



## Best Practices of Measures for the Aged in Khon Kaen

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### 1. Introduction

Statistics from various reliable sources clearly show us that globally human population dynamics have altered significantly over the last century or so. World-wide the population has more than doubled from 2.5 billion in 1950 to around 6.7 billion today and is expected to reach 9.2 billion by 2050.

Two diverse patterns are evident in global population growth: small growth or even decline in most wealthy countries and sustained rapid population increases in the world's poorest countries.

Of today's (mid 2008) world population of around 6.7 billion: 1.2 billion people live in more developed

nations; 5.5 billion people live in less developed nations. By 2050, global population is expected to be around 9.3 billion.

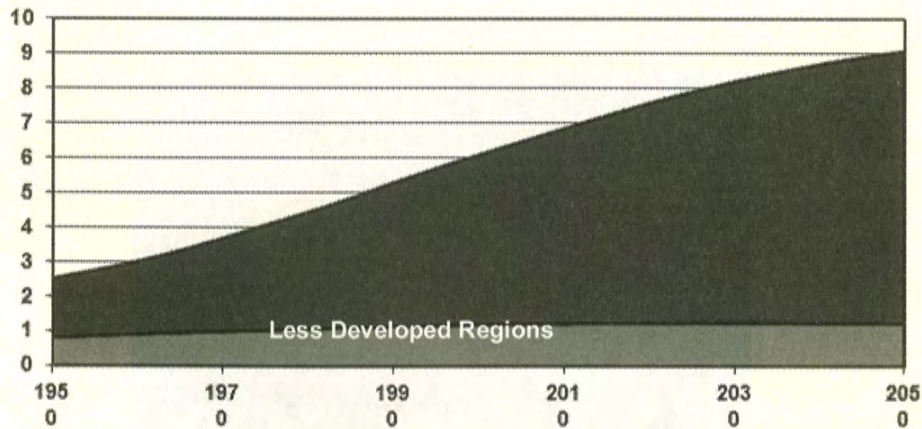
Although globally the overall population is still increasing, the rate of growth is diminishing and in some countries even declining.

### 2. An Ageing Population

Underlying global demographic dynamics is a world-wide decline in fertility and mortality and the trend to population ageing. Population ageing is the increasing proportion of older persons in the total population and is seen as one of the foremost demographic



Figure 1: Population Growth Greater in Less Developed Countries



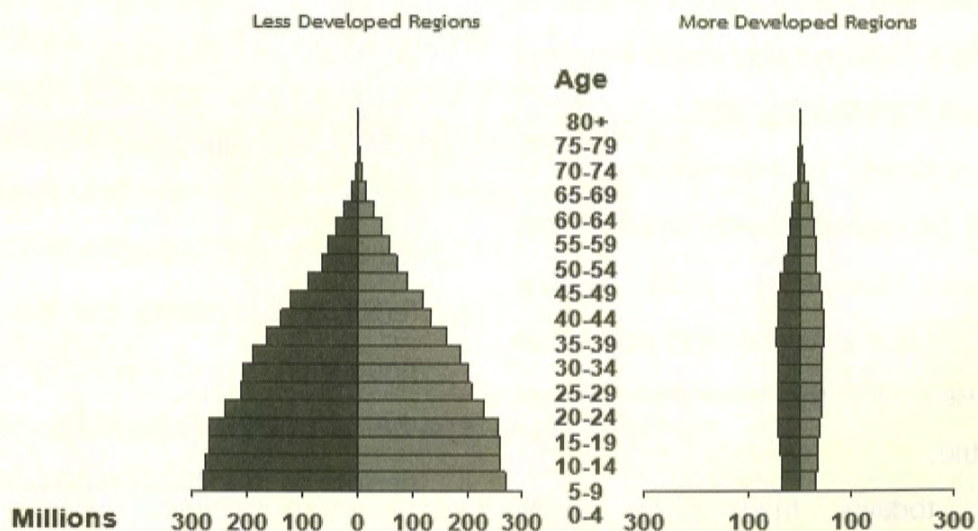
Source: United Nations, *World Population Prospects: The 2004 Revision (medium scenario)*, 2005.

events of the twentieth century. The global population is not only growing, it is also ageing and living longer through better nutrition and health technologies and practices. Coupled with that, the dynamics of

improving economic, social, and health circumstances has led to a decline in the necessity for high fertility rates for survival.

Figure 2: Age Distribution of the World's Population

Population Structures by Age and Sex, 2005



Source: United Nations, *World Population Prospects: The 2004 Revision*, 2005.

The predicament is that improvements in the quality of life for the people have led to the ageing population trend; the ageing population trend now poses a threat to these same gains in quality of life.

