



Social welfare system development for disparity aging in order to decrease social inequality in sub-district rural areas, Thailand: From the preliminary model to the extended area

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Abstract

The preliminary model of social welfare system for social inequality reduction of the elderly has been applied in sub-district areas with the process of finding key factors leading to integrate activities related to sub-district plans. The new model is more prominent with respect to the dimensions of welfare and human dignity. The innovation results have mostly emerged from the spirit volunteers. Social inequality among disadvantaged seniors had decreased significantly. The research suggested that policy proposals based on empirical data should be used to specify the activity operations and a continuous learning exchange with the sub-district network involvement should be done.

Keywords: Aging, disparity, inequality, social welfare

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1. Introduction

Thailand's endeavor to support its aging society has resulted in disparity in the sub-district rural areas. The evidence from this development reflects that many elderly people do not have enough income to survive. Moreover, their household spending and health expenditures are likely to increase. This situation causes inequality with respect to access to social services or welfare and leads to unnecessary, unreasonable, or unintended consequences. The dimensions of inequality that should be given high importance in the elderly population are the economic dimension, the welfare dimension, and the human dignity dimension [1]. According to the National Plan of the Elderly, participatory activities and proactive strategies are continually created for promoting the well-being of the elderly [2]. The community volunteers and the center of quality-of-life development for the elderly in the community are set up. However, there are a number of the elderly who are often in the underprivileged groups and still need rights and welfare access in order to remain valuable members of society.

The underprivileged seniors need basic housing facilities, as well as health and social services which are not different from the general elderly. However, disadvantaged people are not able to manage the obstacles due to their inherent limitations or the effects of social separation. Therefore, they do not receive appropriate social welfare which results in disparity due to lack of opportunities and inequality [3]. Although Thailand has various types of social welfare for the elderly, there are still many problems and obstacles to the operation at the sub-district

level, for instance, the mechanism for driving the welfare of the elderly lacks integration and continuity from policy to practice, resulting in not achieving the target and not responding to the real problems of the underprivileged elderly [4].

Older people living in sub-district rural areas are easily classified as underprivileged elderly because their lifestyles are in a less developed context. As a result, they are limited in managing their lives, lack access to health care services, and have unstable livelihoods. In addition, they sometimes are neglected by their families [5]. Although there are no reports of the number and characteristics of disadvantaged elderly at the sub-district level, the disparity can be implied from the a high proportion of elderly people in sub-district rural areas who are living alone or with a spouse, have a low income, are restricted in their daily activities, or suffer from a chronic disease [2]. The research results reflected that there are types of welfare that the disparity group has never accessed. The social welfare rights that the elderly have never accessed but need include care from family members during difficult times. In addition, the allowance is not enough to sustain their needs in later life, and lack of continuous monitoring and evaluation of related government policies [3]. Therefore, the elderly are unable to access essential or basic services including economic, welfare, and human dignity and it leads them to be the underprivileged group in the cycle of hardship at the end of life.

One of the best Sub-district or Tambol models of care that encourages the elderly to access social welfare is called “Ban Klang” using the kindness to help the underprivileged elderly without a caregiver. An elderly club or elderly school is the main mechanism to promote elderly welfare. The local sec-

