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Changing perspectives on elderly care in Thailand

- An explorative study

Abstract

Introduction: 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.

Keywords: Thailand, Social work, Elderly, Nursing home

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After receiving a scholarship from Ersta Sköndal Högskola to write my Bachelor thesis abroad, I began my trip to Thailand to take a closer look on elderly care and social workers part in it. My presupposition to the subject was limited; however my experience of the country, language and culture is rich and has helped me along the way when traveling and exploring. I want to give a special thanks to the four social workers' for sharing their experiences and to my supervisor Johan Gärde, for support along the way.

1. Introduction

The aging population has been a topic discussed for years in countries with a well-developed welfare system (Malmberg & Sommestad, 2000, p. 131 ff.). The questions that are being asked are how a small amount of working adults should finance the pension of an increasing number of elderly.

In later years there has been a trend of developing countries going in the same direction as developed countries. However, these countries do not have a well-developed welfare system and are also experiencing other challenges that come with modernization (Ibid.).

I have chosen to study one of the countries that are experiencing a demographic change, Thailand that has one of the lowest rates of social security and government expenditure in Southeast Asia (Croissant, 2004). A decrease in fertility rate due to successful family planning programs in the 1960's and 1970's and higher life expectancy has led to an increasing number of older people (Chowattanapakorn, 1999, p. 507). The families have the primary role of caring for their elderly; however the Thai government are realizing the issue and has developed programs with an assisting caring role. Other options are also available, nursing homes in Thailand are increasing rapidly especially in the Bangkok area. These institutions are fee based, and not available for the whole population. The government run nursing homes are few with only a couple of thousands of residents in whole Thailand (Knodel & Chayovan, 2011, p. 4) .

By exploring social workers' view on the changing elderly care and can lead to new knowledge about challenges ahead regarding care for elderly in Thailand. Modernization in society can lead to changing conditions for the elderly, and therefore the view of social workers' is important in this matter.

1.1 Problem statement

Elderly care in Thailand is undergoing a change, both in family values and the consequences that comes with a modernizing society. Thailand is still a country with traditional family values and the care is mainly held within the family, however nursing homes are increasing and how this affects the elderly and their families is still unknown. Social workers' with orientation in elderly care are not mentioned in earlier research studies. Their role is also

unknown and something I would like to explore and see their view on the ongoing change and what part they take in it.

1.2 Purpose

The purpose of this study 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.

1.3 Research questions

After formulating the purpose of my study I have divided the study into three research questions that together will explore the change of elderly care in Thailand and social workers' role in that change. The research questions are as follows;

- What do the social workers believe to be social workers role in elderly care in Thailand?
- How do the social workers perceive that care in nursing homes is affecting the elderly's role in the family?
- Are the social workers observing if developing elderly care affects social work in Thailand?

1.4 Connection to social work

In relation to the modernizing of societies, elderly's situation is changing. This is of importance to social work; to find and help a socially vulnerable group and also to work with preventing a group from becoming vulnerable. If elderly in society mainly are being cared for in their family and this is about to change, how will this affect them in a society where the welfare system is not as developed as in western countries?

The point of view of social workers regarding the changing elderly care has not yet been explored and is interesting since the previous research that I have found mainly focus on

elderly care from a nursing point of view. Social workers' role in elderly care in Thailand is not presented in any reports, even though their role is of importance to elderly's social situation as nursing is to elderly's caring situation. Social work in Thailand is an emerging profession and the social workers view on the developing elderly care is interesting to explore since it is in its early stages. This study is one of the first studying and exploring the emerging social work in Thailand from the social workers point of view, making it an important contribution to social work both in Thailand and internationally.

2. Previous research

The previous research that is presented in this chapter is based on background facts on Thai society and the view on the elderly. The ongoing demographic change shows what challenges Thailand faces with an increasing older population and the role of the family is presented since it is a main key factor in Thai elderly politics. I will also present what role the Thai government have in elderly care and the increasing private sector. Definitions of terms are presented in Appendix 1, (page 32). These topics are relevant for my study and will give a summary of the current situation in Thailand and the challenges ahead. It is important for this study to emphasize the different roles of the family, the state and the private sector to locate the role of social workers' amongst other stakeholders in the elderly's circle.

2.1 Demographic change

Thailand is a country is South East Asia with a population of 69,122, 000 people and consists of 76 provinces (Globalis, 2013). The life expectancy is 71 for men and 78 for women and the population over 60 years of age is 12.9 percent (Ibid.). Buddhism is the largest religion in the country, the Theravada branch is practiced by 95 percent of the population (Canda & Furman, 1999, p. 144 ff.).

Thailand is experiencing a demographic change, with an increase in the elderly population. The amount of older people in Thailand is growing in comparison to other age groups and people over 60 will triple between the years 1990 and 2020 (Chowattapakorn, 1999, p. 95). Thai family planning programs have been very successful and have led to a decrease in fertility. An adult female gave in the 1960's birth to an average of 6 children, in the 1980's this number had dropped to an average in 2 children per woman (Ibid. p. 95). Life expectancy

is also increasing due to public health improvement and the older population (over 60) was 9.5 percent in 2000 (Kanjanaphoomin, 2004, p. 2.) and 12.9 percent in 2012 (see Appendix 3, 34).

2.2 The importance of family

The primary care role in Thai society for elderly is within the family, particularly spouses and adult children (Knodel & Chayovan, 2011, p. 3 ff.). Other forms of care provided by the state, non-governmental organizations and the private sector are uncommon but rapidly increasing.

The family however is the main caregiver and majorities of the Thai population are Buddhists who believe in parental repayment (Chowattanapakorn, 1999, p. 97). The Buddhist concept is based on repayment to parents for their goodness and for giving their children the gift of life. The term *bunkhun* refers to a parent or other relative that younger people feel obligation, gratitude and moral indebtedness to, that may never be repaid. Thais represent a traditional view of the elderly and what they have provided and sacrificed for younger generations (Ingersoll-Dayton & Saengtienchai, 1999, p. 114).

Daughters, who have been the main caregivers to older persons, have gained a higher social status and are now studying and working to almost the same extent as males do. This has resulted in fewer people taking care of the elderly (Chowattanapakorn, 1999, p. 97 ff.).

