

UNDERSTANDING LIFE SCENARIOS OF OLDER PEOPLE IN SOCIETY FROM A NORTHERN THAI COMMUNITY: ETHNOGRAPHY RESEARCH

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Abstract

Many countries, including Thailand, are entering a period of an aging society. Aging people have various problems and needs that affect their health in terms of social, economic, environmental, and medical aspects. An ethnographic research method was employed to study the ways of life of older people in a community using the social, economic, environmental, and cultural contexts of the area. This ethnographic report is part of a larger study on 'nutrition and older people'. Data were collected through observations, in-depth interviews, focus group discussions, and by analyzing available documents which were available from the area studied. After relationships had been built and trust had been gained with the community, the researchers spent 1 year and 3 months studying the elderly group. The key informants were 41 older people and their families. The data were analyzed by content analysis. The results revealed 18 life scenarios of older people in the community which encompassed: 1) self-reliance, 2) running a family, 3) medical examination of one's own health conditions, 4) socializing with neighbors and friends, 5) journeys, 6) getting help when needed, 7) contribution to society, 8) social activities, 9) contribution to local organizations, 10) practicing religion and beliefs, 11) managing resources or pension schemes, 12) giving, 13) saving and helping to raise funds to assist and support others who need help, 14) work life, 15) learning, training, and enhancing knowledge, 16) transferring knowledge and teaching new generations, 17) being a role model, and 18) exercising political rights. Recognizing this information led to a better understanding of alternative ways of life and a clearer meaning of the term 'older people'. If community nurses and multidisciplinary teams understand ways of life, beliefs, health care, and food consumption, it will help health personnel to design clearer and more comprehensive care for older people which is a

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public health and society related issue. This could lead to targeted health promotion activities to improve the wellness of the aging population and their quality of life.

Keywords: Community nurses, ethnographic research, life scenes, ways of life, older people

Introduction

Currently, the global population structure has changed and is in a process of continuous change. This is also a phenomenon in ASEAN countries, including Thailand. The number of elderly citizens in Thailand is increasing (World Health Organization, 2012). The proportion of the population aged 60 years and beyond will increase by up to 20% of the country's population by 2024-2025. Also, within the next 20 years or so, about 1 in 4 people in Thailand will be regarded as aged. (Prachuabmoh, 1999; Prasartkul, 2013). According to studies on demographic changes, it has been found that populations of older people have special problems and needs, such as: (1) physical impairments including impaired vision, eating difficulties, and movement restrictions. There are additional problems of chronic diseases, obesity, malnutrition, and other disabilities (Center for Studies and Surveillance of Problems and Public in the Elderly, 2011; Foundation of Thai Gerontology Research and Development Institute, 2012; National Health Examination Survey Office, 2014); (2) the living conditions of the elderly are different compared to a single person living with children or with a disabled partner. Often family members do not have time to take care of their elderly family members or may lack the skills to care for their elderly family members (Chunharas, 2010; Somrongthong and Yamarat, 2011); (3) furthermore, the elderly cannot work, therefore their incomes are reduced or they may not have regular incomes. They depend either on the state's pension scheme or their children. Prices of goods (including medicines) and food are expensive and might be less affordable to those without an income (Witchawut *et al.*, 2009; Bernstein and

Munoz, 2012). However, the way of life of older people which reflects on their work and activities, including self-care, family, and helping others, as well as participation in social activities (both inside and outside the community), needs to be raised so that other members of society can have a clearer view of older people, including all aspects of their lives.

At present, Thailand has prepared a 20-year National Strategic Plan (Public Health section) which focuses on people's life spans, from youth up until old age. Its goal is to enable the elderly to take care of themselves in 'active and healthy aging' (Ministry of Public Health, 2016). If health or social professionals have a better recognition of older people and their way of life in a community, a more 'health in the elderly targeted approach' could be applied to address health and social problems and the needs of senior citizens. These working methods should be both culturally sensitive and effective (Leininger and McFarland, 2002).

