

## Age-friendly Community and Opportunities for Meaningful Life of the Elderly : Lessons Learned from Hua-Ngum Sub-district, Chiang Rai, Thailand

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### Abstract

The research aims to study the situation of an aged society in Hua-Ngum sub-district, Chiang Rai, Thailand, which is defined as an age-friendly community in a rural area, and to identify the features of age-friendliness in the sub-district. Both qualitative and quantitative research methods are used. The results indicate that for approximately ten years, the Hua-Ngum sub-district Administrative Organization (SAO) and its partners have launched key age-related activities in the sub-district. Those activities have contributed several opportunities towards age-friendly features in Hua-Ngum, such as the opportunities for learning, participating, connecting isolated elderly people to the rest of the community, as well as integrating the elderly with the younger generations, contributions made by the elderly, and the elderly being valued and respected within the community. The lessons learned based on the Hua-Ngum age-friendly community experience indicates the particular power of a local community to tackle its own aging society with regards to the social capital and social participation of all community members.

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**Keyword :** Age-friendly community, Age-Friendliness in Rural Community, Thai Aging Society, Community Welfare.

### Introduction

The increase in the aging population is considered to be a serious “global issue.” Decreasing mortality and declining fertility are important factors mentioned (UN, 2013). The United Nations (UN) report reveals that the number of older persons - 60 years old and over - is projected to more than double, from 841 million people in 2013 to more than 2 billion in 2050. Moreover, there will be a greater number of older persons than children (aged 0-14 years) for the first time in human history by 2047 (UN, 2013). There are several approaches and projects established for tackling this crucial aging situation.

The Global Age-friendly Cities project is one interesting global project introduced by the World Health Organization (WHO) in 2005. Due to the idea that the world population is increasingly living in cities, the WHO has endeavored to implement the project in 33 cities across the world. In 2007, “Global Age-friendly Cities: A Guide,” was published based on the experience of 33 cities (WHO, 2007). The age-friendly city/community concept is seen as a new discourse on gerontology, which views elders as significant contributors to society (Alley et al., 2007; Eales et al., 2008:109; Lui et al., 2009; Austin et al., 2009).

At the global level, the older population is growing faster in urban areas than in rural areas (UN, 2015). However, there are still a considerable number of elderly people living in rural areas, particularly in developing countries, where two thirds of the world’s older persons live in the

developing regions (UN, 2015). The UN report (2002) informs that in developing regions, which are still largely agricultural, 63% of the older people live in rural areas. In Thailand, for example, over half of the older population lives in rural areas (NSO, 2010). Furthermore, there currently exists a major gap in the literature, namely that the discourse around age-friendliness has tended to focus on cities (Menec & Nowicki, 2014). Therefore, an age-friendly community concept based on rural communities' experience is needed in order to extend the knowledge boundaries of such a concept.

Thailand has already become an aging society and is faced with many difficult situations related to an aging society. Although the percentage of elderly people within the entire Thai population is not high compared to that of other developed countries, Thailand is faced with a rapidly aging population. The rapidity with which the population of Thailand is aging means that the country has a shorter time to deal with the new challenges related to an aging society (Jitapunkun, et al., 2008:17). In the future, the aging society in Thailand will become a critical situation when the aging rate increases to 29.8 percent of the total population, by the year 2050. At the same time, Thailand is experiencing a myriad of limitations, such as a lack of financing, a lack of manpower working in the health care system for the elderly, and limitations on health care facilities for older people (TGRI, 2009; Jitapunkun, et al., 2008; TGRI, 2013), while changes in the socio-culture, economic, and political context are also taking place.

With awareness of the Thai aging situation, the present study focuses on the development of an age-friendly community in rural Thailand with the important assumption that the age-friendly community concept

has the potential to be one model for community-based welfare. Such a concept can lead to a rural development process, which does not only benefit the elders themselves, but members of the community of all ages as well.

### **Objectives of the Study**

1. To study the situation of an aged society in Hua-Ngum Sub-district, Chiang Rai, Thailand.
2. To identify the features of age-friendliness in the sub-district.

### **Definition of Terms**

1. Thai older people refers to the Thai population who are 60 years old and over.

2. Age-friendly community refers to the community that establishes social processes that promote and support the connectivity between the elderly and the community, namely opportunities for social participation of the elderly. Those social processes are based on participation of local people and regarded as social capital for the community. Such opportunities will foster social connectedness, both among active and isolated older people. Opportunities for social participation will encourage the older people to achieve meaning in their later life.

3. Rural community: The study defines rural community by using the type of local government as criteria<sup>3</sup>. In the Thai local government

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<sup>3</sup> In each Sub-district, Sub-district Administrative Organization (SAO) is a local government office that has important duties regarding community development and the improvement of quality of life of the residents.

system, the Sub-district Administrative Organization (SAO) refers to local government in rural areas, while other local governments, such as city municipalities, town municipalities, and sub-district municipalities, refer to the local governments in urban areas.

### Literature review

#### **1. The Age-friendly Community: Definition and the Shift of Paradigm**

Several definitions of age-friendly community are identified, depending on the viewpoints or framework that the scholars employ. An age-friendly community is considered to be the social interaction and independence of older people (Clark & Glicksman, 2012), in a community designed to promote and ensure health, security, and participation among older people (Everingham et al., 2009), as processes to promote positive health behaviors and physical health (Cherry et al, 2011), as a way to promote healthy aging that is identified by life satisfaction and self-perceived health (Menec & Nowicki, 2014), age-friendly cities as processes to ensure healthy aging in terms of raising awareness of older people as a resource to society, personal and community empowerment, accessibility of the full range of services, and supportive physical and social environments (Green, 2012).

Additionally, the age-friendly community concept is viewed as a new discourse on gerontology. The concept views the elders as significant contributors to society and their communities, rather than as passive, dependent recipients of benefits and services (Austin et al., 2009). This marks a shift in the discourse about population aging from viewing aging as a problem towards the viewpoint that considers older people as those

who can flourish (Eales et al., 2008:109). Moreover, the age-friendly community regards older people as productive and contributing members of society, as opposed to the negative perspective, which views elders as passive and powerless older people (Alley et al., 2007; Lui et al., 2009). This shift of paradigm leads itself towards a positive perspective of the elderly that emphasizes their values and abilities.

## 2. The Age-friendly Community: Based on Ecological Perspective

There are various perspectives being proposed for describing the characteristics of the age-friendly community, such as the lifespan and developmental psychology perspective (Scharlach, 2012: 28-29); approaches identified (Scharlach 2012: 30-34); and the ecological perspective. However, in this study the ecological perspective is emphasized.