Population ageing and longevity offers an extensive range of daunting challenges, impairs existing social support models and systems, affects economic growth, trade, migration, disease patterns and prevalence, and tests primary assumptions about growing old. As an increasing number of people live longer, retirement, pensions, and other social benefits tend to extend over longer periods of time. This makes it necessary for social security systems to change substantially in order to remain effective and viable. Another inevitable consequence of ever-increasing longevity unquestionably must be the inevitable rising medical costs and escalating demands for health services; elderly people are typically more susceptible to chronic diseases. To cater for these changing economic, political, and social conditions, reforms in pension, health, and social support systems will be needed.

The special concern in developing

countries is sustaining the ability to provide for the well-being of both the older and younger generations with the ongoing reduction in the availability of kin as family size decreases and women, who are traditionally the main caregivers, increasingly engage in employment outside the home.

To begin with, population ageing was experienced in the more developed countries; however, population ageing trends are now also increasingly evident in the developing world. The expectation now is that all countries will experience population ageing in varying degrees and differing time frames, dependant on the health, social, economic, governance, and geographical environments of individual countries and regions. This population ageing phenomenon will remain significant for the foreseeable future.

We should not fear population ageing, but treat it as another stage in the development of mankind. The ageing trend in population dynamics is transforming our world in fundamental ways and presenting challenges and opportunities, which hopefully will not only motivate dialogue and rhetoric about biomedical, economic, and

behavioural issues, but will also encourage international and domestic studies to determine the best ways to address this universal human experience and encourage global communities to share their recommendations and their experiences so that we can all plan for and implement best practices for the aged in our communities. Let us also hope that leaders will have the political will is there to implement these plans for the long-term good of mankind,

despite their own short-term agendas and vested interests.

In 2006 the global population of those 65 years and over stood at less than 500 million, but will increase to 1 billion by 2030: 1 in 8, or 13 % of the world's population. In not too many years hence there will be, for the first time in history, more people 65 years and older than children under five years old (see figure 3, below).

Figure 3: An Ageing Global Population



Source: United Nations Department of Economic and Social Affairs, Population Division. World Population Prospects. The 2004 Revision. New York : United Nations, 2005.

Except for Japan, the world's 15 oldest countries are all in Europe. Although currently the greater percentage of older people, in general, is higher in developed countries, the most rapid increases in older

populations are taking place in the less developed world; the anticipated increase, by 2030, in number of elderly in less developed countries is 140 %, while in the more developed countries the anticipated increase is 51 %.



The main drivers for population ageing are declines in fertility and improvements in health and longevity. In more developed countries, declines in fertility which began in the early 1900s, have resulted in fertility rates below the replacement level (2 live births per woman). Over the past 20 years there

has been a surprising decline in the fertility rate in many less developed countries; the fertility rate in 44 less developed countries is at or below replacement rate. Thailand's fertility rate has declined from 6.3 persons in 1964 to 1.8 persons in 2006.

Table 1: Speed of Ageing Population in Selected Countries

	Year the proportion of population aged 65+ is 7%	Year the proportion of population aged 65+ is 14%	Number of years required for the proportion of elderly to increase from 7% to 14%
<b>Developed countries</b>			
France	1865 <sup>1</sup>	1979 <sup>2</sup>	114
Sweden	1886 <sup>1</sup>	1971 <sup>2</sup>	85
United States	1941 <sup>1</sup>	2013 <sup>2</sup>	72
Italy	1924 <sup>1</sup>	1987 <sup>2</sup>	63
Japan	1969 <sup>2</sup>	1994 <sup>2</sup>	26
<b>Asian countries</b>			
South Korea	2001 <sup>2</sup>	2023 <sup>2</sup>	22
Singapore	2000 <sup>2</sup>	2017 <sup>2</sup>	17
Thailand	2007 <sup>2</sup>	2029 <sup>2</sup>	22
China (excl. Hong Kong)	2002 <sup>2</sup>	2027 <sup>2</sup>	25

**Sources:** *United Nations, 1956, 1999a*

For the most part, developed countries were able to adjust over decades to the change in their age profile; it took France more than a century for its aged population to increase from 7 to 14 % of total population. On the other hand, many less developed countries are experiencing rapid increases in the number and percentage of elderly, within a single generation; the

demographic ageing dynamics experienced over more than a century in France (114 years), UK (107 years), and 72 years in the USA, will transpire in around only 2 decades in South Korea and Thailand.

To respond to this "compression of aging," institutions must adapt hastily to accommodate a new age profile; a new ageing paradigm. Some less developed nations will be forced to confront issues,



such as social support and the allocation of resources across generations, without the accompanying economic growth that characterized the experience of aging societies in the West: Some countries may grow old before they grow rich.