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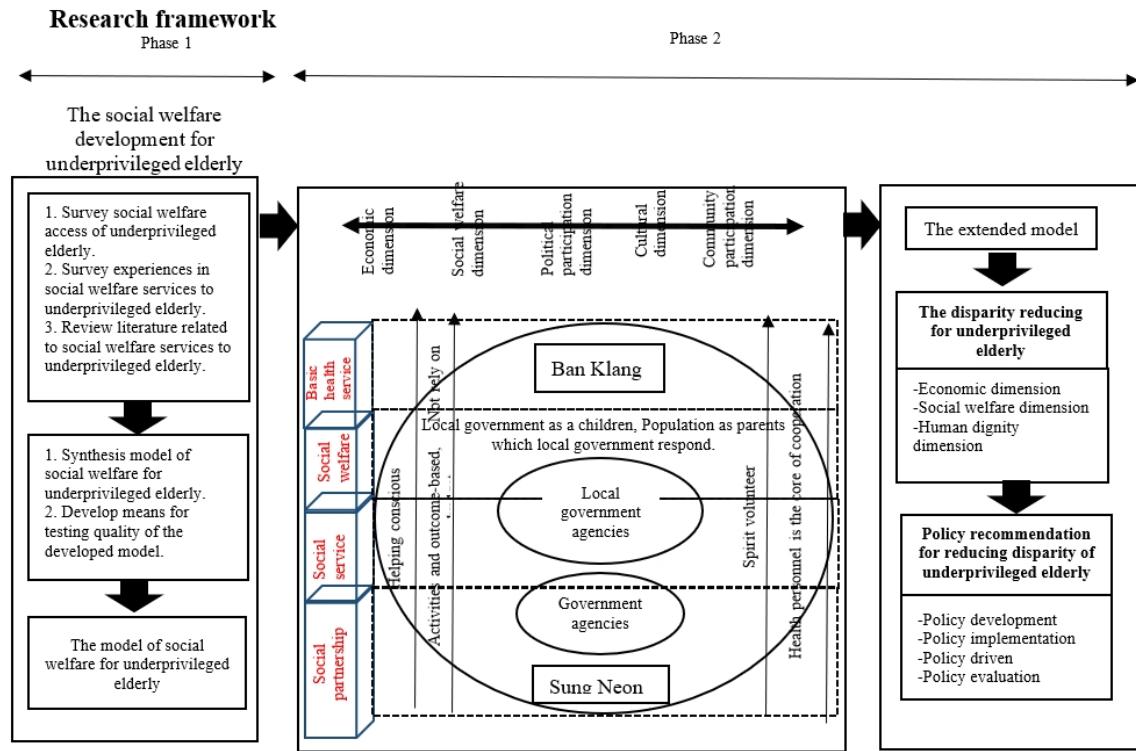


Figure 1: Research framework.

tors coordinate together and encourage the community members obligate to the elderly [6, 7]. However, the provision of social services to the elderly at the sub-district level might differ according to the context, which the original model has the prominent characteristics of not using community buildings to provide social services to the elderly, while other districts often use those to carry out elderly activities. The extension of the model from the sub-district to the other sub-districts is one of the options to prove the efficiency and effectiveness of this model. In addition, it helps to know what factors or circumstances should be considered, applied, and integrated into the existing social welfare system that the district operates, and how to appropriately organize in the different social contexts [8]. Moreover, it is important to promote desirable results based on the participation of people in sub-districts which concur that disadvantaged seniors are an important target of disparity reduction and as a part of promoting related policies for sub-disadvantaged elderly people in Thai society.

2. Research Objectives

1. To analyze the inequality of social welfare received by the underprivileged elderly in the sub-district rural areas.
2. To apply the model of the social welfare system for the disadvantaged elderly which leads to the reduction of social inequality in the sub-district rural areas.

3. Research Materials and Methods

This research and development used mix-method design. In the quantitative study, the purposive sample was 200 under-

privileged elderly people from 2,104 elderly people living in Tambol Makluea Kao, in accordance with the inclusion and exclusion criteria. The inclusion criteria are composed of 1) persons aged 60 years and over who lack the opportunity to access basic services or social welfare or 2) those who face any problems that make their lives difficult. The exclusion criteria are those who are unable to provide information or participate in activities throughout the research process. For the qualitative study, 8 governmental officers and 25 health care volunteers involved in providing social welfare to the elderly at the policy and operational levels participated in the process of testing the model by following the 4 principles of Ban Klang as shown in the research framework and provided information to answer research objectives in a small group discussion and an in-depth interview.

The research tools consisted of a questionnaire, small group discussion guidelines, and in-depth interview guidelines. The questionnaire employed in the quantitative study is composed of 2 parts. Part 1 is about general information, economic conditions, health status, and social welfare rights, totaling 23 items. Part 2 is about the elderly opinions on social inequality in 3 dimensions, totaling 55 items, 5 rating scale levels of social welfare expectation and access. The small group discussion and in-depth interview guidelines used in the qualitative study were for both governmental officers and health care volunteers in the process of exploring the context of social welfare management for the underprivileged elderly as mentioned in the research objective no.1. All research tools were the same as in the preliminary model and had already been verified for validity and reliability (Cronbach's Alpha Coefficient 0.853) by experts. Quantitative data were analyzed by paired t-test for pre-post of

