 4.5 (Continued)

Government Head	Policy	Elderly Care
	the Office of Elderly Promotion and Protection as an academic unit related to the elderly and the social Development and Welfare Department as an agency that looks after elderly welfare centers and social service centers.	sector and the community participate more in elderly care and by transferring the work to the local administrative organization.
Dr. Taksin Shinawatra	The Act of the Elderly, B.E. 2546	Reactive
Dr. Taksin Shinawatra	Provision of public services for the elderly by the local administrative organization (to a limited extent)	Reactive with emphasis on welfare
Dr. Taksin Shinawatra	Setting the standard for elderly welfare in 2005 to have basic indices and development indices	Welfare
General Surayuth Chulanond	The Constitution of B.E. 2550 contains the principle of elderly assistance in Section 3 The Rights and Freedom of Thai People, Provision 40 A person has the right in the judicial process ; Section 5 The Basic Policy of the State, Provisions 53, 80 and 84	Reactive
Mr. Apisit Vejajeeva	The government was seriously interested in the policy on elderly, so it was set as an urgent policy to be implemented in the first year (in 2008).	Proactive

Table 4.5 (Continued)

Government Head	Policy	Elderly Care
Mr. Apisit Vejajeeva	In 2002 the Ministry of Interior made an announcement of the criteria for living allowance payment to the elderly by the local administrative organization. Since then, all people aged 60 years or more who have qualifications specified in this announcement can get the living allowance.	Welfare
Mr. Apisit Vejajeeva	In 2010 the Second National Elderly Plan was revised and the implementation of the plan was followed up and evaluated. Also, the problem of outstanding debt of the Elderly Fund was solved.	Solving unexpected problems
Ms. Yingluck Shinawatra	In 2011 living allowance payment in terrace was made. The Act of the National Saving Fund, B.E. 2554 was passed, although it was not officially enforced and there were many changes in it.	Welfare
Ms. Yingluck Shinawatra	In 2012 an action plan was made to push and drive short–term and long–term elderly care projects run by the local administrative organization and the Central Division with financial or monetary support in accordance with the policy on the development of the	Proactive

Table 4.5 (Continued)

Government Head	Policy	Elderly Care
	quality of life and occupational promotion for the elderly	
Ms. Yingluck Shinawatra	Establishment of the centers for development of the quality of life and occupational promotion for the elderly in 2013. The total of 99 centers were founded.	Proactive
General Prayuth Chan–ocha	Preparation to become an aging society by setting the elderly care system at home, rehabilitation centers, establishing and hospitals, with the collaboration of the public sector, the private sector, the community ,and the family. Also the financial /monetary system for elderly care was developed	Preparedness

To sum up, comparison was made between the welfare set of Thailand and that of developed countries with a remarkable welfare system and advanced economic development, i.e., Scandinavian countries, Asian countries, and countries close to Asia in order to use as basic information to develop a policy on social welfare for the elderly in Thailand in the future. It was found that Sweden has a health care system, a transport system, housing service, and the pension system as welfare for the elderly. In contrast, Thailand lacks the service system to serve old people at home. It does not have primary services, such as shopping, house cleaning, cooking, washing, self health care at home, day care and personal safety warning. It does not have short–stay care for rehabilitation and after–hospital care, support of elderly care by the family and alleviation of the burden of people who attend to the elderly in the family, Lastly, Thailand does not have alternatives for elderly care through bidding or singing a contract with the public agency concerned.

Japan has medical care service for the elderly. It accepts the elderly as part of the society. It also has a pension system. However, Thailand lacks cooperation in elderly care among the government, local administrative organizations, companies, local communities, NGOs, the family, and individuals. There is no elderly employment, no employment center for the elderly, no consulting and assistance service for employers or business operators regarding employment of the elderly, and no consulting service for employees to get ready to take on an occupation in their old age.

France offers medical assistance to the elderly. It has the provident fund which collects the aging insurance premium and the elderly has the right to get a living allowance after their retirement. It also has state–run elderly welfare centers. Unlike France, Thailand still lacks an organization directly giving assistance to the people, such as the disabled, the elderly, and children. There is no system that make the family and the community to participate in elderly care. No village for the elderly is established.

The USA has the National Health Service Organization run by the Public Health Minister. The organization sets a master plan for national health service. The health service system for the elderly has been developed. England has the Social Security Fund that benefits people in their old age. However, Thailand still lacks the Social Service Department under the local administrative organization. The Elderly Association is the largest charity organization that mainly holds activities related to the elderly. It has many suborganizations in the local network. Its goal is to promote the elderly's health and well–being.

Germany's government oversees the operation of elderly care centers and care of elderly patients at central and local hospitals, including elderly houses. Medical care and rehabilitation are based on the health insurance system and the medical insurance system. The federal government and the states, together with the Ministry of Public Health and other ministries will set the public health system. However, Thailand lacks local organizations or private organizations, social organizations, and social development organizations that the government decentralizes its power to provide social welfare for the elderly.

In Norway, the federal government sets the policy and conditions for elderly health care and oversees public services and health of people, especially the elderly. It

has the social security system for aging. Unlike Norway, Thailand lacks public health clinics to give health care and preventive services, especially for the elderly. The local administrative organization oversees hospital and medical institutions, while the municipality monitors planning of basic health services for the elderly.

Denmark has the Gratuity and Pension Fund for Retirement. It has the medical service system for the elderly. Housing for the elderly is operated by the municipality. But Thailand still lacks the health insurance system supported by taxes, which enables the elderly to chose any hospital free of charge.

Australia's federal government provides elderly care through the Ministry of Services for the Family, the Community, and Activities for Native Tribes. It is the public organization which is mainly responsible for elderly care. Australia also has the Health and Social Welfare Institution which is responsible for health insurance and social welfare, too. However, Thailand lacks an organization in alliance with ministries, communities, and public and private activities that functions like a private organization that professionally provides social welfare for people and the elderly.

New Zealand's government provides elderly care through the Ministry of Social Development which gives opinions to the government about the policy. The country has the Retirement Fund and provides housing for the elderly. However, Thailand lacks private organizations financially supported by the government to provide care and social welfare specifically for the elderly without direct welfare services by the government.

Hong Kong, a special administrative zone of the People's Republic of China has the elderly plan and has houses designed especially for the elderly. It increases the social welfare budget for the elderly as well. On the other hand, Thailand lacks the central coordination committee for elderly service. It does not emphasize elderly care by the community, neither does it promote the family's responsibility for elderly care. It does not focus on self–dependence of the elderly, either. It does not provide housing for the elderly. Last of all, it does not seriously promote the elderly to take care of their health.

South Korea's government set the policy on elderly welfare in several aspects, i.e., income, health service, housing insurance, and social services. Old people are given free ticket for public buses and subways, a visit to museum and public parks. In

contrast, Thailand does not have the social welfare centers for The elderly operated by the local administrative organization. Thailand has private organizations that provide elderly services outside the organization, such as assistance at home, bathing, physical health check–up and providing a knowledge about health to the elderly free of charge. The Thai government gives enough importance to the elderly so that they will have a good quality of life, enough income and economic security. It promotes the elderly to be employed in 77 occupations, e.g. selling tickets, watching parking lots.

