

Homelessness among the Elderly in Bangkok Metropolitan

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The combination between quantitative and qualitative research, "Homelessness among the Elderly in Bangkok Metropolitan" aimed to study causes of homelessness, patterns of living, problems, health status, social and health needs. Purposive sampling of 60 older homeless people could be divided into two groups; temporary and permanent homeless. Causes of homelessness were health problems, money problems, family background, emotional management, cultural sensitivities, limitation of extended family, financial management, political control, and domestic violence. Their living problems included: financial insecurity, police suppression, social and medical services, attacks from the young generations, sexual harassment, stealing, and social hierarchy of homelessness. 63.3% reported having hearing problems and a peptic ulcer before becoming homeless. These evolved into musculo-skeletal problems, accident-injuries, and skin diseases. 95% performed ADL/IADLs independently, 78.3% were depressed, 5% diagnosed with severe stress depression. 70% rated themselves happier than the rest of the population, and 75% were identified as having normal cognition. 58.3% had a good relationship with a religious network, 55% still had some contacts with their family members. More than 90% indicated that they were satisfied, could sustain a life on the street, were happy with their freedom, liked being close to green areas, learned about human life, fulfilled the dhamma, and felt close to the king.

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In the world society, it has been reported that "homeless of the elderly" is dramatically increasing and developing as a global problem that really needs to be explored and eradicated. Some researchers have identified this population group as "new homeless", "forgotten group", or "hidden group"⁽¹⁻³⁾ who were rarely described when compared to young people and children who already occupy considerable attention from policy makers and service providers^(4,5). Due to several limitations, the statistical numbers of older homeless is unknown and difficult to calculate. In western societies, the proportion of older homeless has been estimated by several researches and constitutes approximately from 2.5-31% of the homeless population⁽⁶⁻⁸⁾. In case of Thai society, the survey of homeless population collected by Human Settlement Foundation-Thailand indicated that, in the past 10

years, the number of homeless people has increased 1.8 times from 603 to 1,092 persons during the years 2000-2010, but the number of older homeless people was not clearly separated from those numbers. The Mirror Foundation stated that approximately 30% of the total homeless in Bangkok were of an older age and 15% were living with dementia. Due to cognitive impairment, they got lost from their home and were unable to return⁽⁹⁾.

Systematical analysis towards survey, quantitative, and qualitative methodology were designed to explore the inside world of older homelessness, especially in the big cities of USA, Australia, England, and Canada^(4,5,10-18). A common phenomenon is, those older homeless males slightly outnumber female homeless people^(4,8,10,11,19,20). The causes of homelessness in the old were identified as having diverse pathways and multiple reasons. The literature reviews indicate as follows that the causes of being homeless in old age are mental health, physical health, broken relationship with spouse or partner, family problems, loss of housing, death of family members, problems with neighbors, financial problems, high rate of rent, lack of social support,

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alcoholism, deviant behavior, and domestic violence^(2,4,6,11,16,18,20-27).

Problems and obstacles while living on the street were also reported and mentioned. In the USA, for example, 45% of homeless elderly in Texas and 50% in New York were living with health problems⁽⁴⁾. 34.1% of older homeless in Israel were diagnosed as having dementia and cognitive impairment⁽¹⁰⁾. Musculo-skeletal and cardiovascular problems as well as depression were the most commonly reported medical complaints among the elderly homeless in Australia⁽¹⁶⁾. In England, older males and females had chronic psychiatric disorders in the proportion of 85% and 100%, respectively. In the total, only 11% of the older homeless were living with good health⁽²⁾.

Inadequacies in public, social, and medical services in meeting the needs of the elderly homeless were obvious⁽¹⁶⁾. Some researchers asked recently homeless people about their ideas on how to improve assistance. The conclusions indicated a need for a one-stop comprehensive service for social and medical problems, assistance for financial support, psychiatric services, housing and jobs, social activities, and living security^(12,25). Unfortunately, the situation of elderly homeless in Thailand is unclear. This research designed to investigate the homeless phenomenon in Thai society and focus on the small elderly population group is really in need of identification and support. The objectives for this research were fivefold and tried to explore causes of homelessness, pattern of living, problems of living, health status, and social and health needs.

Material and Method

Homeless elderly in this study were defined as to be 60 years old or over, and have spent nights and times on the street, public parks, opened spaces, or in other setting that are generally not used for human habitation. Qualitative method by in-depth interview was designed as the main tool to explore their stories of living. A combination of quantitative paradigm and medical screening tests were also supplemented to confirm the size of the problems and for numeric information, especially for the health status. The question guidelines, open-end questions, and structural questionnaire were developed in parallel and were categorized into seven parts: (1) demographic data (2) causes of homelessness (3) daily lifestyle (4) problems and obstacles in everyday life (5) health status (6) social and health needs and (7) advantages of being homeless, and consisted of closed and open-ended

questions. Concerning health status, six medical screening tests, that are generally accepted as validity tools for medical research, public health, and social gerontology in Thailand, were applied for this research, including (1) Mini-Mental State Examination: Thai version (2) Activity of Daily Living (ADL) (3) Instrumental Activities of Daily Living (IADL's) (4) Suanprung Stress Test-20 (SPST-20) (5) Thai Happiness Indicator (THI-15), and (6) Depression Screening Test.