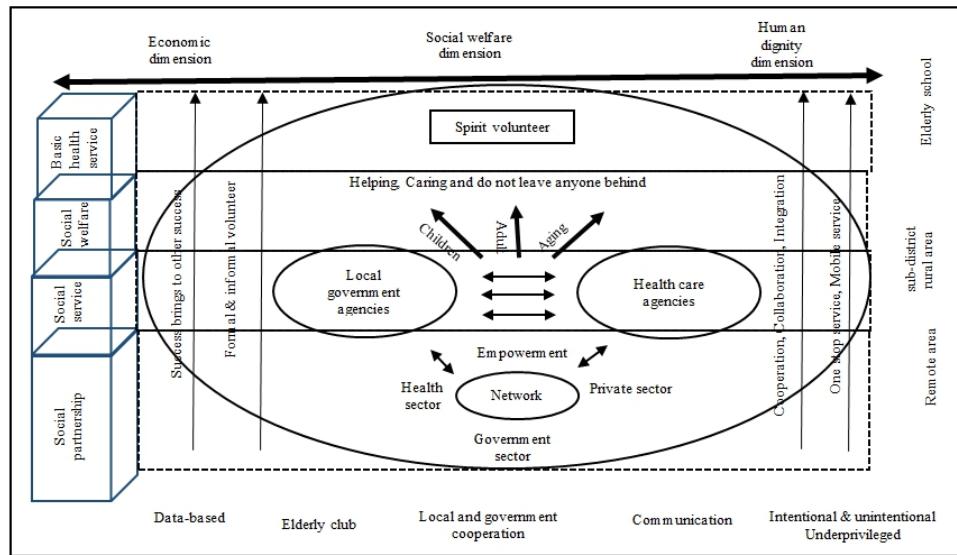


Figure 2: The model of the social welfare system for the disadvantaged elderly that leads to the reduction of social inequality in the extended area.

the model development. Content analysis was employed with qualitative data, under Certified Ethics of Bangkok Thonburi University, No. 1/2018.

4. Results

1. The inequality in receiving social welfare of the underprivileged elderly

1.1 Social inequality of disadvantaged elderly people

The result from the questionnaire showed that there were several underprivileged elderly people who were according to one or more characters of the 10 criteria for determined underprivileged elderly, between 5.9 – 7.0%, with the category of having income below the poverty line (88.2%), followed by chronic illnesses and inaccessibility to health insurance, and low income (8.1%), and no caregiver or abandoned, alone, and low income (1.6%), respectively.

1.2 The expectations and access/receive and needs for social welfare

The results from the questionnaire showed that there was no difference between the expectations and access/reception and needs for economic and social welfare aspects. The highest percentage of economic aspect was family members depositing money for the elderly, having enough money to spend when needed, and having sufficient money for spending in daily life. The highest percentage of social welfare aspect was having rights in using health insurance and maintaining health care, having the ability to search for health information, performing religious activities regularly, having their own residence, and being assisted with non-discriminate. In the human dignity aspect, the top three ranks in the aspect of having a legal status and the top three ranks of expectations for social benefits were different. In terms of the acceptance, the highest percentage were being accepted by family members, having rights and welfare access, holding ID cards, and receiving services from a community help center for the disadvantaged elderly.

2. The process of expanding the social welfare system for

reducing social inequality for the disadvantaged elderly from the preliminary model to the extended area

The process of expanding the preliminary model to the extended area synthesized from the small group discussion and in-depth interview steps is as follows:

Stage 1: Transferring ideas and inspiration to organize an equal social welfare system. This stage is carried out through periodic workshops which aim to share ideas and inspiration at the local leader level on the foundation of the “Ban Klang” model. It is the process of comparing and sharing experiences between areas. The main findings in this stage are: 1) Creating value and sharing the meaningfulness of caring for the underprivileged elderly to live with dignity in later life. Giving them priority and attention with generosity, without neglect, and providing full assistance to meet their encountered needs are the concerns. 2) Helping the disadvantaged elderly attain success or fulfillment or achieve life goals. The importance is on encouraging disadvantaged elderly to live in their home or dignified areas by not bringing them to a foster home. 3) Taking care of and helping the underprivileged elderly with gratitude. Most elderly activities are continuously conducted by spirit volunteers, existing social capital, and local governments and aim to remind younger generations to look after the elderly. 4) A participatory process and knowledge sharing with a willing mind and the principle of not leaving anyone behind among networks. The networks at all levels are continually creating a sharing of knowledge on various occasions. Alliance, generosity, and dependent care are the most obvious practices. 5) The integration of various budgets in order to benefit the underprivileged elderly. The local governments support the budgets to create activities for the disadvantaged elderly. These activities are emphasized in helping them relieve loneliness, adjust their living conditions, manage health problems, and provide various basic welfare.