The concept of the ecological perspective seems to be widespread and deeply investigated because it illustrates a holistic view for tackling an aging society (WHO, 2007; Federal/Provincial/Territorial Ministers Responsible for Seniors, 2007; Eales et al., 2008; Menec et al., 2011). Ecological theory provides a general framework for understanding human behavior, health, or well-being, depending on the context to which it has been applied (Menec et al., 2011:418).

Age-friendly cities and/or communities reported by WHO (2007) can also be considered under the ecological perspective. WHO (2007) indicates ***eight domains that are fundamental to age-friendly cities and/or communities***. These domains are: 1) outdoor spaces and buildings; 2) transportation; 3) housing; 4) respect and social inclusion; 5) social participation; 6) civic participation and employment opportunities; 7)

communication and information; 8) community support and health services (WHO, 2007; Plouffe & Kalanche, 2010). WHO presents the concept of age-friendly cities and/or communities as one approach to promote an active aging framework that refers to the processes that optimize opportunities for health, participation, and security in order to enhance quality of life as people age (WHO, 2007).

In addition, Alley et al., (2010:7) propose elder-friendly community characteristics from a Delphi study that contains fifteen characteristics. Those fifteen characteristics are categorized into six main categories, including the ***built environment*** (e.g., accessible public and service buildings, adequate pedestrian and traffic controls, age-appropriate exercise facilities); ***transportation*** (e.g., accessible and affordable transportation); ***community support and health services*** (e.g., available in-home long-term care service, responsive health and long-term care, the ability to obtain services within reasonable travel distances, caregiver support services, a wide selection of services); ***housing*** (e.g., a wide variety of appropriate housing options, supportive zoning for senior housing), ***safety*** (e.g., personal safety and low crime rates), and ***social respect and involvement*** (e.g., elders considered vital part of community, elder-relevant issues present in local agenda, recognition of and response to the unique needs of seniors). Their conclusion refers to the ***“social environment”*** and the ***“built environment”*** for those several characteristics (Alley et al., 2010:13).

For intensive explanation, Eales et al., (2008:110-113) propose two approaches for understanding age-friendly communities: the “resources” and “best fit” approaches. The ***resources approach*** explains the

characteristics of age-friendly communities, especially in rural areas where they refer to the *natural environment*, such as good air and water quality, climate, and geography; the *human-built environment*, such as appropriate housing, accessible goods and services, barrier-free and enabling interior and exterior spaces, and accessible public and private transportation; and the *social environment*, with opportunities to maintain relationships with family members and friends, and inclusive opportunities for civic, cultural, educational and voluntary engagement. The identification of resources that derives from the natural, human-built, and social environments is an important first step in conceptualizing age-friendly communities because it provides a contextual view of older people. This is interdependent with living environments, including the natural, human-built and social contexts in which older people live (Wahl and Weisman, 2003 in Eales et al., 2008:112).

The “*Best fit*” approach is a realization and understanding of the diversity among older adults and rural community. They emphasize the conceptualization of age-friendly rural communities, it is essential to consider the diversity among both older adults and rural communities, and the interdependent relationship between people and their environments (Eales et al., 2008:112). Thus, age-friendly communities are viewed within a perspective that implies *the best fit* between the preferences and needs of older adults and the resources of the community in which they live (Kahana et al., 2003 in Eales et al., 2008, 113).

Eales and colleagues (2008) studied two cases in rural communities in Canada that included two different groups of older people who identified age-friendly communities according to differences in their preferences,

needs, and lifestyles. The first group was *community active older adults*, while the second group was *stoic older adults*, who embody the values of rural culture like self-reliance, practicality, and the importance of hard work and religion. Community active adults and stoic older adults have quite different experiences of aging, even while living in the same rural community.

For instance, the social environment of age-friendly communities (e.g. availability of family and friends, inclusive opportunities for engagement, activities that promote well-being), occurs when stoic older people are proximate to their family, close friends, and good neighbors with whom they can interact in the course of their everyday routines. Interestingly, opportunities to be engaged socially and participate in community organizations and events are not salient among stoic older people who have little interest in community participation. In contrast, age-friendly communities for community active older adults occur when they have opportunities to be socially active, volunteer, and keep busy. Proximity to family and friends is not necessary for active older people within the community who have the resources to maintain relationships, even across distances (Eales et al., 2008:114). This view challenges the idea that there is only one model or guide to developing an age-friendly community. *“Fit” is dynamic*, and changes according to the personal preferences and resources of older adults and those of their communities at a particular point in time (Eales et al., 2008:120).

This study focuses primarily on the “social participation” domain, according to WHO’s age-friendly community concept, that is an important component of the “social environment” of the age-friendly community.

Due to the limitations of “money” and “man,” the built environment (e.g. appropriate housing, affordable transportation, barrier-free buildings) of the age-friendly community seems to be difficult to conduct in rural areas.

### **3. Social Participation of Older Persons and Age-friendly Communities**

Social participation of elder people is considered one essential part of the age-friendly community (WHO, 2007; Kadoya, 2013). Social participation (in several forms, e.g. volunteering, caring for someone, involvement in community activities) can benefit good health and well-being throughout life (WHO, 2007; Richard et al., 2008; Wu et al., 2005; Zaninotto et al., 2012; Cherry et al., 2013). Moreover, participation in leisure, social, cultural, and spiritual activities in the community and families allows older people to continue to exercise their competence, to enjoy respect and self-esteem, and to maintain or establish supportive and caring relationships (WHO, 2007:38).

According to WHO’s age-friendly concept, social participation of older people refers to connectivity between older people and their community via various social processes and programs, both formal and informal. WHO also indicates the checklist on social participation that provides a guideline for establishing social participation in the context of age-friendly city development. The *age-friendly social participation checklist* contains seven disciplines, including: 1) *accessibility of events and activities*; 2) *affordability* e.g., no hidden or additional costs to participate in events and activities; 3) *range of events and activities* e.g., a wide variety of activities is available for diverse older people; 4) *facilities and settings* e.g., activities occur in a variety of community locations and facilities are accessible to enable participation by people who require care and support;

5) *promotion and awareness of activities*; 6) *addressing isolation* e.g., personal invitations are sent to promote activities and encourage participation, making efforts to engage isolated seniors; 7) *fostering community integration* (WHO, 2007:38-44).

Scharlach (2009) proposes that elder-friendly communities lead to connections and contributions among older people. Connection refers to opportunities for meaningful social interaction that fosters connectedness between older people and others in social life (Scharlach, 2009:29), while contribution describes a positive meaning and impact that older people contribute to others. This is an important adult developmental task of generativity (Zucker et al., 2002 in Scharlach, 2009:29).

