

CHAPTER 1

Introduction

This chapter presents the background and significance of the research topic, objectives of the study, research questions, scope of the study, and definition of terms.

Background and Significance of the Research Problem

The world is on the brink of a demographic milestone. The number of people aged 65 or older is projected to grow from an estimated 524 million in 2010 to nearly 1.5 billion in 2050, with most of the increase in developing countries (National Institute on Aging, 2015). The percentage of elderly persons living longer is anticipated to double from 11 percent to 22 percent, between 2000 and 2050 (World Health Organization [WHO], 2014). Furthermore, this increase in the percentage of the elderly population has raised life expectancy at birth, regardless of whether or not the person is disabled, because the increase raises the overall life expectancy of all population groups. In 2012, life expectancy at birth globally was 68.1 years for males and 72.7 years for females. It is expected to keep on rising to reach 77 years in 2045-2050, and to reach to 83 years in 2095 -2100 (United Nations, 2015).

Like many other developed and developing countries, Thailand has, since 2005, become what can be considered an “aging society” with the elderly composing of over 10 percent % of the country’s population over 60 years old (United Nations, 2013). According to the data from the National Statistics Office, Thailand (TNSO), in 2006 the elderly population was around 6.9 million, and accounted for 11 percent of the total population. It is expected to increase to 14 percent by 2015, 19.8 percent in 2025, and nearly 30 percent in 2050 (Bulletin World Health Organzaton, 2012; Office of National Economic and Social Development Broad, 2014). The speed of growth of the elderly population in Thailand is much faster than in many developed countries. Life expectancy at birth in Thailand is rising faster, than the average life expectancy

worldwide (75 years by 2050). In 2016, life expectancy at birth of the elderly was 71.8 years for males and 78.6 for females, and 75.08 years in both sex. It is expected to keep on rising to reach 79.1 years by 2050 (Institute for Population and Social Research, 2016; Office of National Economic and Social Development Broad, 2014). Given that people are living longer, it is also likely that there will be an increase in the proportion of the elderly population living with chronic illness and physical and mental disabilities. Reducing severe disability from disease and health conditions is key to holding down health and social costs. The longer people can remain mobile and care for themselves, the lower the costs are for long term care for families and society. In addition, evidence shows that as a result of good healthcare, older people live longer than ever before.

The World Health Organization (WHO) defined elderly health as a state of health of elderly that includes four dimensions, physical, mental, social, and spiritual (WHO, 1974). Literature reviews of elderly health indicate that physiological health refers to a change in physical health indicated by multiple declines in organ capacity and internal protective mechanisms, thus older people may be more susceptible to disease (Eliopoulos, 2010). Psychological health refers to psychological development of people in their aging process. A major task in this stage is to integrate the experiences of the preceding stages and realize that one's life has meaning whether it was successful or not. The challenge of the elderly is to accept and find meaning of life, thus doing so could help in adjusting and coping with the reality of aging and mortality (Eliopoulos, 2010; Lange, 2012). Social health refers to activities and behaviors which elderly undertake that engage them in society, associating them with their physical and social environments. The lifestyle of the elderly can promote physical, mental, social, and spiritual well-being. The social health of among the elderly can be either positive or negative as it can be influenced by two major factors:- society's perception of the elderly, and the elderly's views of themselves (Lange, 2012). Spiritual health refers to the individual's inner self. Spiritual belief functions as a buffer for physical and psychological health among the elderly; it helps one cope with stress or chronic illness (Meraviglia, Gaskamp, & Sutter, 2012). In conclusion, elderly health refers to a state encompassing all four areas of physical, psychological, social, and spiritual health, as which perceived by the elderly themselves, thus the practices to maintain elderly health vary individually.

Existing knowledge about maintaining elderly health is based upon literature reviews conducted in Northern Southern Eastern and Central of Thailand. Maintaining elderly health is described as practicing and some kinds of beliefs that are embedded and used to promote and retain nutrient their healthy in the elderly's everyday experience. Qualitative study by Othaganont, Sinthuvorakan, and Jensupakarn (2002), who conducted a mixed method study at an elderly club in Bangkok. They reported that the practice of maintaining good elderly health care included; a good diet, regular exercise, seeking knowledge about good health, practicing religious teachings, and maintaining good relationships with others in the family.