Stage 2: Finding key conditions and factors leading to do new or integrated projects and activities related to sub-district plans and policies. This stage is accomplished through the sorting of important persons who have communal ideas of mo-

bilizing resources that aim to enhance health and social welfare for the elderly. The conditions and factors can be summarized as follows: 1) expanding caregivers' role to provide support and care beyond merely routine work; 2) increasing the ability of spirit volunteers to profoundly and holistically take care of the elderly and help them access social welfare; 3) raising awareness of all the networks related to welfare provision; 4) developing teamwork through mutual support processes in order to achieve their purposes; 5) developing the quality of coordination and communication with all sectors with the same goal; 6) using empirical data and local technologies, then lead to be a community database; and 7) creating kinship community bonding through mutual trust, social responsibility, and confidence in leaders and local personnel.

Stage 3: Implementing projects and activities by all stakeholders. All factors and conditions are brought to implementation through workshops and training with the same objectives with the intention of expanding activities and leading to empirical results regarding the elderly. The acknowledgment, especially the medium to low levels of social welfare access, of the disadvantaged elderly is emphasized to all stakeholders. The defined inequality reduction activities by stakeholders are composed of: 1) activities that the underprivileged elderly can do by themselves, namely exercise, socialize with neighbors, etc.; 2) activities in which parties should partially support them to access social welfare, such as regular home visits and medication supervision by spirit volunteers, etc.; 3) activities in which parties should fully support them to access social welfare, including career promotion, arranging a shuttle to the hospital, etc.

3. The new model in the extended area of driving the equal social welfare system for the underprivileged elderly

This new model which was confirmed by the Tambol's involvements and experts is more prominent with respect to welfare and human dignity than the economic dimensions. The innovation results have mostly emerged from the work of spirit volunteers to help create morale and cultivate a way of thinking about doing good deeds, unity, and strong teamwork which resulted in a feeling of gratitude that existed in the community. 45 visiting plans have been newly developed, specifically consisting of social welfare and health need records. More stakeholders, like an elderly club, educational institutions, or soldiers, have joined to create various multi-dimensional ways or activities in many sub-district rural areas by integrating all sectors with cooperation in line with civil state guidelines and policies for improving the quality of life for the underprivileged elderly. The model of the social welfare system for the disadvantaged elderly that leads to the reduction of social inequality in the extended area is in figure 2:

4. Changing the inequality of underprivileged elderly people before and after the development of a social welfare system model in the extended area

Overall, social inequality among the disadvantaged elderly had decreased significantly. It means that they can access / receive services that are better in the economic, social welfare, and human dignity dimensions (average of access / service before model development = 1.59, average of access / service after model development = 1.84, $p = 0.012$), although the ex-

pectations for service access are insignificant (mean of service expectation before model development = 1.69, mean of service expectation after model development = 1.78, $p = 0.098$).

5. Suggestions

Policy proposals suggestions and guidelines for social welfare to sustainably reducing the inequality of the underprivileged elderly in sub-district rural areas are as follow:

1. Suggestions for the local government for helping the disadvantaged elderly

1) The elderly at the beginning age should be informed the importance of having savings and on how to access working capital for suitable career. Networking or partners such as the private sector may support them to find more possible job opportunities.

2) The health service units and spirit volunteers should provide regular health care for the underprivileged elderly, especially helping them to access health news and recreational activities.

3) The knowledge about rights, welfare, as well as knowledge of the necessary laws to obtain fair rights without discrimination should be continuously proposed to the disadvantaged elderly.

4) The sub-district plans for the underprivileged elderly should be specifically developed with an emphasis on capital strengths and cultural aspects of strong relative relationships.

5) The database of the disadvantaged elderly at the sub-district level should be built up from the empirical data. The data must show various dimensions of needs to be able to make comprehensive decisions, including linkage to relevant agencies for widespread use.

6) Continuously exchange learning with the sub-district networks to present the results of the extended area development. It helps to present the social capital, components, mechanisms, and working conditions of the area appropriately.

2. Suggestions for various sectors for supporting the extended area

1) The governmental officers in related sectors such as educational institutions should support the reliable data and be mentors in all processes of disadvantaged elderly development. This helps to respond to the national policy for developing the quality of life of this group and preparing other age groups to effectively become the active elderly.