Community nurses have a major role in taking care of older people in the communities. They are responsible for administering health promotion, disease prevention, and providing long-term care for older people, as well as caring for those in a state of dependency at home. This is a national policy goal (Public Health Nurse Division, 2012; National Health Security Office, 2015). Therefore, community nurses must understand the lifestyles, problems, and needs of the elderly in the community in order to design adequate interventions to address the various health problems and respond to their needs (Chinn and Kramer, 2008; Nuntaboot *et al.*, 2012; Nuntaboot, 2016).

This paper is part of a larger study on nutrition and care for older people in their communities. This research was conducted to understand the situation of older people by gathering their life scenarios in various places and situations. It focused on the lives of older people in their communities in order to enhance understanding of how they are linked up socially, economically, environmentally, and within their cultural contexts (Thomas, 1993; Fetterman, 1998).

Materials and Methods

Study Design

Life scenarios of older people are the fundamentals to understand older people in society. An ethnographic study was employed to understand the ways of life, interactions, ideas, beliefs, and actions of older people.

Setting

The study was conducted in 1 of the sub-districts in the north of Thailand. The total population is 13360 with 24.14% being over 60 years old. The area has the highest number of older people when compared to other areas in northern Thailand. Agriculture generates the main income with 805 of the people having fruit and vegetable plantations. There is a strong governmental investment in sustainable agriculture and healthy food as well as food security. About 42 social groups are active in the area with members helping older people in the community. Therefore, this area was selected as the field site for this research.

Research Instruments

A qualitative research instrument was applied with key informant in-depth interviews using a semi-structured questionnaire, as well as focus group discussions and observations of the elderly. The main questions for the older people and families were: 1) What kind of activities do you do on a daily basis? 2) If you have activities outside your home, what activities do you participate in? 3) With whom do you join in activities and why?

Participants

For the key informant in-depth interviews and focus group discussions, older people aged between 60-89 years old and their families were selected purposefully and via snowball sampling.

There was a total of 41 participants, including older people and their families, and both those that could help themselves and those that needed some support (Table 1).

Ethical Considerations:

Ethical approval was given by the Institutional Review Board of the Ethics Committee in Human Research, Khon Kaen University, Thailand. Since older people are considered vulnerable and in need of help, the researchers protected their rights by considering their privacy and respecting their decision-making. Written consent was obtained from all those participants who agreed to participate in the research. The following ethical principles were applied: 1) Respect for each person: codes were used instead of names, and the documents were kept confidential and closed; 2) Beneficiaries: the results of this study will benefit the older people in the community, both self-help groups and the groups needing help; 3) Justice: older people who can help themselves and those needing help had the right to participate in this study and all had equal rights of protection. When those who needed help were identified, the researchers informed health care volunteers, care givers, community leaders, the Tambon Health Promoting Hospital, and local government organizations for further assistance.

Data Collection and Data Analysis

The study was conducted from September 2015 to November 2016. After building relationships and trust with older people, the researchers collected data by participatory observation, in-depth interviews, and focus group discussions. Field notes were recorded first in a notebook and then transferred into a word processor. Literature was used to triangulate the data from observations and interviews. The qualitative data were organized and analysed by field