Malaysia has the National Elderly Council and the National Elderly Policy. It has a pension system for government officials and the Provident Fund for employees in the private sector. It also has an elderly health care project, the government service age structure, training the government personnel before retirement to prepare them to lead a life after retirement. However, Thailand does not impose the minimum standard for protecting the elderly's benefits. There is no Elderly care by the family and the community is not emphasized, including elderly care at home and paying a visit to the elderly at home.

Singapore' government sets the master plan for elderly care in the service system. It provides different services and conveniences suitable for the elderly. In contrast, Thailand lacks the policy on integration of the social aspect, health housing, employment, finance, social security and does not get rid of conflicts related to the elderly in the society. There is no specialized court system for the parents aged 60 years or more to file a suit against their children to force the latter to look after them.

4.6 Comparison of Strengths, Weaknesses, Opportunities and Threats between Thailand and Developed Countries

4.6.1 Strengths

Seven policy–makers, six policy implementers and thirteen people who benefited from the policy agreed that the elderly are still valuable in Thai society.

The elderly have made a lot of contributions to the society. They are a source of knowledge and help to conserve traditions, customs and cultures. They are important for the society. That is why the United Nations resolved that there should be an international day for the elderly or the World Aging Day, which is the first of

October every year. In Thailand General Prem Tinsulanond announced that the first of April every year is the national day for the elderly. It is on the same day as Songkran Day when children ask for blessing from their elderly and pour water on their hands to show respect. This shows that Thai people still give importance to the elderly. Pattarit na Nagara said that the strengths of Thailand was giving importance to the elderly and showing gratitude to them.

Thai society has strong traditions, customs and cultures, especially the expression of gratitude, kindness and humanity resulting from social learning. There is social sanction to punish those who violate the norm or who do not hold onto morality or good customs. When the elderly are faced with difficulties or are deserted or are abused, Thai society will not ignore it. Professor Sasipat Yodpet said that Thai social sanction was Thailand's strength. In some Western countries, unlike Thailand, children will live with their parents for a little more than 10 years, they go out to live alone, or get married and leave their parents. There is no close relationship with other family members. In Japan, there are systems or living patterns for everything. People live like robots. China has recently passed a law to force children to look after their parents. Singapore also has a law to punish children who do not look after their parents but give money to children to look after their parents. In Thailand, Thai culture is still strong. It is our strength. The Thai government, as well as other organizations and the general public, sees the importance of the elderly, so it passed the Act of the Elderly, and the National Elderly Committee was set up to oversee welfare services for the elderly. Doctor Nanthasak Thamanawat said, "We have laws. We have the National Elderly Committee who can respond to the elderly's needs. The strength is that we give importance to the elderly. The elderly still play an important role in the society. We have elderly clubs."

The elderly have formed the elderly clubs and networks nationwide. They have developed their potential by doing activities within the club. Patcharin Piladrum and Areerat Saeng – iam said, "The strength is the elderly club and the network are still strong. There is continuous development. Now we have schools for the elderly. As Professor Wichien Tantrasenee put it: "The strength is the development of the elderly by setting up schools for them. We have elderly clubs and training organizations." Apart from forming a social group, which later is an elderly club, the

elderly can call for the government to solve their common problems or to support their projects. Major Colonel Wichien Tantrasenee stated that if the elderly could form a group, they would have bargaining power.

However, Suwinya Kungsadan Phumpanya and volunteers at Samutprakarn Hospital had a different opinion from those mentioned earlier. That is, they did not see any strength.

4.6.2 Weaknesses

When asked to compare the weaknesses of Thailand's implementation of the social welfare policy for the elderly to that in other countries, 6 policy makers, 8 policy implementers, and 24 people who benefited from the policy had the following opinions:

4.6.2.1 Public Management

Since most people are engaged in general employment or in agriculture, their names and personal information do not appear in the social security system; as a result ,the government cannot provide social welfare to all people. Doctor Nanthasak Thamanawat said, "The elderly are poorly educated and are in the agricultural sector and the service sector or take on occupations outside the system. It is difficult for the government to look after them because they are not in the social security system. The local administrative organization cannot assist the elderly because of its limited budget. Thus, social welfare cannot reach all people. Sudthida Chuanwan commented that Thailand's elderly welfare management is not systematic, has no standard and does not cover all people. This has made the solution of the problems in different dimension fail. Watchara Termwatthanapat said, "The approach to solve the environmental problem is not good." Siriwan Arunthippaitoon added that the elderly had experienced the problem of safety. They were inclined to be bullied because the present society was full of vices–narcotics gambling. And people enjoyed materialism. Moreover, Preeyarin Boonmemanutsiri from the local administrative organization stated that very important resources were the budget and the personnel. But both were not adequate. The volunteers at Samutprakarn Hospital added, "No reduction of the charge for public utilities and no attention. Karun Preedawichitkul also added that the service officers did not work well enough, so the welfare could not

reach all people. Preecha Chinchusak confirmed that the welfare could not reach all old people. Oranan Udomparb from a private elderly center said, “The government hardly supports elderly services.” Pattharit na Nakhon added, “Those in authority do not see the importance of elderly services.”

4.6.2.2 Preparedness to become Old

It is essential for individuals to prepare themselves for becoming old in different aspects, e.g., their physical health, their expenses, etc. But most people in Thailand new are poorly educated and do not know how to take care of themselves, so they confront health problems when they are old. Woman Doctor Suwanee Raktham said, “One weakness is unpreparedness of the elderly”. Her opinion was similar to that of Commander R.N. Chaluck Kongka who said, “The elderly are poorly educated. They have chronic illnesses, low income, and little saving, Many are in debt and live alone some may have to look after their children and nieces and nephews. Therefore, the government should launch a campaign to give people relevant knowledge and make them understand the necessity to be prepared for old age. Professor Wichien Tantrasenee commented, “The weakness is people’s cooperation, perhaps because of lack of public relations on the part of the government and because of lack of perseverance, saving and sharing habits on the part of the people.

4.6.3 Opportunities

When Thailand’s implementation of the elderly welfare policy was compared to that of other countries in terms of opportunities, 5 policy makers, 4 policy implementers and 13 people who benefited from the policy had the following opinions:

4.6.3.1 Promotion of a good relationship of people of all Ages

The majority of families in Thai society are nucleus families, and they still give importance to the elderly as seen in visits between families. If they regularly communicate with each other, they will have a close relationship. Doctor Nanthasak Thamanawat said, “The Buddhist society is a happy society and old people are respected. Opening the country enables Thailand to have foreign workers help to look after old people. Inter–generation solidarity should be emphasized. Schools should teach children how to look after old people. Life–long learning should be promoted .

Universities should provide an opportunity for old people to sit in different courses they are interested in." Children should be taught to have a good knowledge and understanding about old people so that they can relieve the society's burden in looking after the elderly because the latter will be taken care of at home. The elderly should be encouraged to have adult education to develop themselves. Besides, becoming an ASEAN member enables Thailand to have enough labor in elderly care centers.

