

Health Demography of the Elderly in Northeastern Thailand: Lessons for Sustainable Practice

ข้อมูลประชากรศาสตร์ด้านสุขภาพของผู้สูงอายุในภาคตะวันออกเฉียงเหนือของประเทศไทย: บทเรียนเพื่อการปฏิบัติอย่างยั่งยืน

Utis Tathom

อุทิศ ทาทอม

*Faculty of Faculty of Humanities and Social Sciences,
Buriram Rajabhat University, Thailand*

Corresponding author

e-mail: uits.th@bru.ac.th

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คำสำคัญ: ภาววิทยาสุขภาพ, ผู้สูงอายุ, ภาคตะวันออกเฉียงเหนือของประเทศไทย, แนวทางปฏิบัติที่ยั่งยืน

Abstract

Background and Objectives: Perceptions of well-being among older adults must be understood within the context of rapidly changing social, cultural, and family structures. In response to these transformations, preparations have been undertaken in terms of financial planning and welfare provisions for the elderly in order to accommodate emerging social changes and to reduce potential inequalities in quality of life. This research aims to analyze the ontological meaning of elderly well-being, extract lessons from best practices in successful local contexts, and develop policy recommendations to guide the sustainable management of elderly well-being in Northeastern Thailand, a region that is rapidly transitioning into a fully aged society.

Methods: The research employed a qualitative design grounded in phenomenology to capture the lived experiences of older adults, families, communities, local administrative units, public-health personnel, civil-society actors, and policy makers. A total of 120 participants across four provinces Buriram, Surin, Sisaket, and Ubon Ratchathani were engaged through in-depth interviews, focus-group discussions, and non-participant observation. Secondary data related to the ontology of well-being, holistic health frameworks, health-service systems, and local wisdom were also reviewed. All data were systematically examined using content analysis and pattern analysis to identify shared meanings and systemic patterns affecting older adults' well-being in the area.

Results: The findings reveal that elderly well-being in Northeastern Thailand constitutes a multi-layered state of being encompassing physical, psychological, social, and spiritual dimensions. Five interrelated themes emerged: 1) Family and kinship networks remain the primary caregiving structure. Despite outward labor migration, cross-locality care via remittances, phone communication, and ritualized homecoming during festivals preserves intergenerational bonds and the dignity of older adults. 2) Buddhist temples and religious institutions continue to serve as centers of emotional renewal. They function as spiritual anchors that mitigate loneliness and create new meaning in later life. 3) Elderly clubs and community-based social activities generate "social energy." These collective spaces foster a sense of value, recognition, and participation, aligning with the World Health Organization's framework on active aging. 4) Local healing traditions and herbal medicine constitute a culturally meaningful parallel health system. These practices help bridge structural gaps in access to modern healthcare. 5) Village health volunteers (VHVs) serve as "state intermediaries in caring for older adults' everyday lives," linking public health services with local contexts. They play a vital role in enabling close and continuous care for older adults.

Application of this study: From the findings, the older adults in Northeastern Thailand require supportive physical and social environments such as safe walkways, communal activity spaces, life-quality improvement centers and an integrated care system that connects families, communities, local authorities, and health care facilities. Strengthening social capital through VHVs, religious institutions, and community leaders can enhance both the meaningfulness and sustainability of elder care systems. The key policy recommendations include 1) establishing subdistrict-level life-quality development centers for older adults as integrated hubs for physical, mental, and social well-being, 2) implementing community-managed transport services for older adults, 3) developing short-course training programs for VHVs focused on holistic elderly care, 4) integrating local wisdom with modern medicine to build culturally appropriate health systems and 5) urban and community planning based on the age-friendly environment approach to support the long-term needs of an aging population structure.

Conclusions: This research studied the ontological meaning of well-being among the older adults in Northeastern Thailand through the perspectives of older persons, families, communities, and relevant stakeholders, employing

a phenomenological approach to gain an in-depth understanding of their lived experiences. The findings revealed that elderly well-being is a complex and multidimensional phenomenon encompassing physical, psychological, social, and spiritual dimensions. Families, kinship networks, temples, elderly clubs, local wisdom, and village health volunteers play significant roles in fostering security, a sense of self-worth, and community participation among older adults. The findings indicate that promoting elderly well-being requires collaborative efforts among families, communities, and government agencies, together with the development of supportive environments and service systems that are responsive to local sociocultural contexts. These findings provide a foundation for policy formulation and the design of integrated elderly care systems to support a high-quality and sustainable ageing society in the future.

บทคัดย่อ

ที่มาและวัตถุประสงค์: การมีสุขภาวะที่ดีในมุมมองของผู้สูงอายุในบริบทสังคม วัฒนธรรมและครอบครัวที่เปลี่ยนแปลงอย่างรวดเร็ว จึงได้มีการเตรียมพร้อมด้านค่าใช้จ่ายและสวัสดิการผู้สูงอายุ เพื่อรองรับการเปลี่ยนแปลงและลดความเหลื่อมล้ำในการใช้ชีวิตที่อาจเกิดขึ้น งานวิจัยนี้มีวัตถุประสงค์เพื่อวิเคราะห์ความหมายเชิงภววิทยาของสุขภาวะผู้สูงอายุ สกตบทรียนแนวปฏิบัติที่ดีในพื้นที่ที่ประสบความสำเร็จ และพัฒนาข้อเสนอเชิงนโยบายเพื่อเป็นแนวทางการจัดการสุขภาวะผู้สูงอายุที่ยั่งยืนในภูมิภาคอีสานซึ่งกำลังก้าวเข้าสู่สังคมสูงวัยอย่างสมบูรณ์

วิธีการศึกษา: การศึกษาดำเนินการด้วยวิธีวิจัยเชิงคุณภาพและใช้ระเบียบวิธีปรากฏการณ์วิทยา (phenomenology) เพื่อทำความเข้าใจประสบการณ์ตรงของผู้สูงอายุ ครอบครัว ชุมชน หน่วยงานท้องถิ่น บุคลากรสาธารณสุข ภาคประชาสังคม และผู้กำหนดนโยบาย รวมจำนวน 120 คน จาก 4 จังหวัด ได้แก่ บุรีรัมย์ สุรินทร์ ศรีสะเกษ และอุบลราชธานี เก็บข้อมูลผ่านการสัมภาษณ์เชิงลึก การสนทนากลุ่ม และการสังเกตการณ์แบบไม่มีส่วนร่วม ทั้งนี้ยังวิเคราะห์ข้อมูลเอกสารรองที่เกี่ยวข้องกับภววิทยาสุขภาวะ แนวคิดมิติสุขภาพแบบองค์รวม ระบบบริการสุขภาพ และภูมิปัญญาท้องถิ่น รายการข้อมูลทั้งหมดเป็นการวิเคราะห์เนื้อหา (content analysis) และการวิเคราะห์รูปแบบ (pattern analysis) เพื่อสกัดความหมายร่วมและรูปแบบเชิงระบบที่ส่งผลต่อสุขภาวะผู้สูงอายุในพื้นที่