Table 1. The number and attributes of key informants

Types and attributes of key informants	Number (people)
1. Older people taken care of by family members 1.1. Older people who can buy and prepare their own food: 3 males aged 76, 79, and 85 years old and 4 females aged 63, 68, 74, and 77 years old. 1.2. Older people who cannot prepare food but could buy food themselves: 2 males aged 81 and 84 years old and 6 females aged 68, 74, 75, 88, 74, and 92 years old. 1.3. Older people who cannot prepare and eat food by themselves (fed by others): 2 males aged 69 and 89 years old and 1 female aged 64 years old.	18
2. Older people who live as a couple with a partner being of a similar age 2.1. Couples that could look after themselves included 3 couples: Couple 1: a female aged 77 years old without medical problems living with her husband aged 72 years old; Couple 2: a female aged 68 years old with kidney failure and left limb weakness, being taken care of by her husband aged 76 years old with coronary artery disease; and Couple 3: a male aged 73 years old suffering from tiredness, taking care of his wife aged 75 years old having a blood disease. 2.2. Couples that could not look after themselves included 2 couples: Couple 1: a female aged 69 years taking care of her unconscious husband aged 72 years, and Couple 2: a male aged 76 years taking care of his unconscious wife aged 74 years old and near the end of her life.	10
3. Older people who live alone 3.1. Older people who can support themselves in buying and preparing food: a male aged 79 years old and 6 females aged 66, 68, 69, 75, 75, and 78 years old. 3.2. Older people who cannot prepare food but can eat food themselves: a male aged 60 years old.	8
4. Family members buying and/or preparing food and/or feeding food to older people: a male age 64 years old and 4 females aged 36, 45, 56, and 60 years old.	5
Total key informants	41

note analysis and content analysis in order to distinguish all data elements. Analyses of similarities and differences of data from various sources were applied. Typological analysis was conducted to develop a set of related but distinct categories or themes that emerged during the analysis. A matrix table was applied to facilitate the coding and categorization process, while thematic analysis was administered to identify the main issues and sub-issues related to the food management situation of older people. Timeline analysis was applied to show the life scenarios of older people.

Reliability Verification

The researchers prepared questions for data collection based on the research objectives. The research instrument had been prepared and previously confirmed with the advisor. The information was triangulated with published literature. The researchers conducted a number of visits in order to keep the space between that allow the position of both insider and outsider. The advantages of multiple visits provided opportunities to analyse the data and review notions and philosophies between visits. Further questions were added for further clarification until the

data were saturated. Results were cross-checked with experts working on sustainable agriculture for healthy food (the Thai Health Promotion Foundation) to ensure reliability.

Results and Discussion

The results on the way of life of older people were based on the views of older people and their families in the community considering social, economic, environmental, and cultural contexts.

Life Scenario Explication

There were at least 18 life scenarios of older people identified in the community which helped to understand practices or behaviours on food acquisition and health care. The researchers grouped the life scenarios of older people into 4 groups:

Self-care and family (includes the following 6 life scenarios)

(1) Self-reliance

The healthy and most active older people, who could help themselves, were able to take care of their daily lives, such as bathing, dressing, washing, exercising, and food procurement from markets, food stores, restaurants, or similar. They grew vegetables, raised small animals, and cooked. Most could drive themselves. A 79-year-old Muslim man said:

"I cook by myself. I eat alone. My daughters do not cook for me because they all are Buddhist. My wife passed away a long time ago. I am the only one who is Muslim, so I have to go to the market and choose food alone. I do not go to the market often because I buy food for many meals at once ..."

(2) Running a Family

This life scenario included healthy and active older people who could help themselves and managed their own housework as well as helping others in the family. Cleaning, cooking, and caring for grandchildren and pets were major activities. For older people who were not so healthy, their responsibility was watching the house during the day while

their children went to work or studied. A woman, aged 69 years, who took care of a 72-year-old unconscious husband said:

"When I wake up, I have to clean up for him and help him with his adult diaper before I feed him with milk or Ovaltine. Then I go to the market... I ride a bicycle there every day. If my sister or daughter buys me some food, I do not have to go to the market. After finishing feeding him, we will take a nap. No one helps me because our children go to work."

A 75-year-old woman living with her son stated:

"My right leg is weak, so I cannot walk so far, but I still go up and down the stairs. I must cook by myself and for my son. As he goes to work, I have to stay at home like this."