In addition, Emlet et al., (2012) indicates that social reciprocity and meaningful interaction are important for social connectedness in building an age-friendly community. Social reciprocity refers to the equality of giving and receiving. Volunteering is the obvious example because volunteers can provide benefits to the community while simultaneously receiving benefits from their work, such as gaining the respect of the younger generation. For meaningful interaction, older people express the need to participate and be involved in activities that provide them support and value.

Menec et al., (2011) focuses on social connectivity and considers it as a basic benefit of an age-friendly community environment. Fundamentally, age-friendly communities create connections between older people and the environment in which they live, and vice versa (Menec et al., 2011:484). The environment that surrounds the older people includes family, friends, the community environment (including the physical environment, housing, social environment, opportunities for participation,

transportation options, informal and formal community support and health services, and communication and information), and the policies of the environment.

WHO's age-friendly social participation checklist emphasizes social participation from the *agency's views*. The agency directs the attention of organizations and groups that become involved and take responsibility for promoting and developing an age-friendly community, such as instituting older people's groups, local governments, and key stakeholder organizations. For example, local governments and their partners should provide various events and activities that accommodate the diversity of elderly needs and encourage older people to participate in community life. In other words, WHO's concept stresses the *structural aspect and policy response* of elderly social participation within the establishment of an age-friendly community.

Scharlach (2009), Menec et al., (2011), and Emler et al., (2012) present social participation from the *elderly person's standpoint and actions*. The concepts indicate the significance of meaningful social participation toward the elderly. Therefore, the question as to how to promote and encourage older people to participate in community activities and contribute benefits toward their families and communities as productive aging is very important.

*In conclusion*, the literature leads to the definition of age-friendly community employed in this study. **An age-friendly community** means a community that establishes social processes to promote and support the connectivity between the elderly and their community, namely opportunities for social participation of the elderly. Those social processes

are based on participation of local people and are regarded as the community's social capital. Such opportunities will foster social connectedness, both among active and isolated older people. Opportunities for social participation will encourage the older people to achieve meaning in their later life.

### Research Methodology

**1. Research site:** The study focuses on rural communities in northern Thailand. The northern region (according to the four-region grouping system commonly used in Thailand) refers to seventeen provinces located in the northern part of Thailand (Chiang Rai is one of these provinces in the northern region). Northern Thailand has several important problems that unavoidably affect the aging society of the region. For instance, it has become a rapidly aging society faster than other regions. Since 1990, the old age population in the northern region has increased dramatically, such that in the year 2000 it reached 1,278,965 people (11.2%). Additionally, population projection has revealed that in 2025, the number of elderly living in northern Thailand is expected to be 3,013,000, or 24.2% of the entire population of the region (Tangyongthakun, 2010). Furthermore, the ratio of poverty within the region is higher than that of the national level (second in rank next behind the northeastern region). In 2008, the northern region had a poverty rate of 13.3%, while the national level was 8.9% (NRCT, 2010). When considering health aspects, northern residents have the highest rate of problems with their health status (27.3%), especially respiratory diseases, mental health problems, and suicide. Moreover, the highest rate of HIV-infected patients exists within this region (NRCT, 2010).

Therefore, the aging society in northern Thailand will present a critical situation when combining these conditions.

Using one sub-district in northern Thailand, the researcher has selected Hua-Ngum sub-district for its case study. Hua-Ngum sub-district is an old, rural sub-district of Chiang Rai Province. It is an agricultural community that was established in 1915 (B.E. 2458). The Sub-district is located 739 kilometers north of Bangkok. It covers mainly a lowland area of 62.1 km<sup>2</sup> and contains thirteen villages. Hua-Ngum Sub-District has already become an aged society, in accordance with the information from 2016's census of Basic Minimal Needs (BMN). The census reveals that there are 1,823 households with a total population of 5,165, of which 50% are of working age (26-60 years). Older persons (over 60 years) account for 24.84%, which is considerably higher than the national average of 16.47%. To cope with the high rate of elderly people and the problems faced by the Hua-Ngum elderly, Hua-Ngum SAO and its partners have instituted several activities based on social participation and social capital, in order to establish an age-friendly community for the people of Hua-Ngum. Although they are faced with a myriad of limitations and challenges, such as a limitation on finance, staff, and a high percentage of elderly residents, the community is trying to establish effective practices for elderly care and development in their community for dealing with their aged society. Thus, the experience of Hua-Ngum sub-district has the potential to be studied and implemented in other communities, particularly in northern Thailand.

**2. Research method:** Both qualitative and quantitative research methods are employed in the study. As qualitative research, several qualitative methods are being conducted, such as documentary study

(documents include hardcopy/printed versions, visual media, e.g. youtube, websites, news), the interviewing of key participants involved in age-related activities in Hua-Ngum Sub-district, (e.g. administrators and related staff of Hua-Ngum SAO, Buddhist monks, elderly people who participate in the activities, etc.), and participatory and non-participatory observation. Survey research is also conducted by using questionnaires as a tool. Interview guides and questionnaires are approved by the Research Ethics Committees of Japan College of Social Work (No.15-0304, Date 6-8-2015). As an analysis method, content analysis is adopted for qualitative research, while descriptive statistics is used to explain the data gained from survey research.

The “participant’s agreement form” is used as a tool to obtain the consent of research participants. All of the participants are informed about the objectives and processes of the study. The information and participant’s agreement form are explained and distributed to each participant. Written consent from the participants are collected before starting the interview or conducting research activities. The participants have the right to skip and stop or refuse to respond at any time without risk or punishment.

## Result

### 1. Situation of an Aged Society in Hua-Ngum Sub-district

Hua-Ngum sub-District has already become an aged society<sup>4</sup>. The result from the survey research reveals a part of the reality of the Hua-

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<sup>4</sup> Aging society is defined as a population in which over 10% of the total population is 60 years or more (or 7% of the population is 65 years and over), while an aged society or a completed aged society is one in which 20% of the total population is 60 years or more (or 14% of the population is 65 years and more) (TGRI, 2016: 24)

Ngum elderly that contributes important data related to an aged society situation in Hua-Ngum sub-district.

The study mainly collects data on the elderly (96.8%), with only a small percentage (3.2%) collected from the relatives of the elderly, e.g. daughters, younger sisters. More than half of the participants (53.7%) are from the early-old elderly group, followed by the middle (25.5%) and old-old elderly groups (20.8%), respectively. 53.7% of the elderly are female. Almost three-fourths of them (70.2%) graduated at an elementary school level of education; followed by the participants who never enrolled in formal education at all (27.7%). The majority of the elderly (64.9%) are married or living together, while more than one-fourth of them (29.8%) are widowed.