This research used purposive sampling to understand the multiple perspective of the case. There were three main important criteria according to the suggestions of the WHO including (1) aged 60 or over (2) 2-5 year experience of living on the streets (3) to be able to communicate and agree to take part. Finally, the interviews of the sixty older homeless people were performed along eleven significant areas including (1) Royal Plaza (Sanamluang) (2) Santi Chai Prakan Park (3) Khlong Lot (4) Ratchadamnoen Road (5) Bangkok Railway Station (6) Lumpini Park (7) Chatuchak Park (8) Marketing Organization for Farmers (Or Tor Kor Market) (9) Bangkok Bus Terminal (Chatuchak) (10) Bangkok Bus Terminal (South), and (11) Victory monument.

The interviews (completed in 2013), using quantitative and qualitative approaches, were conducted fact-to-face at their selected places or corners which were suitable for them to answer or tell their story. As a measure of reliability on self-reported and narrative information, with each person, three or four interviews were performed, and each interview took around 45-60 minutes where at the beginning of the interviews, the data from the former interviews were recalled and rechecked, and lead into to the further interview. Recurrent visits were used not only for the development of rapport, following the step plan for interview, but also to allow the interviewer to recheck the previous information as data triangulation for data validity. At the end of the interview 1,000 baht was given as compensation for their volunteering and providing information. Qualitative data and open-ended questions were summarized and grouped by content analysis to explain the living world of homeless people. Statistical analyses were performed using SPSS 14.0, and presented by percentage value. The study was approved by the Ethics Committee, Faculty of Medicine, Thammasat University. Before the interview started, the respondents received a letter with information about the study. They consented verbally and by signature to participate in the study. To protect the personal identity and privacy of the

correspondents, all their stories were presented anonymous.

Results

Socio-demographic profiles of the sample

Table 1 presents a composite view of the 60 older homeless with a mean age of 61.7 years. The vast majority of the homeless were male (53.3%). Mostly, came originally from the Northeastern and Central regions (53.3% and 41.6%). Sixty five percent had monthly incomes lower than 1,000 baht. Before becoming homeless, 31.7% had been merchants, 23.3% were agriculturalists, followed by skilled laborers and

Table 1. Demographic characteristics of studied population (n = 60)

Characteristics	n (%)
Sex	
Male	32 (53.3)
Female	28 (46.7)
Education	
Literacy	51 (85.0)
Illiteracy	9 (15.0)
Place of the origin	
Northeastern part	32 (53.3)
Central part	25 (41.6)
Northern part	1 (1.7)
Western part	1 (1.7)
Southern part	1 (1.7)
Monthly income	
Lower than 1,000 baht	39 (65.0)
1,001-5,000 baht	12 (20.0)
Higher than 5,001 baht	6 (10.0)
No income	3 (5.0)
Longest occupation	
Merchant	19 (31.7)
Agriculturist	14 (23.3)
Skilled worker	9 (15.1)
Constructor	8 (13.4)
Household and domestic worker	4 (6.7)
Transportation and logistic service	2 (3.3)
Never work	4 (6.7)
Present occupation	
Street vendor	37 (61.7)
Workman	7 (11.7)
Beggar	5 (8.3)
Temple volunteer	2 (8.3)
No job and unidentified	9 (15.0)
Length of homeless	
1-2 years	24 (40.0)
3-4 years	25 (41.7)
More than 5 years	11 (18.3)

construction at 15.1% and 13.4%, respectively. Nowadays, being a street vendor selling small, old things or recycling garbage was reported as a significant pathway to earn money for living (61.7%), while 3.3% were beggars. 16.7% were temporary homeless, and 41% had experienced 3-4 years of being homeless.

Causes of homelessness

The older homeless in this research could be categorized into two types, depending on the length of time of living homeless. First was the group of older persons who were homeless only for a short period of time, due to seasonal migration, short-term movement, and are called temporary homeless. The other group, who has chosen to live permanently on the streets and in public areas, until end of their life, is named permanently homeless in this research.

The causes of homelessness among Thai older people were explored at societal and individual levels. In this section, the causes of homelessness, either temporary or permanent are explained and the numeric details are presented in Table 2.

Temporary homelessness (16.7%)

The reason for a short-term migration to the city and living as a homeless person, is mostly connected to economic reasons and so people can increase their supplementary income during an agricultural break. Generally they return to their homes again when the agricultural season begins. Some work

Table 2. Causes of homelessness at the old age

Cause of homelessness	n (%)
Temporary homelessness	
Working as un-skilled laborer	6 (10.0)
Selling handicrafts and domestic products	2 (3.3)
Boring to stay home	1 (1.7)
Visiting friend	1 (1.7)
Permanently homeless	
Lack of health and disability at the old age	18 (30.0)
Lack of money and out-migration	10 (16.7)
Lack of family relation	5 (8.3)
Lack of emotional management	5 (8.3)
Lack of Thai culture	4 (6.7)
Lack of domestic harmony in extended families	3 (5.0)
Lack of financial management	3 (5.0)
Lack of political monitoring and control	1 (1.7)
Domestic violence	1 (1.7)

as unskilled laborer (10%), selling handicrafts or domestic products (3.3%). Only a few reported that they were bored staying home (1.7%), and some wanted to visit and join the lives of other homeless friends (1.7%). Finally, after finishing their work and other duties, relaxation and living in the park or public area within their group were a life style as well as a way to save as much money as possible before returning home again.

Permanent homelessness (83.3%)

The reasons for long-term or permanent homelessness were more diverse and complex. The details are as follows.

1) Lack of health and disability in old age: The vast majority of answers (30%) related to causes of homelessness was lack of health and disability. Poor health, getting old, inability to find a suitable job, dismissals from jobs were often the reasons for becoming homeless. This is especially true in cases where a person became handicapped, and it was very difficult to find an appropriate job. Finally, by searching for a chance to survive on the streets by selling things from the garbage or begging were only ways to survive in these circumstances.