(3) Medical Examination of One's Own Health Conditions

This life scenario is related to older people's health. All elderly people must depend on their physical condition and the severity of any illnesses which may require them to see their doctor for diabetes, monitoring blood pressure, screening for other diseases, obtaining additional treatment, blood tests for pesticides (cholinesterase enzymes) screening especially for farmers, and getting vaccinations for older people. Sometimes medical staff visited them at home and carried out these activities. Older people often went to see health staff at a Tambon Health Promoting Hospital, provincial hospital, or sometimes at a private hospital. In some cases, an ambulance was required due to an emergency situation. A 72-year-old woman who went to the hospital said:

"Today, I have to check for diabetes, so I can only eat after the blood test. I also prepare food which is sticky rice and pork rind because it is easy to eat. But I also prepare milk, Vitamilk, biscuits, and steamed sticky rice with banana as well."

(4) Socializing with Neighbors and Friends

This life scenario has been observed among healthier older people, including those who were independent, older people who were not so healthy but could help themselves

with some activities, and older people who were reliant on others. This activity occurred during their free time, such as: 1) 3 older people sat together in front of their houses; 2) 5 older people and 3 young people waited to buy food from food trucks at the community hall; 3) 25 elderly women and 3 aged men waited to join an exercise together in the evening at the riverside; and 4) 5 aged people chatted under a tree in front of the temple.

Mrs. N, 92 years old, was sitting in front of the house of her sister who was 86 years old while 5-6 children, grandchildren, and neighbors were around. During the day, she had to live alone. A relative had to use a wheelchair to take her out to meet and talk to others. Her daughter prepared food for her before going to work.

(5) Journeys

This life scenario has been observed only in healthy older people. They travel to temples and natural tourist attractions in other provinces or countries with family, friends, social groups, or clubs. A 69-year-old woman who took care of her unconscious husband who was 72 years old said:

"When the municipality took students from the older persons' former school to travel and make merit at 9 temples, I always went with them. I used to go to Bangkok before my husband got sick, but now I no longer go anywhere."

(6) Getting Help when Needed

This situation happened to all older members in the community such as when receiving assistance for health care, emergency assistance, and other welfare benefits from the district welfare fund. Health care volunteers provided home care and transferred older people to the hospital in the case of an emergency. The volunteers, as well as neighbours, visited and supported with cleaning or buying food. A 67-year-old woman who was alone since her husband had passed away reported:

"When I fell, I thought it was not much, but the pain did not disappear. I then asked for help from Nut who worked at the Tambon Health Promoting Hospital. He called the municipality's rescuers to get me to the

hospital. It appeared that my arm was broken, so I had to be admitted to the hospital. When I came back home, and as my right arm was broken and I could not use my left hand well, my friends came to visit, brought food for me, and ate with me. I appreciated their kindness. They asked what I wanted to eat and they cooked it for me."

Helping Society (Includes the Following 3 Life Scenarios)

(7) Contribution to society

This life scenario has been observed in healthier senior people providing help in public activities. They took a role as a provider to support other people in the community, such as being volunteers or caregivers, cleaning temples, or caring for the environment through waste management. They supervised the water resources, or helped at the Buddhist temple by being a committee member of the board. A 65-year-old woman stated:

"I am responsible for many things. In addition to being the vice president of the sub-district housewife group and the treasurer of the volunteer group, I also have to participate in the community's group activities and help those who need help. When we visit, we talk to them or measure their blood pressure, cut their hair, or clean their house; some people cry and say that they are happy when people come to visit them. They want us to visit them again."

(8) Social Activities

This life scenario has been noticed in healthier older people who participated in social activities on important days of the sub-district and the village, such as in a village dance contest, community sport competitions, or special activities such as singing in the garden or cycling for various campaigns. When some older people were not so active, their children took them to join events such as at New Year or the Songkran Festival. A 65-year-old woman stated:

"Our village has a group of retro dancers. On December 5, we will dance for the King. In the evening, I must join the dance competition. I should take 2 dresses with me because there are 2 events. Every village will

join these events. The Health Division organized the activities. Last year, we won the first prize, but I do not know what it will be this year. We have to prepare clothes by ourselves and practice the dance in the village pavilion every day."

