

## **Pattern on Bringing up the Edged Persons by Social Cost in Nakonratchasima Province's Community in Thailand**

<sup>1</sup>Suraphol Chayaphop, <sup>1</sup>Songkoon Chantachon and <sup>2</sup>Prasopsuk Litthidet

<sup>1</sup>The Research Institute of Northeastern Art and Culture,  
Mahasarakham University, 44150, Thailand

<sup>2</sup>Department of Curriculum and Instruction, Faculty of Education,  
RajaBhat Mahasarakham University, 44000, Thailand

---

**Abstract:** Pattern on bringing up the aged by social cost in Nakonratchasima Province's community in Thailand has purposes to develop method of bringing up the aged persons by participating of Nakonratchasima Province's community in order that it relates to Thailand kingdom Constitutional Act and The Aged Act, 2003. The act has determined various measures bringing the aged up; nevertheless, it has results yet in practice; seeing that the aged were deserted more from their families. This occurrence has damaged beautiful culture of Thai society that is gratefulness to their parents and the elder persons. Research on costing society applying for operation found that bringing the aged up systemically by using relative system being sustainable. For instance, Orphisms' healthy center in Khonburi district, Nakonratchasima Province had firstly applied a new innovation to them in Thailand in 2005. This innovation is bringing the aged up in pattern of Relation on Family tree: ROF. The aged had been continually looked after as well as co-operation between family, village's public health volunteers and volunteers on bringing up them. And as well it aimed at looking after the aged at home, 1-2 families a month, innovation in bringing the aged up had three main purposes; namely: to find the real problems on the aged and their families, to make relationship between the aged and persons in family and to make faith in governmental service system. The result of innovation can be concluded as follow: the aged families were the most satisfied, the elder felt that they were worth which descendants had taken care of them. The aged problems had been realized altogether among members and caused of family's members getting understanding on more looking after them. Returning warmth to Thai social; nonetheless, taking care of them by the families, which had no chains or family's built networks, was less satisfaction, realizing problems and warmth.

**Key words:** Edged persons, aged care system, pattern on taking care of the aged, quality in life, empowerment, social contact and connection, social cost

---

### **INTRODUCTION**

Thailand kingdom constitution, study 54 had clearly regulated about the aged rights that they had right getting help from government, to follow the Act; Accordingly, The Aged Act of 2003 had effect on January 1, 2004. Various governmental and private sectors had continually responded to the policy of taking care of them.

In the past, the policy of taking care of the aged could not cover them because of over 7 millions of them all over country. According to Yodphet (2006a), found that governmental policy on taking care of the aged was inadequate, uncover and unfair. Especially, the poor and rural elder; moreover, the hopeless could not access to governmental service.

This research purposes to develop method of bringing up the aged persons by participating of Nakonratchasima Province's community in order that it relates to Thailand kingdom Constitutional Act and the Aged Act, 2003.

### **MATERIALS AND METHODS**

The research site was Orphisms' healthy center in Khonburi district, Nakonratchasima Province. This research was a qualitative study the sample was obtained by Specified Random Sampling from persons in the know-including experts, government officer, the municipality/specialists, mayor of Khonburi district, Nakonratchasima Province, the village headmen amount

12 persons, aged persons amount 5 persons, village's public health volunteers 8 persons, total of 25 key informations. The research data are gathered by means of surveys, interviews, the observations both participated and un-participated, small-group meetings and workshops, between October-November 2007. The research results are presented by means of descriptive analysis.

## RESULTS AND DISCUSSION

**The aged's situation in Thailand:** At the present time, the age's increase rate is continually now that growth of medication and public health is better than in the past; as a result, their ages are longer. It is said that the world is stepping in aging society. At any rate, the ratio in the populations of them, who are increase, isn't guaranteed that they will get healthier, the elder don't well prepare especially in health and sanitation (Wonbunsin, 2008). The main issue, which was regularly mentioned with concerning is they were deserted from families and descendants, economic crises effect on family competency in patronizing them, above all.

Tragedy incident had happened in Nakhonratchasima Province, in the middle of January 2007, father was abandoned by son at a monastery in Pathum Thani Province. It is directly dangerous signal to them who are deserted from families and descendants.

There are the same situations taking astonishingly place frequently in Thai society. Data from Ministry of Social Development and Human Security reveals that the amount of the aged were deserted in 2003, 27,413 people; in 2004, 28,195 people; in 2005, 29,067 people; in 2006, 29,736 people. There are many questions about deserting the aged or their own parents; everybody well realizes that gratefulness is Thai value, acceptance and praise. According to Yodphet (2006b) research, he had found factor effecting on the aged, this is family financial condition. Specifically the family, which suffered from economic problems, may face problems on taking care of the aged, admitting raising the aged concerning standards and qualities.