### 3. Consequences of Population Ageing

The changing population age structure linked with population ageing has deep implications for an extensive range of economic, political, and social conditions; locally, regionally, and globally. As more people live longer, retirement, pensions, and other social benefits tend to extend over longer periods of time. This makes it necessary for social security systems to change substantially in order to remain effective and viable. The inevitable consequence of ever-increasing longevity certainly must be rising medical costs and escalating demands for health services; the elderly people are typically more susceptible to chronic diseases. To cater for these changing economic, political, and social conditions reform in the pension, health, and social support systems, will be needed.

The dilemma is that gains in better quality of life for the people have led to

the ageing population phenomenon. The ageing population phenomenon now poses a threat to the gains in quality of life of the people.

The special concern for the consequences of population ageing in developing countries is maintaining an enduring ability to provide for the well-being of both the older and younger generations in light of an ongoing reduction in the availability of kin as family size decreases and women, who are traditionally the main caregivers, increasingly engage in employment outside the home.

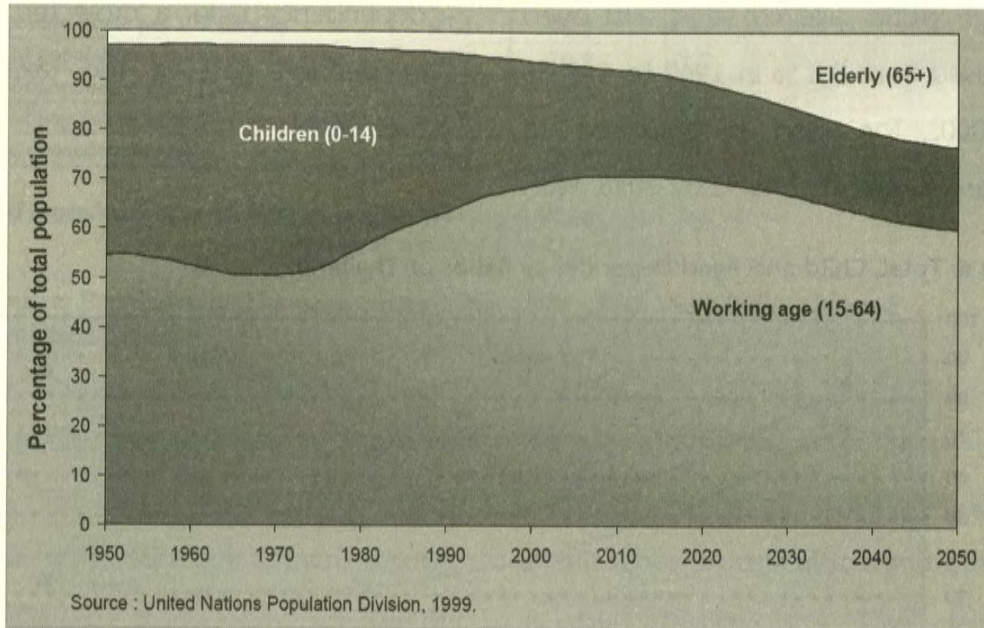
### 4. Population Ageing in Thailand

There are four notable characteristics of the ageing population in Thailand: ageing of the aged, feminization of the aged population particularly among the oldest-olds, the rising total dependency ratio, and the significant speed of population ageing.

Today Thailand can be called a less developed middle income country of around 65 million people, with an ageing society. In 2005 10% of Thailand's population (around 6 million) was aged 60 years or older. By 2025 this aged population group is expected to almost double to 19.85% (12.9 million) and

further expand to 20% (20 million) by 2050; a considerable increase. Around

Figure 4: Age Transition: Thailand 1950-2050



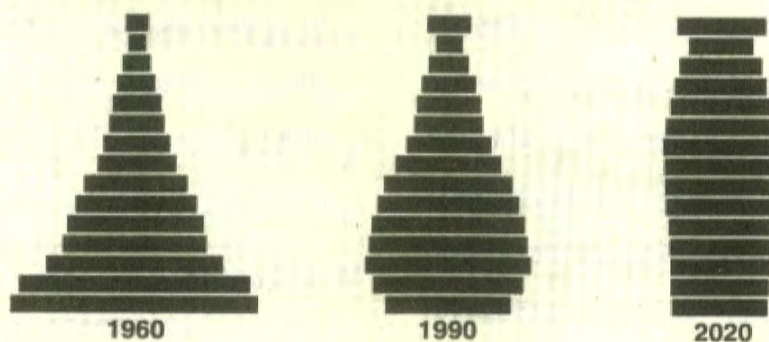
2020 for the first time in history the population of aged persons will exceed the number of people aged less than fifteen years (see figure 4 below).

It is internationally recognised that a country having 10% or more of its population aged 60 years or over, or the median age of the population is 30 years or more, is an ageing society. On both counts Thailand can be deemed an

ageing society: in 2005 more than 10% of Thailand's population was 60 years or over; the median age in the same year (2005) was 30.5 years.

