

Management of Elderly Welfare under the Jurisdiction of the Ranong Provincial Administrative Organization

Phuchit Phurisirikul*, Sunthan Chayanon, Wijittra Srisorn

College of Politics and Government, Suan Sunandha Rajabhat University, Thailand

**Corresponding author E-mail: phuchit.ph@ssru.ac.th*

ABSTRACT:

This study examines the governance and delivery of social welfare services for older persons within the remit of the Ranong Provincial Administrative Organization. It underscores the imperative of instituting a comprehensive welfare framework to enhance the quality of life and social integration of the elderly population in Ranong Province. The research identifies four principal domains of service provision: healthcare and public health, occupational support, educational opportunities, and old-age allowances. In the area of healthcare and public health, the study emphasizes the importance of ensuring that senior citizens have access to timely, convenient, and continuous health-promotion initiatives, preventive care, and medical treatment to optimize their physical well-being. Regarding occupational support, the expansion of vocational training and income-generation programmes is highlighted as a means to mitigate unemployment among the elderly and to facilitate their meaningful engagement in productive activities. Educational opportunities for older adults are also considered crucial, with the establishment of lifelong learning centres aimed at promoting ongoing personal development and cognitive stimulation. In addition, the study advocates for the augmentation of state-funded pension schemes and subsistence grants to alleviate financial hardship and support the daily living expenses of senior citizens. The findings indicate that an integrated, multi-sectoral approach—addressing the physical, psychological, familial, social, and environmental dimensions—is essential for effective welfare management. Government agencies are therefore advised to adopt coordinated policies and cross-sector collaboration to ensure that the elderly receive holistic and sustainable support.

Keywords: *Elderly Welfare Management; Social Welfare Services; Quality of Life; Ranong Province.*

1. INTRODUCTION

Thailand has notably accomplished a swift transition to low fertility rates concomitant with substantial advancements in healthcare infrastructure, public health systems, and socio-economic development. Consequently, life expectancy at birth has escalated from approximately 40 years in 1927 to 72 years in 2000; disaggregated by sex, female longevity attains an average of 75 years, whereas male longevity averages 70 years (Mahidol University, 2005). Globally, the demographic cohort of individuals aged 60 years and above is expanding continuously. In 2022, this segment numbered 1.109 billion—representing 14 percent of the world's estimated 8 billion populace. Within Thailand, the elderly population reached 13,458,000 in 2022, comprising 5,653,000 men and 7,805,000 women, thus exemplifying the nation's demographic shift toward extended longevity (Office of Academic Publications, 2024).

Ranong Province has similarly witnessed a progressive increase in its elderly proportion, rising from 12.05 percent in 2013 to 17.93 percent in 2023. As of 2023, the province accounted for 32,089 residents aged 60 and above—ranked 50th nationwide. As a southern coastal jurisdiction, Ranong's older-adult ratio continues to augment, particularly in rural hamlets and subdistricts under the purview of the Ranong Provincial Administrative Organization, which lie beyond municipal boundaries. Older residents in these locales encounter multifaceted challenges, including constrained access to medical and preventive services, inadequate mental health promotion initiatives, absence of an integrated long-term care framework, and unmet requirements for daily living assistance—such as nutritive meal provision, suitable housing, and dependency support. Accordingly, it is imperative that governmental authorities devise and implement a holistic welfare policy encompassing infrastructure development, enhancement of life quality, community governance, maintenance of public order, environmental stewardship, and the preservation of indigenous art, culture, traditions, and local wisdom. Legislative statutes further empower local administrative entities to establish community-level public service systems, delineating responsibilities for social welfare provision and the amelioration of older persons' quality of life. In accordance with these mandates, the state is charged with delivering welfare services across four fundamental domains: (1) healthcare and public health; (2) occupational support; (3) educational opportunities; and (4) old-age allowances.

