



The Community Charter Development on the Elderly's Wellness at Talat Mai Sub-district, Wiset Chai Chan District, Ang Thong Province

Kanitta Yampochai

Interdisciplinary Graduate Program in Social Development, Faculty of Social Science, Kasetsart University

No. 50 Ngamwongwan Road, Lad Yao, Chatuchak, Bangkok 10900, Thailand

Corresponding author. E-Mail address: fsockty@ku.ac.th

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Abstract

This participatory action research is conducted due to the area demand with the main purpose of developing the community charter on the elderly's wellness at Talat Mai Sub-district, Wiset Chai Chan District, Ang Thong Province. The study tools include semi-structured interview using with the 15 elderlies in order to collect general information, knowledge, and opinions on elderlies' wellness; and the question approaches using with 10 stakeholders in order to collect information and plans about elderlies. Then, the study holds 3 community forums with different purposes: 1) the committee appointment forum; 2) future direction planning, community agreement and workshop planning forum; and 3) announcement of charter forum. The target group includes 32 elderlies participating in each forum and in-depth interview.

The results of the study obviously reveal the community charter development on the elderly's wellness, which consists of 5 major categories and 23 procedures, that the elderlies are in need of health promotion, staying-together promotion, and community relationship the most. The following parts are education and live-long learning promotion and environment improvement for elderlies' living. The least being interested in is found the economy and income promotion in which does not support the Article 12 of the procedure – the saving promotion. Due to the fact that the previous activities have been unsuccessful, the study suggests that there ought to be the evaluation of procedures application in the dimensions of social, economic, and political success. The suggestion for area development is to apply the charter from this study as the accommodation for provincial elderly-operation and distribution to Thai Health Assembly for the benefit of continuous development.

Keywords: Community Charter, Elderly's Wellness, Participatory Action Research

Introduction

Because of social transformation into the complete elder society within the next 10 years (around 2025), it shakes the government to plan for the increasing expanses on health care, as well as the protection against physical and mind disobedience which has been raising up, i.e., violent speech, battery, and seeking benefits from elderlies' properties. In addition, elderlies should have some mechanism and tools to protect themselves (Sangkhawan, 2017) such as making connection and rules which the community must be informed, participate and practice in order to reduce and avoid some problems. Planning and preparing is supposed to consider the different contexts.

To develop the charter is considered an efficient and effective way of preparation for the elder society. It also is the tool for elderlies, communities, those who are close to elderlies, local official staff, and civil society to participate in the development and management directions planning, including physical health, physiological health or mental health, and social health. Moreover, it is also purposed to have resource preparation and concrete practices for moving the approaching elderly development in order to prepare and create awareness about taking care of elderlies in every dimension.

Talat Mai Community is one of the communities that has been prepared and in need of area-based agreement, where has had approaching operation about the elderlies since 2020. The operation begins with the foundation of



elderly school in which is considered the pilot project for taking care of elderlies and encouraging elderlies to become the prepared citizen in participating the community health strategies identification and movement. At this point, lacking any concrete agreement results in the gap of area based approaching development and systematical data collection about content and process aspects. As a result, this study is designed with the purpose of creating concrete regulations like to make rules together in order to identify the care and protection direction and to promote the elderlies' better quality of life.

Purposes

To investigate, collect the elderly data, and develop the community charter on elderly's wellness at Talat Mai Sub-district, Wiset Chai Chan District, Ang Thong Province.

Benefits

The charter on elderlies' wellness can be applied into living together methods and creating the community where is able to take care and protect against health problems in elderly's wellness. Health expanses will be reduced in the aspect of economy. For the aspect of social and community benefit, there becomes the encouragement of relationship among elderlies, families, and community, as well as government and private organizations. There also becomes social innovation of the community which is able to completely create mind, physical, and knowledge health for elderlies. In addition, there is the academic learning about developmental management for creating new knowledge in the dimension of area-based health care for the elderlies.

Literature Review

The study reviews several concepts, theories, and related studies in order to develop into the conceptual frameworks as described below.

