

Senior Citizen Well Being Administration

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Abstract

As the numbers of older people increase worldwide, older adults have the potential of becoming more influential in society. Empowerment and political participation of older generations varies significantly across countries. Older adults in some countries actively and effectively produce and promote policies and programs that improve their quality of life; in many countries, however, older adults are not organized and struggle to have their interests incorporated in public debate and social policy. Negative images of aging, to which social workers themselves are not immune, also contribute to older adults' marginalization. Nongovernmental organizations often take the lead in promoting the empowerment of older people through social development projects. By examining and countering their own ageism, social workers and other professionals also play a key role in empowering older adults.

Keywords: Senior Citizen, Administration

1. Introduction

Thailand is experiencing a demographic change with an increasing elderly populations. When the older people reaches 10% of the population, Thailand will become complete aging society. These elderly people, I prefer Senior Citizen, are the people who have done a great benefits for the country. When getting old, some of them receive cares within the families. However, when the country becomes more and more modernized and at the same time the social changes have come along, for example, increasing of nursing homes and elderly care in Thailand also changes in its custom and value. Many Thai older people are homeless, have to seek for shelters from the government, particularly the Ministry of Social Development and Human Security. So Thailand, the land of Buddhism should utilize Buddhadhamma to integrate in with the appropriate public policy for the ageing society.

Thailand is experiencing a demographic change with an increasing elderly population. The care of elderly is mainly within the family, however changes that comes with modernization is leading to an increase in nursing homes and changing values. Purpose: The purpose is to explore and understand four professional social workers - with academic and practical experience, point of view on how elderly care in Thailand is changing and what role social workers have in that change. The study aims to explore how the social workers perceive how elderly care and social work is developing in Thailand. Method: Semi structured interviews with four social workers were conducted after convenience sampling and snowball sampling. I have used an inductive approach when researching since the purpose in the beginning was general and later narrowed down. Theory: The theory used in

this thesis is the system theory. Results: The results were divided into three main themes answering each research question. The social workers' believed elderly's role is changing and that depending on their children to provide for them has been replaced with elderly now taking care of themselves. The social workers' working within the elderly field is few and their role can be administrative but also educating, empowering the elderly. Discussion: Social workers' role as educators is important since the elderly reforms are new and may be unknown for some Thai elderly. The government has taken another path, focusing on home health care rather than expanding nursing homes. This sector is mainly private and fee based and expanding without demands on regulations and registration.

Life expectancy among the elderly has been improving for many decades and there is evidence that the health of the elderly has also been improving. The coming influx of the baby-boom generation into Medicare and the projected depletion of the Medicare trust fund by 2029 have raised interest in the effects of trends in longevity and health on Medicare and on total health care spending for the elderly. Some studies have suggested that the improving health of the elderly will moderate fiscal pressures on Medicare.⁷ The 2000 Medicare Technical Review Panel recommended that the health status of the Medicare population be incorporated into projections of trust fund balances.⁸ There is some evidence that longer life, accompanied by better health, may not cause a significant increase in health care spending. However, these studies did not directly address the question of the relation among health, longevity, and medical expenditures.

We estimated life expectancy and health care expenditures for the elderly according to health states. For instance, we asked how long a person who was 70 years old and in good health might live and what health care expenditures such a person would incur up to the time of death, as compared with a person of the same age who was in poor health. What is the trade-off between better health, which means lower annual expenditures, and longer life, which means more years in which to accumulate costs ?

2. Humanity's Aging

According to U.S. Department of Health and Human Services, National Institutes on Aging, indicated that

In 2010, an estimated 524 million people were aged 65 or older 8 percent of the world's population. By 2050, this number is expected to nearly triple to about 1.5 billion, representing 16 percent of the world's population. Although more developed countries have the oldest population profiles, the vast majority of older people and the most rapidly aging populations are in less developed countries. Between 2010 and 2050, the number of older people in less developed countries is projected to increase more than 250 percent, compared with 71 percent increase in developed countries. This remarkable phenomenon is being driven by declines in fertility and improvements in longevity. With fewer children entering the population and people living longer, older people are making up an increasing share of the total population. In more developed countries, fertility fell below the replacement rate of two live births per woman by the 1970s, down from nearly three children per woman around 1950. Even more crucial for population aging, fertility fell with surprising speed in many less developed countries from an average of six children in 1950 to an average of two or three children in 2005. In 2006, fertility was at or below the two-child replacement level in 44 less developed countries.