ผลการศึกษา: พบว่า สุขภาวะของผู้สูงอายุในภาคอีสานเป็นภาวะที่มีลักษณะ “ซ้อนหลายมิติ” (multi-layered being) ครอบคลุมด้านกาย จิตใจ ความสัมพันธ์ทางสังคม และจิตวิญญาณ โดยมีประเด็นสำคัญดังนี้ 1) โครงสร้างครอบครัวและเครือญาติยังคงทำหน้าที่เป็นฐานของการดูแล แม้เกิดการย้ายถิ่นแรงงาน แต่การดูแลข้ามพื้นที่ผ่านการส่งเงิน โทรศัพท์ หรือการกลับบ้านช่วงเทศกาลทำให้เกิดรูปแบบ “การดูแลข้ามถิ่นฐาน” ซึ่งช่วยคงความผูกพันและศักดิ์ศรีของผู้สูงวัย 2) วัดและศาสนายังคงเป็นพื้นที่เยียวยาทางใจเป็นเสมือนศูนย์รวมจิตวิญญาณที่ลดความโดดเดี่ยวและสร้างความหมายใหม่ให้แก่ผู้สูงอายุ 3) ชุมชนผู้สูงอายุและกิจกรรมรวมกลุ่มทางสังคมช่วยสร้างพลังทางสังคม (social energy) ทำให้ผู้สูงอายุรู้สึกมีคุณค่า เป็นที่ยอมรับ และมีส่วนร่วมในชุมชน สอดคล้องกับแนวคิด Active Aging ขององค์การอนามัยโลก 4) ภูมิปัญญาท้องถิ่นด้านการแพทย์พื้นบ้านและสมุนไพรเป็นระบบสุขภาพคู่ขนานที่มีความหมายเชิงวัฒนธรรมและช่วยลดข้อจำกัดการเข้าถึงบริการแพทย์สมัยใหม่ 5) อาสาสมัครสาธารณสุขประจำหมู่บ้าน (อสม.) ทำหน้าที่เป็น “ตัวกลาง” ของรัฐในการดูแลชีวิตประจำวันของผู้สูงอายุ “เชื่อม” ระหว่างบริการสาธารณสุขกับบริบทท้องถิ่น เป็นกำลังสำคัญที่ทำให้เกิดการดูแลผู้สูงอายุแบบใกล้ชิดและต่อเนื่อง

การประยุกต์ใช้: จากผลการวิจัยผู้สูงอายุในภาคอีสานต้องการสภาพแวดล้อมและพื้นที่ชุมชนที่เอื้อต่อการใช้ชีวิต เช่น ทางเดินปลอดภัย พื้นที่กิจกรรม ศูนย์พัฒนาคุณภาพชีวิตและระบบดูแลแบบบูรณาการระหว่างครอบครัว ชุมชน หน่วยงานท้องถิ่น และสถานบริการสุขภาพ การประสานทุนทางสังคม เช่น อสม. วัด ผู้นำชุมชนกับระบบบริการรัฐช่วยยกระดับการดูแลให้มีความหมายและยั่งยืนมากขึ้น ข้อเสนอเชิงนโยบายสำคัญประกอบด้วย 1) การจัดตั้งศูนย์พัฒนาคุณภาพชีวิตผู้สูงอายุระดับตำบล เพื่อเป็นพื้นที่กลางสำหรับสุขภาพกาย ใจ สังคม 2) การจัดระบบรถรับ-ส่งผู้สูงอายุในชุมชน โดยท้องถิ่นเป็นผู้ดำเนินการ 3) การพัฒนาหลักสูตรอบรมระยะสั้นสำหรับอสม. เรื่องการดูแลผู้สูงอายุแบบองค์รวม 4) การบูรณาการภูมิปัญญาท้องถิ่นกับการแพทย์สมัยใหม่เพื่อสร้างระบบสุขภาพที่เหมาะสมกับบริบทวัฒนธรรม และ 5) การวางแผนเมืองและชุมชนตามแนวทาง Age-friendly Environment เพื่อรองรับโครงสร้างประชากรสูงวัยในระยะยาว

บทสรุป: การวิจัยนี้ศึกษาความหมายเชิงภววิทยาของสุขภาวะผู้สูงอายุในภาคตะวันออกเฉียงเหนือของประเทศไทยผ่านมุมมองของผู้สูงอายุ ครอบครัว ชุมชน และภาคส่วนที่เกี่ยวข้อง โดยใช้ระเบียบวิธีปรากฏการณ์วิทยาเพื่อทำความเข้าใจประสบการณ์การดำรงชีวิตของผู้สูงอายุอย่างรอบด้าน ผลการศึกษพบว่าสุขภาวะผู้สูงอายุเป็นภาวะที่มีความซับซ้อนและเชื่อมโยงกันหลายมิติ ทั้งด้านร่างกาย จิตใจ สังคม และจิตวิญญาณ โดยครอบครัว เครือญาติ วัด ชุมชนผู้สูงอายุ ภูมิปัญญาท้องถิ่น และอาสาสมัครสาธารณสุขประจำหมู่บ้าน ล้วนมีบทบาทสำคัญในการสร้างความมั่นคงทางชีวิต ความรู้สึกมีคุณค่า และการมีส่วนร่วมในชุมชน ผลการวิจัยชี้ให้เห็นว่าการส่งเสริมสุขภาวะผู้สูงอายุควรอาศัยความร่วมมือระหว่างครอบครัว ชุมชน และภาครัฐ พร้อมทั้งพัฒนาสภาพแวดล้อมและระบบบริการที่สอดคล้องกับบริบททางสังคมและวัฒนธรรมของพื้นที่ ข้อค้นพบดังกล่าวสามารถใช้เป็นฐานในการกำหนดนโยบายและออกแบบระบบดูแลผู้สูงอายุแบบบูรณาการ เพื่อรองรับการเข้าสู่สังคมสูงวัยอย่างมีคุณภาพและยั่งยืนในอนาคต

Introduction

The global population is undergoing a demographic shift toward an aging society. According to the World Population Prospects 2022 report by the United Nations (UN), (Department of Economic, 2022) the world population has reached 8 billion, with individuals aged 65 and older accounting for approximately 10% of that total. This proportion is projected to increase to 16% by the year 2050. Thailand officially became a fully aged society in 2022. (Office of the National Economic and Social Development Council, 2023). In response to the growing elderly population, governments worldwide have initiated efforts to allocate additional resources for pensions and welfare programs, aiming to address emerging challenges and reduce potential inequalities in quality of life. Currently, many countries are implementing budgetary strategies to prepare for the transition into aging societies (Ritchie & Rodés-Guirao, 2024). The term “older adults” is generally defined based on chronological age, typically referring to individuals aged 60 years and above. At present, older adults constitute nearly three-fifths of the global population in some demographic projections, reflecting a significant shift in population structure. Consequently, international campaigns have increasingly emphasized the importance of recognizing and valuing the elderly. These efforts aim to raise awareness among younger generations, encouraging them to care for and support their aging family members. Given the continued rise in the elderly population each year, these initiatives are viewed as essential for fostering intergenerational solidarity and ensuring the well-being of older adults in society.