A Theory of Participation with the Development of Elderlies' Life Quality

Participation into the development of elderlies' life quality consists of 3 major conditions: 1) health network, focusing on health promotion, psychology promotion which encourages self-value awareness, emotion control and community secure; 2) social security, focusing on law knowledge, social network and financial and secure function, i.e. having income to treat themselves and children, having no dept, having a job, having saving money; and 3) participative support, focusing on transfer process and shared society. Networks from those 3 conditions are in need of corporation of nursing organizations, governmental organizations, local administrative organizations, and provincial private organizations.

In addition, the participation into the development of elderlies' life quality should consider the style of activities and positive images, in which will promote more participations. Good images can replace the lost roles, for example, the role before retirement. Keys for success in elderlies include 3 aspects: 1) informal activities, held from interactions among elderlies and other people in the family and society without a formal style or time; 2) formal activity, in which elderlies participate in any activities held by organizational, private and civil society organizations so that the elderlies can join managing activities under the identified agreements; and 3) solitary activity, including hobbies, going for a walk, or gardening in which are purposed to entertain and perhaps create income from saving groups or community enterprise.

The encouraging methods for elderlies' participations should consider into details as follows: 1) Factors of missions and goal managements, focusing on everyone participating in community activities, media support for the similar understandings. Communication needs trusts in which emphasizes on interaction between persons and the



styles of media, which are both formal and informal. Moreover, personal media should be friendly and polite. Most of the media in community level are produced within the community, for example, community forum and association; 2) Factors of politics, society and culture which are in need of creating a decision-making power according to the right. Economy, culture and social and physical community should also support life-quality assurance; 3) Factors of projects which should encourage the participation in project operations and develop people's skills; 4) Factors of areal mentors or facilitators that should ground in the participation contents and community system structure. Having a leader will help working more convenient; 5) Factors of a leader, which is important for the sake of community participation. However, the leader must be acknowledged; Finally, 6) factors of society and psychology, which stimulate interests and reduce anxieties about any problems. It will become participation and agreement for problem resolutions (Phanthulee et al., 2018).

Empowerment to the Community Elderlies

A desired community is a self-managed systematical community that can identify self-development methods as well as can plan for the internal process management to be able to practice, follow up, and evaluate the performances. Therefore, such community should emphasize self-value awareness to the members in order to develop oneself to the aimed goal. Empowerment can consist of 1) personal empowerment, starting with feelings, perceptions, and self-positivity awareness; 2) empowerment among persons and groups, which should create the members' perceptions to be stronger and better relationship; 3) empowerment within the organization, which should give everyone an opportunity to manage in order to reduce the perception of vertical power and for the organization's long-period stability; and 4) community empowerment, which is to create agreements, awareness, and faith together so that it becomes a strategy and structure that the members are benefited and deserve the right to control resources (Kaewthep et al., 2019).

Empowerment or competency development is the most important developmental factor for a successful community which includes 5 processes as follows: 1) Setting up a committee to seek for the authorizes, roles, missions, and values in working with other people; 2) Analysis of the committee's missions, authority and roles to find out the principal competency for each kind of work; 3) Selection of the major goal to fit the position the most, with clear descriptions to transfer to the community leader; 4) Identification of the concrete expectation levels; Finally, 5) creating the competency key performance indicators of each position to fit the community context. There are 5 principles for competency development: 1) participation of every sector; 2) horizontal integration including knowledge, experiences and demand sharing; 3) clinging to cultural base and social capital as the regulations; 4) promotion of local wisdom adapting into self-health care methods; and 5) driving the policy to public in order to develop the elderlies' life quality (Phanthulee et al., 2018).

In conclusion, community empowerment can make the elderlies happy and have continuous learning, which results in creating a person's good life quality, participation, and assurance when becoming an elderly. Empowerment of elderlies should consider creative empowerment in order to move the community toward the self-managed community.

Community Wellness Charter on Elderlies

Wellness charter is a tool to drive areal public policy and a key factor to identify development cycle within the area, like the agreement with academic section made for the sake of solving physical, mind, social, and wisdom problems.