Most developed nations have had decades to adjust to their changing age structures. It took more than 100 years for the share of France's population aged 65 or older to rise from 7 percent to 14 percent. In contrast, many less developed countries are experiencing a rapid increase in the number and percentage of older people, often within a single generation For example, the same demographic aging that unfolded over more than a century in France will occur in just two decades in Brazil.

Developing countries will need to adapt quickly to this new reality. Many less developed nations will need new policies that ensure the financial security of older people, and that provide the health and social care they need, without the same extended period of economic growth experienced by aging societies in the West. In other words, some countries may grow old before they grow rich.

The author synthesizes that: In some countries, the sheer number of people entering older ages will challenge national infrastructures, particularly health systems. This numeric surge in older people is dramatically illustrated in the world's two most populous countries: China and India. China's older population those over age 65 will likely swell to 330 million by 2050 from 110 million today. India's current older population of 60 million is projected to exceed 227 million in 2050, an increase of nearly 280 percent from today. By the middle of this century, there could be 100 million Chinese over the age of 80. This is an amazing achievement considering that there were fewer than 14 million people this age on the entire planet just a century ago.

3. Ageing and older adults

The author synthesizes that: Older adults comprise a growing proportion of the global population. This population shift has far-reaching socioeconomic and political implications for people of all ages. Older adults make valuable contributions to society, both material and immaterial, and younger generations benefit from their experience (1). Increased longevity and the growing presence of older adults create new opportunities for both individual and societal development. At the same time, social and economic policies, services, and research are needed to enhance the well-being of older adults and to eliminate the ageism that prevents older people from living with dignity, realizing their full potential, and accessing resources (2). Social workers are well positioned to collaborate with older adults in creating and advocating for ageing-friendly policies and programs, and to provide culturally competent services to older adults.

4. Global Trends in Ageing

The author synthesizes that: The global population is ageing at a rapid rate. In 1950, just over five percent of the world's population was 65 years or older. By 2006, that number had jumped to eight percent. By 2030, experts anticipate that older adults will comprise 13 percent of the total population—one in eight people will be 65 or older. While developing countries will experience the most rapid growth in ageing, with increases of up to 140 percent, developed countries will experience increases averaging 51 percent. (Women, who tend to outlive men, will comprise the bulk of the older adult population. Simultaneously, overall population is declining in many countries due to low fertility rates, HIV/AIDS, and international migration (6). The United Nations estimates that the number of adults 60 years and older will outnumber children under the age of 15, an historical first by 2045.

Not only is the world ageing, but it is also ageing differently. Life expectancy is increasing, with people 85 years and older especially women comprising the fastest growing segment of the population in many countries. Notable exceptions include South Africa, where life expectancy dropped from 60 to 43 years in the last decade, primarily due to HIV/AIDS. Globally, more people are dying from noncommunicable diseases and chronic, degenerative conditions than from infectious and parasitic diseases, a trend expected to grow in the next couple of decades. (Whether increased life expectancy will be associated with increases or decreases in disability status remains an open question.) At the same time, communicable diseases—especially HIV/AIDS remain prevalent, particularly in low- and middle-income countries. In considering the benefits and consequences of population ageing, therefore, it is essential to consider not only longevity but also healthy life expectancy, or expected years of life free of illness, disease, and disability.

These demographic and epidemiological shifts, combined with increasing urbanization, modernization, and rural-to-urban and international migration, profoundly affect family structures, health and long-term care provision, work and retirement patterns, and financial security (9). In revising the international policy on older persons, IFSW has drawn upon the Madrid International Plan of Action on Ageing (MIPAA), a product of the Second World Assembly on Ageing in Madrid (2002). Approved by the 151 countries participating in the Assembly, MIPAA outlines three priority

directions for policymakers: (a) older persons and development; (b) advancing health and well-being into old age; and (c) ensuring and enabling supportive environments.