4.6.3.2 System to Accommodate the Aging Society

Watchara Termwanthanapat said , "the administrator is a major factor in policy setting. If the community is strong or the society is strong, the administrator will not have to work hard. However, he or she must be strong enough to lead the community or the society to the right direction." Therefore, the system to accommodate the aging society must be a concern of all levels of the public administration. Professor Sasipat Yodpet gave details about the system. she said, "There should be a vehicle to take them to hospital. If an ambulance is needed, call 1669. The number can be used in Bangkok and other provinces. This number can be called around the clock. In rural areas, most local administrative organizations provide transport service. In some areas, transport service for patients is available in the community. Thai people in rural areas are hospitable some share a gasoline expense to sent sick old people to hospital. Thailand has 1) public management system; 2) the Office of the National Health Insurance; 3) the community care system operated by the subdistrict administrative organization, and 4) Care management by the community itself. For healthy old people, the multi-purpose center for the elderly in the community and the school for the elderly in the community are available. Soon the government will set up more than 7,000 centers for development of the quality of life and occupations for the elderly. This year there are 99 such centers and 30,000–40,000 elderly clubs. There is strong solidarity in rural areas." To conclude, all levels of administration has set a system to accommodate the aging society.

4.6.3.3 Need for More Welfare

As the number of elderly people increases, they form a group to call for social welfare or solutions of their problems, making the government give more importance to them. Siriwan Arunthippatioon said, "There is a large number of people

who want the government to accommodate the aging society and to seek cooperation from different organizations. Also, more research on aging has been conducted, so there is more information about the elderly." When there is more correct information, the elderly will have a better opportunity to get response to their needs. And medical science is more developed to serve their needs as well. Arunee Srito mentioned, "Those to be in old age in the future must call for laws or call attention from the society."

4.6.4 Threats

Compared to foreign countries, Thailand has faced threats in implementing the policy on social welfare for the elderly. Three policy makers, four policy implementers, and twelve people who benefited from the policy gave their opinions as follows:

4.6.4.1 Rapidly Increasing Number of Old People

The increasing number of old people does not balance the number of births. The goverment has no short–term or long–term plan for this . There is no serious policy implementation to accommodate the aging society. Therefore, people themselves, especially the family members, have to bear the burden of elderly care .

Samphan Weerasopon said, "The government cannot do anything in time to respond to the situation, although it has attempted to do so. Two policy implementers, Patcharin Piladrum and Areerat Saeng–iam, added, "Now there are a large number of bed–ridden old people and few attendants." Oranan Udomparb said that because of the past baby boom, private elderly care centers also face this problem. She added. Hospitals have not been not given any assistance, so they are difficult to operate." Similarly, Doctor Nanthasak Thamanawat confirmed, "the number of old people is increasing rapidly. Old people in urban areas encounter the problem of difficulty to travel. There are no public health volunteers in the cities. The medical fee is high. There are no health centers and no subdistrict hospitals available in urban areas. Old people find it difficult to go to see the doctors. There should be a long–term care system. How can we have a social protection floor so that old people can live at their home and die with dignity. Old people who are deserted or disabled need someone to take care of them. All parties concerned are now solving this

problem.” Pattarit Na Nagara criticized that “the government seems to give priority to other issues than this one. Old people are the last group the government thinks of. And we do not have a policy that is good enough to respond to this problem”.

4.6.4.2 Inadequate Preparedness of Individuals and the Public Sector

Preparedness of the elderly themselves is important and affects the preparedness at the national level. Professor Sasipat Yodpet said, “It depends on how we prepare ourselves. Most people do not prepare themselves and seem not to know that they are becoming old. They think of depending on others all the time.” At present the society prefers materialism and laws are not efficiently enforced. Dr. Ampanpin Pintuknok mentioned the problems of safety, security and indulgence in vices.

4.6.4.3 Frequency Change of the Government

Politics in Thailand is also a factor that affects the policy implementation. The frequent change of the government in Thailand has made the policy unable to be continuously implemented. Lieutenant General Peerapol Rakroenrop said, “No continuity in overseeing the project No seriousness. No sincerity. Not covering all. No follow–up.” All these have affected the elderly welfare project. Siriwan Arunthippaitoon said, “There is often change in the government. This also affects the National Saving Fund, for example.” Also, a conflict in politics has caused the society to lack unity. Professor Wichen Tantrasenee said, Political conflicts cause the “Lack of cooperation and unity in the country. Arunee Srito also added, “Community people are not united.”

The policy makers added that there was corruption in administration and there was no plan to handle the problem of old foreignness coming to live in Thailand.

4.6.5 Basic Information about the Elderly from the Survey in 2014

The National Statistics Office (2013) conducted the fifth survey of the elderly in Thailand. It collected the data from 83,880 households inside and outside the municipalities in all provinces nationwide during June–August, 2014. The important results are briefly stated below.

4.6.5.1 Demographic Characteristics of the Elderly

The number of old people in Thailand has been increasing rapidly and continuously. In 1994, the percentage was 6.8% of the whole population and increased to 12.2% in 2011. Old people can be classified into three age ranges : young old people (60–69 years), middle old people (70–79 years old) and old people (80 years up). The survey revealed that most old people in Thailand were young old people, according for 56.5% of the total old people.

Excluding Bangkok, the top five provinces that had the largest number of old people were Nakhonratchasima, Khon Kaen, Chiangmai, Ubonratchthani, and Nakhonsrithammarat provinces and the five provinces with the smallest number of old people were Ranong, Mae Hongson, Satun, Pang–nga, and Trad provinces. Excluding Bangkok, the five provinces with the highest proportion of old people were Chainart, Phrae, Utaradit, Pichit and Singburi provinces, whereas the five provinces with the lowest proportion of old people were Samutsakorn, Phuket, Ranong, Rayong and Chonburi provinces. The aging index of Thailand tended to increase continuously. The ratio of an old person to 100 children (below 15 years of age) increased from 22.6% in 1994 to 82.6% in 2014. The ratio of an old person to 100 working age people (15–59 years of age) also increased continuously from 10.7% in 1994 to 22.3% in 2014. This meant that 100 working people had to look after 22 old people.

The support ratio is the proportion of working age people (age 15-59 years) to one old person .It reflects the potential of working age people to look after old people. The proportion decreased continuously from 9.3% in 1994 to 4.5% in 2014. This meant that 4 working age people had to look after one old person because of the increasing number of old people and the decreasing number of working age people. (The Office of National Statistics, 2014)

4.6.5.2 Geographical Distribution of Old People

In 2014, about 40.9% of old people lived in municipalities and about 59.1% outside municipalities. The largest number of old people, or 31.9%, lived in the Northeast, followed by the Central Region, the North, and the South, respectively. Five provinces with the largest number of old people were Nakhonratchasima, Khon Kaen, Chiangmai, Ubonratchathani, and Nakhonsrithammarat, respectively. Five

provinces with the smallest number of old people were Ranong, Mae Hongson, Satun, Pang–nga, and Trad, respectively.

4.6.5.3 Educational Levels and Literacy

Most elderly people completed primary school or below. Only 13.3% had a higher education than primary school. About 11.0% were not educated or never attended schools. The number of old men with a higher education than primary school exceeded the number of old women. On the other hand, the number of uneducated old women doubled that of uneducated old men. About 84.5% of old people could read and write.

4.6.5.4 Economic Condition

Regarding the employment data 7 days before the interview day in 2014, it was found that 38.4% of old people still worked. Old men who worked outnumbered old women. Old people outside the municipalities who worked outnumbered those inside the municipalities. The most important source of income was their children, followed by income from their work, the living allowance, pension, spouse and sales of the property. Old men had a higher amount of saving than old women. Old people in the North had the highest amount of saving, followed by those in the Northeast and those in the South, respectively.