Although the increase in elderly in Thailand, is projected to rise over the next decade is significant, a more significant issue for Thailand, however, is the pace of its population transition

Fig. 5: Population Pyramids of Thailand 1960, 1990, 2020



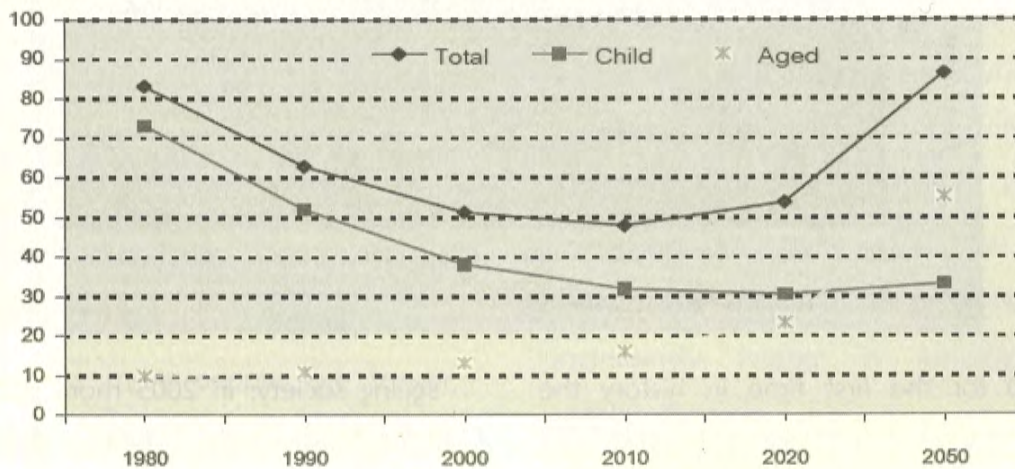


Source: Institute for Population and Social Research, Mahidol University

The aged dependency ratio for the old-age group (age 60 years and over) increased from 8.8 % in 1960 to 14.4 % in 2000. The ratio is projected to increase further to 23.5 % by 2020. With

the projected\* increase in the old dependency ratio; a projected increase in pension cost to the taxpayers is foreseeable.

Figure 6: Total, Child and Aged Dependency Ratios of Thailand.



Source: Calculated from data provided by the United Nations, 1999b

This age transition is impacting Thailand's total population dependency ratio: A combination of the child and aged dependency ratios which indicates the burden on the working-age population to simultaneously support both children and elderly and is an important measure of the relationship between the size of working-age population (aged 15-59 years) and the dependent populations of children (under age 15 years) and the elderly (aged 60 and over). This transformation means a reduction in income per capita

and a heavy fiscal burden on the public old-age pension and health care programs.

According to an Associated Press report of 2 October 2006, the UNFPA points out that Thailand is unprepared to deal with the needs of its rapidly increasing ageing citizens and will need to spend increasing amounts on social security, health care, and welfare for older persons.<sup>1</sup> The same report also points out that:

<sup>1</sup> The Associated Press: UN says Thailand is unprepared to deal with growing elderly population, October 2, 2006.





Table 2: Age and Aged Dependency Ratio of Population

Population characteristics	2000	1990	1980	1970	1960
Total population (in thousand)	60,916.4	54,548.5	44,824.5	34,397.4	26,257.9
Sex ratio (male per 100 female)	97.1	98.5	99.3	99.1	100.4
% of population aged under 15 years	24.2	29.2	38.3	45.1	43.1
% of population aged 15-59 years	66.1	63.4	56.3	50.0	52.3
% of population aged 60 years and over	9.5	7.4	5.4	4.9	4.6
Old dependency ratio	14.4	11.6	9.7	9.8	8.8

$$\text{Old dependency ratio} = \frac{\text{Number of population aged 60 years and over}}{\text{Number of population aged 15-59 years}} \times 100$$

Source: Population and housing census 1960, 1970, 1980, 1990, 2000, National Statistical office

- “Currently citizens over 60 with an income of less than 10,000 baht (US\$266; €209 (sic. per annum) receive only 300 baht (US\$; €6.30) per month from the government”
- “...Thailand...has yet to embrace nursing homes”
- “The government has also created an Older Person’s Fund with an outlay of 60 million baht and adults who care for their parents can get tax breaks.”
- The elderly are entitled to free health services at all state-run clinics and hospitals.”

##### 5. Informal Provisions for the Aged in Thailand

Like many other countries, Thailand’s development has been planned and implemented using the philosophy of measuring development growth by the growth in GDP terms with social security systems development playing only a

minor role until recently.

Today, most of Thailand’s population still relies on agriculture and other rural based pursuits for their livelihood. Traditionally the Thai agricultural based economic structure strongly supported the extended family which by and large delayed both the need for, and the growth of, national social protection and support systems.