2.3 The state's role

Health and material welfare amongst elderly in Thailand is a growing issue and the Thai government is developing programs and plans to manage the rapidly growing aging population (Knodel & Chayovan, 2011, p.4). The government however relies on the families taking the main responsibility of their elderly and that they will maintain as a supporting role.

Today, there are only 25 institutional homes or nursing homes with a couple thousand residents for elderly that are sponsored by the government (Foundation of Thai Gerontology Research and Development Institute, 2010, p.54 ff.). Out of these homes, 12 are especially designed for elderly that have been abandoned or unable to live with their relatives for whatever reasons. A program developed by the government is a community-based home care project run by 10.000 volunteers across the country, operating in all Thailand's 76 provinces, that provide care for 90.000 elderly (Knodel & Chayovan, 2011, p. 4).

The government started an elderly fund in 2005, for elderly protection and support. This fund functions as personal loans the elderly can apply for up to 30 000 baht. The fund can also be used for group loans to fund activities for elderly. Personal loans are mostly used in the farming sector while group loans mainly fund workshops and physical activities (Foundation of Thai Gerontology Research and Development Institute, 2009, p. 71 ff.).

The pension system in Thailand can be divided into two categories, public and private. The unemployment rate was in 2003 only 1.8%, however only 7.4 million of Thailand's 32 million people in labor was covered by social security. The public category, providing pension for government workers covered 1.5 million people. In 2009, the government introduced a basic pension for all elderly over 60 that did not receive any government funded pension (Foundation of Thai Gerontology Research and Development Institute, 2009, p. 70). From April 2009, the basic pension was 500 baht per month. Elderly reaching the age of 60 do not have to pay for state health care and hospital fees, this however does not include demands that are addition of the standard norm and utilities needed when hospitalized (Ibid.).

2.4 The private sector

According to Kespichayawattana and Sutthichai (2009, p. 15) there is no registration or state licensing of private nursing homes in Thailand. Therefore, the exact number of nursing homes that provide long term care is unknown. However it is known that the numbers of nursing homes are increasing in Bangkok and other urban areas and the amount of families that have paid caregivers to care for their elderly is also increasing. The amount of day elderly training center is also rapidly increasing, there is thought to be about 500 establishments in the whole country, however there are no regulations regarding standards and the registrations of these facilities are limited. Knodel & Chayovan (2011, p. 5) points out that it is interesting that even though there are statistics that paid assistance is common, especially in the Bangkok area, the response of a national survey to elderly (2007) with the question who the main caregiver is, only 3 % of the people stated a "servant" and 1 % stated nurse or non-relative. In the urban areas of Bangkok however, 17 % stated they had a servant as main caregiver while 5 % claimed it in provincial urban areas. The definition of "servant" is on the other hand not specified in the survey, the category could refer to a person hired to only care for the elderly' or a person hired for general tasks as well (Ibid.)

2.5 Social work in Thailand

Professional social work in Thailand is influenced by Western countries and academics within the field often have a degree from the west (Nye, 2008, p. 196). Models and methods used by professional social workers are therefore not always suited for Thai practice and are being modified to fit traditional Thai values (Ibid.). Since only two universities in Thailand teach social work, there is a lack of graduates to fit the demand of social workers. Social workers in Thailand may therefore have another type of social science degree (Phongvivat, 2002, p. 298 ff.). Which social workers' that will study social work at the universities is dependent on the scores of an entrance examination (Ibid). The majority of the Bachelor social work students may therefore not have chosen social work as their first priority.

3. Method

3.1 Choice of method

I have chosen to use a qualitative method when exploring changing perspectives on elderly care in Thailand. I have interviewed four social workers to explore and understand their view on elderly care and how nursing homes affect the elderly's role in the family. I have used semi structured interviews using an interview guide (see Appendix 2, page 33). Since the study aims to discover Thai social workers' subjective point of view on elderly and elderly care a qualitative approach is preferable (Bryman, 2002, p. 249 ff.). This is also a disadvantage according to Bryman, (2002, p. 269) since the qualitative approach is subjective and therefore difficult to generalize.

3.2 Sampling

I have chosen to interview four social workers that have both theoretical and practical experience of social work focusing on elderly care. All social workers have a degree in social work, Bachelor of Science, Master of Science and/or PhD.

I have chosen the respondents after sending out emails to faculty members at the institution of social administration at a university in Bangkok and booking and consequently booking

interviews with the respondents in question. I have therefore used a convenience sample according to Bryman (2002, p. 114). The reason why I have used convenience sampling is because of the lack of professional social workers in Thailand. Social work as an academic subject is only taught at two universities in Thailand and the lack of social workers in the country has led to other social science graduates working as social workers (Phongvivat, 2002, p. 300). After getting in contact with one social worker in the field social development, I visited the university and was presented to a number of faculty members working in the field of elderly care. Two of them agreed to meet with me to interview them. After meeting with one of the participants, I also got in contact with two graduate students who just got their Bachelor degree in Social work and now worked with projects regarding elderly care within the university and practiced social work in a day care center for the elderly. The graduate students I got in contact with and interviewed were two out of a total of ten students graduating this year in the field Social work focusing on elderly care. I have therefore also used snowball sampling for this study (Bryman, 2002, p. 115). The participants are all women and their range of age varies between 25 – 60 years. The four participants are;

- SW1: Associate professor in social work, research field within elderly care and active/productive aging in Thailand.
- SW2: Lecturer in social work, Master degree in social work. Has worked with mobilizing organizations within the field of elderly care.
- SW3: Graduate student in social work, Bachelor degree. Is working with projects regarding elderly care and practice at a day care center for the elderly.
- SW4: Graduate student in social work, Bachelor degree. Is working with projects regarding elderly care and practice at a day care center for the elderly.

