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# An analysis of health promotion policies for the ageing population in Thailand

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## Abstract

Many countries around the globe are rapidly changing due to the advancement in technology and medicine, and this advancement contributes to better health for people. Therefore, people live longer than before. Policies aimed at an ageing population are vital for any country, as the responsibility of taking care of the ageing population rests in the hands of the government. This paper aims to analyze both past and present health promotion policies for the elderly in Thailand and provides guidelines for implementing key policies for the elderly. As many countries are moving towards an ageing society due to a drop in population growth, Thailand, located in Southeast Asia, also encounters the problem that an ageing society has. The issue of healthcare among the elderly has been at the center of most major policies in Thailand. While Thailand's overall population growth slowed to 0.21 percent in 2018, the number of people aged 60 and up increased by 4 percent. Currently, the number of elderly people is estimated to be 11 million, or 16.5% of the general population in Thailand. The Long-Term Care (LTC) policy is perhaps the most comprehensive policy when it comes to health promotion among the elderly in Thailand.

**Keywords:** health promotion, ageing population, Thailand

## 1. Introduction

Over the last 65 years, the world's population has more than doubled by the year 2000, two-thirds of the world's population was expected to be over 60, primarily in developing countries and Asia (Xu and Islam, 2019). Thailand was officially pronounced an "ageing society" back in 2005 by the United Nations. Since then, Thailand has experienced a significant rise in the number of people aged 60 years and older, and the figures are expected to skyrocket even further in the coming decade (Xu and Islam, 2019). An "ageing population" is the inevitable result of a demographic transition characterized by low birth and death rates.

Cerebrovascular diseases and heart failure are among the leading causes of death among Thai seniors. Some of the most common causes of death among elderly men in Thailand include cancer and accidents, while the most common causes of death among elderly women include hypertension, septicemia, and diabetes mellitus (Sasiwongsaroj and Burasit, 2019). Malnutrition appears to be a major problem among Thailand's elderly, with nearly one-third of the country's elderly having a body mass index (BMI) of less than 20. Furthermore, about 25 to 50% of the elderly in Thailand have a low concentration of hemoglobin in their blood. This explains why malnutrition has remained a serious problem among the Thai elderly (Sasiwongsaroj and Burasit, 2019). The rate of smoking among Thai elderly men was higher than that of Thai elderly women. Female elderly people are more likely than male elderly people to have some form of disability or dependence. (Srisorn, W., et al., 2021)

## 2. Characteristics of Thai Population

While Thailand's overall population growth slowed to 0.21 percent in 2018, the number of people aged 60 and up increased by 4 percent. Currently, the number of elderly people is estimated to be 11 million, or 16.5% of the general population in Thailand. In Asia,

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Thailand has the second-highest percentage of the elderly population, coming in second after Singapore (Suriyanrattakorn and Chang, 2021). The number of older adults unable to leave their homes due to old age or other underlying conditions is steadily increasing as well. According to the National Health Security Department, the proportion of individuals who are thought to be "homebound" or "bedridden" is approaching 1 million in Thailand (Suriyanrattakorn and Chang, 2021).

Using the elderly's functional and physical capabilities as measured by the Barthel Index of Activities of Daily Living (ADL), ageing people can be classified into several groups (ADLs). Older people can be divided into three categories, depending on their level of mobility and independence: those who are active (ADLs greater than 11), those who are homebound (ADLs 5–11), and those who are hospitalized (ADLs 0–4) (Yi et al., 2020). The care requirements of various populations vary. A healthy senior might not need help getting around or preparing meals, but a senior who is bedridden or unable to leave the house would demand more care (Yi et al., 2020).

Additionally, due to the financial and social shifts, family sizes are progressively becoming smaller, and almost one-third of Thailand's older population lives in extreme poverty. As a result, an increasing proportion of the older population is at risk of experiencing economic hardship due to a combination of factors, including a decline in the number of family caregivers and a rise in the ageing population that is immobile and unable to leave their home. The number of older Thais who require assistance has increased, necessitating a more robust and efficient long-term care strategy (Knodel et al., 2018).