In light of these developments, this study posits that the efficient administration of social welfare for seniors under the jurisdiction of the Ranong Provincial Administrative Organization is crucial for fostering the well-being and societal integration of the elderly. The research will concentrate on eliciting stakeholder perspectives, evaluating satisfaction indices, and identifying service gaps to formulate evidence-based recommendations tailored to the region's specific context.

2. CONCEPTUAL FRAMEWORK

2.1. Definition of “Older Adult”

The designation “older adult” conventionally refers to individuals who exhibit salient physical indicators of advanced age—such as wrinkled skin, depigmented hair, and reduced mobility—and who are generally regarded as occupying the terminal phase of the human life course. The Royal Institute Dictionary defines the Thai term ชรา (chara) as “to grow old; to deteriorate; to decline,” while Thawornthaweewong (2000) characterizes old age as the final stage of life (Royal Institute Dictionary, 1999; Thawornthaweewong, 2000). Definitions of “older adult” differ according to disciplinary perspective. In demographic and statistical practice, persons aged 60–65 years and above are typically classified as elderly. Under Thai legislation, anyone 60 years or older is legally recognized as an older adult. Moreover, developed nations generally report a higher proportion of older adults than developing countries—a trend likewise evident in Thailand's steadily rising elderly cohort (Jenobrom, 1991).

Jenobrom (1991) identifies four principal criteria for determining older-adult status:

1. Chronological Aging: Classification based solely on calendar age, irrespective of functional capacity.
2. Physiological (Biological) Aging: Progressive somatic changes—such as diminished organ function and cellular resilience—that intensify with advancing years.
3. Psychological Aging: Declines in cognitive processes, including perception, memory retention, and adaptive learning.
4. Sociological Aging: Transformations in social roles, patterns of interpersonal interaction, and reductions in occupational responsibilities (Yodphet, 2001). Barrow and Smith (1979) further observe that demarcating old age exclusively by chronological criteria is problematic; instead, they recommend a multidimensional appraisal that encompasses cultural norms, physical and mental functioning, self-perception, occupational capacity, and coping mechanisms for stress and illness.

Tradition Societal conventions designate the onset of “old age” according to statutory retirement thresholds. For example, Thailand establishes the retirement age at 60 years, whereas the United States sets it at 65 years. These culturally sanctioned benchmarks reflect collective expectations regarding when an individual transitions from active employment to retirement.

Body Functioning Physiological aging is marked by progressive decline in organ systems and homeostatic capacity. The rate and extent of this decline vary inter-individually: some persons may experience significant physical deterioration (e.g., loss of dentition) by age 50, while others maintain robust physical health into their eighth decade.

Mental Functioning Psychological aging encompasses reductions in creative thinking, memory retention, and learning capacity. Common manifestations among older adults include mild memory impairment and diminished motivational drive. However, such changes are not universal and may present heterogeneously across the population.

Self-Concept Self-perceptions of aging influence identity, emotional well-being, and daily activities. Older adults often internalize beliefs that they are “too old,” which can alter posture, affective state, and life-style choices. These self-appraisals evolve over time and shape adaptive behaviors in later life.

Occupational Capacity Declines in physical stamina and cognitive agility often precipitate withdrawal from the workforce. Consequently, older adulthood is socially construed as a period of rest and retirement. Thus, those beyond the conventional working-age threshold (typically 60 years and above) are classified as non-labor force participants.

Coping with Stress and Illness Advanced age is associated with increased prevalence of chronic disease and social stressors, imposing emotional and physical burdens. Effective coping strategies and access to long-term care become critical for maintaining quality of life, particularly for individuals aged 60–65 and older.

Legal Definition (Thailand) Under the Elderly Persons Act B.E. 2546 (2003), an “older person” is legally defined as a Thai national who has attained the age of 60 years. Internationally, criteria differ—65 years in the United States,

67 years in Scandinavia—underscoring that chronological age alone does not fully capture the multifaceted nature of aging.

Summary For the purposes of this research, “older adults” are defined as Thai nationals aged 60 years and above who experience age-related changes in physical health, cognitive functioning, social roles, and emotional resilience, and who may require tailored welfare services to support their well-being.