3.3 Demarcation

When I began my journey to Thailand, I wanted to get in contact with social workers' working for the government and in the private sector involving elderly care. However, because of language barriers, the lack of empirical studies and that it was difficult to get in contact with social workers; I have only interviewed social workers with main orientation in government social work. It would have been interesting to get in contact with social workers in the private sector and see how their roles differ in order to get a broader response to my study. After contacting several private nursing homes, I did not get in contact with any social

workers within this sector. However, I have chosen to let the social workers that have been interviewed to elaborate on what they think of elderly care in the private sector. They all have experience from the practical field and all at least has a Bachelor degree in social work. When interviewing the social workers I have asked them to answer the questions using their combined experience as academics and social workers in the field. The social workers' answers in the interviews are quite similar, something that I am aware of since I only got to interview four social workers. They however give a nuanced reflection of the current situation of social workers in Thailand working with elderly care.

Elderly care in this thesis is only focused on elderly that live in nursing homes because they no longer can care for themselves. I have excluded specific elderly care terms such as hospice care and palliative care in my research and focused on elderly care in general. An ethnographic anthropological approach best describes this thesis. The field is under strong development and an issue currently being discussed in Thailand.

3.4 Ethical considerations

I have used the four main requirements of ethical consideration composed by the Swedish Research Council (Vetenskapsrådet, 2002) when collecting my data. These requirements are the information requirement, the consent requirement, the confidentiality requirement and the utilization requirement. How they have been implemented is stated as follows; the ethical consideration that I have prepared is to obtain informed consent in a language that will be understood correctly by the respondents. I have let the respondents choose in which language they would want to conduct the interview. Two of the respondents chose to only speak Thai and two chose a mix between Thai and English. All information, questions and answers should be given in the preferred language by the respondents to avoid misunderstandings; I have therefore also interviewed the respondents using both Thai and English. Although I speak Thai, my vocabulary is more limited than my English and to obtain high validity using semi structured interviews there should not be any vocabulary limitations. The respondents have also been informed that the participating in the study is voluntary and that they at any time can choose to not take part in it.

I have also informed the respondents that they will be anonymous; I have used fictional names when compiling the results and only ask general background questions such as age etc. The fourth and final demand, the utilization requirement have been implemented when I

informed the respondents that the results from this study will only be used for this purpose and not any other like commercial and non-scientific matters. I also asked and got the consent of all participants to record the interviews and offered to send a copy of the essay when finished.

3.5 Approach

I have used an inductive approach when writing this thesis. I began with collecting data on the current situation for elderly in Thailand and wanted to explore this situation and the ongoing changes from social workers' point of view. From the results I got from the social workers' I applied one theory about modernizing societies and one theory on family structures to explain the phenomenon's from the interviews. I also chose to use the empowerment theory on the results since this term was frequently used by the social workers' and I wanted to get a deeper understanding of the term. An inductive approach according to Neuman (2011, p. 70) is described as beginning with general topics later being refined and elaborated into more precise concepts. This definition describes my approach on this thesis.

After getting in contact with a social worker and explaining the purpose of my study I began to formulate an interview guide using different themes that are linked to the research questions.

I have used an explorative approach considering that there is no previous research on what role social workers have in elderly care. Kvale's (Kvale & Brinkmann, 2007, p.57) definition of an explorative study is to describe the problem and explore new dimensions of the problem at hand. The ongoing change is new and research on the topic is limited. The interviews were mainly conducted in Thai and later translated and transcribed into English. I have used the transcription recommendations in Bryman (2002, p. 310 ff.) and show pauses and breaks in the interviews as described. When analyzing the respondents answers using the modernization theory, the system theory and the empowerment theory I have used a hermeneutic approach. Neuman (2011, p. 101) describes hermeneutics as studying textual materials in-depth and relating its parts to the whole which in turn can reveal deeper meanings.

The previous research chapter is insufficient due to the lack of empirical data in the areas I was conducting my research in. Research reports consisting of the Thai elderly care situation are few and a majority of the reports are written in Thai. When searching for previous research, I have used Google Scholar and Academic search premier. The key words used

when conducting the search have been: Thailand, social work, elderly, elderly care, nursing home – in different combinations. I have also used the websites of Ministry of social development, the Ministry of Human Security and the Thai Gerontology Research and Development Institute to collect reports. The first time I visited the university in Bangkok, I also got a few reports from the UN and the Thai Gerontology Research and Development Institute that were written in English. All literature used in this thesis is either written in English or Swedish.

3.6 Generalizability, Validity and Reliability

Qualitative studies are hard to generalize according to Bryman (2002, p. 270) due to their subjectivity and are not what I have aimed for in this study. Stukat (2011, p. 110) however claims that even though qualitative studies are hard to generalize they can be compared to situations in similar environments under similar circumstances. Generalizability will increase if consistent with earlier research. This study explores elderly care from social workers' point of view based on their experiences and gives an idea of what the social workers' role in elderly care *can be*, not how they generally are.

To attain high validity it is important that the method, in this case semi-structured interviews, answer the research questions and purpose of the study (Bryman, 2002, p. 257). A problem with semi structured interviews is that it gives the respondent the ability to talk openly which gives very wide answers and gives answers that are not relevant for the purpose. The researcher has to sort out what is useful and what is not. Since my questions were directed to professional social workers. I presented the background of my study, different studies I had read on the subject before asking the questions. Although some questions were irrelevant to the purpose, I found them to let the social workers think around them and giving me answers by themselves, without me having to ask some of the questions. The questions were not leading and gave a variation in answers.

Reliability measures how trustworthy the chosen method is (Bryman, 2002, p. 257). Interview as a method has some risks as questions and answers can be misunderstood. To attain high reliability I have chosen to let the respondent choose in what language to have the interview. Two of the interviews were in Thai and two were a mix of Thai and English. I have translated all interviews to English, however some terms in Thai do not exist in the English vocabulary and this is a reliability risk. To measure reliability another researcher should be able to replicate the study and attain the same results (Bryman, 2002, p. 257 ff.). This is hard

to accomplish however in a qualitative study since other factors such as person chemistry has great importance. Despite these factors, high reliability can be attained if several studies and theories support the results.

4. Theory

I have chosen to use one theory to explore and understand changes in elderly care in Thailand; The system theory, which focuses on cohesion within families and relationship patterns. It can explain family patterns on a micro level but also systems cohesion with other components such as authorities on a societal level. As Thailand is facing modernization in the elderly care sector it is interesting to see how families are coping with the change. The system theory will be applied to the empirical data in the analysis chapter.