(9) Contribute to Local Organizations

This life scenario has been observed in healthy older people, who could help themselves and were able to work with social groups, clubs, or organizations. They worked as leaders, committee members, or members of social groups or clubs. There were a total of 42 active groups in the community such as an older people's club, an older people's school, the housewives' club, agriculture groups, fishery groups, vegetarian group, social welfare fund, and health volunteer group. Some older people were qualified persons working at the village level, the sub-district level, or who were local administrative consultants. Some elders had 3 or 4 roles. Some of them had several meetings per day in different places such as their clubs, the village leader's house, health centre, agriculture office, schools, and local administration office. A 74-year-old man, the chairman of the village scout club, stated:

"I have done many things. I have just returned from the scout training at Chiang Mai. Then I joined the opening ceremony of the community shop and the road to the village. I was the former president of the community."

Sharing (Includes 5 Life Scenarios)

(10) Practicing Religion and Beliefs

This is for the elderly who are still active and fairly healthy, who attend religious ceremonies or help to prepare for religious ceremonies. They helped to organize funerals and house-warming or office-warming ceremonies. They also reported to religious leaders in their communities. Those who were unhealthy were taken by their children to religious ceremonies, or invited monks to pray at home. An 81-year-old man stated:

"I go to the temple every day to help prepare stuff for the abbot. I also help with funeral ceremonies. The monks call me when there is

a ceremony. I help prepare things for monks. This is a way of making merit."

(11) Managing Resources or a Pension Scheme

Receipt of the monthly allowance provided by the local administration officers was reported by most of the elderly. The allowance was distributed at the meeting hall in each village. Elderly people received allowances either by themselves or through their children or neighbours. Another option to receive it was through members of the village council. The distribution of the allowance was frequently combined with other activities, such as donations of recyclable waste, selling of goods, basic health care promotion, talking with friends, or buying lottery tickets. A 79-year-old woman who was chairman of the garbage fund reported:

"On the day of receiving the allowance, older people have to carry garbage for donations from home. Sometimes, their children help to separate the garbage. When they arrive, they trash it into the respective bins. At a later stage the recycle shop owner arrives to buy the garbage. The money goes to the garbage fund of our village."

(12) Giving

The notion of giving has been reported by fairly and moderately healthy older people who could help themselves. They plant vegetables and fruits and either preserve or cook them. When they have produced enough, they often share the products with others, such as relatives, friends, neighbours, and sick or poor people in the community. They also share sweets, or clothes, blankets, and mattresses. A 74-year-old woman who was a health volunteer and a member of the Sharing Happiness Volunteer Group stated:

"I have knowledge about herbs and other vegetables, such as andrographis paniculata, justicia gangetica, ivy gourd, pumpkin, baby jackfruit, and so on. I plant them and people who pass by always ask for them. I allow them to take these products... The mayor of the local administration office began a campaign of growing food in the community named 'eat what we plant'. A friend asked me

why I have to grow herbs and vegetables. I answered that 'I grow them for sharing with neighbours'. I never sell them. I believe that the greatest happiness is to give and share."

(13) Saving and Helping to Raise Funds to Assist and Support Others who Need Help

This life scenario has been reported by fairly and moderately healthy elderly people. They saved money for themselves and their families in either general banks, community banks, or community funds and donated to others via the Public Welfare Fund, elderly club fund, youth club fund, or agriculture group fund. A 77-year-old woman who took care of her husband who was 81 years old with Alzheimer's disease stated:

"There are various options of savings at our village. We have the Pig Savings (people's welfare fund) where we have to save 30 baht per month. There is also the income generation production fund of Village No. 8 that saves 10 baht per month, plus the village funeral fund with 5 baht per month. In total, it is 45 baht per month. If we pass away, we should get money from 4 sources, i.e. 5000 baht from the committee of the people's welfare fund, 6000 baht from the income generation production fund, and 20000 baht from the funeral fund. Since I am a member of the village government fund, I should receive 15000 baht if I pass away. However, there are not many members in this fund because they do not want to be in debt."