2.2. Social Welfare

Definition (United Nations) The United Nations defines social welfare as an organized system of social services and institutions designed to ensure that individuals and groups achieve an adequate standard of living and health, maintain personal and social relationships, and possess opportunities for self-development. This framework seeks to enable families and communities to attain levels of well-being consistent with their needs and aspirations. **Conceptual Scope** (Midgley, 1997, pp. 4–5) Midgley distinguishes between a narrow and a broad conception of social welfare:

Narrow Definition: Social welfare comprises charitable activities or government-sponsored social programmes targeted at the economically disadvantaged or “idle” populations. Critics argue that this framing can stigmatize recipients as passive “clients.”

Broad Definition: Social welfare denotes the overall well-being of individuals, families, and communities, encompassing both subjective (perceptions of life satisfaction) and objective (measurable material conditions) dimensions. In this view, social welfare exists whenever social problems are addressed, needs are met, and opportunities for development are made available.

Legal Definition (Thailand) Under the Social Welfare Promotion Act B.E. 2546 (2003), social welfare is defined as “a system for organizing social services related to prevention, remediation, development, and promotion of social security, aimed at meeting the basic needs of the populace so as to ensure equitable, appropriate, and standardized access to education, health and hygiene, housing, employment and income, recreation, justice processes, and general social services—in full recognition of human dignity, rights, and participatory governance” (Ministry of Social Development and Human Security, 2006).

Summary and Activity Domains From these definitions, social welfare is fundamentally concerned with the well-being of society’s members. Its scope is extensive, encompassing a variety of activities that collectively enhance individual and communal quality of life. Seven principal domains of social welfare activity are therefore identified:

Education Provision of lifelong learning opportunities, including formal and non-formal instruction, vocational training, and community-based educational programmes, designed to enhance knowledge, skills, and personal development among older adults.

Health Care Comprehensive medical and preventive services, encompassing health-promotion initiatives, primary care, chronic disease management, and rehabilitative support, to maintain and restore physical and mental health.

Income Maintenance Mechanisms for ensuring financial security, such as pension schemes, allowances, and targeted subsidies, aimed at safeguarding subsistence needs and reducing economic vulnerability among the elderly.

Housing Strategies for securing safe, accessible, and affordable living environments, including age-friendly housing design, residential support services, and community-based accommodation options tailored to older adults.

Recreation Opportunities for leisure, social engagement, and cultural enrichment—such as organized activities, clubs, and community events—intended to promote psychological well-being, social integration, and active aging.

Safety and Security Measures to protect personal safety and property, including crime prevention, disaster preparedness, and emergency response systems, as well as social support networks that mitigate risks associated with isolation or dependency.

Personal Social Services Individualized assistance and case-management services addressing daily living needs—such as home care, meal delivery, counseling, and caregiver support—ensuring that older adults receive tailored interventions to sustain autonomy and quality of life.

Summary: Social welfare, therefore, denotes the full spectrum of activities and services—mandated by governmental policy—to assist individuals, families, groups, and communities in preventing, mitigating, and resolving social problems at every stage of life. It reflects a commitment to human dignity, equitable access, and participatory governance in the provision of welfare supports.

2.3. Concept of Elderly Welfare

Elderly welfare refers to the structured provision of services by government agencies, private organizations, community networks, and families to support older adults in living with dignity, independence, and quality of life. This care must address the holistic physical, psychological, economic, and social needs of the elderly.

According to Mien-kerd (2016), social care systems for the elderly aim to protect and uphold the rights of those with physical or mental limitations or reduced functional capacity, thereby promoting their self-care and personal development.

In summary, elderly social welfare encompasses a continuum of personalized, intersectoral services designed to empower older adults to maintain autonomy, engage actively in society, and benefit from coordinated support systems.