According to the 2024 National Survey on the Elderly Population conducted by the National Statistical Office of Thailand, 2024 there are 14,027,411 elderly individuals, accounting for 20.0% of the total population. The five provinces with the highest number of elderly residents excluding Bangkok are all large provinces: Nakhon Ratchasima (575,128), Chiang Mai (451,761), Ubon Ratchathani (401,029), Khon Kaen (395,680), and Samut Prakan (386,458). This data highlights the rising number of elderly individuals across all provinces, underscoring the urgent need to prepare for an aging population structure in the near future. In response to this demographic shift, the National Statistical Office has proposed two key recommendations. First, local agencies should prioritize the development of social welfare systems and healthcare infrastructure to meet the increasing needs of an aging society. Additionally, environmental improvements and public services should be enhanced to support the daily lives of older adults such as the construction of public parks, pedestrian walkways, ramps, and resting areas in community spaces. Second, there is a need to diversify educational programs and training courses tailored to the needs of elderly populations in different regions. The establishment of community groups or networks is also encouraged to facilitate the exchange of knowledge and experiences among older adults. These may include programs focused on digital literacy, new vocational skills, and media literacy (IT literacy), aimed at fostering lifelong learning and social inclusion (National Statistical Office of Thailand, 2024).

Northeastern Thailand, commonly referred to as “Isan,” is a region characterized by distinct geographical, cultural, and social structures. Demographic shifts and changes in family composition have significantly impacted the elderly population in this area. The proportion of older adults in Isan has been steadily increasing, primarily due to declining birth rates and the migration of working-age individuals to urban centers or abroad. As a result, many elderly individuals live alone or reside with grandchildren, often without close or consistent support from their adult children. Economically, a significant portion of the elderly population in the region remains engaged in agriculture, frequently serving as the primary labor force within their households. However, their income is often insufficient to cover basic expenses, and many also face chronic health problems. While the government has introduced policies to support the elderly such as the old-age allowance and local elderly welfare funds these measures have proven inadequate in improving their overall quality of life. Rising living costs and declining physical health limit their ability to engage in labor-intensive work (Office of the

National Economic and Social Development Council, 2024). According to statistical data reported by the Department of Older Persons, Ministry of Social Development and Human Security (2025), the demographic structure of several provinces in Northeastern Thailand reflects a significant proportion of older adults within the population. In Buriram Province, the total population is 1,559,149, of which 311,153 individuals are aged 60 years and above, representing 19.96% of the provincial population. Similarly, Surin province has a total population of 1,355,907, with 275,631 persons aged 60 years and over, accounting for 20.36%. In Sisaket province, the population totals 1,436,534, including 290,505 older adults, equivalent to 20.22% of the population. Meanwhile, Ubon Ratchathani province has a total population of 1,857,035, among whom 348,985 individuals are aged 60 years and above, representing 19.96% of the population (Department of Older Persons, Ministry of Social Development and Human Security, 2025). This situation reflects a broader transformation in family structures, from extended to nuclear households, and the need for communities to adapt to the realities of an aging population. These changes affect not only the well-being of the elderly but also intersect with shifting power dynamics, social capital, and cultural roles. Addressing these issues requires a comprehensive, interdisciplinary analysis to inform effective and contextually appropriate solutions for the future.

Ontology of elderly well-being in Northeastern Thailand fieldwork reveals that elderly individuals in the Northeast face unique challenges compared to their urban counterparts, particularly in family dynamics, care systems, and economic conditions. Many live with grandchildren or in isolation due to the migration of working-age children. Despite Thailand's Universal Health Coverage policy, rural elders often struggle with limited access to healthcare due to transportation barriers, under-resourced facilities, and shortages in medical staff and equipment. While proactive health initiatives exist, they are inconsistently implemented. These issues highlight uneven "health capital" and reflect structural inequalities in rural development and public resource allocation.

This research emphasizes that elderly well-being goes beyond physical health to include mental, social, and spiritual aspects, all vital to quality of life. It aims to develop a strategic framework and policy foundation for addressing the challenges of Thailand's aging population. The study focuses on successful local models that integrate culture, kinship, and faith into elderly care, highlighting the role of primary healthcare systems like village health volunteers and community-based networks especially for the elderly living alone. Social engagement through elderly clubs, religious events, and learning spaces is seen as key to enhancing life purpose and reducing depression. By analyzing local contexts, the research seeks to develop adaptable models for elderly care that inform national policy as Thailand moves toward becoming an aging society.

Research Objectives

1. To examine ontological insights and identify good practices for promoting the well-being of older adults in Northeastern Thailand.
2. To develop approaches for creating age-friendly spaces and environments that support the holistic well-being of older adults in preparation for a fully aged society.
3. To formulate policy recommendations for advancing sustainable good practices in promoting the well-being of older adults in Northeastern Thailand.

Research Methods

The study focuses on an in-depth analysis of the ontology of elderly well-being and examines lessons learned from best practices in promoting the well-being of older adults. The ultimate aim is to develop policy recommendations for sustainable good practices in enhancing elderly well-being in Northeastern Thailand. The research emphasizes interpretive understanding within socio-cultural contexts, particularly contrasting urban and rural settings. This approach allows for a nuanced analysis of how cultural traditions, local beliefs, and social structures shape elderly individuals' perceptions and experiences of well-being. Fieldwork was conducted in four Northeastern provinces of Thailand: Buriram, Surin, Sisaket, and Ubon Ratchathani. The research aimed to understand elderly well-being from the perspectives of older adults themselves, identifying the factors that support or hinder their quality of life, and the coping strategies they use to manage challenges such as chronic illness, loneliness, and poverty. The study also examined daily routines and the elderly's relationships with family, community, and government services. Data collection methods included in-depth individual interviews, semi-structured personal interviews, focus group discussions, and participant observation. These methods were employed to gain a comprehensive and context-sensitive understanding of elderly well-being within the cultural and social dynamics of the selected provinces.

The collection of secondary data for this research involved a comprehensive documentary review. This included literature related to the concept and understanding of well-being or the good life, as well as various dimensions of well-being physical, mental, social, spiritual, and economic. The review also encompassed cultural values and beliefs associated with achieving well-being, perceptions of dignity and self-worth among the elderly, the role of state welfare systems, and theoretical frameworks, concepts, and previous research studies relevant to elderly well-being.

The primary data consisted of information related to elderly individuals' understanding of well-being or living a good life, as well as the values and beliefs associated with achieving well-being. It also encompassed adaptation to aging, illness, loss, and social change; interactions with family members, neighbors, the community, and state service systems; and the sense of self-worth and dignity experienced by the elderly in their daily lives. The data were collected using the following methods:

1. In-depth interview technique data were collected using the in-depth interview technique, guided by a semi-structured interview guide. The interviews focused on eliciting information regarding elderly individuals' understanding of well-being or living a good life, including their perceptions of well-being across multiple dimensions physical, mental, social, spiritual, and economic. The interviews also explored cultural values and beliefs associated with well-being, adaptation to aging, illness, loss, and social change. Furthermore, the interviews examined interactions with family members, neighbors, the community, and state service systems, as well as the elderly's sense of dignity and self-worth. Key topics also included community-based support networks, family caregiving practices, local healthcare systems, and challenges such as poverty, health vulnerabilities, and barriers to accessing public services.