4.1 The system theory

The system theory mainly focuses on relationships, patterns and cohesion. It can be applied on societies, but also in groups and families (Payne, 2005, p. 210). A person's identity is developed through interactions with others and different sub systems in the family. An individual's network is described as a superior social system. The systems can also be seen as a hierarchic structure where the kin's are at the top and the families, siblings and parents make out different subsystems (Payne, 2005, p. 211). The individuals in a sub system are continuously adjusting to demands required by other family members or relatives. Problems and difficulties in life are based on the interactions between the relationships. Payne (2005, p. 211 ff.) describes the different systems as units with borders and that physical and mental energy can be exchanged between the borders. The system interacts with each other in a way that they would not with other unknown components.

According to the system theory, humans create communication systems by continuously relating to each other. The different sub systems make up to a whole which are affecting each other (Forsberg & Wallmark, 2002, p. 28 ff.). Change in a family system that has an impact on an individual, in turn affect the whole family system is a system theoretical assumption. One example mentioned is when a person loses their employment, which not only affects the individual but other members in the family, the family as a whole is affected by the change (Ibid., p. 29). To attain balance and stability in a family, so called homeostasis rules the

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systems adjust to each other. The systems also need energy to function and to develop. Systems have different limits, some are open and some are closed and protects the systems inner organizing. Examples of these are which people that belong to a sub system and what role they have in that sub system. Open systems have open borders which enables relationships to develop across different borders. A closed system however does not exchange interaction with other system and is therefore not able to develop. Limits that are vague, or for any reason break, create unbalance in the whole system (Ibid. p. 29). This is also explained by the system theory as a change in energy within the system.

Payne (2005) also discusses the term differentiation within the system theory. Differentiation means that the system becomes more complex when other components are added in the system when developing. This can change the homeostasis of the system, depending on how it is coping with the new adjustments.

Input and output are other theoretical terms that are used within the system theory. The meaning is of the term input is when energy flows into a system over different systems borders. The term energy when relating to relationships can be persons who contribute to the development of a system. Output is defined by the effects that the energy that has passed through the systems has on the surroundings (Payne, 2005) i.e. how the persons contributing effects were. Synergy can also occur within a system, it means that a system can create energy to stimulate itself; an example mentioned is a couple that are withholding their relationship by effort from within (Ibid.).

Systems can be divided into three types according to Pincus & Minahan (1973). The first system that has been the main focus in this study is the informal system which contains families and friends amongst others. The second type is the formal system which includes authorities and unions and the third type is the societal system such as schools and hospitals.

The system theory is interesting to apply on my research questions due to the fact that there are consequences of changing elderly care within the family. The theory explains how a family system is affected when not balanced, for example when elderly that have an important role within the family live in nursing homes. In this study I have applied the system theory on a family level as well as on a societal level to see systems interaction with each other.

5. Results

After interviewing the four social workers, I could distinguish three main themes that that provided an answer to each research question. Operationalization of the theories I have chosen will be analyzed in continuing chapter six.

5.1 Social workers' role in elderly care

This theme answers the first research question What do the social workers believe to be social workers role in elderly care in Thailand? and is divided up to two subthemes, *Families are the caregivers* and *Social workers' practical work.*

5.1.1 Families are the caregivers

Social workers' role in elderly care is not a prominent role as other care professions are. The social workers' mentioned that it is often nurses who have the main role when talking about elderly care. When the majority of elderly need care they usually just visit a hospital and then go home. The reason why elderly do not have much contact with social workers is because of the home health care system, according to the social workers themselves. It is based on that the best thing for older persons is to live with their family and that they should be the caregivers, the government only assisting if needed.

> SW3: *Now in Thailand, they are discussing the issue,:: they have chosen the direction with home health care. It is better to be with your family when you are old.*

> SW4: *You are supposed to live with your family, it is the Thai way. It is meant that children and grandchildren should take care of the elderly.*

The reason why the family is supposed to care for their elderly is described as "the Thai way" by some social workers' but also has its roots in the religion, Buddhism in Thailand. It is bad karma not to care for your parents because they were the ones raising you and later in life you need to repay them. After studying other Asian countries, one social worker describes this norm as very strong compared to other Asian cultures:

> SW1: *The difference* [comparing Thailand to Japan, Singapore and Hong Kong] *is that Thai society is much more affected by Buddhism and that's why care within the family is so important.*

5.1.2 Social workers' practical work

There are very few social workers' in Thailand working with elderly care. One social worker talked about the professors within this field being very limited and this year, only ten students with main focus on elderly care graduated from the university. The majority of social workers' orientation is in other fields such as childcare, criminology and labor welfare.

The government divisions that work with elderly services are the Ministry of Social Development and the Ministry of Human Security. The social workers' that work with human security have tasks as helping the elderly coordinate their needs. Some social workers' have more administrative tasks and some work directly with the elderly.

> SW4: *In Thailand, the social workers that work with the government division's work with planning, analysis and follow ups.*

> SW1: *There are also social workers that work as helpers and educators. The educators work with the elderly and empower them and encourage them to create and help themselves.*

The respondents talked about other areas where there are social workers, for example hospitals. However there are no social workers working in nursing homes. In the private sector, social workers are non-existent.

> SW2: *….but I think that there should be social workers' in nursing homes: because they don't only specialize in in social welfare but also in activities for the elderly and in enhancing their potential…*

There is a competence demand for social workers in nursing homes run by the government, however this demand in the private sector nursing homes that are completely fee based is limited.

> SW2: *…the private sector nursing homes they say that people who stay in private nursing homes are rich, and therefore there is no need for social workers. They see only social workers as people who work with social welfare; therefore social workers who work with elderly mostly do this in hospitals.*

The social workers' working in government-run hospitals often has management tasks and refers the elderly to institutions or to go home. They spend time locating relatives for the elderly to live with, and if they do not find them, they try to find funding for the elderly. However the numbers of social workers that are employed by the government are low. Two of the social workers said that there are one, perhaps two social workers employed by the government in each province.