**Aged care system:** Home Health Care Supporting Center (2007) referred to two standard patterns taking care of the aged.

Service to support people living in the community is supporting living of the aged in community. There are various patterns.

**Home and community care:** HACC is raising by nursing, healthy teams, food, personal taking care, primary helping, transporting, advice and information.

**Community aged care packages:** CACP are more complex taking care which was evaluated by the aged raising teams (Aged Care Assessment Teams).

**Extended aged care at home:** EACH is taking care of the aged in higher level than a service set in number 2, nearly being Nursing Home.

- Day Therapy Centers are service center in the day time
- Day and Overnight Respite Centers are service centers in relaxing places, day and overnight

Residential aged care services are the patterns set being residences or housings which are subject to specified teams, which are supported by central government, services for persons who can not live in community not only lacking of caregiver but also sickness, likewise, cripples. Categorized into two levels as follow:

**High care:** There is nursing all over 24 h, food, laundry, cleaning and personal taking care. The aged in these groups are needed to take closely care of nursing to make help them appropriately but not suffered patients, Nursing Home.

**Low care:** Taking care of food, laundry, personal raising, but nursing, they are the aged who can help themselves, less taking care or nursing, called Hostel with care.

These two standard patterns have main principals on taking care of the aged (Principals Underpinning Care Provision) namely:

**Quality in life:** The aged feel security, fun, good relationship, dignity, choices, convenient, valuable activities, capable of taking care, private and spirit mind.

**Empowerment:** The aged feel control them, self-esteem, enough information, participating on decision, accepting on treatment or defined activities.

**Social contact and connection:** The aged have meaning social activities and participating with others.

According to these two standard patterns of taking care of the aged, these are permitting the aged living with their families in community in company with carver teams at home and taking care of the aged in foster house in case of the aged facing living with their family. All two standard patterns have the same basic thoughts which

making the aged feel that they have value, dignity, happiness in body and mentality, temper and society (Sasat, 2006).

**Procedure on taking care of the aged by community: Nakhonratchasima Province:** Thai society believed that taking care of the aged is virtue, praiseworthy and beautiful culture of Thai people, being hardest burden but happiness and pride. Relating to Key information in case of government officer that descendants who looked after the aged had happened positive thoughts such as happiness, doing good, receiving admiration from society, finding good things, while all descendants realized that gratefulness is important in Thai society, which family and descendants must take care of their parents when the middle aged coming.

For all that specifically in rural areas, Thai society at present is changing to be new society, family and descendants rushing off getting jobs in cities or countries. Nobody takes care and deserts parents or the aged lonely; for this reason, Orapim community health center, Konburi district, Nakhonratchasima Province, has brought new innovation using for taking firstly care of the aged in 2005. This innovation is taking care in pattern of relation on family three: ROF, which the aged obtain looking after continually with co-operation between families, public health volunteers, volunteers for looking after the aged.

Innovation on looking after the aged like ROF has three purposes, as follows: to find out the real problems of the aged and families, to create relationship between the aged and their families and to create faithfulness on governmental service system. There is an objective on looking after the age at home, monthly 1-2 families, research process as follows:

- Try to understand problems and trustworthiness in organizing activities for officials and health teams of community health center
- Assort the aged who have health problems
- Rearrange paying attention to the aged in their family
- Study personal information being sickness of the aged from public health files and co-operation with hospitals to find adding information
- Set appointment schedules visiting and looking after the aged three times, as follows:

The first, regularly visiting and finding competence of their families.

The second, setting family activities and healing after problems of the aged by all persons in family (Family tree).

The third, setting activities on relationship of family, by relatives making an appointment and evaluation visiting the aged.

**Time period in visiting the aged:** The first, following after schedules visiting in the afternoon on week days.

The second and third, allowing the aged and families defining appointment time.

**Activity places:** The aged houses are appropriate, family and descendants take part in activities.

**Budget on management:** Being integrations in formal tasks without budget, compensation for officials is not over 1,000.00 a time and some parts of budget is responsible for the aged families.

**Results on innovation:** From using innovation can conclude results as follows:

- The aged families are most satisfied as speech said, The most gladness and pride that they can make the aged having self-esteem, descendants know and requite benevolence
- Understanding problems of the aged altogether all over families, effecting on families and descendants getting knowledge as well as understanding looking after the aged
- Returning warm families back to Thai society

Findings after using innovation (ROF) result in finding patterns on taking care of the aged that is very appropriate as in Fig. 1.