2. Focus group discussions were conducted to explore collective perspectives on elderly well-being. The discussions centered around key themes, including understanding of well-being among older adults, the components of a good life for the elderly within the community, and the daily values and sources of happiness experienced by older individuals. Participants also discussed the role of families in supporting elderly well-being, the differences in aging experiences between urban and rural communities, and inequities in access to well-being and healthcare services. Each focus group consisted of 6 to 8 participants, allowing for a dynamic exchange of ideas and lived experiences. In addition, participants were encouraged to reflect on and propose policy recommendations aimed at improving elderly well-being, based on their community experiences and observed challenges.

3. Non-participant observation non-participant observation was employed to collect contextual data related to the living conditions and daily environment of elderly individuals. The researcher observed aspects such as housing conditions, safety, cleanliness, co-residence with family members, and the availability of essential facilities, including bathrooms, beds, walkways, and the general layout of community spaces or elderly care centers. Observations also included the accessibility of healthcare services and basic public utilities, as well as the nature of activities associated with elderly well-being, such as visiting temples, chanting, participating in merit-making ceremonies, self-care practices, and receiving care from others.

Target Groups

The study was conducted in four provinces in Northeastern Thailand: Buriram, Surin, Sisaket, and Ubon Ratchathani, covering both urban and rural areas. The researcher employed purposive sampling to select individuals who were directly involved in elderly care, support, monitoring, and policy-related perspectives on aging. A total of 120 participants were selected, divided into six key stakeholder groups, as follows:

1. Older Adults with Good Well-Being in Northeastern Thailand

Participants in this group were aged 60 years and older, selected based on their economic status, and drawn from each of the four study provinces (10 individuals per province; total 40 participants). The group was categorized into two subgroups: 1) those with stable incomes, including pensioners, small-scale farmers with regular earnings, and elderly entrepreneurs; and 2) those with insufficient income, such as older adults who must continue working to sustain themselves or who rely heavily on state welfare or family support.

2. Family Members and Community Participants in Elderly Care

This group consisted of children, grandchildren, household members, and community participants actively involved in elderly care. Their roles included providing daily support and promoting well-being through healthcare, exercise, religious and cultural activities, and elderly clubs. Participants were nominated by community leaders and organizations working with older adults, with a focus on diversity in gender, age, occupation, and social background. A total of 40 participants were selected 10 from each province.

3. Local Administrative Organizations and Community-Based Actors

This group comprised individuals from local administrative bodies (e.g., SAOs and municipalities), village health volunteers (VHVs), elderly center managers, and leaders or committee members of elderly clubs. Participants were chosen for their hands-on roles in elderly care, including program implementation, coordination, and collaboration with government and civil society. Selection emphasized practical experience, in-depth knowledge, and the ability to share insights on effective elderly care practices. Geographic diversity (urban and rural) and variety in program models were also considered. A total of 20 participants were selected 5 from each province.

4. Health and Social Welfare Professionals

This group included physicians, nurses, physiotherapists, social workers, and aging-wellness specialists involved in elderly care across primary care units, subdistrict health promotion hospitals (SHPHs), general hospitals, government

agencies, and academic institutions. Participants were selected based on their direct professional experience, involvement in elderly well-being initiatives, and their ability to offer informed insights into challenges and strategies for enhancing elderly quality of life. Emphasis was placed on participants' capacity to reflect on both practical and policy-level issues from medical, rehabilitative, and social welfare perspectives. A total of 20 professionals were selected 5 from each province.

5. Civil Society Representatives

This group comprised individuals and community-based groups actively supporting elderly well-being at the local level. Participants included leaders of community and women's groups, elderly or farmer group organizers, NGO representatives working on aging or welfare issues, as well as religious leaders and respected local figures involved in social support. Selection was based on their relevant experience, diversity of roles, and active involvement in elderly-focused initiatives. A total of 20 participants were selected 5 from each province.

6. Policymakers and Academics

This group included individuals involved in policy, strategic planning, or research related to elderly well-being, particularly in Northeastern Thailand. Participants comprised officials from agencies such as the Ministry of Public Health, Ministry of Social Development and Human Security, and NHSO, as well as academics specializing in social sciences, public health, elderly economics, and welfare policy. Also included were political party representatives and local policymakers engaged in elderly-related initiatives. Selection focused on their direct roles in policymaking or research, their analytical understanding of aging issues, and their ability to provide structural and policy-level insights. A total of 20 participants were selected 5 from each province.

Research Results

Northeastern Thailand is undergoing profound demographic, social, and cultural transformations particularly within the context of an aging society. Understanding elderly well-being in this region therefore requires moving beyond the traditional biomedical framework, which focuses primarily on disease and treatment, toward an ontological perspective an understanding of "being-in-the-world" as experienced by older adults in relation to life, illness, happiness, and existence within their local communities. In this context, elderly well-being is not merely a matter of biomedical indicators such as blood pressure or glucose levels. Rather, it is deeply embedded in cultural structures, spiritual beliefs, and social relationships that manifest in everyday life. Examples include interactions with temples, participation in community rituals, listening to Dharma teachings, social visits, and receiving care from children, grandchildren, or neighbours. These interactions provide a sense of belonging, worth, and meaning in life what might be described as having a place in the social world. The care practices observed in Northeastern communities cannot be separated from local wisdom, including the use of herbal medicine, traditional Thai massage, consultations with local healers, and reliance on temples and community volunteers. This reflects a model of relational care, which emphasizes closeness, trust, and cooperation within the community, rather than dependence solely on state institutions or medical technologies. This ontological understanding offers a critical insight: promoting elderly well-being must be grounded in cultural meaning. It is not sufficient to simply expand service coverage or improve access in quantitative terms. Rather, it is essential to understand what older adults need, how they feel, and what they value in their lives. The following sections present detailed findings based on this framework.

1. Ontological Insights and Good Practices in Elderly Well-Being in Northeastern Thailand

Thailand is inevitably transitioning into a fully-fledged aged society, marked by a profound shift in demographic structure. Specifically, the population aged 60 years and older now accounts for more than 10% of the national population, and those aged 65 years and older exceed 7%. This trend will intensify significantly by 2025, when Thailand is projected to become a “complete aged society” as defined by the United Nations. Furthermore, by 2031–2032, the country is expected to reach the status of a “super-aged society,” wherein more than 20% of the population will be elderly (National Statistical Office, 2024). This transformation is particularly pronounced in Northeastern Thailand, or the “Isan” region, where the proportion of older adults continues to grow steadily. However, this demographic shift is occurring alongside rapid changes in economic systems and family structures, making it clear that the condition of the elderly cannot be assessed solely in terms of physical health or economic status. Instead, it must be understood as being intricately connected to social and cultural dimensions of life. In this context, well-being among the elderly emerges not merely as a clinical or economic condition but as a deeply rooted ontological reality one shaped by lived experiences, cultural values, social relationships, and a sense of place and meaning within the community.