> SW1: *Nowadays, if you are 60 or older you don't have to pay for the state healthcare. But you still have to pay for example diapers, wheelchair and other things you need. This, social workers help with.*

5.2 Elderly's role in the family while living in nursing homes

This theme is connected to the second research question, *How do the social workers perceive that care in nursing homes is affecting the elderly's role in the family?* and is divided into two subthemes; *Changing values* and *Elderly in nursing homes*.

5.2.1 Changing values

All of the social workers described the elderly in the family as a very important person. Younger family members have to obey and listen to an older person as a sign of respect. The elderly's opinion is very important and highly valued.

> SW1: *Elderly's role in the family is at the top, a symbol of respect.*

> SW2: *The Thai lifestyle is that is doesn't matter how old you are, you have to go and see your parents. Example on Songkran, you have to visit your elderly and this is what everybody does.*

One social worker described the changing in roles when the elderly retires. This is when their power weakens and the roles are changing. Another of the respondents described the change in values that has happened. She said that when a person reaches the age of 60, they would stop working. A person still working after 60 was equivalent to a person with children who did not take care of their parents. These values have now changed. Higher life expectancy and economic factors such as loans was also thought to be contributing factors. A main activity for elderly in the past was to volunteer at the local temples. This activity is decreasing when more elderly work after the age of 60.

SW2: …*but now when the values have changed, elderly who are still strong and can work will still do it. The dependence has now become independence.*

5.2.2 Elderly in nursing homes

Nursing homes were divided into two different groups by the social workers, the government-run and the fee-based ones in the private sector. The government-run nursing homes are free of charge, although have certain demands and the elderly is assumed to care for hygiene and food on their own. Additional requests such as special diets have additional costs. The private sector is more flexible however; since it is fee-based, it is only accessible for people with high salaries and costing around 25.000 to 30.000 baht per month. Both types of nursing homes were thought to have the same effect on elderly's role in the family.

SW4: *Probably, if they live in nursing homes in Thailand they probably don't see their children and grandchildren at all. They don't visit when they live there. If they visit it is very rarely, maybe once a year. Around Songkran, maybe they will visit. But some never see them again.*

All social workers expected there to be very little or none relationship with the family when they live in nursing homes. The relationships the elderly would have would be with the other residents, since they now share the same roof. This factor was also a motivation for the elderly according to the respondents. Some elderly want to stay in nursing homes to form relationships with people at their own age. The respondents also talked about the fact that some elderly may feel like a burden for their children. Elderly who never got married and had children was also common in nursing homes and elderly without daughters of a daughter-in-law. The daughter-in-law is the main person and most common in caring for elderly in Thailand according to the social workers.

SW3: …*some go there by themselves or their children or grandchildren leave them there, throw them away.*

The term *throw them away* is a Thai term translated into English. There is no equivalent term in English, the meaning is however negative. The term was used by all social workers when talking about reasons why elderly live in nursing homes. The children who *throw their parents away* were often sons according to the respondents and will not have any kind of relations with their parents after leaving them there. That elderly could be a burden for their children was also mentioned frequently by the respondents. The social workers talked about

changing lifestyles, children moving into the cities and that caring for your parents and working full time would be impossible. Families with fewer children were described as a trend that would increase in the future.

> SW1: *They pack their clothes and leave them there. It happens often now, sometimes it is even on the news…*

> SW2: : *In my opinion, the word nursing home in Thailand is very negative….//... in most Thais opinions it is so, and since it is negative it is associated with people who are homeless, very poor and who don't care for them. Or if they have a conflict with their family. Thais don't want to stay there and the government is not expanding this sector of elderly care.*

> SW2: *…but this is going to change:: if you only have one child then this will be a big burden for this child to care for both parents. This could be a reason why you put your elderly in nursing homes, not throwing them away, but it is a big burden…*

5.3 Changing social work?

This last theme answers the last research question, *Are the social workers observing if developing elderly care affects social work in Thailand?*

When asking the social workers about how changing elderly care and changing demographic structures and how this will affect social work, there was no concrete answers on the real effect on social work and for social workers. Since there is only one social worker in every province, there is no change. The social workers stated that the change that is going on is affecting other professions, such as nursing. This is thought to be more connected to the elderly field than social work is.

> SW2: *For elderly care, there is no change. Elderly care is often connected with nursing and caregivers, care workers……*

> SW1: *There is only one social worker in each province, the change is none. And there are no social workers that work in nursing homes so they are not affected….*

One social worker talked about possible changes that were happening on local government levels. The changes that are going on are affecting some tasks that social workers do. The

social worker talked about tasks as having contact with the elderly facilities, transfer elderly that are in need of care, mediate with the elderly's family so they won't need to stay in nursing homes.

> SW2: *...this could be an effect. Local governments are taking more responsibility for the elderly now...*

Another social worker talked about the changing view on older persons. Social work is about advocating active aging. Due to an improving health system and better nutrition, elderly are of better health than before.

> SW4:*....Now when they are 60, it isn't that old....//......They are still working, live and take care of themselves...*

To get a real change in social work concerning the elderly, one social worker talked about the need for data. When asking about challenges for the elderly field she replied:

> SW1:*....In Thailand, we have a problem with data. We don't have enough information. There are a lot of data bases from health agencies and in the local government, central government and other divisions. The data is divided and not gathered so we are not sure about everything. There has to be a data base that gathers all information. The goal is to update the data,: every 4 months. So we know which elderly that needs help, when we do project we don't base them on data, we just do them after what we see. This has to change:: There are data but not collected::This is the problem::.....*

6. Analysis

This analysis chapter follows the same structure as the results are presented and are divided into three themes which in turn have subthemes. The analysis is based on the modernization theory, the system theory and the empowerment theory and also compared to the previous research presented in the second chapter.