Since Thailand's ageing population depends so heavily on family caregivers, it is anticipated to emphasize LTC policy for the elderly so they are well prepared for the accelerated ageing of their communities. Research data shows that current knowledge of what influences and helps elderly persons access LTC in Thailand is still inadequate. Suggestions established by scientific findings remain particularly crucial for the healthcare profession in Thailand and across ASEAN to help them deal with the ageing of the region's population and develop better long-term care (LTC) policies now and for years to come (Yeung and Thang, 2018). Considering that elderly persons remain at a higher risk of contracting diseases, the WHO has issued a plea for robust defense strategies in ASEAN countries. The COVID-19 epidemic has exacerbated the difficulty that the ASEAN elderly and LTC medical scheme faces in meeting the needs of an ageing population (Suriyanrattakorn and Chang, 2021).

There has also been a significant shift in parenting practices, hierarchies, labor, and movement in Thailand. There are fewer individuals to help the elderly whenever needed. This is due to the increase in rural-to-urban migration in pursuit of job opportunities. Lower household sizes, shifting lifestyles, and financial restrictions are among other factors that have led to a reduced number of caregivers. While stable family bonds and widespread support for older people exist in Thailand, their long-term viability is still questionable (Sasiwongsaroj & Burasit, 2019)

### **3. Health Promotion Policies for the Ageing Population in Thailand**

#### ***3.1 The Declaration of Thai Senior Citizens***

The Declaration of Thai Senior Citizens was a health promotion policy launched in 1999 by the Prime Minister as a sign of commitment by the government of Thailand to improve the lives of the elderly in Thailand, as well as protect their rights (Aung et al., 2022). The Declaration of Thai Senior Citizens is focused more on protecting the elderly from abandonment and violation of their rights, thus elevating their standards of living. According to the declaration, the elderly in Thailand should be taught self-care and health, be allowed to obtain health insurance, have equal access to good quality health services, and receive care until the end of their lives (Tsoh et al., 2015). To support this, the Declaration of Thai Senior

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Citizens further states that every elderly person in Thailand has to have necessities that are worthy and dignified. They should not only be protected from abandonment in old age but also protected against any form of discrimination, especially when they cannot rely on their families or are disabled. The Declaration emphasizes that the elderly in Thailand ought to live with families that show them love, respect, care, and support for their medical needs (Aung et al., 2022).

### ***3.2 Elderly Act of 2003***

After working on the issue of health among the elderly for a few years, Thailand passed the Elderly Act in 2003. According to the Act, any person in Thailand who was 60 years of age or older with Thai citizenship or nationality was considered an "aged person" or "elderly" (Jensantikul & Aimimtham, 2022). Under this Act, the National Council of Older Citizens was appointed to be in charge of policy-making. Overall, the role of the council was to formulate policies concerning the protection and promotion of the roles and social statuses of the elderly. Under this act, the elderly in Thailand were entitled to full medical and health services solely for the elderly. They were entitled to receive different forms of aid, including medical aid, especially for those who were abused or illegally exploited. They were entitled to accommodation, nourishment, and clothing to keep them safe and healthy. Under the Act, the elderly in Thailand are also entitled to waived admission fees at state attractions, proper vocation and vocational training, and self-development and participation in social activities and community networks. All these were meant to keep the elderly happy, engaged, and in good health.

#### ***3.2.1 The First National Plan for Older Persons, 1982–2001***

The First National Plan for Older Persons, 1982-2001, was developed after the government saw the need to develop a more comprehensive document and agenda that was able to address the social and health needs of the elderly, which were gradually increasing in the country. Theoretically, the First National Plan for Older Persons, 1982–2001, was meant to act as a guide for the treatment of the elderly in Thailand. The focus was on helping the elderly live with their families, since there is more value and respect when the elder is being taken care of by their loved ones. The policy also emphasizes societal protection, especially for the elderly, who can neither rely on themselves nor their families (Supromin and Choonhakhlai, 2019). This policy was built on five pillars: health, education, social and cultural integration, social and income security, and social welfare provisions. However, the policy has been met with a lot of criticism from the relevant stakeholders, who argue that the policy lacks specific goals, strategies, action plans, or predictable outcomes despite having a general direction that could support the elderly in Thailand.