1.1 Strong Family and Community Structures

The rural social context of Northeastern Thailand is undergoing rapid transformation due to urbanization, labor migration, and the expansion of capitalist economic systems. Yet, despite these structural changes, family and kinship networks continue to play a significant role—demonstrating a pattern that is “resilient yet reconfigured.” The strength of familial bonds is no longer strictly tied to physical co-residence; rather, it manifests through care practices that transcend space and time—a phenomenon that some anthropologists refer to as “translocal care” (Brickell & Datta, 2011 : 262). Many elderly individuals in rural villages continue to receive support from their children and grandchildren, even when those family members reside and work in large cities or abroad. This support is sustained through simple yet powerful mechanisms, including remittances, phone calls, online communication, and seasonal visits. Such interactions form what can be described as a system of “long-distance care,” (Bledsoe, Moore, & Collins, 2010) grounded in enduring cultural values of filial piety and obligation. According to the Director of a sub district health promotion hospital in Buriram:

Kinship and community support despite out-migration for work, family and community structures in the area remain strong. Many elderly individuals still receive regular financial support from their children, while kinship networks and neighbors serve as voluntary caregivers. Community health volunteers also contribute to daily care. These patterns highlight the resilience and solidarity of local communities, which continue to prioritize mutual support amid economic and social change.

(Director Interview)

From an ontological perspective, these phenomena reveal that “care” is not merely about the provision of services or the distribution of benefits through a welfare state. Rather, it represents a relational practice deeply rooted in the cultural and spiritual values embedded in the everyday lives of people in the Isan region. It is, fundamentally, “care as a way of life” a lived ethic, rather than a bureaucratic function. In this context, extended families and kinship-based communities remain the primary mechanisms for elder care, especially in rural areas where the state continues to face limitations in ensuring equitable welfare distribution (Galvin & Todres, 2013). Simultaneously, individuals within these communities such as village health volunteers and neighbours act as argentic actors, revitalizing grassroots caregiving networks. These actions are not simply a substitution for the state but reflect what may be called the “dignity of care” a form of human value that transcends economic status.

1.2 Reliance on Temples and Religion as Sources of Emotional Healing

In the rural context of Northeastern Thailand, Buddhist temples serve not only as sites for religious rituals but also as enduring cultural, spiritual, and social centers of the community. Temples have evolved into spaces of emotional healing, particularly for older adults who face transitions in family structure, economic uncertainty, and declining health. For many elders, the temple acts as a public sphere where challenges are navigated collectively—through listening to Dhamma teachings, participating in meditation, or engaging in communal merit-making ceremonies. These activities foster a sense of belonging, help mitigate feelings of loneliness, and provide emotional resilience, especially in a period when extended families are often fragmented due to labor migration (Painter, 2013). As such, the temple operates as a “social sanctuary”, an informal institution that supports the psychosocial well-being of the elderly (Bloom, 2013). This can be interpreted through Michel Foucault’s concept of “heterotopia”—a space layered with multiple dimensions of meaning, encompassing religious, social, and identity-related functions (Qureshi, Khalil & Alsanad, 2020). The temple, in this light, is more than a religious venue; it becomes a site of encounter and synthesis between the personal and the communal, between introspection and participation. It is a space where older adults are afforded the opportunity to both listen to themselves and listen to others through Dhamma practice and participation in community rituals (Levin, 2007). Moreover, engagement with temple activities constitutes a form of meaningful social action, as conceptualized by Max Weber. That is, elderly individuals do not attend temple solely out of tradition or duty; rather, their participation reflects an effort to reclaim a sense of self-worth and restore confidence in life during later stages of aging. As one elderly participant expressed:

Even though my children and grandchildren work far away, I don’t feel lonely or abandoned—because I still have the temple as a place of emotional refuge. Every morning, I listen to Dhamma teachings on the radio or the village loudspeakers. Some days, I go to the temple with neighbours to meditate, chant, or help sweep the temple grounds. It brings me peace of mind and makes me feel that I still matter—that I’m still part of the village. For someone like me, the temple is a spiritual sanctuary. It helps me stay connected—not only to myself but also to the community.

(Participant 07)

Temples as spaces for spiritual and emotional healing temples serve as vital support systems for addressing “non-biomedical suffering” such as loneliness, grief, and emotional isolation experiences that clinical medicine often cannot resolve. Through compassion, shared rituals, and spiritual practices, temples offer a form of care rooted in cultural and spiritual meaning. In rural areas where mental health services are limited, religious institutions play a key role in filling emotional and psychological care gaps left by the state, offering healing that transcends biomedical measures.

1.3 Elderly Group Activities (Elderly Clubs)

In many communities across Northeastern Thailand, elderly individuals have come together to form “elderly clubs” or “elderly quality of life development centers.” These initiatives represent emergent social spaces where older adults actively engage in self-care—not only physically, but also mentally and spiritually—through community-based self-management (Reiman & Väyrynen, 2018). These clubs are dynamic in nature and feature a variety of activities such as traditional Thai circle dancing (ramwong), aerobic exercise, and organic vegetable gardening for health. However, these are not merely physical activities; they also function as mechanisms for promoting holistic well-being, especially social well-being—fostering interaction, social acceptance, and a renewed sense of purpose in life after retirement

(Nanthamongkolchai et al., 2009). These clubs embody the principles of “active ageing,” a concept advanced by the World Health Organization (WHO), which defines it as a process of optimizing health, participation, and security in order to enhance the quality of life in old age. According to the WHO, the three core components of active ageing are good physical and mental health; social participation, including engagement with both same-age and intergenerational groups; and security, referring to income stability, safe housing, and consistent care and recognition. (Ruger & Yach, 2009) Within this context, elderly clubs are more than preventive health mechanisms; they serve as spaces where older adults can communicate, transmit knowledge, and express their identities as bearers of experience and wisdom (Torut & Pongquan, 2012). These clubs also operate as alternative public spheres—offering older persons a platform for self-expression, mutual care, and health promotion outside of institutionalized settings. Thus, elderly clubs in Northeastern Thailand exemplify a model in which older adults are not passive recipients of care, but active agents in shaping their own well-being and contributing to their communities.

1.4 Local Wisdom and Traditional Medicine: The Use of Indigenous Herbal Remedies

In many parts of Northeastern Thailand—particularly in remote rural areas where access to formal public health services remains limited—local wisdom and traditional medicine have emerged as a parallel health system. This system is flexible, culturally aligned, and capable of effectively responding to the health needs of older adults within the local context (Wootvatansa & Klompun, 2020). The use of indigenous herbs such as *Andrographis paniculata* (fah talai jone), *Zingiber montanum* (phlai), and *Curcuma longa* (turmeric), as well as traditional Thai massage and herbal compress therapy, exemplifies community-based knowledge that has been passed down through generations. These practices are often embedded within family and village-level networks and are commonly used to treat minor ailments and relieve physical discomfort. In doing so, they reduce the dependency on hospital-based care, particularly in areas where public transportation is limited or non-existent (Phothiarunphat & Saengnont, 2022). These practices reflect a holistic health paradigm, one that does not isolate the body from the mind or from the surrounding cultural and ecological environment. Rather than being seen as alternative or inferior, such practices represent a contextually appropriate, culturally resonant model of elder care—an approach that integrates medical knowledge with spirituality, community networks, and lived experience. As noted by a public health scholar:

Local wisdom and traditional medicine remains essential in elderly healthcare, especially in rural areas. Many older adults regularly use local herbs like fah talai jone, turmeric, phlai, and fingerroot to address common age-related ailments such as muscle pain, digestive problems, and immune support. Beyond treatment, traditional practices—including herbal steam therapy, compresses, and Thai massage—support both physical and mental well-being. Promoting accurate knowledge of herbal medicine alongside modern healthcare fosters holistic elderly care and helps preserve valuable local wisdom.