“Being too much old like this, nobody wants me, I was lay-offed. You know, I took a good care on their children until they became married, then they said okay now you can search for a new job and then I did not know how to start”

“At that time I got Psoriasis, I knew that it was disgusting. I did not know where I got it from. It looked scary. They kicked me out from work. I am too much old. It so difficult to find a job...nobody needed me...a friend of mine recommended me some jobs but it did not work out...and so I decided to stay and sleep here”

“Increasing age and I could not work like when I was young, my boss said...you should take a break, he gave me some money (3,000 baht)...then later I could not find a job anymore. I could not get it...I was not accepted; who will appreciate an old man to work with, impossible...just let life go on day by day”

2) Lack of money and out-migration: Due to economic forces and out-migration to work in big cities during adulthood, their children were left-behind and grew up with their relatives. Even though it is a normal pattern of Thai's extended family, the results can be the loss of family ties and broken family relations. Family adaptation at the old age, where children were brought up by other relatives, was not always successful.

Emotional conflicts, gaps in the relationship, domestic violence (verbal, emotional, and physical abuse), were important factors for making the decision to move away, and to create a new own life and live alone on the street and in public areas (16.7%). Moreover, educational migration was also a reason for the loosing of family ties and homelessness in old age.

“I worked all my life and moved from place to place...my children have grown up with their mother and grandmother, they love them and thought they were neglected by me. This idea was unchanged, and then when their mother and grandmother passed away, they did not listen to anything from me, I kept silent and was patient, but was too much and I gave up”

“I paid too much attention on working, no time to took care and rear them; it did not get along well I did not rear them... how they will return something to me?”

“I supported him a lot for his education and sent him money. He could select wherever he wanted to learn. After his education, he married and stayed with his wife. It was more than 30 years that I supported him, but he never came to visit me. Then his wife became sick and he came back here. It was like we never knew each other before; we had a lot of conflicts and fighting all the times, so that why I have to be here.”

3) Lack of family relations: Many older homeless people in this research were not homeless for the first time and had experienced homelessness before 60 years of age. They became homeless as teenagers or during the years of early adulthood after growing up in a broken home, the death of parents, loss of family ties, or the end of marital or cohabiting relationships. This means experiences of being homeless during childhood or growing up in broken homes can also cause homelessness at an older age (8.3%).

“I am used to be in this way, moved from place to place...me alone, without father and mother since childhood...it become normal and I feel happier, than to stay with others”

“It is always like this...I had a wife, then she died, I did not know where to go, what to do, then I returned to Sanamluang again until now”

“My life has nothing left, being alone for many years, no relatives, nothing...”

4) Lack of emotional management: From some of their stories, it can be concluded that psychological well-being also affected their decisions. Feelings of being worthless and the reduction of emotional tolerance of the older people can be seen as a reason

too. They felt like victims and disappointment in their family, led them to give up and turn away from their families. This was mentioned by 8.3% of the respondents.

“Many conflicts we had at that time, we never talked... never talked in normal way...nothing clear between us, emotion never came clear...they did not want to talk to me, not even to look at my face...I could not stand it, I surrendered”

“No...I could not bear it anymore, if I am worthless, I could move, here lot of friends around me and much more happiness. Because they did not need me, scolded...scolded me everyday...looked for trouble everyday, I gave up and moved here, was more relaxing and joyful”

“Beating and scolding by descendants is not in our tradition, no respect, if they did not want me to stay with them, I moved out”

5) Lack of Thai Culture: Thai traditional values sometimes played an important role in the individuals decision to live on the street (6.7%). The research indicated that the sensitive concept of “consideration” or “don’t want to disturb” brought them to homelessness. Some had a good connection with other relatives and siblings but feelings of shame stopped them from asking for help, or they didn’t want to make trouble for others. These were big obstacles to receiving support. “Bad karma” from Buddhist teachings was also seen as a reason for their poor living conditions at this moment. For bad deeds in their past life, they accepted it as a punishment; let human life be as it is; finish everything and look forward to the good things in the next life.

“I have relatives, but they are living in another province, I would not go, no...no...I feel obligated and I feel bad, I don’t want to disturb them, as their burdens are overwhelming, if I would stay at them, they would die”

“Asking for help and support all the time? No I would not do, it would be too much for them, I would feel like a burden”

“It might be a lot from bad karma, the karma returns a lot to me”

“I think because of karma...I accept it as punishment from bad deeds in my former life, but only in this life okay! Next life I am looking forward for a normal life, like others”

“I believe that all the homeless here were punished for bad karma. What you did, means you have to be!!! They have to be like this. We did the bad things, and we have to meet each other here...cycle of

life”

6) Lack of harmony in extended families: On the one hand, there are multiple advantages to having an extended family, but on the other hand it can also be a source for a lot of problems and conflicts. These problems and conflicts can work as a significant reason for homelessness in old age. New family members or a third party in this research refer to an attachment like a son-in-law or daughter-in-law as new members. Poor management and differences in family backgrounds were mentioned by the respondents. Envy, jealousy, privacy, financial problems, selfishness, etc. were reported and these had damaging psychological effects. As a result, sadness and sorrow in the elderly appeared, and played an important factor in the decision to move out of the house and become a homeless person (5%).