2.4 Conceptual Framework and Theoretical Foundations1. Maslow's Hierarchy of Needs

Maslow (1970, as cited in Rangsarit Phad, 2007) conceptualized human motivation as a hierarchy of five ascending levels:

1. Physiological Needs: These include the most basic requirements for human survival, such as food, water, clothing, medical care, shelter, and other amenities necessary for a minimal standard of living.
2. Safety Needs: Once physiological needs are satisfied, individuals seek safety, security, and protection from physical harm, emotional distress, and uncertainty.
3. Love and Belonging Needs: Following the attainment of safety, individuals pursue meaningful relationships, community integration, and emotional connection.
4. Esteem Needs: At this level, people strive for respect, recognition, and personal achievement, which contribute to self-worth and confidence.
5. Self-Actualization Needs: The highest tier involves the pursuit of personal growth, fulfillment, and realization of one's full potential.

2.5. Conceptual Framework and Theoretical Perspectives on Quality of Life

Quality of life (QoL) among older adults is understood as the individual's subjective appraisal of life satisfaction across multiple domains. It is most effectively gauged by the older person's own perception in the following areas: Physical Health: Functional capacity, absence of pain or discomfort, and general wellness. Living Conditions: Adequacy of material resources, housing, and daily necessities. Emotional Well-Being: Mood stability, presence of positive affect, and freedom from anxiety or depression. Interpersonal Relationships: Quality and extent of social support networks, familial ties, and friendships. Social Integration: Participation in community groups, civic engagement, and a sense of belonging. Autonomy: Ability to make personal decisions and exercise self-determination. Schalock's Eight-Domain Model Schalock (2004, as cited in Boonphadung, 2011) synthesized empirical research to propose eight core QoL dimensions: 1 Physical Well-Being; 2 Emotional Well-Being; 3 Material Well-Being; 4 Interpersonal Relations; 5 Social Inclusion; 6 Personal Development; 7 Self-Determination; 8 Rights

According to this model, effective welfare interventions must address each domain to foster holistic well-being. Klaphajon's Holistic Definition Klaphajon (2002) defines QoL as the condition in which individuals live happily under favorable circumstances, maintain self-reliance, and integrate harmoniously within society. He emphasizes that beyond physical health and longevity, quality of work life—characterized by job satisfaction, fulfillment in one's duties, and opportunities for career advancement—constitutes a vital component of overall QoL.

UNESCO's Environmental Adaptation Perspective UNESCO (1991, as cited in Sritulakorn, 2003) conceptualizes QoL as the subjective sense of contentment derived from living in a supportive environment that promotes both physical and psychological integrity. Key aspects include:

- Adaptive Competence: The capacity to adjust to environmental and social changes.
- Resilience: Ability to confront life's challenges appropriately.
- Creative Contribution: Utilization of personal talents for self-fulfillment and communal harmony.

Navachinda's Participatory Framework Navachinda (2002) characterizes QoL as the satisfaction arising from needs being met—physically and mentally—and from active participation in socio-economic development. Her framework comprises four elements:

1. Positive Life Orientation: A disciplined, goal-directed approach to living that reflects personal aspirations.
2. Mental Health and Capacity: The interplay of psychological well-being and the potential to realize one's abilities.
3. Need Fulfillment: Alignment of developmental strategies with individuals' roles and life circumstances.
4. Environmental Engagement: Collaborative involvement in shaping economic and social environments, thereby reinforcing constructive social norms.

Summary These theoretical perspectives converge on the view that QoL in older adulthood is multidimensional, encompassing physical health, emotional resilience, social connectedness, autonomy, personal growth, and supportive environments. Welfare policies and programs for the elderly must therefore adopt an integrated approach that addresses each domain to promote sustainable well-being.

2.6. Determinants of Service Delivery

Effective service delivery relies on various dimensions, such as accessibility, tangibility, credibility, responsiveness, and assurance of quality.

1. Sarayut Sa-ngiam (2018) identifies three key determinants of high-quality health service delivery for older adults:
2. Clearly defined service protocols and operational systems,
3. The competency of healthcare personnel and service providers, and
4. Diversified channels for delivering services.