(Participant 09)

From the public health perspective, traditional Thai medicine and massage should be recognized not as alternatives but as a parallel knowledge system with its own logic and cultural relevance. This system holds both cultural and social capital, strengthening community resilience and cohesion. The intergenerational transmission of practices—such as preparing herbal compresses or consulting traditional healers—reinforces social ties and reduces reliance on formal health services. Rather than being seen as a marginalized fallback, local wisdom should be valued and institutionally supported. Integrating it into formal healthcare systems can help build a culturally responsive, hybrid model of integrated medicine.

1.5 The Role of Village Health Volunteers (VHVs)

The VHVs system has long been recognized as a cornerstone of Thailand's community health system, particularly in rural and remote areas where state-employed medical personnel may not be able to reach households consistently. VHVs function as frontline agents in community-based healthcare, playing a critical role in supporting vulnerable groups—most notably the elderly (Tejativaddhana et al., 2020). The responsibilities of VHVs span a broad range of essential tasks, including monitoring health conditions, conducting basic health screenings such as blood pressure measurement and blood sugar testing, and visiting elderly individuals who live alone. Additionally, they serve as vital liaisons between households and SHPHs, helping to ensure continuity and contextual appropriateness in healthcare delivery. (Wongrith et al., 2024) This model demonstrates how VHVs bridge formal health services and community needs, reinforcing localized, culturally sensitive.

Structurally, VHVs were originally established by the state as a mechanism to decentralize public health services down to the village level. However, in practice, VHVs have transcended their formal administrative roles and emerged as active agents who leverage social capital, personal relationships, and deep contextual knowledge to deliver compassionate, localized care to older adults. For instance, home visits to elderly individuals living alone serve not only a clinical function—such as health screening—but also fulfill critical psychosocial needs, helping to reduce loneliness and enhance emotional well-being. These intangible aspects are fundamental to the quality of life for older persons navigating rapid social change (Visanuyothin et al., 2015). In this sense, VHVs embody what James C. Scott refers to as “the civic face of the state” within his concept of the everyday state—where state presence is not defined solely by bureaucracy or policy but by its enactment through local actors. VHVs are not bureaucrats, but community insiders—people who understand the terrain, recognize local challenges, and are capable of adapting public health policies or medical advice to fit local beliefs and everyday practices (Bratsis, 2016). Fieldwork in Northeastern Thailand reveals that VHVs frequently integrate local knowledge systems into their work. This includes basic herbal remedies, cultural counseling, and traditional healing practices—delivered alongside biomedical guidance. This results in a dual-knowledge care model that combines scientific and local epistemologies, thereby enhancing the effectiveness and cultural resonance of holistic elder care.ve, and sustainable care structures, especially in aging rural populations.



Figure 1 Ontological Insights and Good Practices in Elderly Well-Being in Northeastern Thailand

(Source: Tahom, 2026)

2. Approaches to Developing Age-Friendly Spaces and Environments to Support Holistic Elderly Living in Preparation for a Fully Aged Society

The researcher therefore proposes a set of strategic approaches for developing age-friendly spaces and environments that support the well-being and daily lives of older adults in both urban and rural communities, as follows:

2.1 Developing Age-Friendly Spaces and Environments in Rural Communities

This approach advocates for the creation of elderly quality of life development centers at the sub district level as community-based social spaces supporting the holistic well-being of older adults. Grounded in the principles of the sociology of aging and active aging, the model emphasizes dignity, participation, and locally responsive care. The centers aim to integrate local social capital through cross-sector collaboration: Universities will provide short-term training on elderly care for VHV. Monks and temples will serve as spiritual and social anchors. SAOs, municipalities, and SHPHs will offer resources and services. Vocational training institutes will support skill-building and economic engagement. VHV will act as social brokers, providing household-level outreach and care. Utilizing existing facilities such as government buildings or temple halls the centers are envisioned as participatory, community-driven institutions that promote dignity, connection, and opportunity for rural elders.

2.1.1 Short-Term Training Program: “Comprehensive Elderly Care” for VHV

This one-year training program is designed to strengthen the capacity of VHV to deliver holistic elderly care in rural communities. Developed through collaboration among universities, SAOs/municipalities, SHPHs, temples, and health networks, the program blends academic knowledge, local wisdom, and practical experience. Its goal is to equip VHV to act as community-based care leaders. The curriculum is organized into five core modules aligned with key dimensions of elderly well-being: 1) physical health, including basic health assessments (BP, diabetes, glucose), chronic condition monitoring, safe mobility, nutrition planning, fall prevention, dehydration, and sarcopenia awareness; 2) mental and emotional health communication, including emotional support, and active listening, basic psychological care for depression, stress, and grief, and promoting emotional resilience and self-worth; 3) social inclusion, strengthening community engagement, and designing group activities and elderly clubs in coordination with families and local agencies; 4) cognitive and spiritual well-being including memory games, lifelong learning, mindfulness, Dhamma, and dignified end-of-life care; and 5) integrated elderly care practice including home visits, care planning, and use of health technologies in coordination with SHPHs. This program aims to professionalize VHV, enabling them to serve as frontline caregivers and local knowledge leaders in community-based aging care. The researchers would like to provide the following details for clarification.

2.1.2 Accessibility System for Elderly Participation in the “Elderly Quality of Life Development Center” This initiative is based on a semi-residential day care model tailored to the context of rural and small-town communities in Thailand. It effectively addresses the growing number of elderly individuals left alone during daytime hours, while their children or grandchildren are away at work. The proposed system enhances accessibility and participation for older adults in the Elderly Quality of Life Development Center, envisioned as a central venue for promoting physical, mental, and social well-being. Under this model, the center serves as a daytime gathering place where older adults can engage in social interaction, learning, and receive appropriate care and attention. It is managed by SAOs or municipalities, and includes a structured home-to-center transportation system to ensure safe and regular access for the elderly—especially those who live alone and are at risk of isolation. This approach addresses several pressing challenges, including: The rise of solo aging (elderly individuals left at home during the day), increased risk of psychological stress, depression, falls, and domestic accidents, Limited opportunities for physical movement, communication, and social engagement. To respond effectively, the center will organize scheduled activities three days a week (Monday, Wednesday, and Friday), transforming the space into a vibrant, inclusive environment that promotes dignity, reduces vulnerability, and supports active aging.

Table 1 Weekly Activity Schedule for the Rural Elderly Quality of Life Development Center

Day	Main Activities	Targeted Dimension of Well-Being
Monday	Local-style yoga / Tai Chi / Muscle-strengthening exercises	Physical Health
Wednesday	Chanting and meditation / Dhamma storytelling / Mental health Q&A	Mental Well-Being
Friday	Handicrafts / Vegetable gardening / Livelihood skill training / Karaoke	Social and Emotional Well-Being

Source: Data obtained from focus group discussions and in-depth interviews.