2) Personnel or organizations involved in the welfare of the elderly should coordinate with local workplaces by using their expertise to maximize the benefit social and health benefits and allow agencies to use their potential to reduce disparities for the disadvantaged elderly.

3) It is suggested to strongly support the formulation of strategies with budget allocation for the development of the disadvantaged elderly. In addition, the defined activities and technical assistance must be carried out with clear responsibilities. This will help to fulfill the work drive and develop innovations to concretely reduce disparities and enable continuous operations.

Table 1. Expectations and access / social welfare of the disadvantaged elderly before and after model development.

Expectations and achievement / Receive social welfare for the disadvantaged elderly	Before developing the model				After developing the model				Compare before and after the model development	
	Expectation (n=185)		Achievement (n=185)		Expectations (n=185)		Achievement (n=185)		Expectation	Achievement
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Sig.	Sig.
Dimension of economic inequality										
1. Employment and income	3.89	6.963	2.39	4.725	6.63	8.074	4.47	6.979	0.000	0.000
2. Saving	2.46	2.906	2.20	2.773	5.48	3.511	1.93	2.479	0.000	0.271
3. Spending	3.51	3.935	3.27	3.583	7.52	5.377	3.87	4.598	0.000	0.075
Dimension of social inequality										
1. Welfare of the underprivileged elderly	9.21	9.718	9.34	8.547	13.31	17.799	10.96	13.08	0.000	0.035
2. Health	23.26	9.131	22.61	9.118	22.29	12.977	24.11	11.803	0.581	0.033
3. Education and information	5.89	6.233	8.71	5.895	5.87	7.389	11.41	7.126	0.000	0.000
4. Self-development participation in social and recreation activities	21.22	16.58	10.31	16.546	20.58	19.782	9.54	21.558	0.002	0.314
5. Resident	5.66	4.871	7.68	4.737	4.46	6.241	9.02	6.195	0.595	0.021
6. Judicial process	0.87	2.308	0.76	1.887	4.23	5.075	4.20	4.935	0.000	0.000
Dimension inequality in human dignity										
1. Acceptance	8.16	2.176	7.92	2.436	4.56	3.878	6.53	3.516	0.000	0.000
2. Having a legal status	10.76	6.083	11.30	5.683	7.56	7.637	10.89	7.249	0.000	0.445
3. Discrimination	8.93	3.969	8.97	3.979	5.84	5.347	9.29	5.456	0.000	0.452
Total	1.69	1.210	1.59	1.120	1.78	1.694	1.84	1.53	0.098	0.012

6. Discussion

1. When comparing the development of underprivileged elderly leading to reductions in social inequality between the previous model and the synthesized model obtained in this study, it can be obviously seen that the important factor that makes the underprivileged elderly have more access to social welfare is the involvement adhere to communication and implementation of concepts and methods related to social inequality reduction through horizontal and vertical operations, which rely on mechanisms of deploying policy to practical management continuously. The working concept in social welfare for the underprivileged elderly is “care for each other and leave no one behind.” It is an important foundation of local development that leaders consistently value and encourage practitioners to participate, as well as raising awareness among all local people to have the love for their homeland and to jointly share the idea. It can be seen that local leaders have the characteristics of both transformational and exchange leadership or transactional leadership style. These kinds of leaders are people with vision and strategy drive. They can cultivate an organizational culture of generosity and good deeds while encouraging workers to create their own works, social products, and new local technology. They also have the ability to create common values and build good relationships causing activities in the local area to have meaning in terms of virtue and build understanding with common feelings between workers. While using the exchange leadership of listening and sharing ideas with the workers in order to achieve the specified objectives or perform duties as needed by creating motivation to work with a variety of formats, they are able to make local operations run smoothly and efficiently,

showing expertise in accordance with management functions, whether these refer to planning, personnel management, budget allocation, monitoring, or control of work completion, etc. [9].