6.1 Social workers' role in elderly care

Analysis of this theme is as the results, divided into two subthemes, *Families are the caregivers* and *Social workers' practical work.*

6.1.1 Families are caregivers

The system theory states that families always strive to attain homeostasis (Forsberg & Wallmark, 2002, p. 28 ff.) – balance and stability and this could be a reason why families care for their elderly. Since the elderly are considered to be at the top of the family hierarchy and a symbol of respect according to one social worker, balance could be considered to sustain if the elderly are cared for at home by the family and continue to be the head of the family. Homeostasis is to be considered very important in a system with a highly structured hierarchy (Payne, 2005 p. 211.) When the social workers talked about home health care and after reading reports from the Foundation of Thai Gerontology Research and Development Institute (2010, p. 77), home health care, given by families or volunteers, could be a reason for retaining homeostasis. When other components are added to the system, i.e. a change in lifestyle, differentiation may occur (Payne, 2005). This is causing a more complex structure in the system which may change the homeostasis. Depending on which sub system the elderly is considered to be a part of, the change in homeostasis may vary. If the system the elderly is a part of is open, the relationships in the system are developing so called input in energy (Payne, 2005). The results of these actions may be that the elderly feel supported to stay at home and being cared for, so called output I energy (Ibid).

The social workers also talked about Buddhism being a reason for why elderly are mainly cared for at home. This is also suggested to be a reason by Chowattanapakorn (1999, p. 97) and Ingersoll-Dayton & Saengtienchai (1999, p. 114). Buddhism and the idea of parental repayment maintain the traditional caring system in Thailand; however that is changing in other parts of Asia. Even though Thailand is experiencing a modernization of society, traditional values still remain valid. This is explained by the social workers to be partially due to their religion, Buddhism that still values the traditional values and therefore slows down the development of modernization. The individuals in a system are constantly adjusting to the other demands within the system (Payne, 2005 p. 210). Along with changing roles within a system combined with modernization and religion, this may also cause differentiation. Elderly and their next of kin's may find themselves forced to alter in the systems inner organization to maintain homeostasis.

The social workers talked about the home health care system as a reason why most elderly in Thailand never come in contact with social workers at all. This path has been chosen by the government as the direction for Thai elderly care. According to the social workers, a reason could be the strong influence Buddhism has on the Thai society and the values of parental

repayment that is discussed in several nursing and social work journals. Based on these factors, social workers role in elderly care remain minimal however Thai and international journals and the Thai government are discussing the topic which have been raised in the recent years. From a system theory point of view, it would seem that the informal systems i.e. the families have very little contact with the formal systems that includes municipal authorities (Pincus & Minahan, 1973). The formal systems have given the responsibilities of caring for the elderly to the informal systems therefore creating a gap. The elderly and their next of kin in most cases, never come in contact with authorities when they are in need of care. However, the social workers mention that the elderly come in contact with some societal systems such as hospitals though not for long-term care. The limits between the informal systems and the formal and societal systems can be considered as closed. The formal and societal systems are protecting their inner organizing and are not giving out the information to the informal systems of what they need to know about elderly care and that social workers can play a part in that care.

6.1.2 Social workers' practical work

Social workers' role in elderly care is very limited according to the social workers. The numbers of social workers graduating and social workers working within the elderly field is limited, also consisting with the research of social workers in Thailand. The lack of graduates that was considered as an issue by the respondents is also consistent with the study by Phongvivat (2002, p. 298) that states that graduates from other social science field's work as social workers. Elderly care is not always the first choice when majoring in social work and social work may not even be the first hand choice whatsoever.

Social workers' tasks when working within the elderly field was not something I could find previous research on in English. The results from the social workers however states that social workers working for the government can have diverse tasks ranging from administration to encountering meetings with the elderly. Engaging in meetings with the elderly may cause the social workers to be their own sub system for the elderly. This sub system that is focusing on a dialogue between a professional and client is an example of a system that is exchanging knowledge between each other which also creates open limits. From a system theoretical point of view it can be described as exchanging physical and mental energy and therefore creating energy flow (Payne, 2005). The output of the exchange can be seen on the elderly in form of new knowledge and the feeling of being empowered as well as in the social worker – who is experiencing an increase in knowledge of elderly's situation.

Social worker 2 stated that social workers in Thailand not only work with social welfare but also with elderly activities and enhancing elderly's potential. Empowerment is described to make weak groups in society regain their power by giving them the tools they need to get better self-esteem, knowledge and skills. She described some social workers working as educators, empowering the elderly and teaching them how to apply for loans and how the new pension system works. This social worker also talked about the need for social workers in the private sector, though the view on social workers in this sector as a profession only working with welfare questions made the demand limited. Kespichayawattana and Sutthichai (2009, p. 15 ff.) do not mention social workers at all when studying private nursing homes in Thailand, however they often refer to nurses or servant as parts in elderly's lives as caregivers.

The social workers working in hospitals, although few, act for the elderly when they do not have any relatives that care for them when they are hospitalized. The social workers try to find funding for the patients since utilities are not included by the state's care according to Social Worker 1 and the Foundation of Thai Gerontology Research and Development Institute (2009, p. 69 ff.). The social workers working in the hospitals try to create new formal systems for the elderly that does not have an informal system to go back after being hospitalized.

6.2 Elderly's role in the family while living in nursing homes

This part also follows the same pattern as the result chapter and is divided into two subthemes; *Changing values* and *Elderly in nursing homes.*

6.2.1 Changing values

The social workers talked about the change in values towards elderly. When the elderly retires is when their power weakens. With children moving into the cities, elderly that earlier had their children close to home will now have to make other arrangements when in need of care. The systems that once were structured with children caring for their parents is not always possible now. With including other factors such as change in lifestyle and urbanization the systems are undergoing a differentiation (Payne, 2005). This may change the homeostasis rules, causing it to break. The change for the children, when they decide to move into the cities leaving their parents in the rural areas is affecting everyone in the system. The elderly have to adjust to the new system or create a new one.

Elderly's role has changed when applying the quote from Social Worker 2:// *…The dependence has now become independence.* Elderly that once relied on being cared for by their children and grandchildren now take control of their own lives when retiring and plan future care and provide for themselves. Elderly that once worked until the age of 60 and then retired was depending on others to provide for them. Elderly can now work after reaching 60 and have more influence over the life situation and are therefore more empowered. With elderly not having to rely on their children to the same extent as before, they are free to create their own systems between each other, which can be open, inviting the children to be part of a sub system. The system can also be closed, cause the elderly to use *synergy,* i.e. stimulate their own needs within the system (Payne, 2005).