2.2 Developing Age-Friendly Urban Environments

A model of wellness villages and home care for older adults approach proposes the development of urban wellness villages or home care communities designed to support sustainable, multidimensional well-being among older adults living in urban areas. This model responds specifically to the needs of a growing segment of the elderly population who possess financial stability and regular income, yet lack familial caregivers, such as children or close relatives. Residents would purchase homes within these designated wellness villages and contribute a monthly service fee of approximately 20,000 THB. This fee would cover centralized welfare services, including professional nursing care; opportunities for community engagement; access to spiritual activities, such as listening to Dhamma teachings; and comprehensive elderly nutrition programs. Each village would include a central kitchen facility, with professionally trained staff preparing customized meal plans for residents. Meals would be delivered to individual households, ensuring nutritional adequacy across three daily meals, in accordance with the five basic food group guidelines. This model supports independent living while promoting health, social participation, and dignity in later life, aligning with the principles of active aging and integrated care in urban settings.

An urban wellness villages and home care communities model addresses the needs of older adults who are financially secure but lack familial caregiving support—an increasingly common issue in Thailand due to demographic shifts and family migration. Many elders with pensions or savings live alone, facing risks of loneliness, depression, and social isolation. The proposed urban wellness village offers a holistic care system that supports physical, mental, social, and spiritual well-being within a self-contained, community-oriented environment. It promotes independent living while providing a supportive infrastructure to uphold quality of life and human dignity. Services are structured around five core dimensions of elderly well-being.

Table 2 Five Dimensions of Elderly Well-Being and Service Model in the Home Care Wellness Village

Dimension	Service Description
1. Housing	Elderly-Friendly Home Design: A suitable home for older adults must ensure safety, ease of living, and long-term well-being. Essential features include step-free or ramped entrances to prevent falls, along with emergency alert systems such as call buttons in key areas and wearable or accessible devices. Installing fall detection sensors in high-risk zones further enhances safety by enabling quick response.
2. Nutrition	Community Nutrition Kitchen: The community nutrition kitchen is a centralized food service model that delivers personalized, medically appropriate meals to elderly residents. Meals are tailored to individual health conditions such as diabetes, hypertension, or kidney disease and guided by consultations with nutritionists or medical staff. Each recipient receives three balanced meals per day, delivered to their home, supporting long-term health and aligning with specific dietary needs.

Table 2 Five Dimensions of Elderly Well-Being and Service Model in the Home Care Wellness Village (cont.)

Dimension	Service Description
3. Healthcare	Preventive Health in Wellness Villages: Wellness villages are staffed with on-site nurses and health personnel who provide regular health monitoring to promote preventive care. Services include routine checks of blood pressure, blood glucose, nutritional status, mental health, and individualized risk profiling. This proactive approach supports early detection, timely intervention, and long-term well-being, fostering greater autonomy among older adults.
4. Healthcare	Spiritual Well-Being in Wellness Villages: Regular spiritual activities such as Dhamma talks, meditation, chanting rituals, and guided mindfulness (vipassana) are organized to promote inner peace and emotional balance among older adults. These practices help reduce stress, enhance self-awareness, and foster a deeper sense of purpose and connection, supporting holistic well-being in later life.
5. Social Well-being	Social Engagement in Wellness Villages: Wellness villages feature communal spaces and group activities such as yoga, recreation programs, and hobby clubs to promote social interaction and reduce isolation. These initiatives play a vital role in enhancing social well-being, fostering inclusion, and creating a sense of belonging among older adults. Regular social engagement helps build a supportive and connected aging environment.

Source: Data obtained from focus group discussions and in-depth interviews.

3. Formulate Policy Recommendations for Sustainable Good Practices in Promoting the Well-Being of Older Adults in Northeastern Thailand

Over the past decade, shifts in Thailand's demographic structure have clearly reflected the country's transition into a "complete aged society." By the end of the Twelfth National Economic and Social Development Plan, the proportion of older persons had increased to 19.8 percent of the total population. This trend should not be understood merely as a demographic phenomenon; rather, it signals a profound structural transformation in Thai families and society. In particular, there has been a steady increase in the number of older adults living alone or residing in increasingly smaller households. At the same time, Thailand is experiencing a contraction of its working-age population, a trend that has become increasingly evident since 2015, largely as a result of large demographic cohorts entering retirement. This development has begun to generate labor shortages across the economy, especially in a context where Thailand's labor productivity remains relatively low compared with that of developed economies. Several structural constraints contribute to this condition, including limitations in workforce quality, the slow pace of technological advancement, and persistent challenges in economic and social governance. Moreover, advances in medical science, together with growing public awareness of health care and well-being, have contributed to a continuous increase in life expectancy among the Thai population. As a consequence, the proportion of older persons in the population is expected to expand further over the long term and may remain a defining demographic characteristic of Thai society for several decades to come (Muenkaew & Bunyabandhur, 2020).

Taken together, these demographic transformations present significant policy challenges for Thailand's economic system, social welfare institutions, and national health care system, making the development of effective and sustainable responses both necessary and unavoidable. Accordingly, the proposed policy directions are presented as follows.

3.1 Development of a Short-Term Training Program on “Community-Based Elderly Well-Being Management”

The government should promote the development of a short-term training program on “community-based elderly well-being management.” This initiative should be implemented through collaboration between the Ministry of Public Health and regional universities across the country in order to jointly design and deliver the curriculum. The primary objective of this program is to strengthen the capacity of VHVs, who constitute a crucial workforce within Thailand’s primary health care system. The proposed program should be structured as a professional certificate in community-based elderly well-being care, with an approximate duration of eight months, consisting of five months of theoretical instruction and three months of field-based practicum. Such a structure would enable participants to integrate academic knowledge with practical experience in real community contexts.

The curriculum should encompass key areas of knowledge, including elderly health promotion, prevention of chronic diseases, care for dependent older persons, psychosocial support, and coordination of elderly care networks among families, communities, and local public health service providers. A pedagogical approach that integrates theory with practice will allow VHVs to effectively apply acquired knowledge in caring for older adults within their communities. Furthermore, in order to enhance motivation and elevate the professional recognition of community health volunteers as “community-level elderly well-being caregivers,” the government should introduce additional incentives for those who successfully complete the training and receive certification. Specifically, the monthly compensation for certified VHVs could be increased from 2,000 baht to 3,000 baht, reflecting their expanded responsibilities and specialized competencies.

3.2 Establishment of Subdistrict-Level Elderly Quality of Life Development Centers

The government should also promote the establishment of “subdistrict-level elderly quality of life development centers” as a key institutional mechanism for enhancing the well-being of older persons at the community level. The Ministry of Public Health should coordinate with local administrative organizations, including SAOs, subdistrict municipalities, town municipalities, and city municipalities, under the academic guidance and support of the District Public Health Office. These centers should function as community-based hubs dedicated to promoting the quality of life and strengthening the capacities of older persons in a systematic and sustainable manner. Their activities should be designed to address holistic well-being, encompassing physical, psychological, social, and spiritual dimensions. Key activities may include health promotion and disease prevention programs, physical exercise and self-care training for daily living, vocational training suited to the capabilities of older persons, and psychosocial and spiritual development activities. For instance, programs that incorporate ethical education and religious principles may help strengthen emotional resilience, inner stability, and a sense of self-worth among older adults. Through such integrated initiatives, the centers can serve as vital community institutions that support active ageing, foster social participation, and reinforce the overall well-being of older persons within Thailand’s rapidly ageing society.