***Health Status and Access to Care of the Elderly:*** Regarding access to primary health care services, the majority of the elderly (99.5%) take part in yearly health examinations, e.g. blood checks to scan for diabetes, high levels of cholesterol, and high blood pressure. Moreover, all of them (100.0%) access care and treatment when they are ill and no have limitations to the availability of care and treatment (100.0%). However, almost three-fourths of the elderly (73.4%) have health problems, such as hypertension (48.4%), diabetes (10.6%). For exercise, more than half (61.2%) exercise at least three days a week.

***Elderly Housing Conditions:*** Most of the Hua-Ngum elderly (89.9%) live with their families. Only 10.1% of them are the elderly who live alone. In this group of elderly living alone, all of them (100.0%) stay nearby their children's and/or relative's houses. However, the majority of them have small families, or "***nuclear families,***" a "single generation

family” or “two generation family.” The “*single generation family*” refers to a family in which only a spouse, sister, or brother are living together (36.5%), while a “*two generation family*” refers to the family where the elderly live with their children or grandchildren (37.1%).

As a condition of current residence or house of the elderly, the majority of the participants stated that they have good conditions for living. The top three good housing conditions evaluated by the participants are having enough lighting, at 98.4%, followed by having non-slippery floors, at 95.7%, and having safe stairs, at 86.1%. However, very few participants reported that they have handrails inside their house (0.5%) or in their bathrooms (3.2%).

***Informative Learning and Needs of the Elderly:*** More than three-fourths of the participants (77.7%) attended trainings, seminars, meetings, or educational activities held by the organizations in the community last year. This data shows a high level of opportunity for informative learning. Seminars and meetings are important channels, which support acknowledgement of rights and social welfare among the elderly (74.5%). In contrast, other channels seem to have low potential to support such acknowledgement among the elderly, e.g. books, newspapers, and magazines (1.1%), television (0%), radio (0%), and volunteers (0.5%).

***Employment and Income of the Elderly:*** More than half of the elderly (59.6%) have no paid work. Most of the participants (98.9%) had sufficient income for their expenditures last year. Some of them explained that although they receive small amounts of money each month, they try to manage their personal finances by planting vegetables to lower their cost of living. Furthermore, many of the elderly say because their children

support their main meals and other necessities, e.g. electric and water bills, they can manage their own small income and do not need to borrow money from others.

The majority of the participants (93.6%) have savings; only 6.4% of them have no savings. Qualitative data suggests that the participants mainly put their money in financial institutions within the community, such as village banks (“ThanaKarn MooBan,” in Thai) and microcredit groups. Those financial institutions are located close to the elderly, thus they feel more familiar with those than commercial banks run by the government or the private sector, which are located outside the community and may not be easy to access. Therefore, the financial institutions operated locally can be considered as social support that promotes economic security towards the rural elderly.

The elderly have three main sources of income: monthly allowances by the Thai government (100.0%), work (59.0%), and children (31.4%), which provide an average income per month of 3,620.21 THB. Compared to the national level, half of the Hua-Ngum elderly (50.0%) have a monthly average income lower than the national poverty level of 2,412 THB per month (National Economic and Social Development Board, 2015).

**Gender issue:** The finding shows that older women tend to be in a higher “risk group,” and are more vulnerable than older men. They have a higher percentage of the “risks” compared to men, such as a higher percentage of being unmarried (male 2.3%, female 4.0%), being widowed (male 13.8%, female 43.6%), having no opportunity to have enrolled in formal education (male 16.1%, female 37.6%), having no children (male 5.9%, female 12.2%), living alone (male 8.0%, female 11.9%), having low

income (male 40.2%, female 58.4%), having unpaid work (male 21.8%, female 56.4%), having no savings (male 4.6%, female 7.9%), getting no exercise (male 29.9%, female 46.5%), and having health problems, e.g. hypertension and diabetes (male 66.7%, female 79.2%).

*In conclusion*, the data mentioned above shows an important aging situation in Hua-Ngum sub-district, where the majority of elderly people have a low educational level, are faced with poverty, and have health problems. The families still have an important role in providing care for the elderly, with the majority of them living in nuclear families and facing challenges like skip-generation households. Therefore, age-related activities by local communities are needed to support the families and prepare for changes in the near future. Gender issues, moreover, need to be considered seriously for tackling with aged society in the sub-district.

## **2. Key Age-related Activities in Hua-Ngum**

Results are based on analysis of five age-related activities in Hua-Ngum sub-district – a Goodness Bank, a School for the Elderly, TanTod social assistance for elderly with difficulties, a One-day One-baht community welfare fund, and a Little Doctors program for the bedridden elderly. The study showed that over nearly a decade, the Hua-Ngum SAO and its partners introduced significant age-related activities.

In 2006, “**TanTod**” **social assistance for the elderly with difficulties**, e.g. elders living in poverty, living alone, or bedridden, was introduced to assist the elderly in difficult situations. As the process to deliver the service, with the SAO is the main player to operate the activity and coordinate with head of each village (PhuYai Ban, in Thai) to select three qualified elder persons to join the activity. The SAO then delivers the

assistance to the selected participants in each of the 13 villages. Such activities provide social assistance for three chosen elderly people every month to receive both cash (at least 1,000 THB per person per month) and in-kind support. From 2012 to 2016, there have been 195 elderly persons who have benefited from the fund, or 39 recipients per year.

In the same year (2006), the **“One-day One-baht” Community Welfare Fund** for disadvantage persons was launched to encourage local people to participate in, and be aware of, assistance and support for people in difficult living situations in the sub-district. Due to budget constraints, leaders from the sub-district advocate that the district have its own fund on the basis of participation (donations from villagers). This inspires the mutual sentiment of solidarity among the community and raises awareness of villagers to support one another. Thus, money is donated continuously into the fund every month. The fund is granted to TanTod project participants as well as students for their scholarship (Primary school – Higher Education). The balance of the fund’s account is reported at community meetings at sub-district on the 7<sup>th</sup> of each month.

In 2007, a significant community development process - the **“Goodness Bank”** - was introduced with two main purposes: 1) to encourage local people to participate in community affairs; and 2) to establish and strengthen the community’s social capital. The Hua-Ngum Goodness Bank, located at the SAO office, was started December 28<sup>th</sup> 2007. By September 2015, the Bank had a total of 2,304 members (approximately 44% of the total population) with 1,524,434 goodness points.

For its management system, the SAO and its partners have applied general banking management systems to their own processes. The

Goodness Bank provides goodness savings and withdrawals. When members do good deeds, they can record their points in their account and withdraw those points for credit when they are in need. Goodness withdrawal means exchanging goodness points for necessities.