**Network relationship to linking taking care of the aged:** From the pattern diagram taking care of the aged shows relationship between many parts concluded as follows:

**Using original fund:** Original funds are in community; for instance, the aged associations, association of practice the dharma, public health volunteers and volunteer taking care of the aged at home, being mainstays on taking care of the aged.

**Integrating:** Operation between public health center and organizations of ministry of social development and human security. Sub-District Administration Organization is a key determining a role preventing conflict between organizations in creating network alliance and network in community constantly in order to take care of the aged as real integration.

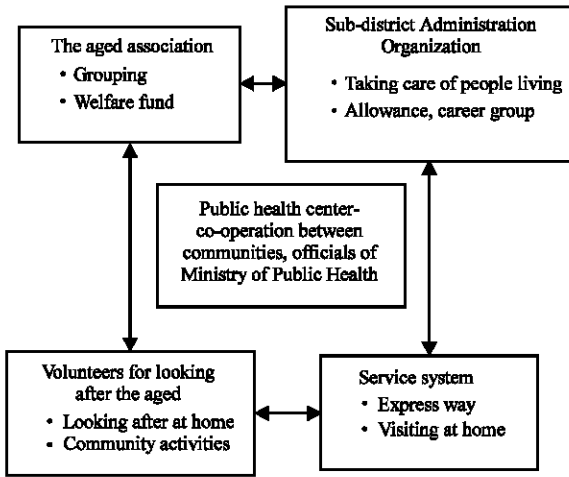


Fig. 1: Diagram on linking supporting taking care of the aged (Data from Home Health Care Supporting Center, 2007)

**Adjusting conditions which are adequate for community ways:** Sub-District Administration Organization should support activities about the aged every way such as housing, favorable conditions to arrange activities encouraging the aged so as to more participate.

**Taking care of the aged system relating to community ways:** Looking after the aged must relate to community ways and continuity in according to supporting taking care of them, the aged. It is an aggressive activity, for example, visiting the aged in families, special service for them on occasion-the continuously aged clinic.

**Supporting system of CUP:** It is the system responding to pattern on taking care of the aged in time, nicely. Including with organizing system for delivering the aged, effectively.

The diagram taking care of the aged shows relationship linking all organizations no less in-community than ex-community. Public health centers are main machines driving as to the aged getting happiness truly in the end of their lives.

### RECOMMENDATIONS

In the past, the aged were mainstays creating firm families, which were depended on by families and descendants and did much usefulness. At the present time, they become burden for others in view of body development, which is gradually deteriorating and the aged can not look after them. Value and dignity are the mainstays for spirit, which gives warmth for all descendants; it's time that families and descendants will have an opportunity to show gratefulness to their

parents. ROF pattern is an original innovation for being guideline to take care of the aged having good quality of lives in the end of them.

Suggestion from the results finds that the aged need taking care and restoring to health, mind, economics and society by participating with linking between the aged, families, community and government. The aged should well prepare for them before becoming old age persons, making a living adequately, self-reliance. Family members and descendants return to their Thai tradition that behaved to parents and the aged gratefully. Community should create realizing nurture in community having respect for the aged. State agencies and Sub-District Administration Organizations should thoroughly create standards of taking care of the aged. Relationship in co-operation on all levels which may bring about pattern on looking after the aged as ROF adapt for taking care of them and relevant to their locality.

### CONCLUSION

Effective development of learning resources in solid wastes and wastewater management could be used in training. The students therefore could gain knowledge and attitude towards solid wastes and wastewater management. The model of learning resources development and training should be supported and promoted to other groups of people.

### ACKNOWLEDGEMENTS

The researchers express their sincere appreciation for all of support provided and the referees for their helpful comments.

### REFERENCES

Home Health Care Supporting Center, 2007. Home Health Care for the Elderly. 1st Edn. Older Health Care Group, Officials of Ministry of Public Health, Bangkok, pp: 71-94. ISBN: 974-515-926-3.

Sasat, S., 2006. Gerontological Nursing Common Problems and Caring Guidelind. 1st Edn. Chulalongkorn University, Bangkok, pp: 41-63. ISBN: 974-03-0828-2.

Wonbunsin, K., 2008. The Aged Society. 2nd Edn. Chulalongkorn University Press, Bangkok, pp: 30-32. ISBN: 978-974-03-2071-5.

Yodphet, S., 2006a. Research Complete Report for Home Based Long-Term Care for Older Persons. 1st Edn. Mr. Copy (Thailand) Ltd., Bangkok, pp: 47-64. ISBN: 974-94541-8-9.

Yodphet, S., 2006b. Social Welfare for Older Persons: Concept and Social Work Practice. 2nd Edn. Mr. Copy (Thailand) Ltd., Bangkok, pp: 47-64. ISBN: 974-94471-1-5.