“For sure he had to listen to his wife more than to me. I am too old and what I did, did not fit for his wife... she hated me... and scolded at me all the time”

“Her husband was so bad and she did not trust me, only trust in her husband”

“Not only because of her (daughter-in-law), but then later she brought her kids, had nephews, and other relatives to the house...marching in my house... It was boring, annoying, inadaptible, fighting everyday, and then I realized that I should leave”

7) Lack of financial management: This cause of homelessness is related to financial abuse by their children. Basically, the house and land are a family heritage and are transferred from one generation to the following generation. The new owners have to maintain and manage the household property for the next generations. Unfortunately, some families in this research were unable to manage and used the asset in another way. Typically, the properties were used as a guarantee for a bank loan and when some people were unable to pay back the loan, the result was bankruptcy. In the worst cases, the bank fore closed on the property and property was lost. Losing a house and land often means losing the base of existence. Searching for a new place for their children was not difficult, but for the older ones, it was terrible. The older victims had to search for a new life by themselves and often ended up living on the street and becoming homeless (5%).

“They came and asked me to give the house as the guarantee to the bank, because his wife wanted to work abroad and the money was really needed. I said okay, no problem. But I really had no idea what was going on? And what they did?? But once, the bank came and said” “grandpa...you have to leave coz

this house now belongs to the bank”. I was totally shocked, nothing left, I really had nothing. Lucky him, as he could move to his wife’s house. What could I do at that moment?? They never asked me to go with them, Never!!! Never!!! It just was like we were totally separated, like our boat was sinking. They never came to see after me at all, never say any apology, neither my son nor that daughter-in-law, none of them, never!

“After the death of my son, she (daughter-in-law) became the owner and acted as the leader immediately. Her mother and sisters moved in and not so long later she sold the house. She could do that because after my son died, she was the owner automatically and legally and permanently disappeared afterwards”

8) Lack of political monitoring and control: One respondent became homeless as a result of the Anti-drugs policy (1.7%). Being mistaken, in the past, for a drug dealer, resulted in one respondent becoming a homeless person. Since the implementation of extrajudicial killing was strongly practiced at that time, the individual needed to be constantly escaping from place to place and because of this, he became a homeless person.

“If they found you at home, they killed you at home, if they found on street, they killed you on the street, to wait them to die?? Only at that time (laughing)...No one invited me to live with them, coz they could have died too and I also did not want to bring them into danger, so I moved away...Rayong, Chiang Mai, Korat, a lot. Until they stopped, then I moved to Bangkok, and now to here...(Jatujak Park)”

9) Domestic violence: Feelings of losing respect, pain and sorrow from verbal, physical, and emotional abuse from family members were reported as a push factor into loneliness and emotional stress. Interestingly, most of the abusers from this research were females, especially daughters and granddaughters. This violence took place without any support from other family members or witnesses. Being alone outside their home might be better than to suffer domestic violence by family members. Finally, they ended up as homeless people, were they designed this way of living from their own decision (1.7%).

“She shouted out loud “I don’t want to feed you... I don’t want you!”

“Once, not so long time ago, she (granddaughter) slapped me in the face, not really a slap, just like a push in the face. I really could not recognize at that moment what has happened? But they (father and mother of the granddaughter) did not do

anything to stop her, but kept smiling like in a satisfied way and appreciated what she did to me”

Patterns of living: the older homeless

Living on the streets or in public areas is not always easy, but it is possible to survive. Patterns of living were divided into six dimensions including cooking, housing, bathing, cleaning, toileting, and relaxing. The details are explained below.

Housing: Using public spaces such as bus stops, public areas under bridges, the corner of buildings, or in front of street markets were reported as sleeping places for the older homeless (61.7%). While 29.7% rented a small room, shelter, or hut in private areas to live. Temples in Bangkok also played a significant yet minor role for the homeless (6.6%). Sleeping at night in public parks and Sanamluang was not possible anymore, as there were strict controls for entrance and enforced by the municipal police.

Cooking: Only 26.7% of the respondents cooked for themselves. Foods were prepared and cooked in a simple way and with few ingredients. Mostly, vendors from the markets donated raw materials. Boiling and frying were the cooking methods, which were made possible by asking for help at food shops along the roadside. For example, many people boiled eggs and vegetables at noodle shops, or fried sausages or eggs at grill vendors. Having their own cooking utensils was very rare among these individuals. As the homeless have to move around and change their living areas from place to place, carrying cooking tools would make their life more complicated. One way to get food, mentioned by the respondents here, was the so called “temple connection” which was shared by a huge proportion of 41.7%, while 20% said they preferred to buy and pay what they wanted to have. Only 11.7% begged from others.

Bathing: The vast majority of the older homeless used public toilets (rolling toilet), offered by the Bangkok Metropolitan Administration for bathing (30%). 23.3% preferred to pay for private bathrooms (15 baht). Bathing in the river (Cho Praya River) or canal (Klong Load) were also possible, but had to be done during the night (13.3%).

Toileting: Due to their pattern of living or working during the day and since they have to move from place to place, paying for toilets in a restaurant or using private toilets (3 baht) were generally performed (31.7%) and 16.7% used rolling toilets. Unfortunately, 3.3% explained that in some emergency cases, toileting into the river and canal was also done.

Cleaning: Taking a shower was not claimed to be as complicated as some other personal activities, since like cleaning clothes, it was not done every day. Washing clothes while taking a bath was easy and required no extra payment (41.7%). Cleaning was easier during rainy season. Approximately 25% of the respondent cleaned their clothes in the river and canal.

Relaxing: Enjoyment among the homeless was also investigated and most of them 46.7% spent their leisure time sitting and relaxing under trees and watching how the life of other people progressed. Many, 23.3%, preferred watching TV or traditional dance which is offered for free at some public spaces. Walking around (18.3%) can be another activity in the lonely life on the street, followed by chatting with homeless friends, feeding birds or dogs, reading, or listening to music. Drinking also was reported as a relaxing activity, but uncommon (1.7%).