At the Goodness Bank office, which is located at the SAO, there are several goods for which the members can exchange their points. For instance, 20 goodness points can be exchanged for a pack of UHT milk and a pack of dried noodles in cups, whereas 500 points can be exchanged for a blanket or a set of goods to be used as an offering dedicated to Buddhist monks.

The Goodness Bank has several “goodness menus,” which refer to programs that promote and encourage local people in specific objectives. On the menu, the list of activities and points are presented. For example, the “*Goodness menu on social and civic participation*,” promotes and encourages local people to participate and get involved in community affairs, such as receiving 15 points per time when participating in monthly community meetings, meetings held by the SAO or other community organizations, or participating in activities, programs, projects, events, and festivals held by the SAO. Another example is the “*Goodness menu on health*” that fosters and encourages local people to decrease the risk factors that affect their health and well-being. Individuals will receive 50 points when reducing their waistline by 1 inch, they will receive 300 and 500 points if they stop drinking alcohol and smoking, respectively, during the Buddhist Lent Day period (a total of 3 months), they’ll receive 300 points for controlling their diabetes and blood pressure for six months continuously, and they will receive one point per CC of blood donated.

In 2009, the “**Little Doctors**” program was started by Phadang Wittaya School (a primary - junior high school). The activity aims to raise public awareness and the volunteer spirit of the students, and to create a system to support bed-ridden elderly patients. The school provides healthcare training for junior high school students by professional nurses and public health officers. After that, they learn and practice healthcare services at the Hua-Ngum Tambon Health Promoting Hospital (THPH) on Saturday mornings and do fieldwork in the afternoon. This practical application provides good opportunities for learning such skills as blood pressure measurement, dressing wounds, Thai massage, and other health care concerns. In their next step, they deliver these services to the target elderly by setting up name lists of elderly bed-ridden patients and making a home visit schedule. The Little Doctors provide the service on Sunday (five students per group). Each group is responsible for taking care of five patients at a time for 24 weeks. Their service includes measuring blood pressure, providing physical therapy, giving foot massages, Dharma storytelling, and doing house cleaning, among other things.

In 2010, **the School for the Elderly** was established with the aim of responding to age-related problems, including physical and mental health problems, abandonment, loneliness among the elderly, and especially suicide of the Hua-Ngum elderly. In 2013, the administrative committee of the School decided to extend the school to “*the School and University,*” to respond to increasing student enrollment. Moreover, the university could continue to work with the elderly students after finishing school to continue their involvement in school activities for as long as

possible. Currently (as of 2016), there are 267 elder students in the school and at the university level.

The school and university aims to provide a social space for the elderly and promote the learning process and capability for development among older people. It provides weekly classes every Thursday, from 8.30 a.m. – 2.30 p.m., taught by 10 volunteer teachers. These teachers include retired government officers, schoolteachers, Buddhist monks, administrators of the SAO, and the Director of THPH. The schedule is divided into morning and afternoon sections. During the morning section, there are three main subjects: Buddhist knowledge, health care knowledge, and social science and cultural knowledge. In the afternoon session, all of the students participate in activities of individual interest, including cooking, crafts, yoga, Thai massage, academic skills (e.g., Thai language, English, computer training), traditional drumming, folk singing, musical groups, traditional dancing, and sports (petanque, Thai traditional sports).

Along with increasing accessibility to the Elderly School and University, in 2014 they initiated another activity, namely **the School for the Elderly at the village level**. This activity was launched in every village in the sub-district – a total of 13 villages. Due to the fact that only 20% of the elderly in the sub-district participate the School for the Elderly at sub-district level, Hua-Ngum SAO and its partners seek to expand its coverage to other parts of the community. The school activity, which lasts approximately 2 hours, operates once a month on “pay-day,” which is the day the elderly receive their monthly allowance from the government. Staff members at the Hua-Ngum SAO are volunteer teachers who provide

interesting and useful information to the older people. This activity covers 70-80% of the elderly living in the sub-district.

*In conclusion*, in one year, approximately 80% of the entire older population in the sub-district benefits from age-related activities. These activities establish opportunities for social participation for the elderly that reflects the friendliness toward older people in the community, which in turn fosters social connectivity between the elderly and the community as a whole.

### **3. Features of Age-friendliness in Hua-Ngum Sub-district**

Based on analysis of the five age-related activities mentioned above, the finding reveals that there are several social opportunities established in the sub-district. Those opportunities indicate the features of age-friendliness in Hua-Ngum, as follows:

**3.1 Opportunities for learning for the elderly:** Elderly people obtain useful knowledge that leads them to be peaceful and healthy, such as knowledge on healthy living, ways to exercise, healthy foods to eat and nutrition for the elderly, and learning about behaviors for a good death according to Buddhist principles. Moreover, the elderly are given opportunities to develop public speaking skills, enhance their self-confidence, and express their opinions in a public forum. Some of the elderly who had never been to school at all and could not read or write were taught at the School for the Elderly simply to write their names, something they had up to that point never been able to do.

*“I never enroll to the school because my family was very poor. When I was young I had to help my father and mother to look after my brothers and sisters and work in the rice field. During the past life, I always make a fingerprint for signature. After I joined the School for the Elderly I had opportunity to learn and practice to write my name. First time that I held the pen I was so excited. At present, I can write my name and I can sign without making a fingerprint. I am so proud of myself.”*

*(An elderly student at the School for the Elderly, interview, October 10<sup>th</sup>, 2015)*

**3.2 Opportunities for participating in community activities for the elderly:** As “Goodness Bank” members, elderly people are supported and encouraged to become involved in community activities. Individuals can accumulate goodness points in their goodness passbook. Such participation directly encourages older people to become part of their community by maintaining social connectivity with others in the sub-district. For instance, elderly who participate in a “Temple Cleaning Day” gain 15 points. Community meetings in which they actively participate earn them points as well. In the beginning, the points gained were a tool to motivate the elderly to participate in community affairs. Nowadays, getting the points is not the end of their participation in the Goodness Bank, because they participate in the activities voluntarily and realize that participating in the community's affairs stems from their own commitment and responsibility as a member of the sub-district. Some of them do not record the points into their Goodness account even though they still participate frequently in the activities.

*“ I, sometimes, don’t record goodness points into my account because when I help the community affairs, e.g. to attend community meetings, donate into the One-day One-baht fund, or help others in community, I feel very happy that I have opportunity to contribute to others and my community. I don’t need any rewards, I just want to do good things for my community”*

*(An elderly member of the Goodness Bank, Interview, September 11<sup>th</sup>, 2015)*

**3.3 Opportunities for connecting the isolated elderly to the rest of the community:** According to the “TanTod” activity, the isolated elderly people need to feel connected to the community. Home visits by core community leaders provide not only social support but also spiritual support. These visits produce meaningful interaction between the community and the otherwise isolated elderly. Buddhist monks act as important spiritual leaders, community leaders are representatives of the community, and schoolteachers represent people of high social status in the community. Therefore, home visits by those people demonstrate caring for the isolated elderly. Moreover, it emphasizes the community’s realization of the elderly as valued community members. The ties of social connectedness between the community and the isolated elderly is further developed and woven.