Charter management can be changed into practices for the desired images of the most appropriate wellness with areal contexts, according to the principle of right and equality. Creating a charter is one of the methods to manage social welfare in which the community can participate in operating. It also balances rights, opportunities, and access of welfare as cited in Elderly Person Act, B.E. 2546 (Khamhom et al., 2015). The process to develop the charter starts with civilian, local administrative organizations, district public health organizations, with the cooperation with academic section in setting up the committee, roles, and responsibilities, managing an informing forum to analyze the wellness and the community needs, and becoming the complete contents. After the draft, there is a listening to opinions for the improvement and approvement to the draft, and the draft will be eventually activated (Channawa, 2018).

Creating a community charter on elderlies' wellness should consider the elderlies' ability to take care of themselves. However, taking care of the elderlies is still in need of social welfare in order to be the systematical strategy of elderlies care among government, private sectors and social enterprises. Elderlies' ability encouragement is supposed to emphasize 3 factors: 1) the strong social policy, which could bring out the elderlies' ability for the benefit of economy and social both in the forms of knowledge, skills, and experiences, in which is still in need of continuous governmental promotion; 2) the choices for the elderlies to be prepared for themselves in order not to be the burden; and 3) the understanding in the elderlies' behaviors by the society (Samutachak et al., 2018). In addition, the elderly development methods should consider 3 issues as follows: 1) Individual, in the means of the opportunity to live with surrounding resources valuably, i.e., knowledge that provides a chance to join an activity and become a philosopher; 2) Economy, in the means of having a good meal, accurate treatment, and facilities. Finally; 3) social relationships, where the elderlies lose their important position so that the government should offer activities that allow elderlies to participate, i.e., law, financial, management, and life-quality development.

Community strategies are also the key factor for long-term elderlies' care. The strategies consist of 1) formal care, managed by governmental, private, and local civilian sectors in which include professionals (doctors, nurses, social workers) and volunteers to give services; and 2) informal care, home care by family members, neighbors, and volunteers (Chuanwan et al., 2019). So, the strategies to move elderlies forward self-care are in need of community and government sections.

Related Studies

Channawa (2018) suggests the development and movement processes of health charter on agricultural chemical from 13 villages at Na Di Sub-district, Suwannakhuha District, Nong Bua Lam Phu Province, which applies Participatory Action Research techniques. The study reveals that the process of health charter development and movement should initially emphasize the basic information, then improve the health care regulations modified by the committee and the local leaders, and finally draw the sub-district health charter. The contents of the health charter draft should cover health and clear regulations.

Wongsawud (2011) discovers that the health charter movement at Muangmor Sub-district, Muang District, Phrae Province, consists of 3 important powers: academic, people, and society. Furthermore, politics should work together with government.

Netsawang et al. (2016) introduces the 3 aspects of participation in elderlies' life quality development in Lamphang Province: 1) healthy aspect, composing of physically and mentally health which practically means happy life, normally exercises and every day meditation with doing some charity always; 2) social participation, composting of living with present conditions, accepting technologies, volunteering, promoting social activities,



donating based on being able to effort, and caring on wisdoms; and 3) assurance and sustainability, meaning being taken care by their descendants, having prepared descendants, living as a simple and efficiency life together with doing some hobbies and not making debt.

Chanpech & Sota (2012) applies participatory action research (PAR) to investigate the potential development of sub-district administrative organization (ADAO) for elderly health promotion in Huaton Sub-district, Suwanaphum District, Roi-Et Province. The study conducts an activity for potential development from problem and demand analysis concerning the elderlies' health, planning, practicing, and developing the potential of evaluation. After those mentioned activities, the staff and elderly leader had knowledge, attitudes, perceived roles, and belief in their ability to operate the health of the elderly higher than before the study, with statistically significant (p -value < 0.001).

Chuanwan et al. (2019) introduces suggested policy according to the study titled "Family caregiving for the elderly which has several living arrangements in Thai society for assessment the strength and support needs of household", that elderlies are supposed to be aware of their dignity by living on their own, having good neighborhood and strong leaders. The importance in elderlies' people and having a good leader model includes being a village public-health volunteer and elderly care volunteer. In addition, gathering elderlies to do activities increases self-care in elderlies, as well as becoming a community enterprise for the elderlies to make income.