6.2.2 Elderly in nursing homes

The description the social workers gave of the nursing homes in Thailand was consistent with the information I found about nursing homes in the previous research chapter. The social workers could not give an exact number of private nursing homes since there is no registration requirement. Private nursing homes seem however dominate the nursing home establishments in Thailand. Despite this fact, studies and knowledge about these establishments are very low (Knodel & Chayovan, 2011, p. 4). Government-run nursing homes, although free of charge have more demands on the residents than private nursing homes that are completely fee-based. The formal system, in this case the government run-nursing home can be considered as closed due to the fact that the change within the system has not developed though there are many informal systems living there. Another reason why the formal system has not developed could be that the informal systems may be closed as well, obstructing changes and development, in system theory called energy.

From the results from the social workers, elderly that live in nursing homes do not have contact with their families at all or very limited such, for example on occasional holidays such as Songkran. The elderly form new systems living with other elderly at nursing homes. For some, this was a reason to move to a nursing home and thereby form a new system. For other elderlies that were left at the nursing homes or *thrown away*, the limit that had been formed with their family would break and leave the whole system unbalanced. The homeostasis in this case is unbalanced and the system is closed which obstructs the ability to develop relationships in the system (Payne, 2005). A closed system's limits are more likely to break since the development is nonexistent. The elderly in the nursing homes may therefore create

their own energy using each other creating so called synergy to cope with their new life situation (Ibid.). How the rest of the system would manage when one's elderly moves to a nursing home may however be difficult to know since the relationship between a resident at a nursing home and their family often is non-existent. Families without daughters or daughters-in-law may also experience unbalance in the system. These are the main key persons in caring for the elderly, and since the transition between who will be the caregiver does not come naturally, the unbalance occurs.

The changing lifestyles that come with modernization - men and women working full time and the younger generations moving into cities - is described by the social workers as something that is increasing. This would make the children's care for their parents a burden, especially if they are an only child and could also be a reason why elderly move into nursing homes. However the term nursing homes is still negative in general and the government has chosen the home health care path instead of expanding the nursing homes. The view of the formal systems taking care of the elderly is seen as negative meanwhile caring for your elderly in the informal systems – within the family is seen as the right way. This opinion is shared by informal, formal and societal systems.

6.3 Changing social work?

Social workers did not experience any change in their field due to changing elderly care, however they mentioned the nursing field as something that is more affected by this change. From the reports presented in the previous research chapter, some are published in nursing journals and therefore this issue may be raised in other fields than social work.

One social worker talked about tasks changing for the social workers and that they now sometimes represent a voice for the elderly. They also advocate active aging, making the elderly feel empowered and not defined by their age. Elderly are now working beyond 60 and caring for themselves for a longer period.

Previous research and the results from the respondents both show a lack in empirical data and gathered data from different government organs. This is also consistent with the previous research showing a lack in data, especially in the private sector.

The lack of changing social work may be the effect of closed systems within the social work field and the elderly field. Open systems is causing development within a field. It can also lead to inputs from elderly's experiences and research needed to cause change and development within the field creating an output of a better care for elderly in Thailand.

7. Discussion

I chose an explorative approach to this thesis because of the lack of empirical data on social workers' role in elderly care. This is something of a pioneer study, diving in to a subject that recently is being discussed in Thailand. The results are not meant to be generalized; however the consistency with previous research can give a view of how social workers in Thailand see the changes in elderly care.

The problems I have met along the way, the biggest one being to actually get in contact with social workers within the field elderly care, was explained to me when getting the interviews. With only two universities in Thailand having social work as a major and with an average of only one or two social workers' in every province, explains the lack of participants in my study. When the respondents also told me that there are no social workers' within the private sector of elderly care, this was also an explanation why I did not get any interviews with this sector.

It would be interesting to hear the same answers but from different respondents. Do the elderly and their next of kin's have the same perception of the issue as the social workers? It would also be interesting to study the systems of the families that in Thai terms, *throw their parents away.*

After taking a closer look at the subject of social workers and their role in elderly care in Thailand, I was surprised by the lack of social workers in the country. This was not something I expected when I began exploring the subject. By interviewing social workers at a university I also got a closer look at how studying social work in another country could be and comparing it to my own education.

Studying a country such as Thailand, that is starting to deal with the same questions that Western countries have discussed for years, it is interesting to see what they focus on. Many factors explain why nursing homes are not an expanding government sector and titles as educators within the elderly field is important in Thailand since the elderly reforms are new and until a few years ago, never existed. Some differences can be made out though, for example the path of home health care that Thailand is focusing on instead expanding nursing homes. The reason for why they are not expanding this sector is because it is associated with homes for the homeless and people who leave their parents there. This sector has not been

invested in by the government and has instead been taken over by the private sector that is expanding without demands on regulations and registrations.

The lack of data, which I however was aware of before beginning my empirical collection made the study more difficult to conduct than I first expected. Most of the research that exists is written in Thai. This lack of data was also confirmed in my interviews with the social workers. I also believe, in agreement with Social Worker 1, that data should be gathered and that this is an important step for more efficient knowledge. This step would also make a huge difference in changing elderly care in the future.

7.1 Suggestions for future research

The limitations of my research are mainly that it is an explorative study with only four respondents. With a greater number of social workers, the study can give a more generalizable result and therefore a more distinct view on social workers' role in elderly care. The field is still unknown and I have not found any research papers or reports that focus on elderly from the social workers' point of view. My suggestion for future research is to locate social workers' role in elderly care using statistical analysis. With statistics as a tool, gaps can be discovered and improvements can be made. Social workers' voice is important to strengthen their professional position and reputation in general. The social workers talked about their profession being associated with social welfare, homelessness and poverty. By researching why it is connected to these terms, the understanding can lead to a change in associations which in turn can lead to that social work can take place in the private sector elderly care that is overrepresented.

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Appendix 1: Definition of terms

The following terms are used throughout this thesis. The context to each term may differ depending on the context; therefore I have listed my interpretation of the terms that may be unclear. I have also listed a few terms that are mentioned in the thesis and not explained, terms that are part of Thailand and the Thai society.