*“I don’t have relatives here (in the sub-district). In fact, I have a brother and sister. Both of them are rich persons while I am very poor, so it is a long time that we are never contact each other. They don’t think I am their brother. We (interviewee and his wife) live in Hua-Ngum more than 10 years without the relatives who have same blood relationship. One day I received the assistance in TanTod activity. That day many people, such as monks, administrators of SAO, schoolteachers, community leaders, Director*

*of THPH, neighbors, visited my house. It was the first time that many people came to my very old house. I was very delighted. I could not say anything. Tears were in my eyes. Only words “thank you so much” that I could say. They are not my blood relatives but they express their kindness to my family. I really appreciate. I am happy to be Hua-Ngum people and live here. And every month I donate money into One-day One-baht Fund. I want to help others because I can receive from them so I want to return.”*

*(An elderly resident who receives assistance from TanTod, Interview, October, 10<sup>th</sup>, 2015)*

*I’m blind so I can’t see anything. But I can remember the day that many people did TanTod activity for us. I could not see but I could feel delighted.*

*(An elderly resident who receives assistance from TanTod, Interview, October, 10<sup>th</sup>, 2015)*

**3.4 Opportunities for integrating the younger generations:** For example, the “Little Doctors” activity illustrates the social connectedness between the isolated elderly and the youth. “Little Doctors” are not only acting as representatives of the community at present, but will grow into those roles as they become adults of working age who have the power to determine and influence the ways in which the community develops in the future. When positive attitudes towards the elderly are learned and constructed through the “Little Doctors” activity, those youth will grow with warm feelings towards the elderly. In other words, the “Little Doctors” activity is a socialization process of elderly care and respect for younger generations that will lead to elder friendliness preparation for the future.

*“ In the past, I don’t like my grandma because she was grumbling. So I wanted to stay far away from her. But when I have participated in Little Doctors activity and experienced as Little Doctor, my mind has already changed. When I did home visit and took after the target elderly, it seems to be a good lesson to learn and understand the elderly. Some of them were living alone, some were ill. I really sympathized and understood their feeling. They need love and caring. So when I went back to my house. I provided Thai massage to my grandma. First, she was surprised but finally we love to spend time together. And now I love my grandmom so much.”*

*(A Junior High school student “Little Doctor,” Interview, September 20<sup>th</sup>, 2015)*

*“The students, sometimes, visit the elderly house by themselves, not as “Little Doctors.” One day, they got sweets from the school. They want to give such sweets to the elderly that they are taking care of. After school, they went to the elderly house but nobody was there and also the fence was locked. They tried to climb to go inside and put sweets for the elderly. I was quite shocked that my students did that. However, I can touch the good relationship between the students and the elderly which is beyond the work of “Little Doctors.”*

*(A schoolteacher at Phadang Wittaya School,  
Supervisor of the “Little Doctors” activity, Interview, October 12<sup>th</sup>, 2015)*

**3.5 Opportunity for contribution:** The opportunity to contribute to the community and society is vital for the dignity of the elderly, because it empowers the elderly to be “givers” and not only “receivers.” Moreover, elderly people have opportunities to contribute to the community as cultural experts and volunteers in community affairs, e.g. teaching students about traditional arts and crafts, folk songs and music, and other local

wisdom. Furthermore, it is elderly students who participate and drive the School for the Elderly. Their participation and cooperation are necessary for the achievements of the School. In the beginning of 2015, the school was rewarded for the excellence of the project on the development of quality of life for older people. Consequently, the SAO received a four million baht award (approximately 18% of the yearly budget the SAO receives from the government). Not surprisingly, the elderly students were extremely proud of their participation.

*“I’m very glad that our School won the prize and got four million baht. This shows obviously the importance of the elderly’s role in the community. I’m so happy to be part of the School.”*

*(An elderly student, interview, October 5<sup>th</sup>, 2015)*

*“I can’t move well because I’m elderly and have a problem with my back, while my husband is blind. We can’t work. Every month we receive the allowance from the government both as the elderly and people with disability so we can survive. However, even though we are very poor, we donate into the One-day One-baht Fund almost every month. Although it is just small money donated, we’re happy that we can do good things for others. It is a way of making merit.”*

*(An elderly resident who receives assistance from TanTod activity,*

*Interview, October 10<sup>th</sup>, 2015)*

**3.6 Opportunities for being valued and respected:** The establishment of opportunities to be valued and respected seems to be the ultimate result that affects the previous opportunities. For example, goodness points recorded in each elderly person’s passbook give them a

feeling of happiness and pride. The points imply the worthiness of the older people. Furthermore, in 2015, at the learning center of the School for the Elderly, where several communities and organizations across the nation came to visit and learn, there were 59 groups with 2,734 visitors who visited and learned at the School. Thus, the elderly students are very proud of their school and themselves because they are part of a famous and beneficial school for the elderly in Thailand. Their reputation and the acknowledgement of the school for the elderly in Hua-Ngum sub-district encourages local people to realize the power and value of the elderly as people who can play a significant role in community development.

*“I really respect the cooperation from the elderly. They actively participate in community affairs. They have an important role to drive our community development. Without their good participation, the sub-district cannot launch the important development activities, like the Goodness Bank and the School for the Elderly.”*

*(A member of SAO Council, Interview, October 11<sup>th</sup>, 2015)*

*“I think good participation of the elderly is one important factor that leads the sub-district to receive many prizes. Without their support, we cannot work effectively. We really appreciate their sacrifice so much.”*

*(An administrator of the SAO, Interview, October 9<sup>th</sup>, 2015)*

*“I had never enrolled in the school. The first time I sang the national song at the School (for the Elderly), I felt very delighted. It was the first time in my life. I never thought that I would have the opportunity to do that before. Moreover, when I graduated from the School (3 years participated as an elderly student) and got the certificate from the SAO, I was very happy.*

*My children show my certificate and pictures from the graduation ceremony day on the wall in our house."*

*(An elderly student, Interview, September 20<sup>th</sup>, 2015)*

Those social opportunities reveal positive attitudes towards the elderly. Such opportunities, moreover, indicate the power of the elderly as key stakeholders who drive the community development process. Finally, they realize the achievement of meaning in later life of the Hua-Ngum elderly.