Problems of living as a homeless person

1) Financial insecurity: When living as a homeless person, money and income are always unstable and unpredictable. To make life plans of any duration is obviously impossible and so they live their life day by day. Half of them rated their financial status as insufficient, 41.6% said acceptable. On the other hand, 8.4% had saved money during their time of being homeless and could send money home to support their beloved ones who were left behind.

2) Police suppression: The second problem of living on the street was the control and suppression by the police, especially during the time of national ceremonies which take place in Sanamluang or other city centers. The feelings of social exclusion, social discrimination, and inhumanity were explained in their experiences. Here are some quotations from their stories.

“Forced and chased like a pig, like a dog, sometime they (the policemen) came at night, honking their horn very loud. I could not sleep”

“Selling small things like this (on footpath), if they came if they found...I have to hold these goods and run, otherwise it will become the objects, I have to go to the police station and paid the fine, only small business but as a homeless, no rights to sell, even the fact that just for living”.

“At national or Buddhist ceremonies, the homeless were not allowed to enter there (Sanamluang), but others can...we were dirty and not accepted as Thais”

3) Social and medical services: Nearly half of the respondents were living on the street without any

personal identification, no house registration, etc. Without those documents, especially personal ID cards, basic medical and social services provided by the government were difficult to access. Even for some donation projects from NGOs or social foundations, the personal ID card had to be approved. Losing personal documents was a result of moving from place to place during the time of homelessness or were forgotten at their former homes and they could not go back for these. Making new ones would be possible, but complicated, as family members or personal witnesses have to be present during the time of remake, and it is difficult for the homeless to manage this process.

4) Attacks from the young generation: As a kind of enjoyment, some of the young motorcycle gangs “played” with the homeless while they were sleeping at night. Examples of their behavior includes; throwing stones, glass bottles, hot and spicy curry, fermented fish, rotten food, lighted cigarette or fireworks, or honking horns, etc while they were sleeping; and then they drove away. Attacking the older homeless people at night resulted in pain, injuries, fear, and getting dirty which was difficult to manage during night time.

5) Sexual harassment: This category includes problems with sexual violence as well as unwanted sexual activities with force. The respondents described that sexual assaults on the old was possible and had been experienced. Interestingly, sexual assault on the older homeless females was not reported, rather it was experienced by older males. Three of the older homeless men had experienced sexual assault at night during the past six months. Visiting and offering sexual intercourse at a low price, free of charge, getting forced, or raped by street prostitutes were the reasons. Moreover offerings of money for sexual intercourse by gay men and lady boys were totally unexpected at this stage in life by the old men.

6) Stealing: Even when the homeless were living with virtually nothing, thefts happened. When they paid no attention, everyday objects like clothes, kitchen aids, goods for selling, working tools, as well as money were taken. In most cases these were stolen by other homeless people and it was impossible to get the objects back.

7) Social hierarchy of homelessness: Social stratification can be found in every social group, and so also with the homeless. The homeless who lived on the streets before and had been there a longer time could act as a leader and later became similar to the mafia, where the newcomers had to pay respect. Each

zone had a leader. To search for valuable things in the garbage, sometimes homeless people from other areas had to pay for entrance or to cross a border, as the entry into another zone leads to environmental and material competitions. Some quotations tell the inside story, "It not easy to be a homeless, a lot of mafia!!! If you not respect them, they can kill you, knife is not so expensive here, you have to take a really good care what you are doing?"

Health status

Physical health problems: 38 of 60 respondents or approximately 63.3% reported having health problems before becoming homeless. Hearing problems (10%) and peptic ulcers (10%) were the most common symptoms. This was followed by diabetes (6.7%), and 5% for cardiovascular disease, hypertension, kidney and muscle pain. When data was further examined and investigated, they were all (100%) were facing health problems. It should be noted here that the pattern of diseases and illnesses since becoming homeless changed from chronic diseases to pain, injury, infectious diseases, and skin problems. Bone and joint and muscle pain were dramatically increased from 1.7% to 15% and 5% to 20%, or approximately 8.8 and four times, respectively. New patterns of illnesses and diseases, such as tuberculosis, assault and battery, asthma, being hit by a car, and skin diseases were most commonly mentioned as new experiences since they became homeless. The participants were also questioned about how they felt about their health. Only 16.7% rated themselves as healthy, while 46.7% and 36.7% rated their health as being acceptable or bad, respectively. States of dementia was also a concern and was measured by using a mini-mental state examination: Thai Version (MMSE THAI 2002). The cognitive ability of the brain to respond to eleven questions about orientation, registration, attention, calculation, recall, and language indicated that 45 of the 60 homeless or approximately 75% of the respondents were identified as normal. One-fourth (15 homeless) or approximately 25% had signs of cognition impairment.

Activity of daily living (ADL) and Instrumental activity of daily living (IADL): Six activities in ADLs (bathing, toileting, walking upstairs, eating, dressing, and moving from place to place) were evaluated. More than 95% were able to perform independently all those activities, except 3.3% who had problems walking upstairs and 1.7% who said that, they were unable to perform bathing by themselves and needed help. In

the case of the seven activities of IADLs, more than 95% were able to independently maintain their living spaces, do laundry, plan and prepare their own meals, use public transportation, handle their own finances, and take medication in correct dosages at the correct times, while 36.6% reported having difficulty in reading, and 8.4% mentioned that using public transportation was complicated for them and they really need help for that.