These factors collectively shape the effectiveness and perceived quality of welfare services for the elderly. As such, both governmental and non-governmental actors must prioritize self-reliance, lifelong development, and equitable care in the design and delivery of elder services.

Appropriate Social Welfare Governance for Older Adults under the Purview of the Ranong Provincial Administrative Organization The governance framework instituted by the Ranong Provincial Administrative Organization for geriatric welfare is structured around four cardinal domains:

1. **Medical and Public Health Interventions** It is imperative that older residents are afforded expeditious and accessible preventive, curative, and rehabilitative services. The optimization of care pathways—through streamlined protocols, adequately credentialed personnel, and diversified service delivery channels—serves to ameliorate morbidity and elevate the overall well-being of the senior population in Ranong Province.
2. **Vocational Capacity Building** The provision of targeted vocational training and livelihood enhancement programmes is essential to mitigate unemployment and to facilitate purposeful engagement of leisure time. A comprehensive social-care apparatus should be instituted to safeguard rights, protect vulnerable individuals, and empower those exhibiting functional limitations to attain or reclaim self-sufficiency.
3. **Lifelong Learning Initiatives** The establishment of dedicated educational centres for older adults is instrumental in promoting continuous personal development and fostering cognitive resilience. Through structured curricula and pedagogical supports tailored to gerontological needs, seniors can maintain autonomy and uphold active participation within their communities.
4. **Pension and Subsistence Support Mechanisms** The enhancement of contributory pension schemes and mean-tested subsistence grants is vital to alleviate financial precarity. Such fiscal interventions ensure that older citizens possess the requisite economic resources to secure basic necessities and preserve a dignified standard of living.

3. CONCLUSION

Elderly individuals constitute a paramount demographic whose welfare demands a holistic and sustained policy response. The efficacious orchestration of medical, vocational, educational, and financial support under local administration is instrumental in safeguarding entitlements, implementing prophylactic measures, and fortifying communal resilience. By aligning localized initiatives with national strategic directives, the Ranong Provincial Administrative Organization can sustainably enhance the quality of life and social integration of its ageing populace

REFERENCES

- Boonphadung, Suttipong. (2011). *Developing the Quality of Life of the Elderly at the Local Level Using a School-Based Approach According to Sufficiency Economy Principles (Phase 1)*. Suan Sunandha Rajabhat University, Bangkok.
- Jenobrom, Surakul. (1991). *Gerontology*. Department of Non-Formal Education, Faculty of Education, Chulalongkorn University, Bangkok.
- Klaphajon, Prachaya, & Khongthieng, Somsak. (2002). *Principles and Theories of Educational Administration*. Bangkok: Baphithi Kanpim.
- Mian-kerd, Wannalak. (2016). *Social Care Systems for the Elderly*. Nonthaburi: Thammasat University.
- Navachinda, Atchara. (2002). *The Relationship between Basic Human Needs, Domestic Science Conditions, and Quality of Life*. Bangkok: Kasetsart University.
- Ritphad, Rangsaaan. (2007). *Public Satisfaction with Waste Management by the Saeng Saeng Subdistrict Municipality, Nong Saeng District, Udon Thani Province (Master's thesis)*.
- Sengiam, Sarayut, & Vijai-ngern, Anuwat. (2018). *Administration for the Development of the Quality of Life of the Elderly in Medical and Public Health within Khao Phra Ngam Subdistrict Municipality, Mueang District, Lopburi Province, Thailand*. Burapha University Journal of Public Health.
- Sritulakorn, Thanya. (2003). *Quality of Working Life of Professional Nurses: A Case Study of Yala Hospital (Master's thesis, School of Social Development, National Institute of Development Administration, Bangkok)*.
- Thawornthaweewong, Siriphan. (2000). *Demography*. Bangkok: Ramkhamhaeng University.
- Wasikasin, Wanthanee, et al. (1998). *General Knowledge of Social Welfare and Social Work*. Bangkok: Thammasat University Press.
- Yodphet, Sasiphat. (2001). *Elderly Welfare*. Bangkok: Chulalongkorn University Press.