5. Older Adults and Development

Although older adults serve as essential resources to their communities, they face a great risk of marginalization. Older adults often experience both social devaluation and poverty upon leaving the labor market; financial market fluctuations contribute to income and social insecurity regardless of employment history, especially in countries with developing and transitioning economies. Groups particularly vulnerable to poverty and social devaluation in old age, due to cultural and institutional biases which affect people throughout the lifespan, include women, people with disabilities, people with a migration background, and people who do not belong to the majority racial or ethnic group of any given society. Moreover, older adults seeking support to maintain independence and quality of life frequently encounter either a lack of social services, especially in rural and remote areas, or services that are poor in quality or unresponsive to linguistic and cultural diversity.

Participation of older adults in societal development enhances the well-being both of older adults and of communities as a whole and depends on multiple factors, as outlined in MIPAA. Implementation of country-specific human rights legislation and international human rights instruments, such as the Convention on the International Protection of Adults, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities, benefits older adults and society at large. Social workers advocate for older adults' human rights and fundamental freedoms by promoting older adults' dignity and working to end all forms of discrimination. Social workers also support the full integration of older adults by promoting their social, economic, and intellectual contributions to society and their inclusion in decision-making at all levels. In particular, older adults with a migration background need support and advocacy to access the social, cultural, political, and economic opportunities the older majority population enjoys.

An ageing-friendly labor market requires increased recruitment of older adults and elimination of promotion barriers and retirement regulations that neglect older adults' wishes and competencies. Other components needed to enhance older adults' participation in the labor market include health-promoting, disability-accommodating work environments; work-related health and rehabilitation services, including industrial social work; institutional support for self-employment and microenterprise, particularly in rural areas; promotion of workplace equality with respect to gender, race or ethnicity, and other diversity factors by monitoring and enforcement mechanisms regarding employment standards, equal opportunity policies, bridging programs, and training programs; and increased participation of the working age population, especially women, people with disabilities, and chronically unemployed individuals.

In several countries, hyperinflation has rendered pensions, disability insurance, health benefits, and savings almost worthless. Poverty among older adults, as among other age groups, exacerbates social marginalization, contributes to poor health and mental health, and erodes the ability to live and function both independently and interdependently all factors related to quality of life. Labor market reforms and adequate pension or pension-equivalent systems (indexed to each society's standard of living and available to both formal and informal sectors) are essential to ensure social and economic security in old age. This is especially true for women, who are disproportionately poor due to lower degrees of formal education, social security measures structured around men's labor market experiences, interrupted participation in the labor market due to care giving for children and others, and patriarchal family structures.

WHO identifies older adults, particularly in resource-poor countries, as particularly vulnerable in emergencies (such as natural disasters, war, and terrorism) due to isolation, disability or lack of physical stamina, loss of family caregivers, and institutionalization. Rehabilitation projects, social services, and legal counseling, which must be responsive to the needs and contributions of older adults, are critical to facilitate coping with crises such as displacement, land dispossession, and loss of property.

6. Ensuring and Enabling Supportive Environments

The author synthesizes that: Ensuring and enabling supportive environments for older adults requires attention to five factors: safe, accessible, and affordable housing; support and relief of family and other informal caregivers; prevention and reduction of elder mistreatment; participation and empowerment of older people; and elimination of ageism.

The immediate living environment significantly affects the well-being of older people. Safe, accessible, affordable housing remains a pressing need for many older adults worldwide, especially in urban parts of developing countries and countries with economies in transition. In developing and developed countries alike, affordable public housing—when available—is frequently inaccessible to persons with disabilities or is not linked with the supportive services necessary to maintain independence. Even among older adults who own their own homes, financial and physical maintenance of property frequently poses challenges. Universal home design and the availability of assistive technologies and home maintenance, repair, and modification greatly enhance the potential for ageing in place. In many developed countries, the ageing-in-place movement has helped to shift resources from institutional care to home and community-based care. The availability of both in-home services (such as personal care, housekeeping, meal preparation, care management, and home health care) and community services (such as day programs, congregate meals, and social centers) enables a growing percentage of older adults to delay or even avoid institutional care.