Psychological well-being: To explore the level of stress, depression, and happiness, the Suanprung Stress Test-20 (SPST-20), Depression Screening, and Happiness Test which was developed and evaluated by the Department of Mental Health, Ministry of Public Health, were applied as the main tools for the measurement. It found that, 75% of the older homeless were categorized as having mental stress and 5% had severe problems, where consultation with a doctor and treatment were really needed. Depression was common with, 78.3% indicating they experienced depressive symptoms. Interestingly, even though they were living a complicated chapter in their life, the happiness scores were extremely high and 70% of the older homeless felt happier than the rest of the population.

Social health: Becoming homeless did not mean they had to lose everything. Social connections were also created and established. The research found that Buddhist associations and organizations played an important role in increasing the social and spiritual health of the older homeless. Even though Bangkok is sometimes portrayed as an individualistic, selfish society with narrow minded people, the homeless also enjoyed positive experiences and had nice feelings as are shown in quotations below. Non-government organizations and social foundations also played an important role as social support for the older homeless. This is especially true of the Poh Teck Tung Foundation that directly provides food, medicine, social and medical services. Turning back to the family relations, the research found that 55% of the older homeless, still had some contacts with their siblings, relatives, and family members. Visiting home chatting with old friends, participating in local ceremonies were also practiced, but only for a short period of time.

"I am not lonely, I have a lot of friends there (temple) everyone so nice to me"

"The monk was so nice and so kind, when I feel sad, uncomfortable, or sick, I got a lot of supports from the temple, even when I was hungry... praying or meditating to reduce sadness, I did...I already told to him, if I did not come here, or did not come to please

him, perhaps I would have died already, and if you find my body, kindly burn and manage for me too”

“Supporters?.. I have!! There at a temple...at least I have support. I always went there in the evening. In the morning and afternoon there were too much visitors, so I went there in the evening and it was so peaceful and relaxing”

“I have to affirm that for my life I owe a huge debt to Thammasat. Such a lovely staffs, security guards, and students. They understand that I am old, allowed me for toilet, sometimes I tried to shower in a hidden way, they knew (laughing) but did not say anything. Sometimes they help me to collect food, garbage, pieces of papers, and empty bottles, when they saw me, always said “Hey, uncle come here! It’s yours. The teachers sometime brought me old papers, old books that I could sell or recycle. Groups of student gave me also foods and snacks, really a huge debt for me”

“Even it too late, even it was so late at night, they (the security guards) allowed me to get inside to search things in the garbage, but they were really strong and talked in a direct way like “no problem if you want to search the things in the garbage, but if you planed to steal something, you are not allowed to get inside” I did and followed their suggestions, no problem at all, we were a good friends with great friendship”

Health and social needs

Although their lives and stories seem really difficult and complicated, approximately 90 to 95% of the temporary and permanent homeless realized that they did not need anything, neither health nor social support. Their life history taught them how to be happy and how to handle their circumstances at this moment in their lives. More expectation created more sadness and sorrow. This attitude might be the results of a Buddhist way of thinking and their religious practices during the time of homelessness. Letting everything go, respecting what we have now, letting life go on, be as it is, planning for a good death, and looking forward to new things in the next life, were explained as providing a sustainable pattern of living at the end of life on the street.

“I really appreciate what I have now, I am already at the end of my life, I don’t need anything”

“I am dying, death will come soon, I did not expect more at all, I am happy now, I did not think for anything, sadness or sorrow I passed already”

“If I can ask... only someone guarantee me that I will not die like a dog on the street, that there will

be someone to manage my body after death that I am not alone on the footpath...and I hope that next life will not be like this anymore”

“This moment is better than before, much better than the past, happy enough, sustainable enough”

“I don’t want anything because I used to have everything before, I don’t want nice things, house...land...furniture... no!! I don’t want that, because it could not carry those things with me when I die, don’t know why I should have. Who will take responsibility for that, If I would have that, it might be stolen by others, or I would lose it all again”

“I want to be more close to Dhamma (Buddhist teaching), I want to be a monk till I die”

A small proportion of the older homeless (10% and mostly they were handicapped) indicated that hearing aids and wheelchairs would be the great gifts for them to increase hearing and moving opportunities. Finally, housing was also mentioned as a big hope, at least to have a place to stay and for sleeping. They believed that, good hygienic housing could protect them from infectious diseases, mosquitoes, and skin diseases. For social needs, 5% of the respondents hope for, (1) occupational security, so that they can work and maintain their life before death (2) government support, especially control of the increase in living costs, that were to high for them and they were unable to afford (3) providing an easy process to remake personal identification card as an ID card which is really important in order to access social and medical services (4) encouraging the municipal police to understand that their job consists of more than simply controlling and maintaining the public park. They should be showing concern and respect for all the people who use the park.

Advantages of being homeless

Since the happiness scores were found to be high and health and social needs were not significant to them, the question becomes: what are the benefits and what are the advantages of being homeless. Therefore an extra question was applied to investigate these issues. The respondents explained that, (1) Freedom: was a really great feeling in their life and they were happy with this situation at least to feel it before they die. Feeling and living without a framework, free from the box, free from other needs, and not being controlled, were mentioned as positive perspective aspects of being homeless. Homes for the aged, which are provided by the government, were not suitable for

them, as there are many regulations and strict controls which is against their idea of freedom (2) Close to the green area: natural diversity could be found at anytime for the homeless in Sanamluang. Animals such as dogs, cats, birds, became their good friends. Feeding and playing with animals, fishing in the river, watching the natural movement were seen as peaceful moments in their old age and much better than conditions in their original home areas (3) Learning human life: watching the life of others, shaped their understanding of life, supported positive thinking and reduced expectations “I saw the rich man sitting in a huge nice expensive car, I saw the prostitutes searching for customers on the street, I learn a lot about truth, I saw humans were in competition, everyone in the hurry, but at the end, all have to ended up and go to temple (burning the body)” (4) Fulfilling the Dhamma: another benefit of being homeless is the opportunity to practice in a religious way, praying, offering good things to the monks and these activities can be performed much more than the past, Finally, (5) being close to the king: the homeless explained that living on the street, close to the royal palace, and Sanamluang created more opportunities to participate and see the royal family. This would be not possible so often, if they were living at their original home areas.