According to the literature review, it manifests that elderlies are the adequate efficiency citizen to rely on and manage themselves. However, the community should create a systematic corporation. Even though the elderlies' potential is high, their health condition often is a burden. As a result, there should emphasize on elderlies for taking care of, protecting, and encouraging them to have a role. According to that information, this study conducts operative practices based on the research framework as shown below.

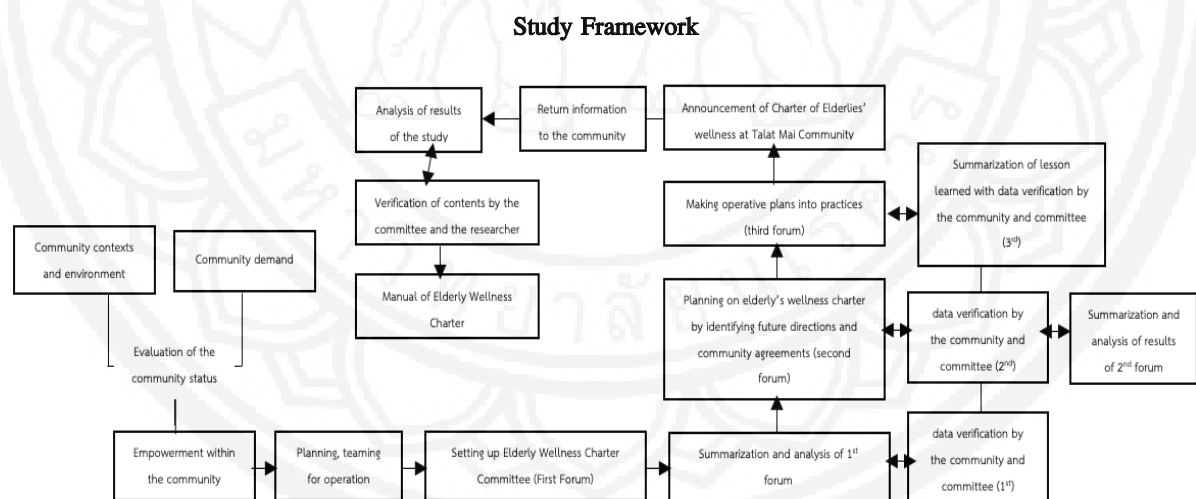


Figure 1 Research Framework.

Research Methodology

The participatory action research framework is described as follows.

Location Identification

This study is set to conduct at Talat Mai Sub-district, Wiset Chai Chan District, Ang Thong Province. There are 5 villages including Village No. 1 Baan Talat Mai, Village No. 2 Baan Talat Mai, Village No. 3 Baan



Lak Khon, Village No. 4 Baan Lak Khon, and Village No. 5 Baan Klong Sao Thong. The reasons for choosing those five villages are that those areas have prepared resources and people, as well as they are the complete aging community (in which the percentage of the community elderlies is 23). Furthermore, the elderlies and community members are in need of clear and concrete agreement on living together.

Target Group and Data Collection Techniques

The target group consists of 32 60-year-old or older members by purposive sampling. The study chose the elderlies who are acknowledged and experienced (key informants) and are a member of one of the sub-district activities. The data are collected through data collection technique consisting of 2 methods as follows: 1) group interview, the interview of 3 groups with 3 people each, 15 in total, in order to collect general data about the community and environment contexts and the knowledge and opinions about community wellness. This methods encourage the elderlies help each other describing the information of the areas, which creates the atmosphere of thrust in communication and giving opinions; and 2) community forum, for developing the charter together. This method includes 32 elderly members (who have been through the group interview). Moreover, in-depth interview is employed with 10 stakeholders of the community elderly wellness charter, who are 5 staff from sub-district administrative organizations, 2 civil society members, and 3 community leaders. This is aimed to collect data and plan for the elderly operation, as well as to balance the information. All mentioned operations are conducted with observations in the forms of participatory and non-participatory. So, the target group of this study consists of 42 members.