2. This driving force leading to the reduction of social inequality is evident from the comparison of changes after the social welfare system development, which found that the elderly have more access to services, resulting in improved economic, social welfare, and human dignity. The result of various activities designed to promote access to services for disadvantaged elderly is based on continuous analysis of the problems and needs, including follow-up, improvement, and evaluation of activities by spirit volunteers and other sectors. This is similar to the quality management cycle (Plan-Do-Check-Act: PDCA) that helps to systematically operate with the goal of continuous development. Each activity for helping the underprivileged elderly will be planned in a complete rotation. This is the driving force for the next cycle of operations and can be continuously improved [10]. The work plan includes the objectives, scope of work, assignment of responsibilities, and ultimate goals. The determined activities are logically identified by social and health problem assessment processes, which makes it possible to give specific advice or assistance. In checking the work results, spirit volunteers will report and visit homes of the underprivileged elderly. After that, plans for the next visit to further improve the work of the spirit volunteers will be conducted. In this way, problems and needs in the activities that volunteers promote for the elderly access to services can be seen and they can respond to or solve these problems and needs immediately or notify the relevant parties for help. As for the problems or needs that spirit volunteers

cannot address or solve immediately, even by informing those involved, these will still take time to resolve as they may be related to certain procedures that have to be pending, waiting for documentary evidence, or waiting for budget approval. This is consistent with the results of the quantitative study which found that saving, spending, social participation, legal status, and discrimination are not significantly changed when comparing mean scores before and after the model development. It can be explained that activities conducted by volunteers and other concerned parties were not able to reduce the inequality in short in the economic dimension of saving, social welfare in self-development, participation in social and recreational activities, and human dignity in relation to legal status. These aspects are involving with the complex life experiences of underprivileged elderly which build up through different ways of life.

3. One of the success factors that leads to the social inequality reduction for the elderly is social capital which includes traditions, culture, and religious doctrine. This is the local way among people in the community to support each other. The care system both in the form of volunteering and supporting to each other formed a mix of horizontal capital (bonding or horizontal) which means all groups in the sub-district felt equal, and vertical capital (bridging) which means people of all ages respect each other. This enables the use of structural and cognitive social capital to benefit the disadvantaged elderly. The structural social capital is a factor that helps various departments in communities and social networks to work with common goals through the roles that each party is responsible for. The cognitive social capital, on the other hand, helps convince people in the community to see in the same direction of the importance of norms, values, attitudes, and beliefs about caring for the underprivileged as valuable people [11]. Being a traditional society and kinship and having a close relationship results in both formal and informal working systems that promote each other; moreover, personnel are local people or nearby locals. This results in collaborative thinking, especially in the human resource group that is directly related to the care for the underprivileged elderly. The disadvantaged elderly club, the hospital, and the Sub-district Administrative Organization, which are a traditional society and a kinship system, make the people in the community feel that there are blood relations or closed relationships or belonging to one family. This makes social organization in matters that concern various departments in the community come about more easily. Therefore, the kinship system is a mechanism for grouping, defining flexible status, and role building as a learning system; and social values based on the same local context is the heart of relationships building in a society that leads to the development, support, and cooperation of people in all communities [12].

4. Spirit volunteers are considered an important mechanism for reducing social inequality and have been developed to have a capacity similar to that of health volunteers and caregivers, resulting in academic fulfillment in addition to the ability to take care of the existing psychological remedies for the underprivileged elderly. This helps to strengthen people and lets them be ready to work alongside the volunteers and the caregivers. At the same time, spirit volunteers are also complemented by helping mind to treat the underprivileged elderly. Consequently,

spirit volunteers are a caring group who are ready to help and fulfill social and psychological needs because they are well trained. That training equipped them with the healthcare knowledge and psychological healing skills to be able to work, and it gives them the confidence to use their abilities and skills to provide assistance to the underprivileged elderly. The collaboration among spirit volunteers and the caregivers enables them to exchange experiences, which is a behavior that causes the sharing of experiences and allows knowledge to be circulated for development. Knowledge sharing is one of the factors that leads to learning among everyone involved and helps to increase the efficiency of aid for the underprivileged elderly [13]. This exchange of learning is a process in which spirit volunteers and caregivers voluntarily share knowledge, skills, and experiences through social processes. The exchange of knowledge consists of the transfer of knowledge that volunteers and caregivers have given a chance to each other to understand and receive or absorb the knowledge of their own [14 - 16].

7. Conclusion

The social welfare system model for social inequality reduction of the elderly is applied in sub-district areas. The process of expanding the preliminary model to the extended area is composed of transferring inspiration to re-organize equality social welfare systems, finding key factors that leading project/activities implementation by all stakeholders. The new model is more prominent with respect to the dimensions of welfare and human dignity that emerged from the work of spirit volunteers to help create morale and cultivate strong teamwork.

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