Although most older adults lead independent, productive lives and do not need a great deal of care as they age, families and communities face increasing challenges to caring for their aging members.

Despite these trends, families especially women continue to provide most of the care for older people, primarily in home settings. Increasingly, older adults themselves care for other older adults of the same or different generation. Family caregivers in the home and community often face the task of balancing care giving and job responsibilities. Multiple demands on family caregivers create physical, emotional, and financial stress. Caregiver support programs, such as respite care, financial support, and flexible labor market policies, are critical to alleviate role conflicts and ameliorate the resulting stress. Integration and support of other informal caregivers such as friends and neighbors is also essential and requires strong intergenerational solidarity throughout communities.

The author synthesizes that: As the numbers of older people increase worldwide, older adults have the potential of becoming more influential in society. Empowerment and political participation of older generations varies significantly across countries. Older adults in some countries actively and effectively produce and promote policies and programs that improve their quality of life; in many countries, however, older adults are not organized and struggle to have their interests incorporated in public debate and social policy. Negative images of aging, to which social workers themselves are not immune, also contribute to older adults' marginalization. Nongovernmental organizations often take the lead in promoting the empowerment of older people through social development projects. By examining and countering their own ageism, social workers and other professionals also play a key role in empowering older adults.

7. Factors Affecting Quality of Life in Late Adulthood

Data from studies by Eleanor Kurtus PhD (22 June 2002) Eleanor Kurtus is a Certified Nutritional Education Trainer (NET) from Dr Joel Fuhrman's Nutritional Education Institute. Studies have shown that the way a person lives his or her life in the later years can make those years exciting for the person. These lifestyle factors have more influence on the quality of life than genetics. There are numerous benefits from living a healthy lifestyle in the later years.

The National Institute on Aging (NIA) attributes the gains in health among older adults to health-related behavioral changes or lifestyle factors. The NIA found that disability among older Americans is decreasing at an accelerating pace Overall, from 1982 through 1999, the prevalence of

disability among older Americans declined from 26.2 percent to 19.7 percent. A major feature of the decline was its acceleration from 1994 through 1999. (National Institute on Aging, 2001)

Lifestyle factors have a greater impact than genetics, which account for about one third of the problems associated with aging (Johns Hopkins, 1998). According to the Johns Hopkins Medical Letter Health, after 50, there are significant factors, which increase longevity, prevent or delay disabling illness, and improve the quality of life. They are:

- 7.1 Exercise. This by itself is the most important factor. Physical activity aids cardiovascular and respiratory functions, slows the loss of muscular strength, increases bone mass, aids digestion and bowel functions, promotes sound sleep, and prevents depression.
- 7.2 Nutrition. This area encompasses a healthy diet, use of supplements, and drinking plenty of water. The experts advocate a low fat diet with a minimum of 5 servings of fruits and vegetables, and 2 to 4 servings of low-fat dairy products each day. A multivitamin is recommended to fill in gaps from the diet, as well as 6 to 8 glasses of water or clear fluids to promote optimal organ function.
- 7.3 Not smoking. Cessation of smoking reduces the risk of heart disease, stroke, some cancers, bronchitis, and emphysema.
- 7.4 Avoidance of excessive alcohol. Limiting alcohol to one glass of wine or spirits per day reduces the risk of liver disease and certain cancers. However, the older you get, the more cautious you should be, even about drinking small amounts.
- 7.5 Stress reduction. Reduction of stress and anxiety helps to strengthen the immune system and decreases susceptibility to disease.
- 7.6 Cultivating satisfying relationships. Social interaction and support have been found to reduce stress, help cognitive functioning, and prevent depression.
- 7.7 Challenging the mind. Learning new skills and regular mental activity promote healthy mental functioning.

8. summary

The author synthesizes that: older people suffer social losses greatly with age. Their social life is narrowed down by loss of work associated, death of relatives, friends and spouse and weak health which restricts their participation in social activities. The home becomes the centre of their social life which gets confined to the interpersonal relationship with the family members. Due to loss of most of the social roles they once performed, they are likely to be lonely and isolated severe chronic health problem enable them to become socially isolated which results in loneliness and depression.

9. references

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