4.6.5.5 Old People's Living Condition

The percentage of old people who lived alone tended to increase. In 1994, about 3.6% lived alone and the percentage increased to 8.7% in 2014. About 91.3% did not live alone. About 88.9% had no one to look after them, or had to take care of themselves. About 11.1% had someone to attend to them and most attendants were female (76.1%).

4.6.5.6 Overall Health Condition

Seven days before the interview, most elderly people said that they were healthy (42.4%). About 38.3% said they were moderately healthy and about 3.3% said they were very healthy. Only 13.9% said they were unhealthy and 2.1% said they were very unhealthy.

4.6.5.7 Old People's Living Condition

The percentage of old people who lived alone tended to increase. In 1994, about 3.6% lived alone and the percentage increased to 8.7% in 2014 and about 91.3% did not live alone.

To sum up, when Thailand's welfare set was compared to that in developed countries in Scandinavia, Asia and near Asia in order to use the findings as a guideline to set the policy on welfare for the elderly in Thailand in the future, it was found that Sweden, had the health care system, transport service, housing service, and the pension system, Thailand did not have home care services and primary services such as shopping, house cleaning, cooking, washing, health care at home, day care, personal safety warning, a short–term stay for rehabilitation, after hospital service, supporting the family to look after their old family members and assisting those who attended to them, and options for elderly care through bidding and signing a contract with the government sector.

Japan had medical care service for the elderly. Japanese considered elderly people as part of the society. It had the pension system. In Thailand, however, there was still poor cooperation in elderly care and employment among the government, local administrative organizations, companies, local communities, NGOs, families, and individuals. Thailand had no employment center for the elderly and consulting service to help employers or business operators to employ old people or to give advice to employees to prepare themselves to work in old age.

France offered medical assistance to the elderly. It had the Social Security Fund which collected an aging premium from working people and would pay them a monthly living allowance after retirement. It also had public elderly welfare centers. But Thailand still lacked an organization directly responsible for assisting such people as the disabled, the elderly, and children. In Thailand, there was no system of the family and the community participating in looking after the elderly and there was no village for old people.

In the USA, the federal government was responsible for the elderly service project and for protecting the elderly's rights. There were several funds that supported the elderly, such as the Social Security Fund that looked after the elderly in a long run. The elderly in the USA would get a living allowance when they were 65 years old or more, depending on the regulations of each state. In contrast, Thailand did not have the employment service system for the elderly in the community, the state elderly organization network, the regional elderly organization and the organization for the poor. It still lacked a variety of services, such as occupational

guidance, long–term visit service, house assistants, and other special services such as legal assistance by the Association of Lawyers.

England had the National Health Service Organization run by the Ministry of Public Health, which set a major plan for national health service. It had a health service system for the elderly and the social security fund that gaves special rights to old people. In contrast, Thailand did not have the social service department in the local administrative organization and the elderly association, Which consisted of sub organizations in the local network and had a purpose of promoting health and well–being of old people. It was the largest charity organization to provide services for the elderly.

In Germany, the government oversaw the elderly service centers, care for old patients in federal and local hospitals, and care in elderly houses. Medical care and rehabilitation were base on the health insurance system and medical care insurance. The federal government and the states would set the public health system in collaboration with the Ministry of Public Health and other ministries, Conversely, Thailand did not have a local organization, a private organization, or a social organization that the government could decentralize its power to deal with elderly services. The Ministry of Public Health would cooperate with other ministries to set a policy related to health.

In Norway the federal government set the policy and conditions related to elderly health and looked after public services and people's health, including the elderly. It also had the social insurance system for aging. On the contrary, Thailand lacked public health clinics to give health service and to protect the elderly's health. Especially, its local administrative organization did not control hospital management and medical instructions, and the municipalities were not responsible for planning basic health services for the elderly.

Denmark had the pension fund for retirement and the medical service system for the elderly. The municipalities provided housing for the elderly. But Thailand did not have the health insurance system support by taxes, which enabled the elderly to choose any hospital for medical treatment free of charge.

In Australia, the Ministry of Family and Community Services and Activities for Native Tribes was an organization responsible for elderly care. The

health and social welfare institution was responsible for health insurance and social welfare provision. In contrast, Thailand did not have an organization that was in alliance with ministries, communities, and activities of the public and the private sectors. And functioned as a private organization that professionally provided social welfare to the public and the elderly.

New Zealand had the Ministry of Social Development which was responsible for elderly care and gave suggestions to the government about the policy. It also had the pension fund for retirement and housing management for the elderly. On the contrary, Thailand did not have private organizations financially supported by the government to provide welfare for only the elderly. So that The government does not directly play the role of a service render.

Hong Kong, the special administration zone of the People's Republic of China, had the elderly plan and housing design for the elderly. It increased the budget for social welfare provision to the elderly. Thailand did not have the coordination committee for elderly service. It did not emphasize elderly care by the community. It did not encourage the family to look after the elderly members. It did not promote old people to depend on themselves. It did not provide housing for the elderly. It does not promote the elderly's self–health care.

In South Korea the government sets the policy on elderly welfare. The policy covered the elderly's income, health care service, housing insurance, and social services. It also gave the elderly free tickets for travelling by bus. Thailand, in contrast, did not have the elderly social welfare center established by the local administrative organization. It did not have a private organization that serves the elderly outside the center, such as service at home, bathing, a physical check–up and giving the elderly a knowledge of health care free of charge. The government did not give importance to the elderly's quality of life. It should make the elderly able to earn an income or to have financial security by promoting them to work in 77 occupations, such as selling tickets, working at parking lots.

Malaysia had the National Elderly Council and the National Policy on the Elderly. It had the pension system for government officials and the provident fund for employees in the private sector. It had a elderly health care project, the structure of government service years, a training course for government officials before their

retirement so that they would learn how to lead a life after quitting work. In contrast, Thailand did not have the minimum standard for protecting the elderly's rights. There was no elderly care by the family and the community project, no elderly care at home project, and no visits at home.

In Singapore the government set the master plan for elderly care. It provided services and conveniences suitable for the elderly. There were many projects for elderly. But Thailand did not have a policy on the elderly regarding, health, housing, employment, finance, social insurance. It did not do anything to eliminate the social conflict about the elderly. There is no specialized court for the case of children's deserting their parents who were 60 years old or more or other cases in which old people were involved.

With regard to strengths, weaknesses, opportunities, and threats experienced by Thailand in comparison to those in developed countries, the policy makers, the policy implementers, and people who benefited from the policy agreed that the strengths of Thailand were the nature of Thai society, Thai culture, the spiritual center of Thai people, the family institution, gratitude, kindness, humanity, and giving importance to the elderly, However, some of the interviewees did not see any strength. As for weaknesses, the three groups had the same opinion. That is, the government did not support the elderly welfare and the elderly themselves did not prepare themselves well before entering the old age. With respect to opportunities, the three groups agreed that there should be promotion of a good relationship of people of all ages, a system to accommodate the aging society, and increase in welfare.