Another study conducted from four provinces in the four regions of Thailand identifies practices for healthy aging. These include relying on themselves without depending on others, having the ability to maintain their daily activities, and maintaining a socially active engagement with others, and contributing to society. Such contribution helps them view their lives as being useful and helpful, to practice developing their spiritual dimension by following religion tenets such as making merit, accepting and calmness, and trusting and practicing religious doctrines (Thanakwang, Isaramalai, & Hatthakit, 2014). According to Kespichayawattana and Wiwatvanich (2006), conducted a case study in Bangkok, reported that practice to maintain elderly health includes, the ability to care for themselves, continued engaging in social activities, and having the resources to support their daily living in later age. Danyuthasilpe, Amnatsatsue, Tanasugarn, Kerdmongkol, and Steckler (2009) explored ways of healthy aging in a northern Thai village. They found that healthy aging was influenced by tradition and cultural beliefs that were learned and shared within this particular group. Rattanapun (2008) used a mixed method approach, to explore the meaning of healthy aging among the elderly in southern Thailand. He found that healthy aging was dominated by cultural, religious, and social contexts. Healthy elderly people were understanding and accepting of the deterioration of their functioning. They could adapt their lifestyle through change and achieved a harmony in their daily living. Also he found that wisdom significantly contributed to the elderly adjusting their lifestyles to promote their health.

Provisions of care for the elderly in a North-Eastern cultural context was explored by Srijukkot, Sritanyarat, Nantaboot, and Thongkrajai (2007). She found that elderly people are viewed as role models for others thus they are called “pillars of the community”. An elderly is a counselor or supporter that passes on their experienced and knowledge concerning lifestyle practices, wisdoms, and beliefs. The elderly, who provide traditional therapy to help others, or contribute assets to their family and community, are recognized as a valuable elder and active agent member. The study indicated a positive reaction towards the elderly that was recognized by others (people) which could strengthen health among that elderly. Rattanakorn (2006), conducted study at elderly center Chiangmai on the way of thinking of elderly people about their self-image as ‘aging’, to explain how to define and to adapt to successful aging based on interpretation and self-evaluation. The research finding reported the practice of achieving successful aging in their daily living includes; 1) do to contributing to others; 2) self-dependence (maintaining both physical and mental health); 3) working for the community or for society to be virtuous and for the common good, also social acceptance –social sphere to create self –value to promote ‘self’.

The strategies to maintain health in the elderly included promoting exercise and physical activities, and spiritual health that focused on preparing for a peaceful death were reported. The same literature focused upon discrete dimensions of elderly health such as on maintaining physical health among the elderly. Yoadsomsuay, Kietinun, Pattaraarchachai, and Neimpoog (2006), conducted their study in Pathumtani province, found that with regular practice of the 'hermit' exercise, there was an improvement on the elders' physical activities. Similarly, Suttijit and Sukonthasab (2010) conducted their study in Suphunburi province, found that with regular 'hermit' practice there was an increase in the elderly's flexibility and body balance. Sukonthasarn (2004) conducted study in Phitsanulok province, found that using a herbal compress greatly helped reduce joint pain among the elderly, rather than just using only typical knee and joint exercises. In addition, it helped the elderly to become less prone to the risk of negative consequence of analgesics. Sungworakan, Sukonthasab, and Kitphet (2008) conducted their study at Dindaeng services center in Bangkok, found that performing the Ram-kra-bi exercise daily by using Mai-ta-pod (swordplay using a wood cane) improved health, in terms of physical fitness and body balance among elderly females. Suksom, Siripatt,

Lapo, and Patumraj (2011) conducted their study at Dindaeng services center in Bangkok, found that exercise with a flexible stick was a more effective exercise than Tai Chi for improving physical fitness. It also improved the reactive circulation of oxygen within the elderly.