(14) Work Life

Those older people who worked for money were physically healthy. The work includes weaving, crafting, vegetable growing, cooking, selling food, working for their children, selling goods, cleaning houses, and harvesting vegetables. A 75-year-old woman reported:

"I live alone and have no children, so I have to work. I am hired to pull out weeds. I get 200 baht a day. I work from morning to the evening. If I am not sick, I go to work every day. I ride a bike to work."

Self-development and Creating New Generation (Includes 4 Life Scenarios)

(15) Learning, Training, and Enhancing Knowledge

This life scenario was reported by older people who remained still physically fit and could attend training to enhance knowledge on various aspects, such as health care, improving computer skills, mobile phones for communication and searching for information, or to enhance professional skills to reduce expenditure and earn extra income through crafting and cooking among others. A 76-year-old woman who was a member of the Organic Agriculture Group stated:

"I use Line and Facebook to contact friends. Those who want to buy plant seeds will call me. I was the first person who used a mobile phone (digital). At the school for the elderly as well as the municipality, they taught us how to use mobile phones. When the president of the municipality knew that I use the mobile phone, he said: 'Oh' and gave me the thumbs up. Now, it is used by a lot of people. The effect was that the curriculum for older people at the school was adjusted. The lecturers expanded the subjects to teach law. There are many things that we do not know. It is very good. I like it."

(16) Transferring Knowledge and Teaching New Generations

Those elderly people who are still physically and mentally sound have a role to teach the younger generation about agriculture and culinary skills. In addition, they also teach children at the Child Development Center about Thai culture and local wisdom, such as how to prepare a Krathong (a basket made out of banana leaves), fold paper, plant vegetables, or prepare local desserts. A 70-year-old man who was the chairman of the 84 Sufficiency Economy Households Group stated:

"The day before, the teacher brought about 20 children to the garden. They wanted to learn about Chiang Dao vegetables. So, I let

them see them. When the children saw big lemons, they were very excited. They said that they had never seen big lemons like this. So, I taught them how to take care of them."

(17) Being a Role Model

This notion was carried out by all, from the healthy to the less healthy elderly. They and their families were role models for all the younger people in the community. A 67-year-old woman who was living alone because her husband had passed away reported:

"I am a member of a community of 84 households. I grow all kind of plants. I like to make the house green. When the officers from the municipality came to see the house, they said that they would suggest that my house compete within the household sufficiency economy model project in 2013. I won the Honorable Award at that time and I got the first prize in 2015 and received the award."

(18) Exercising Political Rights

This life scenario included participation in the village committee and at the sub-district level, being chairman of the community or local council, participation in village and sub-district community meetings, and either providing opinions or making village plans, and setting rules, regulations, and policies for the social groups. A 68-year-old woman who was the municipality member of Villages Nos.1 and 2 stated:

"I am a municipality member of Villages Nos.1 and 2 because another person, who was the candidate of Village No. 2, did not vote. So, there was no president of Village No. 2. I had to take care of both villages because they are close to each other and a lot of people live there. The positive sign is that the people always agree with what the president decides in the sub-district. I am also a member of the village council. When the village plan is administered, I bring the concerns and needs of the people in the community to the meeting."