Participatory Action Research

This participatory action research starts with rapid rural appraisal (RRA) to collect the community commands, then the interview of elderlies, and in-dept interview. The initial information is processed in order to hold 3 community forums as described below.

Step 1: preparation of knowledge and understanding of the researchers and related persons with the study about community contexts and environment and community demands. This step operates the community evaluation, group interview and in-depth interview. Then, the processes of planning and creating a team begin. This step creates the operative network.

Step 2: Community forum, consisting of 3 forums in which contain different purposes.

Forum 1: Setting up the Elderly Wellness Charter Committee.

Forum 2: Planning of elderly wellness charter by identifying directions, community agreements, and creating operation plans into practices.

Forum 3: Announcement of the Elderly Wellness Charter of Talat Mai Community, and the return of community data.

Step 3: Application and summarization of creating community charter, starting with the analysis of areal information and verification of data accuracy from the forums, and finally creating the manual of elderly wellness charter.

Research Tools

The research tools are classified into 2 types: 1) main tools, including semi-structured interview and questions guideline; and 2) areal tools, including stereo, microphone, location of the forum, and the community forum sets.



Data Analysis

The processes of data analysis consist of 1) data organization; 2) coding; 3) data classification and analysis, with the purpose of data analysis is to manifest the important issues. Then, the outstanding code is selected to analyze empirical data and create all data networks; and 4) descriptive information of the study.

Research Ethics

This study has been verified the research ethic numbered KUREC-SS63/079, on 13 May 2020, by Research Ethics Committee of Kasetsart University.

Results

The Results from In-depth Interview

Talat Mai Sub-district was formally governed by Huikanland Sub-district and has been separated into Talat Mai Sub-district in B.E. 2525. This location is 10 square kilometer large, consisting of 5 villages: Village No.1 Talat Mai, containing 334 community members; Village No. 2 Talat Mai, containing 643 community members; Village No. 3 Lak Khon, containing 290 community members; Village No. 4 Lakkhon, containing 581 community members; and Village No. 5 Klong Saothong, containing 305 community members. There are 2,153 community members in total (Local Development Plan, Vol. 4 B.E. 2561-2564). The community members of 5 villages at Talat Mai Sub-district can be classified by age range as following: 385 members who are younger than 18 years old; 1,272 members who are 18-60 years old, and 496 members who are older than 60 years old. According to that information, the elderly members have the second most portion of the area, 23 percentage of all community members. This results in Talat Mai as the complete aging society.

Being a complete aging society causes the civil society at Talat Mai Sub-district to operate on elderlies, by planning the projects operation and development which encourage the elderlies to rely on themselves and improve the elderlies' potential through the activities that the elderlies can participate happily. Meanwhile the elderly's physical conditions are deteriorated according to ages, as shown in the community wellness information 2020, the most found diseases in elderlies, during January to May, hypertension, followed by diabase. This information has been addressed by Talat Mai Health Promotion Hospital. Talat Mai Sub-district contains full-time staff to take care of elderlies, including 2 public-health officers, 1 professional nurse, 1 public-health volunteer, and 40 village volunteers (elderly members included). In addition, the result of the study reveals that the elderlies are in need of empathy from descendants and neighbors, so the elderlies want to participate the activities that create empathy, e.g., participation in elderly school, being a member of any groups in the community, etc. Development of the charter is considered the agreements in which the elderlies will receive family and community empathy. As a result, the result of the interview manifests that the elderlies are in need of developing the charter, with the purposes of direction of good relationship, strengthening physical condition, self-improvement for the benefits of the community, transferring wisdom to the community members, and earning income.

The Study Results from Community Forums: The Development of Community Charter on Elderlies' Wellness

Forum 1: Setting up of the Charter Committee including 15 members and having the announcement of Notification on Appointment by Talat Mat Sub-district Administrative Organization No. 133/2563 B.E. of Talat Mai Sub-district Health Charter Committee. There are 67 percentage of all committees, including representatives from both government and private sections and the elderlies as the working members. The roles based on the announcement are to consider, evaluate situations, analyze for possibilities of operations into strategies plans, seek



for the appropriate work platform for the most achievement, present health strategy policies, reform, and apply the strategy policies into practices, which are in accordance with related organizations.