Discussion and Conclusion

The majority of the elder Thai homeless were male and had a low income, before and/or after homelessness. This phenomenon was also reported in the USA, the UK, Canada, the Netherlands, and Australia^(5,10-18).

Behind the scenes, problems in the family background and family relationships, death of family members, financial problems, household management, and domestic violence have been identified as precipitating factors for homelessness among older persons in many parts of the world^(4,11,16,18,20-26) and are also the causes of homelessness among the Thai elderly. On the other hand, Thai cultural sensitivity expressed by words and expression such as “consideration”, “I don’t want to disturb the other”, “let everything down”, “the punishment from bad Karma”, “let life be as it is” have not been reported or mentioned anywhere else.

In this research, problems with the musculo-skeleton (41.7%) were the most commonly reported medical complaints and are close to the 48.8% reported in Melbourne⁽¹⁶⁾. Mental health or psychiatric disorders of the older homeless were mentioned in several studies and generally were found in a high proportion. For

example, 48.4% in the USA, 51% in Amsterdam, and 25.4% in Birmingham⁽²⁶⁾ were living with depression. In this study, the percentage of homeless people with depression was 78.3% and was higher than in previous research. The difference in the percentages may come from the use of different screening measurements and therefore result in different numbers. Thus, further comparison research should be conducted.

The same screening measurement of happiness (Thai Happiness Indicator-THI-15) has been applied and reported in other elderly Thai groups. It should be pointed out that, the level of happiness among the older homeless in Bangkok is seven times higher than people who live with domestic violence, and 23 times higher than the elderly living among the Karen hilltribes in Mae Hong Son Province^(28,29). This might be related to the lifestyle of the homeless, which offers them more freedom, a life in the green areas, possibilities for religious activities, and the possibility to do what they want. On the other hand, severe stress among older homeless people in Bangkok was higher (5%) than abused elderly people in Pathumthani (0.8%)⁽²⁹⁾. This might be because the older homeless in Bangkok have to deal with multiple problematic issues in daily life such as searching for a place to sleep, moving from place to place, maintaining their livelihood day by day, having no job, individual isolation and difficulties in accessing social and medical services. While the abused old people living in their homes, sometimes experience some forms of domestic violence, they still have familiar connections, a sufficient income, housing security, social support from relatives and friends. That might produce the lower stress score. Suicide was not found in the present study, but has been mentioned in the study of Partis among the homeless of London⁽³⁰⁾.

Religious activities and temples played an important role in maintaining the social and spiritual well-being of the Thai older homeless. This kind of connection also was reported in the study of Kisor & Kendal-Wilson who stated that Christian institutions offered significant community services and were acting as an intermediary in Richmond, Virginia, USA⁽²⁶⁾. Even though they support the homeless with many things, research on the perspective of the supporters, facilities and abilities of religious institutions toward the homeless phenomenon during the time of transition have not been mentioned in any research, and need to be investigated.

Living as a homeless person with financial problems and without a personal identification card is

a common problem, as is the difficulty of accessing medical and health services in Thailand. Essentially, accessibility for basic social welfare has been blocked for the homeless in Thailand. Whereas the studies from the Western world complained about a need for more services, special care, specific services, health promotion, healthy food and nutritional programs were available for the homeless^(13,31,32).

Alcohol abuse was found in the lowest proportion (1.7%), and there were no finding of gambling and drugs abuse. This is very different from the finding in San Francisco where heavy drinking decreased, while injecting of drugs remained constant⁽¹⁴⁾. This finding might be related to financial problems which are experienced during the time of homelessness as beer, liquor, and other drugs in Thailand are more expensive than a plate of rice or a cup of noodles. Saving the money for food to survive might more beneficial than relaxation with alcohol.

Interestingly, the findings from this study indicated that social and health supports, to increase their quality of life, were unneeded. This might be the result of religious connections during the time of homelessness. The role of religion toward homeless life has been reported, and correlates positively with self-rated health status and spiritual health condition. This results in social capital, like increased well-being, and the more possibilities of coping with their situation in healthier ways^(33,34).

Some people may be afraid of the homeless, due to the negative attributes that are assigned to the homeless population. This research affirmed that, the homeless world was mostly peaceful and simple. Most of them were open-minded, great hearted, philosophical persons, friendly, and some of them have good job skills, and they supported the process of data collection in a positive way. Learning from their lives and listening to their stories could benefit Thai people and the society as a whole.

Here are some points about this phenomenon and are addressed to all stakeholders; i.e. (1) Temporary homeless people are living on the street mostly due to economic reasons and return to their homes again when the agricultural season begins. Question: How to empower and developed the domestic economy for a better sustainability in their original areas during the agricultural break? (2) More than half of the permanent homeless still keep contact with their family members. How to bring them home to live with their families? Are there any chances? Systematic researches toward these questions should be investigated more fully to provide