#### ***3.2.2 The Second National Plan for Older Persons, 2002–2021***

In 2002, the United Nations convened the Second World Assembly on Ageing in Madrid, Spain, where the Madrid International Plan of Action on Ageing was adopted. Each member country was expected to address three areas: the development of older people, the establishment of an enabling and supportive environment for the elderly, and the advancement of the health and well-being of the elderly (Knodel, Rpfl, and Chayovan, 2013). Since Thailand was ready to advance beyond the First National Plan for Older Persons, 1982–2001, and there was a need to respond to the Madrid International Plan of Action, it developed the Second National Plan for Older Persons, 2002–2021. Some of the goals and objectives of this policy were to implant awareness among members of society that the elderly are valuable members and that significant preparation for ageing is important (Knodel, Rüpfolō, and Chayovan, 2013). It also encouraged people, communities, families,

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and private and public entities to participate in matters affecting the elderly, including the issue of healthcare, which is a great concern.

Under this policy, the government is determined to provide emergency assistance to the elderly who face social problems either through short or long-term projects. These include medical treatment, emergency housing, food, and clothing (Supromin and Choonhakhlai, 2019). Care and rehabilitation assistance are also part of the government's objective under this policy. For instance, Thailand will ensure that the older population has improved access to healthcare services under the Health Security Project of the Ministry of Public Health. Even though such services will be provided for free to all citizens of Thailand, the elderly are still favored by being allowed to access the fast lane when seeking medical services, more elderly clinics being established, and receiving announcements and notifications to allow them to understand the processes and procedures in the medical facilities.

Under the Ministry of Public Health, the elderly will receive home health care services that are convenient. The Ministry of Public Health intends to work with multidisciplinary teams from different community and provincial hospitals that are capable of giving the elderly medical care in the comfort of their homes.

#### **4. Long-term care policy (LTC) in Thailand**

Long-term care (LTC) is being developed worldwide to solve the epidemiological transition toward an increasing elderly population. According to the World Health Organization (WHO), LTC consists of "all activities undertaken by others to ensure that people with, or at risk of, a significant ongoing loss of capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms, and human dignity" (Pot et al., 2018). Although institutionalized LTC has been articulated in developed nations for years, many countries in the ASEAN region cannot implement sustainable policies to meet the evolving demand of their elderly society, and therefore, they do not have an official supply of LTC care. However, the government of Thailand has since been a driving force in developing its LTC program, making it among the most advanced compared to its ASEAN counterparts (Tejativaddhana et al., 2022).

The National Institute on Ageing (NIH) defines long-term care (LTC) policy as "the services that help people live as independently and as safely as possible when they can no longer perform everyday activities on their own," and this support can be provided by either systematic (skilled individuals who earn) or unofficial (untrained individuals without a formal salary) healthcare professionals (Suriyanrattakorn and Chang, 2021). Most Thais who need prolonged healthcare receive it from friends, neighbors, and household members who are not compensated for their services. Previously, many long-term care centers were publicly funded to reinforce home care, and funding and activities for elders with impairments remained severely restricted, unlike in the present.

The narrative of LTC policy for older adults was established in 2010, according to the National Health Assembly (NHA) report. After that, the government of Thailand came up with a proactive LTC whose framework was grounded in "community-based long-term care" (CLTC) in 2016. In the same year, the government also launched a 600 million baht fund that covered more than 1,000 sub-districts as a test for the LTC policy. The amount later increased to around 900 million in 2017 and 1159 million in 2018. The money is managed by the National Health Security Office (NHSO), which addresses the healthcare of ageing people and other critical services such as nursing, household visits, and facilitating the community-based volunteer program. The LTC policy has facilitated access to critical medical equipment for the care of the elderly population (Suriyanrattakorn and Chang, 2021).