Moreover, the community wants to have 4 more advisory committee, who are 2 representatives from Sub-district Administrative Organization, 1 from Sub-district Health Promotion Hospital, and 1 from Talat Mai School. This advisory committee functions as giving advice, introducing, and suggesting policies, strategies, and goals of having Talat Mai Health Charter.

The Forum 1 also reveals the summarization of the enforced sections in the charter in which includes 5 sections: health promotion, education and live-long learning promotion, economic and income promotion, living-together and community relationship section, and environment improvement for elderlies' living. It also includes Temporary Provision (in which is the suggestion from civil society who is professional in managing charters). This forum has developed procedures in each section in order to prepare for the Forum 2, which consists of 24 procedures.

Forum 2: Selection of the charter title introduced by the researcher, in which consists of 3 titles (from the presentation of the community) as following:

1. Charter of Elderlies' Wellness, Talat Mai, Wiset Chai Chan District, Ang Thong Province.
2. Charter of Community Health on Elderlies' Wellness, Talat Mai, Wiset Chai Chan District, Ang Thong Province.
3. Community Charter on Talat Mai Elderlies' Wellness, Wiset Chai Chan District, Ang Thong Province.

The voting results reveal the common consent for Title 2 "Charter of Community Health on Elderlies' Wellness, Talat Mai, Wiset Chai Chan District, Ang Thong Province", without added titles from the community.

For the processes of voting the procedures in each section, all procedures have been verified their preliminary contents by 5 Sub-district Administrative Organization officers and 2 civil society members. Therefore, voting in every forum is held by 32 elderlies. The results of the study also reveal that some procedures have been additionally voted on by the representatives from Talat Mai Sub-district Administrative Organization who participated in the forum. Such procedures include Procedure 9 and Procedure 23 due to the fact that these 2 procedures are important in the organization operation plan and are already in process. The results of the study also show additional details as described below.

Section 1: Health Promotion, Including 5 Titles:

Title 1: Promotion of physical and mind activities by arranging appropriate exercises are set to be at least three times a week, 30 minutes per time. This must depend on the elderlies' demand (30 agreed). The agreement of Title 1 is 93.75 percent.

Title 2: Family members and community encourage and promote the health screening for the community elderlies in order to checkup yearly at least one time (29 agreed). The agreement of Title 2 is 90.63 percent.

Title 3: Promotion of basic data storage of the community elderlies in order to analyse, plan for the care operation to be in accordance with the elderlies' demand (30 agreed). The agreement of Title 3 is 93.75 percent.

Title 4: Encouragement of leadership and volunteering in order to promote elderlies' potential, such as holding a beneficial training for taking care of the community elderlies (29 agreed). The agreement of Title 4 is 90.63 percent.

Title 5: Promotion of approaching services within the community with the family doctor team, community leaders and volunteers, in order for covering manage care service, field trip to visit elderlies at home or the community center (31 agreed). The agreement of Title 5 is 96.88 percent.



Section 2: Educational and Life-long Learning Promotion, Including 4 Titles:

Title 6: Acknowledgement and understanding presentation to the community, in order to get the elderlies and community members prepared for aging society (approaching management within the community) (28 agreed). The agreement of Title 6 is 87.50 percent.

Title 7: Encouragement of learn and share activities in order to create a good relationship between the elderlies and the community members (30 agreed). The agreement of Title 7 is 93.75 percent.

Title 8: Encouragement of using variety of technologies to access data for the community elderlies, with the consideration of the elderlies' demand (31 agreed). The agreement of Title 8 is 96.88 percent.

Title 9: Encouragement and promotion of the community elderlies to transfer wisdoms, acknowledge, or share life skills in which they are keen on in order to learn and share with their descendants and community members when there are the community activities (33 agreed). The agreement of Title 9 is 100 percent.

Notice: the community has changed the content by adding "and Thai folk music" due to the fact that this procedure is already supported by Talat Mai Sub-district Administrative Organization. Therefore, there are staff from Talat Mai Sub-district Administrative Organization voting.