greater detail. (3) Living without financial security is obviously difficult, particularly when a person has working skills. Increasing opportunities for work and helping people take care of their own life, either in a domestic or on a business level might help them return to their normal life. (4) Broken family relations and suffering from domestic violence by family members, especially from the young generation, played as an important pathway for becoming homeless. How to teach the young generation about importance respect? How to decrease the concept of freedom or individualism inside the family relationship? Interdisciplinary research focusing on family topics should be a greater concern by scholars. (5) Personal bankruptcy, losing houses, and financial failure were also given as causes for becoming homeless. This might have occurred because money management and saving was not well done. Aging without financial savings makes it more difficult to manage one's life if an emergency occurs. How impress upon the young generation the importance of saving, being active while aging, good health, wealth security? (6) It should be noted here that, in the year 2014, during the healthy city and healthy toilet policies period, toileting in the river or canal, was practiced in Metropolitan Bangkok. Moreover, some homeless still use those natural resources in their daily lives. This means public toilets in Bangkok are insufficient. Because Thailand is a tropical country, epidemic diseases can spread easily. Is there any health education to empower the hygienic skills and practices among the homeless? Are there any plans to increase the number of new public toilets or to ensure that old public toilets remain in a good condition? Information on how to keep a toilet always clean? The benefits derived from acting on these questions are not only for the homeless, but for the whole Thai population (7). The advantages of being homeless also were mentioned. Happiness and enjoyment were created more in permanent homeless people. They could create and apply their knowledge in self-help-groups and transfer their good experiences and ways of thinking to the other groups who still suffer and are unable to adapt and adjust their life, especially to the young homeless.

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Potential conflicts of interest

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ผู้สูงอายุเร่ร่อนในเขตกรุงเทพมหานคร

กัญชวีร์ วิวัฒน์พาณิชย์

งานวิจัยเชิงปริมาณและเชิงคุณภาพในประเด็น "ผู้สูงอายุเร่ร่อนในเขตกรุงเทพมหานคร" มีวัตถุประสงค์เพื่อ (1) ศึกษาสาเหตุของการกลายเป็นผู้สูงอายุเร่ร่อน (2) อธิบายแบบแผนการดำเนินชีวิต (3) วิเคราะห์ปัญหาและอุปสรรคในชีวิตประจำวัน (4) ประเมินสภาวะสุขภาพ (5) อธิบายความต้องการทางสังคมและสุขภาพ กลุ่มตัวอย่าง ได้แก่ ผู้สูงอายุเร่ร่อนที่มีอายุตั้งแต่ 60 ขึ้นไป จำนวน 60 คน ในเขตกรุงเทพมหานคร ด้วยวิธีการเลือกแบบเจาะจง ผลการศึกษาพบว่าผู้สูงอายุเร่ร่อนสามารถแบ่งได้ 2 ลักษณะ (1) ผู้สูงอายุเร่ร่อนชั่วคราว (2) ผู้สูงอายุเร่ร่อนถาวร โดยสาเหตุของการกลายเป็นผู้สูงอายุเร่ร่อนในกลุ่มแรก คือ การเข้ามาประกอบ อาชีพในเมืองหลวงและกลับภูมิลำเนาอีกครั้งเมื่อถึงฤดูกาลเพาะปลูก ขณะที่กลุ่มที่สองมีความหลากหลายและสลับซับซ้อนมากกว่า เช่น ปัญหาสุขภาพ ปัญหาทางการเงิน ภูมิหลังครอบครัว การจัดการทางอารมณ์ ความอ่อนไหวทางวัฒนธรรม ข้อจำกัดของการเป็น ครอบครัวชาย การจัดการทางการเงิน ภาวะหนี้สิน และความรุนแรงในครอบครัว

ปัญหาและอุปสรรคในชีวิตประจำวัน มีความหลากหลายเช่นกัน ส่วนใหญ่กำลังเผชิญหน้ากับความไม่มั่นคงทางการเงิน การตรวจจับจากเทศกิจ การรับบริการทางสุขภาพและสังคม การคุกคามจากวัยรุ่น การคุกคามทางเพศ ปัญหาหลักขโมย การแบ่งกลุ่มและผลประโยชน์ทับซ้อน มากกว่าร้อยละ 60 ระบุว่าตนเองมีปัญหาด้านสุขภาพมาก่อนด้วยปัญหาการได้ยินและแผลในกระเพาะอาหาร จากนั้นแบบแผนได้เปลี่ยนไปสู่โรคและกลุ่มอาการของระบบกล้ามเนื้อและกระดูก อุบัติเหตุและการติดเชื้อทางผิวหนังร้อยละ 95 สามารถปฏิบัติกิจวัตรประจำวันได้อย่างอิสระ (ADL/IADLs) ร้อยละ 78.3 มีภาวะซึมเศร้าร้อยละ 5 อยู่ในภาวะเครียดอย่างรุนแรง ในทางกลับกันร้อยละ 70 ประเมินตนเองเองว่ามีความสุขในระดับสูงกว่าค่าทั่วไปและร้อยละ 75 มีภาวะสมองอยู่ในเกณฑ์ปกติและร้อยละ 58.3 ยังคงมีปฏิสัมพันธ์กับบุคคลและเครือข่ายอื่น โดยเฉพาะอย่างยิ่งเครือข่ายทางพระพุทธศาสนา ร้อยละ 55 ยังคงติดต่อกับครอบครัวของตนเองเองท่ามกลางปัญหาครอบครัวที่เผชิญอยู่มากกว่าร้อยละ 90 ไม่ต้องการความช่วยเหลือจากทางภาครัฐทั้งในเรื่องสุขภาพและสังคม มีความพึงพอใจและพอเพียงกับชีวิตในบั้นปลายบนท้องถนนที่เต็มไปด้วยอิสระเสรี ห้อมล้อมด้วยธรรมชาติ ได้มีโอกาสเรียนรู้ชีวิตตนเองและครอบครัวข้างใกล้ ชีวีตรณะและใกล้ชิดสถาบันพระมหากษัตริย์