A few studies focused on spiritual health among the elderly, in reference to preparing for a peaceful death by practicing Buddhist doctrine. Two studies found that the elderly who had Buddhist beliefs and practices such as chanting and mediation, understood and accepted death as a law of nature which they learned from participating in funeral ceremonies. Consequently they had a “strong mind” and high level of behavior for preparing to cope with dying and death (Kongsuwan & Touhy, 2009; Phrakhu Kosol Sutakorn Triyakul, 2012; Rangikosai, Piphatvanitcha, & Paokunha, 2013).

In conclusion, practices to maintain elderly health from literature reviews conducted in northern southern eastern and central of Thailand, indicated that practices that have been used to maintain elder’s health include; maintaining physical health by practice exercise, having a healthy diet, adjusting lifestyle to healthy aging; maintaining psychological and social health by engaging in social activities, and having good relationships with others, and being willing to help each other in the family, practicing the following of traditions and their culture; and maintaining spiritual health by following religious teachings in daily living. However, significant research findings revealed that cultural, traditional practices, or local wisdom have supported maintaining health in holistic balance. Therefore understanding the maintaining of elderly health in other area which was different in traditional beliefs, or local wisdom such as central region Thailand was still necessary.

Moreover, global changes also affect elderly health; particularly the changing nature of the family. In previous decades the family was the primary care giving institution, in which practice was reflected in mutual care and assistance. The elderly entered their later years with at least some of their children living close by. In contrast, more elderly today tend to live alone. The traditional world of the family based support system is changing rapidly. In the developed world older people have fewer children living close by on whom they can rely. Their adult children have careers and must work

to support themselves and others, those children often move far away. The issue is that whilst there is a rapid increase in the life expectancy of the elderly, they are reliant on their child for care and support because of the low levels of asset accumulation. However the culture of the family providing primary care is, changing due to new phenomena:- when female labor force participation, migration, and changing demographic characteristics (Angel & Angel, 2015; United Nations Population Fund, [UNFPA], 2009). According to the WHO framework of active aging there are seven health determinants of active aging, social service systems, behavior, personal, physical environment, social environment, economic, and culture. Culture is a key factor in the active aging framework, as culture shapes the way in which older people age because it influences all of the other determinants of active aging (WHO, 2002).

The literature posted above reports that the elderly population in Thailand has increased in number and longevity. However, 50 percent of Thai elderly, these aged 60 and over, had a chronic disease such as high blood pressure, diabetes, heart disease, stroke, or cancer. Also the elderly were at risk of drinking and smoking too much, and less than 50 percent of the elderly exercised regularly. The mental health of Thai elderly people, as reported by their relatives, was affected by five problems, namely anxiety and stress, psychological disease, dementia, depression, and drug addiction (Prachupmoh, 2012). The social health in Thai elderly people was found to be both positive and negative. In 2011, it was reported that the percentage of elderly living with family had declined and that, the number of elderly living alone had increased. Such a change in the family could affect the elderly's daily living habits. Most elderly Thai people self-identified as belonging to a religious group. However the literature by Siripanit (2009) reported that on average, their spiritual health was poor. Therefore, older people need to find a way to maintain their spiritual health, because without it, other dimensions of the health may deteriorate, limiting their effective functioning in daily activities. Maintaining good health is a challenge for older people, their family, and the country (Prachupmoh, 2012).

The Central region of Thailand was selected for study because it was rich in local wisdom. In addition the elderly perceived about themselves as healthy and having long lives by following traditional practices. Suphanburi province was selected because the

people carried on practicing the traditional knowledge since the Sukhothai period (Traditional Thai medicine flourished in that period). Thus Suphanburi was one province that carried on and developed the Thai traditional knowledge by applying that knowledge to maintain health in their daily life. This is evident given that the elderly in the central Thai region lived a long life, with the eldest resident being 105 and still enjoying a healthy life. Suphanburi province, presents the essential characteristics of the central-region of Thailand which where most of the people work in agriculture as a result of the villagers living nearby the Chao Praya River basin (Tonslarak, 1985; Wongphun, 1987). Their lifestyles were bound to nature as they lived close to nature. The villagers were close to each other and helped each other. They followed a simple lifestyle in daily living which related to agricultural life and cultural beliefs. The area has fertile land, producing plenty of food because the province is located nearby the main river. It is not only good for agriculture but is a good resource for fish all year (Saraya, 1999). Another characteristic of the central Thai region is the Buddhist doctrine, a major religion which influenced attitudes, beliefs, and people's lifestyle. The villagers have believed and practiced follows the Buddhist religion, since they were young. It is something they have learned during family life thus they apply Buddhism as a doctrinal guide (Phunsiri, 2014).