In Thailand, living with elderly parents, showing them respect and providing care for them are considered a social norm of family life practice. Those who practice this are much-admired and respected. Children who neglect their parents or behave improperly to them are reviled by society. These social norms remain strong, even though close relationships between the elderly and younger generations are not easy to maintain due to major demographic,



cultural, and economic transformations in Thai society.

A large majority of elderly Thais consider themselves gifted with rights and dignity in proportion with their own behaviour and attitudes toward others and vice versa: elderly rights depend on the degree of respect and support given by their families and their dignity is a consequence of the fundamental performance they (the elderly) afforded to the society.

By custom, in Thailand a man usually goes to reside with his wife's parents. This residence was generally short-term except in the case of the youngest daughter. The couple and their unmarried children usually remained with the wife's parents, looking after them in their old age and inheriting the house when they died. As a result, at some point in time, the household included a matrilineal extended family: the aging parents, their youngest daughter and her husband, and the younger couple's children; the younger generations caring for the older generations.

Traditionally the elderly in Thailand were well respected for their knowledge and wisdom and played an import role

in Thai society in passing on that wisdom and knowledge and maintaining customs and traditions. The elderly also still have an important role (though diminishing because of increasing influences through the media and formal education) in passing on traditions and customs to the younger generations.

Like elsewhere in the region, the function and makeup of the Thai family has been transformed for an ever increasing number of Thai families. The changing population dynamics, the migration of the young adults to urban areas to seek employment, smaller family sizes, increasing old age dependency ratios, changing lifestyles, economic conditions and limitations, and more Thai women entering the workforce, has resulted in fewer carers for the aged when they need help and support. Similar to more developed countries, familial obligations seem to be changing in Thailand with rising influence

In Thailand, family ties and support for aged parents are still strong and widespread; that this situation is sustainable, however, is not clear. With the transformation of the Thai family unit, the graying of Thailand's



population, rising influence and consumerism, the extending timeframe of support for the elderly (the elderly are living longer), and along with the smaller numbers in younger generation to take care of an increasingly larger older generation who are living longer, family obligations seem to be changing and rule out the reliance on the extended family alone to meet the needs and support of the ageing generation. Also because the elderly are living longer, and with fewer children to supply support, the burden can increase hardships for the carers for the aged, especially those in the lower income groups.

The flow on effect in turn is having a negative effect on the quality of life of those families, especially the aged family members themselves. Many believe that the task of caring for the elderly is so immense, that the responsibility must be shared among individuals, families, communities, non-governmental organizations, and governments. A new paradigm for the aged is needed to suit the new era of an ageing population in Thailand.

## 6. Formal Provisions ofr the Ageing population Thailand

In 1953 the first formal provision for the ageing population in thailand came in the form of the Government Welfare Institution for the Elderly, However, there were no formal national policies specific to the ageing until 1986

*National Long-term Plan of Action for the Elderly (1986-2001):* In response to the *First World Assembly on Ageing* held in Vienna in 1982, the Thai Government set up the *National Committee for the Elderly*. In 1986 this Committee, Chaired by the Ministry of the Interior, developed a plan (the *National Long-term Plan of Action for the Elderly (1986-2001)*) supporting the implementation of government policies as a framework and guideline for activities on care for the elderly. persons Because of the very limited data available at that time on older people in Thailand, the main features of this plan were based on recommendations of a report (the *International Plan of Action on Ageing*) by the *First World Assembly on Ageing (United Nations 1983)*.

Actions in the *National Long-term Plan of Action for the Elderly Persons (1986-2001)* were confined to mainly four



aspects of life in old age: *health, education, income and employment, and social and cultural*. Public and NGO participation in the plan's development was limited. There was, however, only modest progress in state activities related to elderly organizations between 1986 and 1991; research and personnel training were the notable accomplishments of the plan for the elderly during this period.

The United Nations General Assembly (resolution 46/91) in 1991 adopted the *United Nations Principles for Older Persons*. Governments, including Thailand, were encouraged to integrate these principles with their national programmes whenever possible. In response the Thai Government developed *The Essence of the Long-term Policies and Measures for the Elderly (1992-2011)*, which helped speed up welfare driven by state organizations: The Eighth National Economic and Social Development Plan (1997-2001) was also influenced and included a section providing social welfare benefits to older persons, including a living allowance to elderly citizens, universal free health services, and discounted fares on public

transport.

The informal care provided by family has been well recognized as the main strategy of the national policy for around 2 decades (*National Committee on Ageing of Thailand, 1986*). Although the first *National Long-term Plan of Action for the Elderly (1986-2001)* mainly emphasized the informal care by the family, it ignored provisions needed to support the family. This was the reason state organizations paid modest attention to developing home/community services to assist the elderly and their caregivers. Thus, the availability of community-based services to support caring-capacity of family is very limited at present.