As for threats, the policy makers, the policy implementers, and people who benefited from the policy had similar opinion. That is, the number of old people increased rapidly and both the government and individual people were not well prepared for the aging society. There was no political stability and the government was changed very often. The policy implementers added that there was corruption in administration and that there was no plan to deal with old foreigners who came to live in Thailand for the last part of their lives.

A survey in 2014 by the National Statistics Office indicated that the number and the proportion of old people in Thailand increased rapidly and continuously. The index of aging in Thailand tended to increase continuously. Most

elderly people finished primary education or lower. The proportion of old men who worked was higher than old women. The proportion of old people outside the municipality who worked was higher than those in the municipality. Mostly, the most important source of income was their children, followed by income from their own work. Old people in the North had the highest saving. The proportion of old people who lived alone tended to increase. Overall, most old people said that they were healthy.

4.7 Measures for Preparedness to Accommodate the Aging Society

The researcher had already presented the information from in–depth interviews about Thailand's policy and measures, which was considered together with the documentary data concerning the Thailand's policy and policies of developed countries that accommodated the aging society. The researcher had concluded important points as a basis for setting the policy and an approach for smoothly implementing the project of preparedness for elderly welfare provision. Based on the findings and basic concepts, the researcher proposed 8 approaches and operational strategies as shown below.

Policy :	Preparation to accommodate the aging society
Objective :	To enable Thai elderly people to be safe and secure with human dignity in 8 aspects: social, economic, environmental technological, legal, educational, public health and personnel service This task should be completed by 2020.
Strategic proposal :	In response to all the elderly's needs with efficiency. The major strategies were
Strategy 1 :	Building knowledge and understanding of aging so that Thais would have a positive attitude toward aging and participate in preparing themselves to enter old age
Strategy 2 :	Creating a good environment in order to have a suitable environment inside and outside the house so that the elderly can lead their daily life cozily, conveniently and safely

Strategy 3 : Building standards to have quality and efficiency in elderly care

4.7.1 Guideline

To apply the strategies effectively and suitably for the environment and the readiness of locality, the researcher has proposed a Guideline that is consistent with the important factors for the success as found in the research. these factors were correct and continuous information, participation,a suitable budget, policy–setting by the leader, policy implementation with close attention of the implementing organizations and in response to the elderly's needs, access to people, and political stability. Strategic measure for social preparedness

The objective of social preparedness is to have public organizations build a correct knowledge and understanding about aging and to make people have a good attitude toward aging. It is necessary to prepare the society to suit people of all ages so that they can live together happily and to have a positive attitude toward old people. It is also necessary to make youths realize that all human beings must grow old, including themselves, so all people must prepare themselves to enter old age. Many old people are deserted and this is a serious social problem which adversely affects the society at present. The organizations that must be responsible together are the Ministry of Social Development and Human Security and the Ministry of Culture.

A Guideline for Implementing the Strategic Measure

1) Building a knowledge and understanding of aging so that government officials in all ministries will change to a positive attitude toward aging and the aging society. This can be done by holding a training course, a seminar, or a conference and launching a campaign to publicize the information.

2) Building a knowledge and understanding of aging and the aging society among Thai people through all types of mass media and the local administrative organization so that people will get ready to enter old age and to prepare themselves to look after the elderly in the family.

3) A law should be passed that specifies the criteria for financial assistance, for provision of conveniences in daily life to the elderly, and for assisting the family member who looks after the elderly.

4) In all areas buildings should be designed to accommodate the elderly who join community activities. Old people who are deserted but can still lead a normal life can attend an occupational development activity so that they can earning a living to support themselves. Bed–ridden old people who are deserted should be taken care of in the subdistrict hospital in the locality.

4.7.2 Strategic Measure for Economic Preparedness

This strategic measure aims to have public agencies launch a campaign to encourage people to prepare themselves in terms of economic status for the future, as it has been found that an important problem of the elderly is the economic problem, since they need to spend money looking after their physical health. A large number of old people have no welfare, pension, gratuity, money from the provident fund and life insurance, and so forth . so that they can use such money when they retire. Many, especially those who live alone have enough money only to use in daily life but do not have any saving to spend on hospital fee when they are ill. The ministries responsible for the elderly welfare should be the Ministry of Finance, the Ministry of Commerce, and the Ministry of Labor.

A Guideline for Implementing the Measure

1) Promoting people to save money from their childhood until their retirement so that they will have enough money to live on especially when they are ill.

2) Training the people to have a secondary occupation and providing financial sources for investment and looking for the markets for goods produced by old people. Goods that can serve the needs of community people should be produced and so should services that they want.

3) Allocating an adequate budget to support the daily life expense of bed–ridden old people and poor old people. The screening of those who deserve assistance should be the duty of the local administrative organization.

4) There should be officials in the local institution who give consultation about financial matters to the general public.

4.7.3 Strategic Measure for Environmental Preparedness

This strategic measure aims to improve the environment inside and outside the residence, such as public areas and government buildings so that they will be

pollution–free or friendly to the elderly. It has been found that a good environment for the elderly should have standard conveniences available. There should be a system to look after the environment. At present the environment is not suitable for accommodating the aging society both inside the residence and in public areas as well as tourist attractions. The public organizations that should cooperate to improving the environment are the Ministry of Social Development and Social Security, the Ministry of Tourism and Sports, the Ministry of Natural Resources and the Environment, the Ministry of Transport, and the Ministry of Interior.

A Guideline for Implementing the Measure

1) Improving the environment and providing conveniences, such as a slope way for wheelchairs, elevators, and toilets that are friendly to the elderly and the disabled in government buildings and public places. Services for the elderly should be available–e.g., home care, cleaning, etc.

2) Providing a knowledge and understanding of housing improvement inside and outside the house to accommodate the elderly through mass media and the local administrative organization. Financial assistance should be given to the elderly who need housing in case of emergency.

3) Widening and smoothing the sidewalks along the road and in other areas to provide safety for the elderly who use a walking stick and a wheelchair.

4) Eliminating water pollution and air pollution by the local administrative organization and regularly launching a campaign on keeping the environment clean.

4.7.4 Strategic Measure for Technological Preparedness

The strategic measure aims to use modern technologies and innovations to provide convenience, safety and economy for the elderly and their families efficiently and effectively, since it has been found that technologies are a tool to upgrade the quality of life of the elderly and their attendants. These technologies are, for instance, wireless technology, a censor system, a close–circuit camera, the Internet, etc. The public organizations that should cooperate to implement the strategy are the Ministry of Sciences and Technology, the Ministry of Education, the Ministry of Industry, and the Ministry of Public Health.

A Guideline for Implementing the Measure

1) Arranging a training course for government officials and the personnel responsible for elderly care to build their knowledge and understanding of searching modern technologies and applying them to provide safety and convenience economically.

2) Producing technologies, innovations, and products that convenience the elderly and their attendants and training the elderly, the attendants and, community people on how to use such technologies, innovations, and products.

3) Arranging a training course for the elderly, the attendants, and community people on how to use information technology (IT) for communication and the Internet to seek knowledge and to communicate on–line.

4) Allocating a budget to purchase conveniences in leading a life for elderly care centers and the local administrative organization. The community must join hands in maintaining them.