## Discussion

**1. The age-friendly community concept and the shifting of the paradigm:** The results of the study reveal that the development of an age-friendly community leads us to shift the paradigm view in favor of the elderly. The concept views the elders as significant contributors (Austin, et al., 2009), creating a positive view toward the older people as those who can flourish (Eales, et al., 2008:109). Moreover, it regards older people as productive and contributing members of society, as opposed to the negative perspective, which sees elders as passive and powerless older people (Alley, et al., 2007; Lui, et al., 2009). The case of the elderly who are members of the Goodness Bank and donate into the One-day One-baht Community Welfare Fund demonstrates the action as contributors, or givers, even though the elderly are faced with certain difficulties, such as poverty, or the example of the elderly student at the School for the Elderly who learned to write her name for the first time later in her life shows the flourishing of the elderly.

## **2. Hua-Ngum age-friendly community and welfare pluralism:**

Lessons learned from the Hua-Ngum age-friendly community reveal developing welfare pluralism, which local people and the local government (the SAO) have significant roles in establishing, while the central government takes supporting action, i.e. budget or academic support. Regarding the significant role of local residents and the local government like the Hua-Ngum SAO, the study indicates that although leaders and the leadership of the chief executive of the SAO and Buddhist monks are mentioned as key factors contributing to the success of age-friendly community development in Hua-Ngum, strong partnerships and the strength of elderly organization are also mentioned. Therefore, without cooperation and participation of local residents and the elderly, the leaders cannot achieve their welfare policies within the sub-district. Similarly, without the welfare-minded leaders, innovative age-related activities could not be established in the sub-district either. Consequently, the words “partnership” and “participation”, is needed for developing an age-friendly community.

**3. Key factors contributing to the success in creating age-related activities.** Results of each age-related activity reveal key factors contributing to their success, which are mentioned frequently by the key participants, as follows:

(1) Good leadership from both formal and informal leaders: As formal leaders, the chief executive of the Hua-Ngum SAO is mentioned by key participants as having good vision regarding age-related issues, paying attention to the establishment of community welfare, and being earnest about the elderly’s needs and problems. The current chief executive of

the SAO is a significant policy maker in Hua-Ngum. He was born in Hua-Ngum and has spent his life in the sub-district. He was elected to office and has worked as the Chief Executive of the SAO since 1996, thus he has had opportunities to continue his community development policy and processes. He graduated with a Master's degree in social development, so he is considered by the local residents to be someone of the younger generation with high education within the rural context. Combining the good relationship between two key leaders, a Buddhist monk and the chief executive of the SAO, new ideas related to age-friendly community development (and other aspects of community development affairs) are usually accepted more easily by the local people. The monk is often the first person to introduce new ideas, followed and supported by the chief executive of the SAO. With a good vision towards age-friendly community development by the chief executive, there is strong support from the Hua-Ngum SAO. The SAO is the core organization to drive the age-related activities at the sub-district level and plays an active role in the whole process. It supports both policy and practical application, such as location, budgets, staff, supplies, and transportation.

In terms of informal leaders, Buddhist monk Phrakhru Sujina Kunlayanadham is an important spiritual leader mentioned as another key figure, and has led to the success of several age-related activities established in Hua-Ngum, including the Goodness Bank, the One-day One-baht fund, and the TanTod activity. He not only plays an important role in teaching Buddhism, which is his core duty, but also leads development in the sub-district. At the present time, he is studying in a doctoral program in social development to obtain further academic knowledge, which will in

turn benefit community development in Hua-Ngum. By being in an important position among local people, he can reach both the faith and trust of the residents. Therefore, when he introduces new ideas, the residents are likely to cooperate, particularly among the elderly.

However, leadership can be both a strength and a weakness at the same time. Walaisathien and her colleague (2000:17) have mentioned that community leaders can have both positive and negative influence on development work; they can be a creator or destroyer of the community strength. In a society where there is no democracy and social inequality prevails, leaders are usually considered to be keys to the success of development work. Moreover, the relationship between leaders and community members is usually communal, where leaders are the minority in the society, but have higher power and position and more property than other groups. In this kind of society, the strong are the leaders, while the weak is the community. In contrast, if the community leaders are good people, who might not be powerful or rich, e.g. opinion leaders who are accepted by the community, those leaders can play a role in raising citizen collaboration to execute development work and share experiences and resources to bring about a good standard of living for the people in the community (Walaisathien et al., 2000).

Therefore, leadership itself is not enough for sustainable community development, because leaders can change anytime. Sustainable age-friendly community development should rely on other key factors, such as participation and partnership. In terms of implementation, leadership seems difficult for other communities to follow because it relies

on individual characteristics, e.g. education, ways of thinking, appearance, etc.

(2) Strong partnership: Strong partnership mentioned by key participants refers to two levels of partnership, the village level and the sub-district level. At the village level, there is good cooperation among community leaders. In Hua-Ngum, there are at least 65 formal community leaders (which include village headpersons and two of his or her assistants, plus two members of the SAO Council, or five formal community leaders in each village). The monthly meeting at the sub-district level (on the 7<sup>th</sup> of each month) is a strategy to enhance the mechanism of community leaders. Community leaders play important roles in promoting and encouraging local residents to become involved and participate in the age-related activities by using the monthly meetings at the village level to inform the residents of relevant information, as well as listening to residents' voices and receiving feedback from the residents to the SAO and other organizations. This data indicates the important role of the community leaders to drive community development at the grassroots level because they are closest with the local residents. Therefore, good cooperation among community leaders can lead directly to the success of age-friendly community development.

Strong partnership among various organizations within the community at the sub-district level is mentioned as a key factor contributing to the success of age-friendly community development in Hua-Ngum sub-district. In Hua-Ngum, good relationships and great cooperation among the SAO, Buddhist monks, staff of THPH, schoolteachers, community leaders, elderly people and their organizations, and other

related stakeholders (e.g. village health volunteers) are developed and maintained. One strategy for maintaining this good relationship is the establishment and conducting of monthly meetings.

Such meetings are conducted on the 7<sup>th</sup> of every month, with approximately 70-90 members attending, (e.g. community leaders, elderly people, women's groups, and representatives of external organizations) with the SAO acting as the meeting moderator and chairperson. These meetings benefit the local community as a public forum to exchange information, acknowledge the progress of activities, discuss problems that have occurred, and suggest how to overcome those problems or limitations. Therefore, the monthly meeting at sub-district level is an important strategy to strengthen the partnership of key stakeholders in the sub-district.

(3) Conformity with religious and local culture: Religious and local culture refers to the social capital of the local community. Several age-related activities launched in Hua-Ngum are based on Buddhism and traditional beliefs, such as the TanTod activity, the One-day One-baht fund, the Goodness Bank, and the School for the Elderly (e.g. Buddhism is a part of curriculum of the school). Therefore, these activities have a wide reach among the community.