- **Elderly and older people** – The meaning of the word elderly and older people in this study is a person over 60 years of age. This is the standard definition used by the Thai government and other research studies in Thailand (Knodel & Chayovan, 2011, p. 3).
- **Nursing home** – I have chosen the U.S. library of medicine's definition of the term nursing home. The term nursing home is defined by the U.S. library of medicine to a residential place for elderly who do not need hospital care however cannot live at home. Nursing homes have care 24 hours a day by skilled nurses (U.S. library of medicine, 2013).
- **Social worker** – The term social worker in this thesis is used to refer a professional with at least a Bachelor degree in social work.
- **Elderly care** – This thesis' definition of elderly care is care for elderly that no longer can care for themselves. Elderly that are in what Jönsson (2009, p. 210 ff.) refers as *the fourth age*, when elderly have to depend on somebody to care for them.
- **Songkran** – The Thai new year, is a holiday celebrated 13th – 15th April.
- **Baht** – The baht is the Thai currency. 100 Baht = 3.47 US dollar/2.66 Euro (XE, 2013).Older persons in Thailand had an average income of 7 495 baht in 2010. Males had an average of 8 985 baht and women 5 259 baht. The range in urban areas are 14 086 baht and 4 137 baht in rural areas (Foundation of Thai Gerontology Research and Development Institute, 2010, p. 58).

Appendix 2: Interview guide

Presentation

Tell me a little bit about yourself and your connection to social work, practical and theoretical and elderly care.

Theme: General

From what I have read in many studies, caring of elderly is mainly within the family, What do you think of that system? How can it be improved?

What social status does elderly have in the Thai society?

Theme: Institutions/nursing homes

Why do you believe that elderly choose to stay in nursing homes?

- Background for their choice, what can be the reasons?
- Difference between government run nursing homes and private nursing homes?

Do you think that elderly would rather choose to being cared for at home instead of a nursing home?

How do you think caring on institutions differs from caring in homes?

Theme: Elderly's role and family structures

How would you describe the elderly's role in the family in general? Is the role important?

Is the elderly's role any different from when they are in a nursing home? If yes, in what way? Is the role the same in private nursing homes and in government nursing homes?

How do you think family structures are changing when the elderly lives at a nursing home instead of at home?
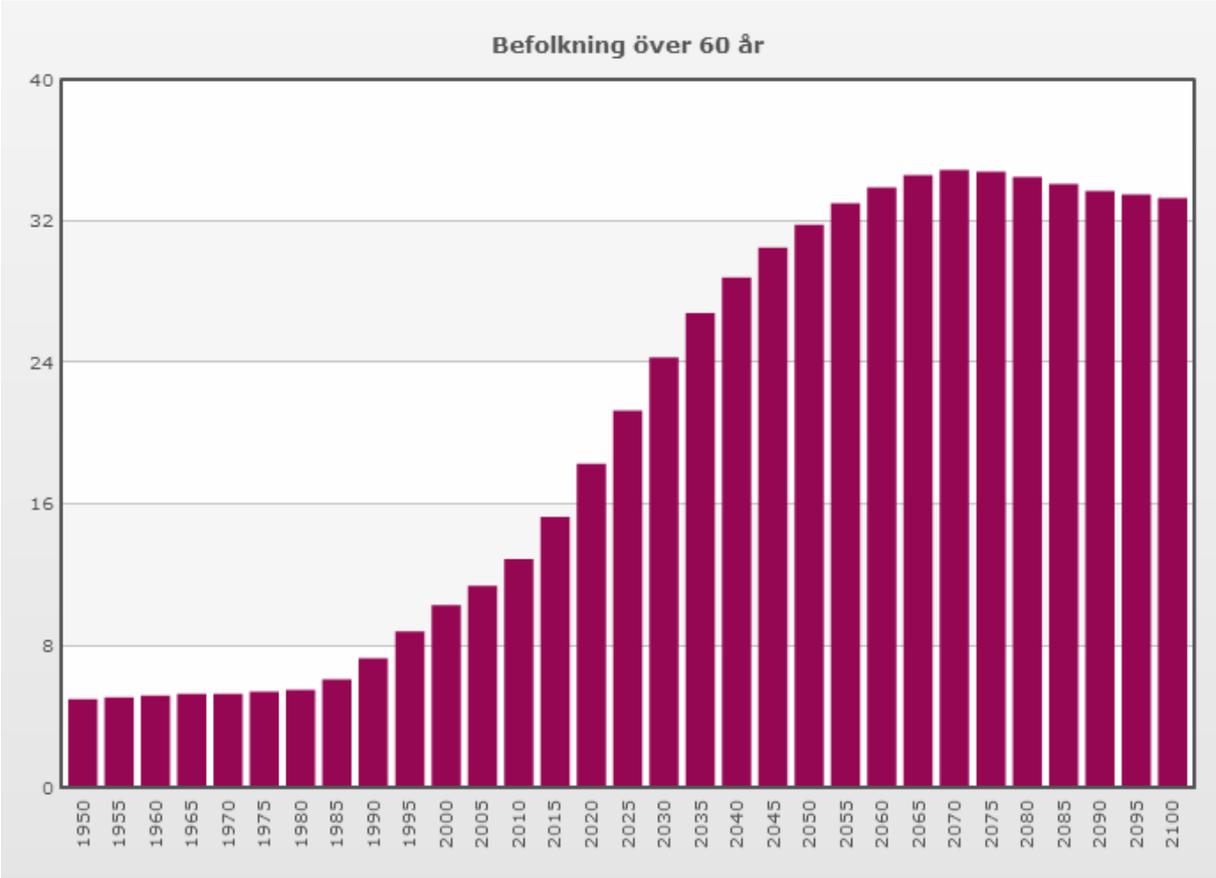
Theme: Social workers

Tell me about social work in Thailand

What role does social workers have in the elderly care issue?

Is the ongoing change in elderly care affecting social work in Thailand? If yes, in what way?

Appendix 3: Chart of increasing elderly population in Thailand

Population in Thailand over the age of 60

Befolkning över 60 år