*Second National Long-term Plan for Older Persons (2002-2021)*: One notable flaw in the first *National Long-term Plan of Action for the Elderly (1986-2001)* was the absence of a policy on preparing people for old age. It is generally thought preparing people for old age is a lifelong process and covers all vital facets of life including health, education, income security, housing and environment, and social integration. This preparation is thought to be fundamental to ensuring that individuals



go into old age with an adequate quality of life. These and other criticisms, ideas, actions related to the elderly, such as the role of the government in providing basic care services, improving self-care, boosting social participation, strengthening family values and integrating relationships, and sustaining family support for older persons, were considered for the drafting of the *Second National Long-term Plan for Older Persons (2002–2021)*. Another important consideration in Thailand was how social security schemes, which then covered only a fraction of the population, could be embraced without encountering the problems experienced by more developed countries, predominantly the exhausting financial resources.

The *Second National Long-term Plan for Older Persons (2002–2021)* comprises five strategies:

- 1: The preparation for old age with quality
- 2: Encouraging and promoting older persons
- 3: Social security for senior citizens
- 4: Management systems at the national level and in personnel development

5: Research to support policy and programme development and of monitoring and evaluating the Second National Long-term Plan for Older Persons.

#### 7. The International Plan of Action on Ageing

The International plan of Action on Ageing was adopted at the Second World Assembly on Ageing held in Madrid in 2002. The Plan calls for a better understanding on the part of Government, civil society, and the community of the ageing situation and its consequences so that older persons can be fully integrated into society and assured a life of dignity and good health. Thailand is a signatory to the Plan.

Two social security related laws were enacted in 2003: Social Welfare Promotion Act B. E. 2546 and the Senior Citizens Act B. E. 2546.

#### 8. Healthcare for the Elderly:

Numerous local and international evaluations of health and social services for the Thai elderly suggest that Thailand is not ready to face the situation of an aging population. Health services are oriented to institution and acute care based services. Even though



the elderly Persons need both health promotion and medical care services, long term care in Thailand is limited, and where available, does not meet the standards of quality care or have appropriate controls.

For health care for the elderly, all Thailand's elderly citizens are covered under the Universal Health Scheme for free medical care. No specific long-term care facilities or preventative medical services are included in the Universal Health Care Scheme. Long term care is expected to be provided at home by family members.

#### 9. Formal Social Security Welfare System Contributory Social Insurance

Formal Social Security Welfare System Contributory Social Insurance is a recent innovation in Thailand. Civil servants, state enterprise employees, police, and military personnel have received generous retirement pensions

since 1951; however, these payments are financed from general revenues. Only in 1990 did a government-mandated contributory social insurance reach the private sector. Since 1998 Thailand has run a social insurance pension scheme, under the **Social Security Act of 1990**, for employees in the formal sector and in some cases the self-employed.

Today there are five categories in the formal old age social security welfare systems in operation in Thailand today, under the **Social Security Act of 1990** and administered by the Social Security Office, Ministry of Social Development and Human Security:

- Old Age Pension in the Current Social Security System
- Pension Systems for Government State Enterprise Officials
- Private Sector Provident Fund System
- Retirement Mutual Fund System
- Other Old Age Pension System.

Table 3: Social Security Fund: Number of Insured Persons and Member of Establishments :  
1994-2003

November Year	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Insured Person.	4,961,700	5,249,742	5,595,742	6,151,270	5,578,893	5,659,871	5,844,248	5,884,652	6,894,191	7,412,865
Establishment	64,663	73,735	82,074	90,618	93,025	99,620	107,117	110,561	299,127	322,706

Source: Social Security Office



The pension plans are mandatory, defined-benefit systems for government employees and for employees in the formal sector of the economy, not the informal sector. The majority of Thai workers work in the informal sector. However, it is projected that the pension system will not have adequate funding to pay the full promised retirement benefits by 2046 (it is unsustainable in its present form), leaving the Government to fill a widening financial gap or to reduce the pension payouts and push many older people into poverty.

As in many other countries throughout the world, Thailand's pension scheme has a steadily ageing population to serve. Thirty years ago there were 17 working people for every aged Thai. The ILO expects that by the year 2030 there will be only 13 working people for each aged person.

To exacerbate this situation, recent research suggests that Thailand is in a stage of "morbidity expansion", in which age-specific rates of chronic diseases and disabilities are increasing. For a country which still has not embraced the concept of long term care and nursing homes for the aged, this not good news

for the elderly Persons and their care-givers.

As a safety net Department of Social Welfare has set up a welfare fund, which initially provided 200 baht per month to poor, older persons. Since 1999, the monthly allowance has been increased to 500 baht per month (US\$1 approximately equals 33 Thai baht). More than 400,000 older persons receive this payment. Also in 1999, 200 "social services centres for older persons in temples" were set up. These community centres, operated by community leaders, are able to only provide recreation activities and health promotion programmes, but not community or home care.