People in Suphanburi, were generous, kind, and peaceful. The basic principle of being a Buddhist guides their life. Villagers believed in the law of Karma which is a natural one coming from causes and effects. In the popular view, by doing rightness, you will get good things in return. Under the law of Karma, benevolence in Thai culture is the fundamental virtue as a quality of elderly people (Pra Phaisan Visalo, 2009). Others consider that an influence in their life is their belief in ghosts as a supernatural power, thus they prayed respect to ghosts through a traditional ceremony (Chuengsatiansup & Tontipidok, 2007). Next, a characteristic of the Suphunburi province in the central Thai region, is using traditional medicines in daily living which includes Thai traditional medicine, Thai traditional exercise as hermit exercise, and Thai massage. The villagers have applied this traditional in their daily living since the Sukhothai reign to the present (Saraya, 1999; Srisathit & Prempri, 1991).

At the present time the rapid environmental change in society affects people lifestyles. This can vary between different age groups. The elderly people grew up in a period when there was no electricity access, and travel was not easy therefore most of older villagers enjoyed far less mobility and less migration. Therefore their lives had a strong relation to the field and cultural ceremonies which applied the Buddhist doctrine as a doctrinal guide. Participating in cultural ceremonies allowed people to be close to each other (Lerkrujiphimol, 1999). Conversely for the village youth, they were born with more convenience, easily access to technology, and media (Tongcharoensathien, 2012). Some of village youth don't want agricultural life and want a more lively life in towns or cities: their eagerness to leave village life is equivalent to leaving a life of living close to the soil and natural world. The changing environment influenced to their lives significantly, such as food selected, clothing, and lifestyle (Phunsiri, 2014).

Nowadays elderly people understand and accept social context change, they adapt themselves and adjust their lifestyle by maintaining the practice of following the traditional ways, also according to the new social environment. The villagers were transforming from being producers to being consumers and selling consumption goods. The new farmer changed to integrated farming, mangoes plantation, and digging fish ponds. However, the elderly still had a lifestyle close to the nature and adapted to the changes in society (Boonthan, 2003). In regard to the traditional practices to promote health in daily life, the conventional healthcare system being available and easy to access, some of them received treatment service. However, in regard to the promotion of health, healing, and recovery health, the elderly still favored applying the traditional practices in daily living. Another significant aspect of the elderly here is using the Buddhist doctrine as a doctrinal guide, this practice is strongly influenced elderly lifestyles assisting the maintenance of good health through their beliefs and practices. The Buddhist doctrine also influenced their children to help them think good and do good, reducing the gap between age groups (Eaw Sri-Wong, 1992; Phunsiri, 2014; Wongwiphak, 1989).

A descriptive qualitative approach proposed by Sandelowski (2000) was used to address the research question which focused on identifying the perspectives of the elderly in the context of a rural Central Thai village regarding ways to maintain elderly

health. The descriptive qualitative approach was a suitable method because it enabled the researcher to gain understanding through informant's perspective, experiences, and the way of life of the elderly regarding maintaining their health in their own terms. In addition, this study is to explore the perspectives of the elderly to maintain their health with central Thai local wisdom.

Research Objective

The purpose of this study is to explore local wisdom used in maintaining elderly health among central Thai villagers.

Research Questions

How is Central Thai local wisdom used in maintaining elderly health?

Definitions of Terms

Central Thai local wisdom refers to attitude, knowledge, skills, behaviors, and beliefs resulting from accumulated experiences transferred from generation to generation within the Central Thai community.

Elderly health refers to a state of complete among physical, psychological, social, and spiritual health, which was perceived by the persons at aged 60 years and over.

Maintaining elderly health refers to practicing and some kind of belief of elderly in central Thai region which are used to promote and retain nutrient their healthy in everyday experiences.