4.7.5 Strategic Measure for Educational Preparedness

This strategic measure aims to provide education needed by the elderly, to exchange opinions, and to build a positive attitude toward old people in the society by developing the potential of the elderly and by increasing the schools for them, since it has been found that most old people are poorly educated ; thus, their role has been economically and socially reduced. Developing people and the elderly to depend on themselves is very necessary. The public organizations that should be responsible for this task are the Ministry of Social Development and Human Security, the Ministry of Agriculture and Cooperatives, and the Ministry of Education.

A Guideline for Implementing the Measure

1) Building a good knowledge and understanding of preparedness for aging among Thai youths. All curriculum levels should include a knowledge of aging, how to prepare oneself to enter old age, and how to look after old people.

2) Exchanging opinions on aging by arranging a training course in which the elderly and local people can be educated together on a knowledge of aging.

3) Diversified education should be given to old people in the locality, taking their needs into consideration.

4) Old people should be promoted to teach people the skills they have mastered when activities are arranged in the community.

4.7.6 Strategic Measure for Legal Preparedness

This strategic measure aims to assist the elderly in legal matters by strictly enforcing the laws and implementing the policy on elderly welfare services efficiently, as it has been found that many policies have mainly reacted to the problems faced by the elderly rather than prevented the problems. Most policies have focused on social welfare ; therefore, it is necessary to review and amend the related laws to truly serve the elderly's needs. The public organizations responsible for this task should be the Ministry of Social Development and Human Security and the Ministry of Justice.

A Guideline for Implementing the Measure

1) A public hearing should be carried out to evaluate the policy implementation in order to revise the policy and to pass laws, impose measures, and set the policy beneficial to the elderly, the attendants, and the families of the elderly.

2) Government officials should be assigned to give legal advice to the public and the elderly, to receive complaints ,and to solve their problems.

3) The public and the elderly should be educated to have a knowledge and understanding of laws related to the elderly by regularly holding a training course and meetings in the locality.

4.7.7 Strategic Measure for Service Personnel Preparedness

This strategic measure aims to assist the elderly, their families, their community and public and private elderly care center to look after the elderly efficiently and effectively in accordance with the international medical standard, as it has been found that there are now four important problems about the elderly: 1) decrease in the number of attendants in the family, 2) increase in the number of old people with chronic illnesses, 3) increase in the need for elderly care at home, and 4) improper elderly care. Therefore, the elderly care standard should be set. Elderly care centers–public and private–should be inspected and controlled. Training on how to look after old people should be supported by the government. The public

organizations that should be responsible for this task together are the Ministry of Social Development and Human Security, the Ministry of Public Health, the Ministry of Education, the Ministry of Commerce, and the Ministry of Justice.

A Guideline for Implementing the Measure

1) There should be an academic program to develop the quality of those who attend to the elderly at public and private universities. Apart from taking care of old people based on the international principle of medical care, the attendants should be developed to have not only the knowledge and skills but also the ethics. Any people interested in elderly care can attend the program.

2) A budget should be allocated to universities to produce the personnel for elderly care. Scholars should be given to students who have a financial problem.

3) An organization should be assigned to register attendants and public and the private elderly care centers so as to control them to work correctly.

4) Financial assistance should be given to dependent old people whose families have a financial problem.

5) Public and private elderly care centers should be given a correct knowledge and understanding of the elderly care standard. In addition, the private sector should be promoted to participate in providing elderly care services.

6) There should be an organization mainly responsible for evaluation of the quality and standard of elderly care in public and private elderly care centers. Also, their performance should be checked and their operation should be developed or improved yearly.

4.7.8 Strategic Measure for Public Health Preparedness

This strategic measure aims to protect the quality of life of the elderly and to build their knowledge and understanding about primary public health and health care so that they can mostly depend on themselves and the least on others. The research revealed that the emphasis should be on prevention of problems and building all people's knowledge and understanding of aging and physical and mental deterioration so that they will take care of their health, will eat properly,and will not be indulged in vices or narcotics. The public organizations that should be responsible for this task

together are the Ministry of Social Development and Human Security, the Ministry of Public Health, and the Ministry of Education.

A Guideline for Implementing the Measure

1) Making people realize the importance of physical and mental health care. They should be recommended to exercise every day, to eat properly, not to be indulged in vices and narcotic. Training courses, seminars and meetings should be held in the community and relevant knowledge should be disseminated through all types of mass media.

2) There should be short–term and long–term elderly care services. Also, the transfer system should be available for the elderly whose family encounters the problem of looking after them. In such a case, the local administrative organization should take care of the elderly.

3) There should be participation in improving services related to the elderly by the elderly themselves, the local administrative organization, public organizations, private organizations, and other social institutions, e.g. , Temples, schools, and so on.

4) The basic standard for elderly care services should be set. People should be given knowledge about elderly care by means of training, seminars, meetings in the community and public relations through all types of mass media.

5) The data on old people in each community should be annually collected for use in developing elderly health care in that community in order to serve their needs properly.

To sum up, for the measures of preparedness for the aging society to be implemented smoothly, the researcher has presented the strategic measure of building knowledge and understanding of aging, of creating a suitable environment, and the strategy of constructing a standard so that Thai elderly people will be secure and safe in 8 aspects : social, economic, environmental, technological, legal, educational, public health, and service personnel aspects. All these should go well with human dignity by 2020.

The responses to the five objectives of the research on the study of the policy and strategic measures for welfare provision to accommodate the aging society showed that Thailand was going to be an aging society soon. This issue has received

more and more attention at the national and the international levels because of the impact on leading a life at the micro and macro levels. Preparation for the situation needed to be made continuously and systematically. People in each country needed to realize its importance and prepare themselves as soon as possible before they reach old age. Meanwhile, the government, the private sector, the family, the community, the religions institution, and educational institutions needed to cooperate in developing the overall society to get ready for the aging society on time.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of the Research Results

The study on the policy and strategic measures for elderly welfare provision to accommodate the aging society was qualitative research with the following objectives: 1) to elicit the opinions on aging including the problems of the aging society of policy–makers, policy implementers and people who benefited from the policy, 2) to survey expectations and needs for social welfare of the elderly in Thailand, 3) to find out Thailand's policy on elderly welfare in the eyes of the three groups of stakeholders, 4) to compare the set of elderly welfare of Thailand and that of developed countries, and 5) to propose strategic measures to accommodate the aging society.

Both documentary research and field research were conducted. The data of the field research were collected by formal and informal in–depth interviews. Both structured and unstructured interview forms were used as research tools along with participatory and non–participatory observations and analysis of Thailand's environment based on internal and external factors. The key informants were policy makers, policy implementers and old people who benefited from the policy, private enterprises, civil societies, old sages, social leaders, elderly club members, and mass media. Content analysis was made to get information about the policy, types of welfare, problems and obstacles to policy implementation, including a guideline to set the policy and strategic measures for welfare provision for the aging society in the future. The details were summarized as follows:

1) Viewpoints of stakeholders and problems related to the aging society in the future. It was found that policy makers, policy implementers, and people who benefited from the policy realized that Thailand was truly becoming an aging society as evidenced from the statistical survey. The key informants gave the

opinions from their direct experience in daily life and in work. Apart from natural trend, the aging society resulted from advanced medicine, the birth control policy in the past, and loss of male working–age population.