There are ongoing debates and studies on a final form for a sustainable social security system to best fit Thailand's need. If past performances in Thailand of the system for political/bureaucratic agreement and decision making and the tardy and patchy implementation of administrative reforms continue to be the norm, any new reform for a sustainable and equitable social security system in Thailand is still some way off.

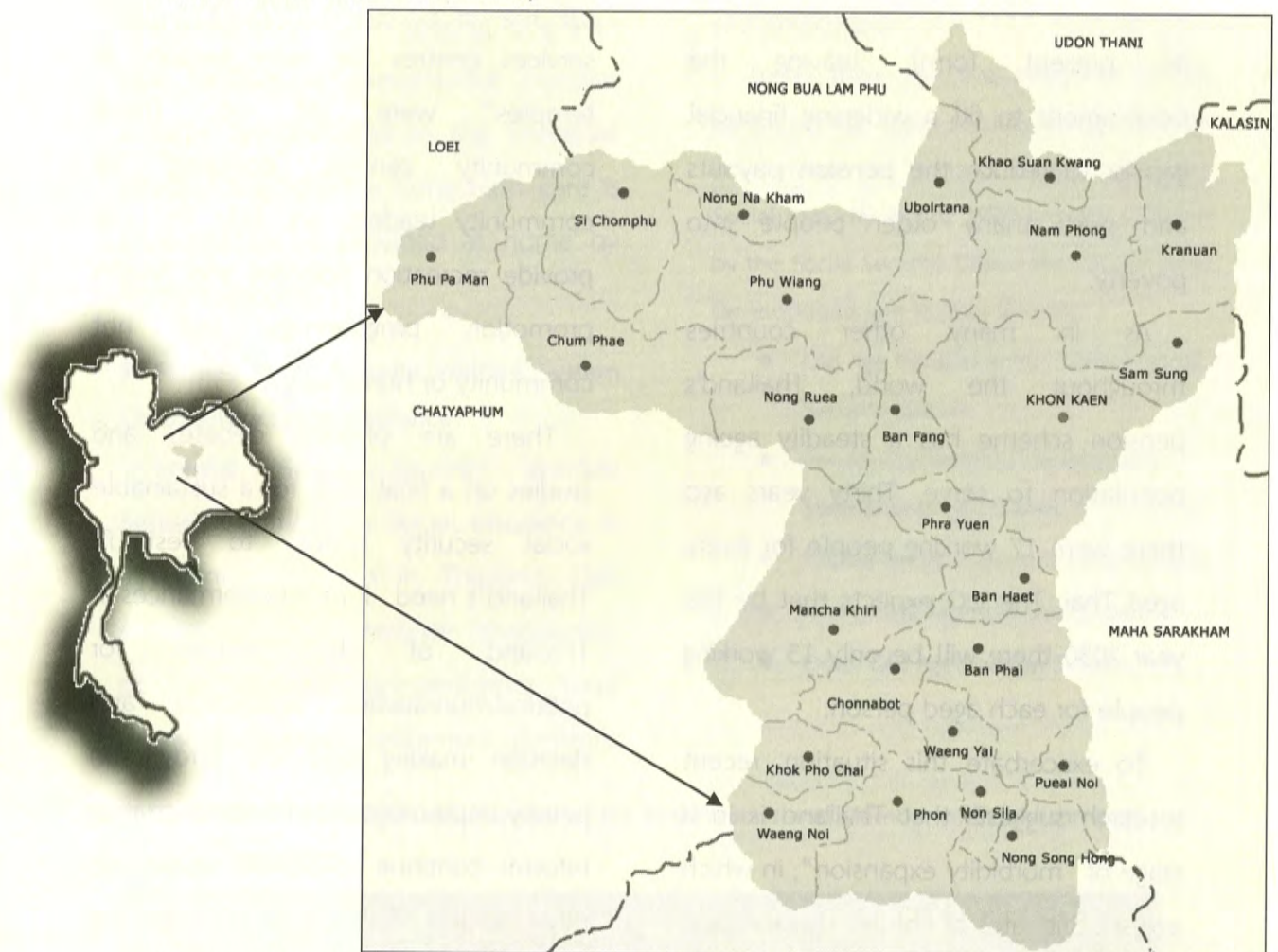
#### 10. Khon Kaen Province

Khon Kaen province physically lies

in the heart of Thailand's northeast region (Isaan), on the sprawling northeast (Korat) plateau. The province currently covers an area of 10,886 square kilometers and was established in 1783. The province is subdivided into 26 districts (*Amphoe*). The districts are further subdivided into 198 sub districts

(*Tambon*), and 2139 villages (*Muban*). The provincial capital is around 450 kilometers northeast of Bangkok; it is a major regional development, commerce, and political center, and is also a transportation hub, and University City.