The proactive LTC model has encouraged the digitalization of services to the elderly population, individual care procedures, and reimbursement of funds to facilitate their support

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plan from healthcare personnel, families, and community volunteers (Tuangratananon et al., 2021). These funds also facilitate training and awareness programs to sharpen caregivers' skills and improve their care for the elderly population. Social components, financing, healthcare administration, taxation policies, and social power are a few factors that influence which programs receive government LTC funding and which do not. When compared to the approach in Thailand, which is wholly paid by public funding mechanisms, the administration of LTC in industrialized nations (such as Germany, the United States, Japan, and the Netherlands) is supported through a combination of federal assistance and coinsurance by recipients (Suriyanrattakorn and Chang, 2021).

Two key factors make long-term care an appealing option for the elderly population in Thailand. The first is financial: home care is less expensive than hospitalization, particularly for long-term or end-of-life stages. The second is that many remote regions have the cultural capital to finance medical attention. LTC deployment has always been focused on a partnership between localities and the state due to LTC funding limits. The elderly who are disabled and need medical and psychological assistance are always supported by a collaborative effort between the community healthcare workers, the aged personal care volunteers, and the sub-district well-being advancing facilities or municipal administrations (Suriyanrattakorn and Chang, 2021). The sub-district health clinic, a type of formalized medical provider, is tasked with conducting functioning evaluations on the elderly, developing personalized treatment plans, and applying for funding from the municipal authorities. Before implementing the proactive plan, healthcare professionals had previously been placed in the community to help with epidemiological studies, preventive care, and door-to-door visits. A professional career as a salaried caregiver was made available to volunteers in 2016 in exchange for completing a minimum of 70 hours of the Elderly Rehabilitation Process. The elderly in every neighborhood would be cared for by their respective caregivers under the constant watch of professionals (Srisawasdi et al., 2021).

Similar to the need for a uniform regulatory structure or coordinating body for public community-based LTC, an additional clear definition of what constitutes LTC for this population does not exist in Thailand. However, Thailand's national government is making strides toward LTC strategies and actions to address the challenges of an ageing population as outlined in "the 12th National Economic and Social Development Plan" (Rerkklang, 2018). A few examples are making public spaces more accessible to the elderly and enhancing the LTC service. Additionally, the strategy kicked off the "Thailand 4.0 Development Agenda," which aims to boost the objective or effort by the state to alleviate the condition of the elderly population. Many recent public programs address the needs of the elderly in the country, with the overarching goal of allowing pensioners to remain at home with their families as long as possible, with the help of a comprehensive network of neighborhood caregivers.

## **5. Conclusion and recommendation**

Over the last 65 years, the world's population has more than doubled. Thailand has been declared an "ageing society," and policies that promote health among the elderly have been put in place. Various factors have necessitated the need for these policies, including financial and social shifts among families in Thailand that have made one-third of the elderly population live in abject poverty without caregivers. Also, there are fewer individuals to help the elderly whenever needed due to the increase in rural-urban migration in pursuit of job opportunities.

The issue of healthcare among the elderly has been at the center of most major policies in Thailand. This includes The Declaration of Thai Senior Citizens, 1999, which emphasized that the elderly in Thailand should be taught about appropriate self-care and health, allowed to obtain health insurance, have equal access to complete health services, and

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should be taken care of until the end of their lives. There is the Elderly Act of 2003, which defined those who were considered "elderly" (anyone who was 60 years of age or older) in Thailand. The policy further outlines what the elderly in Thailand are entitled to, which includes medical aid, accommodation, nourishment, and clothing. The First and Second National Plans for Older Persons all outlined the government's long-term projects for promoting the health of the elderly in Thailand. The Long-Term Care (LTC) policy is perhaps the most comprehensive policy when it comes to health promotion among the elderly in Thailand. It outlines the services that people need to live independently and safely, even when they can perform as they used to.

Even though Thailand has national policies for the elderly, many would claim that the country still lacks policies that would prepare people for old age. Looking forward, it is expected that there will be policies and programs designed to prepare the Thais from youth to old age and cover all critical aspects of their lives. Some of these actions may include but are not limited to the provision of welfare services, which include a pension for every Thai elderly, strengthening community participation in the healthcare and social sectors; strengthening family values; providing education and training for those offering healthcare and social services; providing welfare and social schemes; and strengthening informal care among other non-government organizations that can offer informal care to the elderly in Thailand.

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