(4) Based on democratic procedure: The Hua-Ngum SAO has an important role in community development to improve the quality of life of the residents, according to local government law. In the process of developing an age-friendly community, it acts as a facilitator to manage all relevant stakeholders and needed resources in the sub-district. The SAO understands that it cannot create an age-friendly community – and a

community development process as a whole – all by itself. Therefore, the monthly meeting is conducted as a key strategy to build and enhance partnerships, communication, planning, evaluation, participation, and learning. This strategy displays the democratic procedure in Hua-Ngum sub-district and is needed to develop a sustainable age-friendly community. Moreover, the SAO acts as a host to support needed resources for age-friendly community development, such as budgeting, staff, locations, and academic support.

(5) Strength of elderly organization: The Hua-Ngum elderly club is an organization run by the elderly themselves and supervised by the Hua-Ngum SAO (the chief executive deputy of the SAO and SAO staff are appointed to be the supervisor and assistants to the elderly club committee, respectively). The committee of the Hua-Ngum elderly club includes the head of the elderly club at the village level for all 13 villages. It has its monthly meeting on the 10<sup>th</sup> of every month (after the monthly meeting at the sub-district level). Such meetings of the elderly are an important strategy to build and improve participation and communication among the Hua-Ngum elderly. When the representatives of the elderly club participate in the meetings on the 7<sup>th</sup> of each month, they can relay the information learned there to the attendants of the elderly club committee at the monthly meeting at the village level on the 10<sup>th</sup>. The head of the elderly club in each village will then pass along this information to the elderly people in their own village. Moreover, participating in the School for the Elderly at the sub-district level can strengthen the Hua-Ngum elderly club because the majority of the club committee participates in the school, thus giving them opportunities to meet and talk with each other

every week. The club is one key community organization that has an important role in encouraging the rest of the elderly to participate actively in age-related-activities. This is one reason why the Hua-Ngum elderly pay attention and cooperate in driving age-friendly community development. Such good participation of the elderly is mentioned as one significant factor contributing to the success of age-friendly community development.

**4. Limitations of age-friendly community development based on Hua-Ngum’s experience.** Hua-Ngum’s experience is considered best practice of age-friendly community development. However, it does not mean that it is perfect or without limitations; in contrast, the results from key participant interviews reveal certain key limitations to the age-related activities established in Hua-Ngum sub-district, which can be summarized as follows:

(1) Limitation on sustainability of the activity: Some activities, such as the TanTod activity, for example, are recognized as relief activities. Thus, the major limitations and weak points of this activity are inevitably involved with the sustainable support provided for the elderly, because the target elderly mainly receive assistance only one time, not continuously. Therefore, the vulnerable elderly may still be at risk or in difficult situations. Additionally, because “leadership” is emphasized as a key factor contributing to the success of age-friendly community development in Hua-Ngum, the question is, “If the leaders change, will the process to develop an age-friendly community in Hua-Ngum be continued?” Therefore, the word “partnership” is very important and directly influences sustainable age-friendly community development.

(2) Limitation on database: This is seen as a general and important limitation of almost all local communities in Thailand because they assume that data collection and database construction are difficult and complicated processes. In the case of Hua-Ngum sub-district, the incomplete database of the Goodness Bank is an important limitation. Lack of up-to-date and comprehensive information leads to certain limitations, such as the database of the Goodness Bank members not being designed for deep analysis. Since only the goodness scores, types of goodness scores, and number of village numbers are recorded, the database has no information regarding the number, gender, or age of its members. As a result, the Hua-Ngum SAO cannot use its current database to analyze the development of its working process systematically.

(3) Limitation on work of the volunteers and staff: Several activities established in Hua-Ngum sub-district are based on the continuation of the activity. Therefore, every week the relevant volunteers and staff have to launch those activities. The SAO staff has to operate classes for the elderly students every week, while the Little Doctors have to launch their activity almost every week. Consequently, they have been overworked. For instance, the Little Doctors, who are students, have to spend their time both at school and participating in their volunteer activity. Understandably, some of their guardians are worried as their children have to go out every day; namely, going to school from Monday to Friday and providing care for the elderly on weekends. As a result, the Little Doctors have little time for family, housework, homework, or relaxation. In the case of the SAO staff, they have to respond to routine duties in accordance with their position and assigned work, such as being volunteer lecturers at the School for the

Elderly. Furthermore, some of them are seen by the elderly as too young and inexperienced, thus at times some of the elderly do not pay much attention their lectures.

**5. Gender and aging:** According to the findings on gender issues, older women are at higher risk to be vulnerable older persons than older men in every aspect, including demographics, economics, and health concerns. WHO (2016) indicates that the understanding of gender relates to the complex and differing pattern of roles, responsibilities, norms, and values throughout the life course as determinants of aging. Aging itself does not make the older women more likely to be in a higher risk group than older men, but socio-cultural processes related with gender issues does. The UN (2002) states that health problems can disable men and women, but can be avoided with good nutrition, proper exercise, and the opportunity to access health care services throughout the life cycle. Therefore, if women have access to such factors, they can stay healthy and active into old age. In other words, gender-based inequality is an important factor that affects women in becoming vulnerable older persons in comparison to men during their lifetime. Combined with biological factors, such as greater longevity, older women will become vulnerable elder persons as they age, with the increased possibility of suffering from chronic disease if they do not receive support from family members.

**6. The key difference between age-friendly communities in urban and rural areas:** When considering the difference between urban and rural communities, the study reveals the features of the age-friendly rural community, which differs from the age-friendly city in urban area. According to the WHO's age-friendly city concept (WHO, 2007), there are

eight domains that illustrate the features of such a city, especially the physical aspects, such as outdoor space, transportation, and buildings indicated to the urban context. In a rural context, the age-friendly community focuses on an “age-friendly social environment” due to limitations of the budget. However, this seems to be the key fundamental feature of age-friendly communities, both in rural and urban areas. Without a friendly social environment, meaning a lack of respect towards the elderly or few opportunities for social participation among older people, suitable buildings have little meaning towards the human dignity of elderly people.

### **Conclusion**

The establishment of an age-friendly community, based on the experience in Hua-Ngum, reveals the power of local community in dealing with an aged society in its own community. In a decade, the SAO and its partners have established significant age-related activities for tackling their own aged society and developing the community as a whole. Six key opportunities, which indicate features of age-friendliness in the sub-district, are contributed from those significant age-related activities. Such key opportunities express the positive views toward the elderly, e.g. as contributors or givers and as valued and respected members of the community.

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