Figure 7: Khon Kaen Province Map



The population of Khon Province is around 1.76 million of which in excess of 130,000 reside in Khon Kaen City. The average household size is 4; while 22.3 % of households are headed by females; and the fertility rate is below 1.9 (below the replacement rate). Other relevant demographic characteristics for the province are:





➤ Khon Kaen Province Population (2007)	
❖ Total population	1,752,414
▪ Male	869,386
▪ Female	883,028
❖ Elderly Population (%)	185,790 (10.60%)
❖ Population in Municipal Area (%)	22.19
❖ Sex ratio (Males per 100 females)	98.46
❖ Median age	30
➤ Elderly Population	
❖ Total (60 years and over)	185,790
❖ Male (45.21%)	83,994
❖ Female (54.79%)	101,796
➤ Age dependency ratio (per 100 adults 15-59 years)	
❖ Total	44.64
❖ 0-14 years	29.14
❖ 60 years and over	15.50
➤ Employment characteristics of population aged 15 years and over	
❖ Population in the agricultural sectors (%)	69.6
➤ Work status (%)	
❖ Employers	0.8
❖ Own account worker	33.7
❖ Employees	23.7
❖ Unpaid family workers	41.8
❖ Members of producers' cooperatives	< 0.1

#### Implementation of Social Security Measures for the Elderly in Khon Kaen Province 2007

##### Provision of Health Services for the Elderly:

- In Health Centers
  - ❖ Clinics for the elderly
  - ❖ Fast tracking for services for the elderly
  - ❖ Exchange of elderly health care experiences
  - ❖ Creation of health surety for all elderly
- In the Community
  - ❖ Volunteer caregivers join with officials for home visits to the elderly



- ❖ Elderly with health problems are visited by multi-professional team.
- ❖ Physical health checkups for the elderly
- ❖ Traditional Thai massages for the elderly
- ❖ Monthly doctor unit community visits
- **Physical Exercise in the Community**
- **Knowledge Enhancement for the Elderly**
  - Forums for the exchange of knowledge
  - Practical training/ technical lectures
  - Work observation/ study tours
- **Buddhist doctrine/dharma and intellect development.**
- **Establishment of elderly clubs/ associations/ societies and building social networks.**
- Social Welfare Activities**
- **Income generation for the elderly**
  - Encourage and create occupations: Arts/crafts, handicrafts, and agriculture
  - Development of employment groups
  - Locate markets/distribution for products/produce
- **Establish elderly community funeral welfare**
- **Care for members in time of sickness**
- **Participate in sponsorship and support for funeral ceremonies for members who have died.**
- **Local councils/municipalities administer a monthly cash maintenance allowance for the disadvantaged poor elderly.**
  - 93,154 elderly are entitled to receive the allowance
    - 66,118 elderly (70.98%) receive the allowance
    - 27,036 elderly (29.02%) are on the reserve list for the allowance
- **Established a one Baht per day saving fund for the elderly.**
- **Raising awareness of the praiseworthiness of the elderly**
  - Demonstrate respect through the celebration of Elderly Day
  - Maintenance of worthy local customs and traditions
  - Maintenance of indigenous wisdom
  - Promote the elderly as expert tutors and educators
  - Participate as members of various community groups

## 11. Conclusion

The rapid growth in Thailand's ageing population, along with socio-

economic changes, has led to an increase in the number of family units unable or unwilling to care for their



older members. However, while the number of older persons who need formal long-term care services is increasing, neither the existing institutional care nor home/community care are adequate to support informal family care or provide acceptable care for those who cannot stay in the community, particularly among low-income families.

It is crucial that governmental policies and programmes dealing with older persons in Thailand become more focused with regard to long term care services and systems, especially when people become older, frail and increasingly dependent. Residential accommodation options, nursing homes, and social security schemes for long-term care must be explicit and well-planned to cope with the projected surge in Thailand's older elderly population and its increasing expectation of longevity. In this respect it is fortunate that the new National Long-term Plan emphasizes strengthening informal family care and the development of formal long-term care services based on the principle that older persons should live with

their families. However, there are still major obstacles facing the development of long term care, such as the automatic assumption of the ability and readiness of families to look after their older members and the prevailing socio- economic problems facing the country because of a changing demographic mix in Thailand's ageing society.

The elderly must be seen as a significant resource in the development of Thailand; not as a financial burden because of the need to provide prolonged welfare and health services. This desirable situation of the elderly continuing to contribute to society through living an active and fruitful life with an acceptable quality of life and wellbeing, long-term, will not occur naturally. What are needed are well-planned and executed development plans which include planned actions by all sections of Thai society to prepare all members of Thai society for old age and living in a sustainable secure environment. These plans must fully integrate the elderly into the overall achievement assessment of Thai human development and not use



increases in the GDP as the main criterion of development success.

The most important aspect of any plan for the elderly is that it is universally disseminated and understood, goes beyond rhetoric, and is successfully implemented through effective leadership at all levels of Thai society.

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