The policy makers considered that aging was a natural process. They hoped that the nature of Thai society and culture would lessen the problem and that Thailand would be able to cope with changes on time. If more old people because dependent because of their health or others, the problem would be serious because of the decreasing number of working age people whom old people could depend upon and because of the increasing number of old people. One important problem was the economic problem faced by old people themselves and by the country. The key informants were worried about unjustice and inequality that old people might have to face. Besides, old people might be deserted. Therefore, it was necessary for people themselves to get prepared to enter old age and for the country to have an elderly care system that supported old people until they died. The Songkhanong subdistrict administrative organization, for example, prepared to prevent and tackle problems of the aging society by providing welfare for them because old people had made contributions to the national development. Leaders of different countries considered the demographic condition as important in the national development. The policy implementers had various opinions depending on their hometown and experience. The key informants mentioned many problems encountered by not only people in general but also the elderly. These problems were, for example, the high cost of living, the physical health problem, an unhealthy way of living a life, and old people being deserted. The people who benefited from the policy suggested some ways to prevent and solve the problems. For example, people should help themselves first. The government should promote self–health care, invest in upgrading people's knowledge about aging and preparation to enter the old age, increase the number of elderly welfare centers, improve public buildings and places to convenience old people, allocate enough budget for elderly welfare, and have enough personnel for elderly services and assistances.

2) Regarding the expectations and needs of old people in Thailand, it was found that the social welfare policy for the elderly could not satisfactorily serve the elderly's needs as it could not cope with social, economic and environmental

changes, for example. Especially, the cost of living was very high. However, some people who benefited from the policy said that the policy could serve the elderly's needs well. Some thought that the policy was good to a certain extent. Others thought that it was suitable for social changes, although it needed improvement. For example, the amount of the living allowance for the elderly should be increased. The public health service should be faster. There should be toilets specially for old people and other conveniences for them. People should treat old people with respect as in the past. The increasing number of nucleus families caused old people to be deserted by their children. The government should set the policy that could reduce this problem. Old people should have an opportunity to develop themselves. They should learn to use modern technology, for example. The environment, especially in public places, was not suitable for old people because conveniences for them were not available.

3) As for policies and welfare for the elderly in Thailand in the eyes of people who benefited from the policy, most of them considered the public health policy the most efficient and the most effective and the living allowance policy the least efficient and the least effective. They added that some policies had a negative result when being implemented and others policies needed to consider an individual's need case by case.

People who benefited from the policy had different opinions on preparedness to accommodate the aging society. Some thought that Thailand was well prepared for it and should continue to do so. Others thought Thailand did not prepare itself well enough to become an aging society, so it should put more efforts to prepare for it. On the contrary, some thought that the government had not prepared anything. Especially, 12 volunteers at Samutprakan Hospital said that they did not know anything about preparedness to accommodate the aging society in the future, so they thought the preparation was not inadequate. In spite of different opinions, they agreed on one thing, that is, it was necessary to put more efforts on preparation in four aspects: 1) availability of conveniences in government buildings and public places, and transport convenience, 2) laws and penalties, 3) service personnel development, and 4) volunteers and home care officers.

Most people who benefited from the policy had neither information nor idea about the protection of the standard of elderly care in service centers. Some who

expressed their opinions on this matter did not have the same idea as others because they lived with their families and had no experience in elder care service centers.

The policy makers and the policy implementers worked in collaboration with other related organizations in all the sectors–the public sector, the private sector, and civil society- but they did not work in the same direction because of the top–down policy.

The policy makers examine of case studies in foreign countries with focus on the strengths, the weaknesses and the best practice in order to make comparisons with Thailand. However, they could not be applied to the Thai context. Thailand's policy on elderly welfare was made to fulfill the commitment to the United Nations after the world conference on aging. Most policy implementers studied elderly welfare in Scandinavian countries where social welfare for the elderly came from taxation and some people there received a pension. In Japan, elderly welfare houses were available for old people who needed to stay there. Only a few did not study any case.

With regard to the problems and obstacles to the implementation of the elderly welfare policy, the policy makers stated that the local administrative organization was not ready to carry out the task in many ways. Due to an information problem, a negative attitude toward to elderly, the problems of governance, cooperation, inadequate budget. Moreover ,old people were abused in public hospitals and welfare centers. The policy implementers agreed that one problem was the poor quality of life of the elderly because of their health behavior and eating habit, causing many to have a physical health problem. The elderly did not have safety in life. There was poor cooperation among public organizations. The government could not provide welfare to all elderly people who experienced socio–economic problems. The elderly did not prepare themselves for old age. The government regulations were complicated and the data was not totally correct. However, some public health volunteers said that they did not see any problem.

The factors that affected the smoothness of implementing the elderly welfare policy as mentioned by the policy makers were finance, administration, responsibility of each public organization, policy setting by the leader, policy implementation, the elderly's needs, and correct and continuous information,

governance, and participation. The policy implementers had similar opinions. That is, participation, finance, policy, attention of implementing public organizations, knowledge and understanding, and correct basic information all influenced the success of the policy on social welfare provision. The people who benefited from the policy mentioned correct information, access to people, cooperation, savings, and good models as key factors for the success of the policy implementation. The key informants from the civil society said that the factors were seriousness of implementation and cooperation. The key informants from private elderly care centers mentioned politics and cooperation as the obstacles while those from mass media mentioned correct information. To conclude, the factors that were mentioned by all the stakeholders were cooperation and correct information.

Regarding strategic measures to accommodate the aging society, all the groups had the same idea that it was necessary for individuals and the government to get prepared. In addition, people in general and government officials should change their negative attitude toward the elderly. The strengths of Thailand were Thai society and culture, and the spiritual center of Thai people. However, some people who benefited from the policy did not see any strength. The weaknesses as mentioned by the policy makers and the policy implementers were the elderly's poor education, inadequate budget, tendency for elderly people to be abused, and the elderly's unpreparedness. The people who benefited from the policy thought that a weakness was that the government did not seriously support the elderly welfare policy ; in other words it did not see the importance of elderly welfare provision.

All the groups had the same opinion about opportunities. Thailand was a Buddhist society and an open country. Children should be taught how to look after old people and how to prepare themselves to enter old age. There should be ambulance service available for sick old people, with the call number 1669. The elderly needs should be surveyed to know the number of elderly people who need assistances. Different public organizations should give more cooperation. Information about the elderly needed to be correct, continuous, and updated. As for threats, all the groups agreed that the number of old people was increasing rapidly, and both individual people and the government were not well prepared for the aging society. There was often change in the government. Corruption was often found in

administration and management. Lastly, there was no plan to deal with old foreigners who came to live in Thailand in the last part of their lives.

The factors contributing to the smoothness of implementing the policy and providing welfare for the elderly mentioned by all the three groups were 1) correct and continuous information, 2) participation, 3) finance, 4) policy setting by the leader, policy implementation, and attention of implementing organizations, 5) the elderly's needs, 6) access to people, and 7) politics.

The policy makers, the policy implementers, and the people who benefited from the policy had similar opinions on preparedness in 8 aspects : social, economic, environment, technological, legal, educational, public health, and service personnel.

When asked to compare Thailand's strengths, weaknesses, opportunities and threats with those of developed countries, all the three groups of key informants agreed that Thailand's strengths were Thai society and culture, the spiritual center of Thai people, the family institution, gratitude, kindness, hospitality, and giving importance to the elderly. However, a few people who benefited from the policy did not see any strength. All the three groups pointed out that the weaknesses were the government did not really support elderly welfare provision, and that old people did not prepare themselves before they got old. The opportunities as specified by the three groups were promotion of a good relationship of people of all ages, establishment of a system to accommodate the aging society, and the providing for additional welfare.