Section 3: Economy and Income Promotion, Including 4 Titles:

Title 10: encouragement of assembly or elderly organization in order for making jobs and income in which are suitable with each person's age, as well as finding a market to receive the products; for example, family agriculture products and local dessert (30 agreed). The agreement of Title 10 is 93.75 percent.

Title 11: promotion or encouragement of the elderlies to gain sufficient income for living (29 agreed). The agreement of Title 11 is 90.63 percent.

Title 12: Encouragement of any kinds of money saving, e.g., one-baht a day, saving group, friends help another friend (funeral), etc. (29 disagreed). The disagreement of Title 12 is 90.63 percent.

Title 13: Elderlies' corporation in preparing documents for the convenience of receiving elderly subsistence allowance (29 agreed). The agreement of Title 13 is 90.63 percent.

Section 4: Living-together and Community Relationship, Including 5 Titles:

Title 14: Promotion or encouragement of houses, temples, schools and public health organizations, as well as other association organizations to be a part of giving elderlies a chance to work (28 agreed). The agreement of Title 14 is 87.50 percent.

Title 15: Building awareness and family roles development for the elderly care (26 agreed). The agreement of Title 15 is 81.25 percent.

Title 16: Promotion and motivation of the youths to value and be aware of taking care/ help/ respect/ admire/ praise the elderlies within Talat Mai Sub-district (30 agreed). The agreement of Title 16 is 93.75 percent.

Title 17: Promotion of foundation of life-quality improvement and elderlies' encouragement, or elderly school at Talat Mai Sub-district (30 agree). The agreement of Title 17 is 93.75 percent.

Title 18: Encouragement of strengthening the elderly club both in village and sub-district levels in order to help the elderly members (31 agreed). The agreement of Title 18 is 96.88 percent.

Section 5: Environment Improvement for Elderlies' Living, Including 5 Titles:

Title 19: Encouragement/promotion of organizations or community institutions to adjust the environment and facilities for the benefits of elderly usage within Talat Mai Sub-district community; for example, toilet, handrail, ramp, etc. (26 agreed). The agreement of Title 19 is 81.25 percent.



Title 20: Sub-district Administrative Organization's corporation with local leaders to support funding from the organizations within and outside the sub-district in order to renovate residents and environment to be more suitable with relying-on elderlies, such as fixing elderlies' houses (30 agreed). The agreement of Title 20 is 93.75 percent.

Title 21: Participation among people, elderlies, and relatives within Talat Mai Sub-district with network association to plan, identify methods and platform for renovating the environment, in which means on people, service system, instruments, media information application, and technology usage: for example, holding Big Cleaning Day activity (30 agreed). The agreement of Title 21 is 93.75 percent.

Notice: the community has changed the content from manpower to "people".

Title 22: Government organizations and entrepreneurship supports about facilities such as car service to pick-up and send elderlies to medical units to be sufficient and standardized with the usage (30 agreed). The agreement of Title 22 is 93.75 percent.

Notice: the community has added the content "such as car service to pick-up and send elderlies to medical units".

Title 23: Support of government organizations and local administrative and private organizations to participate the location adjustment and public area according to the universal design, which means convenience, comfort, and safe for elderlies (33 agreed). The agreement of Title 23 is 100 percent.

Temporary Provision

Title 24: the improvement of this charter has been conducted in the same process of operation, being responsible by the committee who must present the clear principles and reasons, consult with the working group at least 2 times, and introduce the additional edited version in which must be agreed by more than a half (60 percentage of the attendees).

Notice: This title is not in the process of voting because it is the enforce procedure.

Conclusion

Talat Mai Sub-district community consists of only 5 villages and 2,153 citizens. Among this amount of people, there are 496 elderlies, 23 percent of all citizens. The portion of elderlies is the second large, following working ages. There are a number of activities within this community; however, there lacks agreements in operation and concrete practices to elderlies on health. According to the initial data collection, it manifests that the elderlies at Talat Mai Sub-district community are potential in several aspects and healthy enough to be developed, despite their sickness according to ages.