3.3 Development of Urban Elderly Well-being Villages or Home Care Communities

The development of urban elderly well-being villages, or home care communities, represents an important policy response to Thailand’s transition toward an aging society. This initiative primarily targets older adults who possess sufficient economic resources but lack close family members or relatives to provide daily care and support. Such a policy approach reflects the profound transformation of family structures in urban Thailand, where traditional extended family arrangements have increasingly given way to nuclear families, and in many cases even to single-person elderly households. As a result, a growing number of older persons live alone without the support of children or relatives, leading to heightened risks of social isolation and psychological vulnerability. In response to these structural changes, the design of elderly well-being villages in urban areas should adopt a comprehensive framework that integrates five essential

dimensions: housing, nutrition, health care, psychological well-being, and social engagement. This approach reflects the concept of holistic well-being, emphasizing the integration of physical, mental, and social dimensions of quality of life.

Moreover, the development of such communities aligns with the broader principles of active aging and aging in place, which emphasize enabling older adults to maintain autonomy, dignity, and a meaningful quality of life within supportive living environments. Through thoughtfully designed living spaces and community support systems, older persons can continue to live independently while remaining socially connected and emotionally fulfilled. Importantly, urban elderly well-being villages can also function as an alternative living arrangement for older adults with adequate financial resources who prefer not to rely solely on family care or institutional state welfare facilities. In this sense, the model represents a shift in perspective—from viewing older persons primarily as dependents or social burdens toward recognizing them as individuals capable of self-directed living and self-managed care systems within supportive community environments.

Discussion

Thailand is inexorably transitioning into a “complete aged society”, with clear and accelerating demographic shifts. According to national statistics, the proportion of individuals aged 60 and above has exceeded 10%, and those aged 65 and above have surpassed 7% of the total population in many areas. This trend is projected to intensify by 2026, when Thailand will officially qualify as a “complete aged society”, as defined by the United Nations (National Statistical Office of Thailand, 2024). Moreover, by 2031–2032, Thailand is expected to enter a “super-aged society”, wherein older adults will constitute over 20% of the population. This demographic transition is occurring faster than the adaptation of public service systems. The rise in the elderly population is not merely a statistical concern; it has direct implications for the healthcare system, housing infrastructure, household economies, and significantly increases the burden on the working-age population. Without timely and strategic planning, the country risks facing a multidimensional crisis, affecting not only individual households but also national social and economic stability.

Ontology is the philosophical study of “being.” In the context of aging, the ontology of well-being explores the lived experiences, perceptions, and meanings constructed by older adults within their specific socio-cultural settings. Well-being cannot be fully understood through biomedical or economic indicators alone; it requires an interdisciplinary lens that integrates physical, psychological, social, and cultural dimensions (Huppert, Baylis & Keverne, 2005). This perspective is especially pertinent in Northeastern Thailand (Isan), where traditional practices, rural life, and modern change converge in shaping the daily experiences of the elderly. The following section presents research findings through this ontological lens.

1. Ontological Insights and Good Practices in Elderly Well-Being in Northeastern Thailand

The study finds that elderly well-being extends beyond health indicators and is rooted in one’s relationships, cultural identity, and social roles within the community. Guided by Atchley’s Continuity Theory, the research emphasizes that older adults experience greater well-being when they sustain continuity in life patterns, identity, and social roles. This continuity includes internal continuity (values, beliefs, identity, and habitual ways of living), and external continuity (connections with family, community, familiar places, and meaningful roles) (Hocking & Meltzer, 2016). In Northeastern Thailand (Isan), where traditions remain strong, elderly individuals often engage in religious events, care for grandchildren, or pass on knowledge in herbal medicine, weaving, or Buddhist chanting. These practices preserve both internal and external continuity, fostering dignity, cultural identity, and intergenerational bonds. Together, they form a culturally grounded approach to sustainable aging and well-being.

The application of cultural capital to support elderly well-being in Northeastern Thailand reflects what Bourdieu described as the “embodied state” knowledge and dispositions internalized through lived experience. Among older adults, this includes traditional herbal medicine, ritual practices like Bai Sri Su Kwan and Bun Duean Si, ceremonial chanting (lam, hong khwan), and craft skills such as weaving, bai sri arrangements, or pottery. These forms of cultural capital not only carry intrinsic cultural value but also confer social status and recognition. Elders are often regarded as “masters of local wisdom” or traditional healers, earning the respect of younger generations and holding esteemed roles in their communities (Guillory, 2023). For many, this cultural capital is more than a livelihood it is a source of identity, meaning, and dignity. Through this lens, older adults are not passive care recipients, but active cultural stewards and intergenerational mentors, essential to sustaining the values and traditions of their society.

2. Strategic Approaches to Developing Elderly-Friendly Spaces and Environments Toward a Fully Aged Society

Sustainable well-being in old age cannot be achieved by focusing solely on physical or mental health. It must also be accompanied by the intentional design of spaces that support aging with dignity. Environmental design should not be reduced to the physical arrangement of structures alone—it must also foster what can be called a “space of being”—a space that allows older adults to participate, belong, and find meaning in their everyday lives. Drawing on Anthony Giddens' theory of structuration, society is not driven solely by overarching structures (as in structuralism), nor merely by individual actions (as in interactionism), but rather by a duality of structure—a dynamic interplay where structures shape individual actions, while repeated actions in turn can reinforce or transform those very structures. In this light, older adults in Northeastern Thailand are not simply passive subjects of social forces such as demographic change, state policy, or modernizing cultural norms. They can also act as agents—individuals with the capacity to negotiate, adapt, and reshape their lived environments through participation in community design, cultural stewardship, and local leadership roles (Chatterjee, Kunwar & den Hond, 2019). This ontological and spatial framing resonates with Tornstam's theory of gerotranscendence, which posits that as people age, they are inclined to shift toward deeper, more spiritual perspectives on life. Thus, the integration of spiritually and emotionally supportive environments—such as meditation pavilions, wellness gardens, or cultural learning centers—plays a central role in the design of elderly villages. These environments should be accessible, safe, and socially engaging, allowing for both reflection and interaction. In practical terms, local architectural traditions should be integrated into the physical environment (Jewell, 2014). For instance, repurposing village halls (sala) as intergenerational learning spaces can foster meaningful interaction between children and elders. Similarly, establishing lifelong learning centers—such as those focused on sufficiency economy philosophy—provides opportunities for older adults to serve as community teachers and cultural transmitters. This approach promotes not only aging in place but aging with purpose, reinforcing a model of elder hood as active, respected, and socially embedded, rather than dependent and marginalized.

3. Policy Recommendations on Sustainable Best Practices for Elderly Well-Being in Northeastern Thailand

This study proposes policy recommendations on sustainable best practices for elderly well-being in Northeastern Thailand. Specifically, the researcher recommends three key policy measures: the development of a short-term training program on “community-based elderly well-being management,” the establishment of subdistrict-level elderly quality of life development centers, and the development of urban elderly well-being villages or home care communities. These policy proposals underscore the importance of recognizing that the management of an ageing society should not be undertaken by the state alone. Rather, it requires collaborative engagement among multiple sectors, including government agencies,

local administrative organizations, academic institutions, community networks, and civil society actors. At the same time, effective implementation requires a clearly designated lead institution responsible for driving, coordinating, developing, and continuously improving the policy process in order to ensure efficiency and sustainability in practice.

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