As for threats, all the three groups agreed that the number of old people was increasing rapidly, that individual people and the government were not adequately prepared, and that the government was often changed. The policy implementers added two more threats, i.e., corruption in management and administration and no plan to tackle the problem of old foreigners coming to spend the last part of their lives in Thailand.

The survey of the elderly in 2014 by the National Statistics Office found that the number and the proportion of old people in Thailand increased rapidly and continuously. The aging index of Thailand tended to increase continuously. The majority of old people finished primary education or below. The proportion of old men who still worked was higher than their counterparts. Old people outside the

municipality who still worked outnumbered those inside the municipality. The largest source of the elderly's income was their children, followed by income from their own work. Old people in the North had the highest saving. The number of old people who lived in their houses tended to increase. Most of the old people who benefited from the policy thought that they were healthy.

With respect to the strategic measures to accommodate the aging society smoothly, the researcher proposed building a good knowledge and understanding of aging, creating a suitable environment, setting a standard for Thai elderly to be safe and secure in 8 aspects: social, economic, environmental, technological, legal, educational, public health and service personnel.

4) Comparison was made between Thailand's welfare set and that of developed countries with an outstanding elderly welfare system and an outstanding economy, i.e., Scandinavian countries, some Asian countries and countries close to Asia in order to use the results to set the elderly welfare policy in Thailand in the future. It was found that Thailand still lacked many things. One of them was basic services at home, e.g., shopping, cleaning, cooking, washing clothes. Others were health care at home, day care centers for the elderly, after–hospital service, support of the family members who attended to old people, options for elderly care, elderly service through bidding, signing a contract with the public agency concerned . There was also poor cooperation for elderly care among the government, the local administrative organizations, private firms, local community, NGOs, the family and individuals. There was no employment centers for old people and no consulting service for the employers or business enterprise about elderly employment or for employees to prepare themselves to work in their old age.

Moreover, Thailand had no public organization that directly assisted its people–the disabled, the elderly and children. The family and the community did not take part in elderly care. Villages for the elderly were not established. There was no network of state elderly organizations, regional elderly organizations and organizations for the poor. The services were not varied. There were no occupational guidance, no educational guidance, no long–term visits to the elderly at their houses, no household assistants and other special services. There was no lawyer association to give legal assistance particularly to the elderly. The local administrative organization

did not have the social service department that promoted health and well–being of the elderly. There was no health insurance system supported by taxes that enabled old people to choose hospitals where they wanted to get medical treatment free of change. The government did not allocate a budget to private organizations that offered elderly care services, although it did not want to directly play the role of a service render. There was no central coordination committee on elderly service. The government did not have a policy on having the community look after old people. Also, the government did not set a minimum elderly care standard to protect the elderly's rights. It did not focus on elderly care at home or paying a visit to the elderly at home. It did not set the policy that encompassed social activities, health, housing, employment, financial assistance, and social insurance. The government did not eliminate the social conflict about the elderly. There was no specialized court to judge cases concerning children deserting the parents aged 60 years or more

5.2 Recommendations

Thailand was becoming an aging society and many problems occurred as a result. The government's policy did not fulfill the elderly's expectations and needs efficiently. In this study, the policy and welfare for elderly in Thailand in the eyes of the stakeholders were investigated and comparison was made in the elderly welfare set between Thailand and developed countries so as to recommend some strategic measures to accommodate the aging society. The government, the local administrative organization and private enterprises could use such strategic measures to implement the policy on elderly welfare efficiently and effectively.

5.2.1 Policy Implications

1) The government should review and revise its policy and measures in collaboration with the local administrative organization, private enterprises, and civil societies. It should build a correct knowledge and understanding of aging for all stakeholders to realize the importance of the problem and to help solve the problem in the same direction. Knowledge about aging should be publicized so that the public would have a correct knowledge and understanding.

2) The government should establish an organization with appropriate structure and authority to be mainly responsible for tackling problems related to the elderly, with cooperation from all public and private organizations concerned, including the civil society, in order to communicate information and develop the body of knowledge about the elderly. Related information should be updated and standardized so that information could be reliable and modern.

3) The government should decentralize its power to the local administrative organization and allocate an adequate budget to it to provide social welfare for the elderly through the working group for public safety established to coordinate among provinces, districts, subdistricts, and communities in order to facilitate the implementers. Evaluation of the performance should be made to develop the standard and to protect the rights and the freedom of the elderly.

4) Government officials concerned, people who volunteered to look after sick old people, and village public health volunteers should be trained to have a good knowledge and understanding of the welfare standard and the rights of the elderly so as to work efficiently and effectively. These people should seek advice on some way to solve problems from experts of the public safety working group.

5) Community people in rural and urban areas, including temples and schools ,should be given a good knowledge and understanding about elderly care so that they would participate in Community elderly care to meet the standard and to accommodate the aging society. People should be taught how to prepare themselves to live well in old age.

6) The performance of organizations related to overseeing the welfare provision standard and the protection of the elderly's rights should be publicized through meetings, conferences, seminars and training courses for the public, the implementers and the elderly in each province. An annual meeting for all provinces should be held to build a knowledge and understanding of the problems and the right way to solve them.

7) The private sector and the civil society should get together to express their opinions and identify the problems for the public organizations to acknowledge the problems, to help solve them, as well as to support the operation of the private sector so that the policy, the measures, and the strategies could successfully respond to the needs of the private sector and the civil society.

5.2.2 Operational Implications

1) Restrictions and complexity of the government's regulations and the qualifications of the government's personnel were cited as causes that slowed down the work process. Therefore, some regulations should be modified to speed up the work ,and experts from different fields of the study should be hired to give advice and to conduct research in order to improve the work to serve the needs of the elderly successfully.

2) The government should work proactively and collect the basic data from the people and private organizations to seek their opinions on how to work to meet the same standard and to solve problems faced by private organizations. All private organizations that were involved in elderly care should be under the same standard and the same law. All private elderly care centers must be evaluated yearly. The government should allocate a budget to private elderly care centers to solve the problem of deserted old people.

3) Private elderly care centers should be promoted to develop innovations continuously. They should be trained on elderly care to serve the elderly's needs better. They must keep the standards of cleanliness and safety. They must have ethics and morality because they have to encounter many problems in elderly care services. Without patience, sincerity, observation of the standards, ethics and morality, they cannot serve the elderly efficiently and effectively. They need to develop and screen their personnel to get qualified people to look after the elderly well.

5.2.3 Implications for Further Research

Because of the limitations in collecting related information in Thailand and in foreign countries, the researcher made the following recommendations for further research on social welfare provision for the elderly.

1) Further research should focus on the efficiency and the effectiveness of elderly welfare policy in each region of Thailand and the results should be integrated to improve the policy and the projects related to the elderly in order to improve the operation of the local administrative organization in social welfare provision to the elderly.

2) Preparedness to accommodate the aging society in 8 aspects, i.e., social, economic, environment, technological, legal, educational, public health, service personnel, should be studied in order to set a policy for each aspect.

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