The results of the charter development forums, it manifests the high demand of elderlies for health promotion, living together promotion, and community relationship promotion, in which can be seen that there are 5 procedures based on the demand. The second needed sections are educational and life-long learning promotion and environment improvement for elderlies' living, in which consist of 4 procedures. Economy and Income Promotion is the least needed section, in which includes only 3 procedures and disagreement on Title 12: encouragement of any kinds of money saving. The reason for that disagreement is described that the community used to have a saving group but was not successful, even though the community working group committee has suggested that this charter does not need to be operated immediately, which will perhaps be the future operation.

Furthermore, there are 2 titles being agreed for 100 percent. Firstly, Section 2, educational and life-long learning promotion, this obviously shows that the elderlies within the community are ready and in need for life-long learning. It also comprises the elderlies base that most of them are fond of music and would like to have



activities to transfer wisdoms. Secondly, Section 5, environment improvement for the elderly's lives. It manifests that elderlies are in need of and emphasize on the environment that supports good quality of life.

The important lesson learned from this participatory action research is the participation of the activity's participants and the basis of close relationship before forum activities. Because the activities are mainly conducted with elderlies, trustworthiness is the key condition for opinion raising. The researchers design the study starting with a small interview group of 3 elderlies, and then become the group of 32 elderlies in the forum processes. The operation has been successful, and the elderlies helped each other well during the activities. Moreover, this is also the process of creating a small-group leadership in which to cooperate with the team (academician and civil society), as well as reduces the gap of elderlies who have not been through group interview before.

Discussion

Talat Mai Sub-district community is already in need of social, rule and networking sustainability for developing the elderlies' quality of life so that the development of the charter is successful. However, there should be some stimulations, as suggested by Phanthulee et al. (2018) that participation needs to have clear management and communication in the form of forum, in which is the way to have participation in voting. Additionally, there should be facilitators and mentors from local organizations for the fast communication, team forming, and committee setting up. It is obvious that a leader is influential to stimulate participation a lot, which should be those who are accepted by the elderlies. Furthermore, the leaders must participate in the elderly's encouragement activities in order to be admired by the elderlies. Kaewthep et al. (2019) introduces that in creating a desired community, the community itself should have self-management in order to create the clear and systematic processes within the community. There should be the movement for learning and sharing experiences and local wisdoms into health care, which results in the elderlies to feel more familiar.

Creating a charter should contain steps as suggested by Channawa (2018) in which is tight, short period of operation, and worth resource utilities. Such steps state with setting up the committee, identifying roles, missions, and responsibilities, holding forums for hearing opinions, and improve the charter in which is complete with the contents. This study follows those steps and archives the complete research outcomes. Apart from the steps of creating charter that are important, application of participatory action research techniques also archives academic outcome, as applied and investigated by Channawa (2018); and Chanpech & Sota (2012). However, even though creating a charter about elderlies contains the elderlies as the key target group, the community members are also important to take a role of developing the charter. This is because the community members are those who will practice and cooperate for the efficient elderly care dimension, especially the family of the elderlies. The key point of having a charter is that the area must be ready in the aspect of resources. The local people should emphasize on it, including sub-district administrative organizations, civil society, community leaders, etc. Moreover, the local philosophers also help the operation faster because they are the key human capital of the area. As found by Kittinakbunchar (2017) about the supports from social environment (family, government, community, and society), it all directly and positively influences in participation and good mental health of the elderlies, as well as to keep the elderlies' level of participation in the social and mental health. In addition, Thailand's national policy tends to emphasize on participation in order to develop the Thai elderly's potential to be a valuable resource.



Suggestion

Suggestions for the future studies include the study of process, potential and application of procedures into the community. The government, civil society and community sections, as well as elderlies should have some evaluation of application of the procedures concerning the successful society, economic, health, and politics. The suggestion for area development can be explained that there should be the adaptation of the charter of this study into the provincial development plan and Health Assembly in Thailand for the continuing development. Finally, the province should emphasize the development of elderly's development activities in order to be prepared for the contents based on the sections and procedures as described in this study.

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