Discussion

This ethnographic research aimed to study the ways of life of older people in a community under the social, economic, environmental, and cultural contexts in northern Thailand. This issue requires more consideration in health system planning as elderly people have specific needs which should be addressed for their wellbeing. Eighteen life scenarios for older people have been identified. They comprised: 1) self-reliance, 2) running a family, 3) medical examination of one's own health conditions, 4) socializing with neighbors and friends, 5) journeys, 6) getting help when needed, 7) contribution to society, 8) social activities, 9) contribution to local organizations, 10) practicing religion and beliefs, 11) managing resources or a pension scheme, 12) giving, 13) saving and helping to raise funds to assist and support others who need help, 14) work life, 15) learning, training, and enhancing knowledge, 16) transferring knowledge and teaching new generations, 17) being a role model, and 18) exercising political rights. Under these different perspectives and diverse life situations, the behaviours or actions related to health care were affected. This study demonstrates that older people consist of more than the 3 groups which health personnel usually consider, i.e. active elderly, home-bound elderly, and bedridden elderly. We can confirm with this study various activities in different dimensions, such as in the social, economic, and health aspects described by Nuntaboot, 2008; Nuntaboot *et al.*, 2012; Nuntaboot, 2016. The Ministry of Public Health has changed the health policy from passive care to active health care for targeted populations, such as from individuals to families and communities. The goal is to strengthen people's participation in self-health care (Sritanyarat and Damrikarnlert, 2010) under the concept of humanized health

care (Warachit *et al.*, 2012). Therefore, community nurses and multidisciplinary teams require cultural sensitivity and adequate reflection on the ways of life of older people to improve their health and wellbeing in this aging society.

Limitations of the Study

Language restrictions due to different dialects required a translator from the local administration office for the study and this may have generated some translation bias. To reduce this negative effect, the researchers reviewed the content of the information and cross-checked with the staff from the Tambon Health Promoting Hospital who were responsible for older people in order to ensure reliability of the data. However, some translation bias may have occurred. Regarding generalization for those who live in different cultures, the researchers have recruited various representatives of each aged group to collect data until the data were saturated and no new information was generated. However, further research is required for better understanding of the ways of life of aging members in urban communities.

Conclusion and Implications for Health Personnel Practice

Thailand has become an aging society over the last few years. There are several policies, strategies, and plans by both the government and the private sector aimed at an improved quality of life for older people. But their lives have not been well studied by considering their work and activities; therefore, an ethnographic study was employed to understand the ways of life, interactions, ideas, beliefs, and actions of older people. This ethnographic report is part of a larger study on nutrition and older people. Data were collected through observations, in-depth interviews, focus group discussions, and by analysing documents which were available from the area studied. The key informants were 41 older people and their families. The

research instrument was applied with key informant in-depth interviews using a semi-structured questionnaire, as well as focus group discussions and observations of the elderly. The main questions for the older people and families were: 1) What kind of activities do you do on a daily basis? 2) If you have activities outside your home, what activities do you participate in? 3) With whom do you join in activities and why? The study results comprised: 1) self-reliance, 2) running a family, 3) medical examination of one's own health conditions, 4) socializing with neighbors and friends, 5) journeys, 6) getting help when needed, 7) contribution to society, 8) social activities, 9) contribution to local organizations, 10) practicing religion and beliefs, 11) managing resources or a pension schemes, 12) giving, 13) saving, and helping to raise funds to assist and support others who need help, 14) work life, 15) learning, training, and enhancing knowledge, 16) transferring knowledge and teaching new generations, 17) being a role model, and 18) exercising political rights. There are implications for practice by community nurses and multidisciplinary teams in working and supporting older people in the community, and the proposals are as follows:-

1) Community nurses and multidisciplinary teams need to understand the ways of life of older people, the characteristics of older people, and the culture of the community. With this understanding, community nurses and multidisciplinary teams can design health care activities suitable for older people by considering the activities of people in the community, places to provide health services, social support, and topics of health promotion.

2) Understanding the ways of life, culture relating to food habits, and the working culture of older people in the community is necessary for good planning. Community nurses and multidisciplinary teams can organize research and development to promote the health of the different groups of older people.

3) Understanding the community culture, such as the religions and beliefs, their contribution to society, their action support to others who need help, their teaching skills, and their political rights can be used to design and set up care for older people.

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