Organized groups of senior citizens in Thailand are being encouraged to adopt life-styles beneficial to their health and to pass on information about healthy living to other people. Particular attention is being given to the value of exercise.

All the members of the Association of South-East Asian Nations (Brunei Darussalam, Indonesia, Malaysia, the Philippines, Singapore, and Thailand) embrace the health-for-all strategy and are committed to the primary health care approach, and almost all use trained health workers at community level. In Thailand, primary care rests almost solely on unpaid village health communicators and village health volunteers, who have established key services and programmes in over 90% of the country’s 57,000 villages and who often provide the first referral level. Unfortunately, there are attrition rates of 62% and 25% in the two categories of worker respectively, and controllable health problems persist even where coverage is maintained (1). Numerous factors aggravate this situation, the main ones being insufficient strong leadership at the subdistrict and village levels, a lack of volunteer activity, and deficiencies in training, support and supervision. Nevertheless, many communities with strong active leaders are successfully addressing their health and development needs. Their achievements suggest that Thailand’s primary care system might benefit from more effective strategies aimed at decentralizing the dissemination of health information to community groups, especially the elderly.

The elderly as potential health education leaders

It has long been clear that village health communicators and village health volunteers aged 50 and over are highly effective in improving people’s knowledge, attitudes and practices relating to primary health care and in implementing health programmes, by comparison with other age groups (1-3). Their success derives in part from the deference accorded to older people in Thai culture. Moreover, the Theravada Buddhist precepts of self-reliance and community participation have parallels in primary health care. Public health programmes and projects in Thailand show that the best results are achieved when objectives are in accord with Buddhist principles and supported by the adherents of the religion, in particular the monks and the old (1, 4, 5).
Professionals in the field of primary care realized long ago that, if given appropriate education, elderly people would be able to communicate information on health care to many families. In addition, the official aim of encouraging old people to make useful contributions to society would be partly achieved.

The Old People's Club of Muang Phon

In Thailand, old people's clubs are demonstrating the value of complementary primary care programmes. The Old People's Club of Muang Phon in Khon Kaen Province was founded in 1985 after a district doctor had urged elderly people to become more physically active and thus relieve intestinal discomfort and stiffness of joints and muscles brought on by long periods of sitting or kneeling in meditation.

At first the group was apprehensive, but on visiting Lumpini Park in Bangkok, where elderly people regularly exercise, they saw how exercise could complement their religious goals and values. Elderly Chinese specialists in exercise instructed members of the club in Singaporean aerobics, a much slower technique than modern Western aerobics, and Chinese tai chi. The latter involves 18 body movements similar to those used in martial arts and aims at harmonizing mind and body. Daily group exercise has led to an improvement in the perceived health of every member. Some with diabetes mellitus have reported that their condition has become easier to control; the incidence of respiratory illness has decreased, arthritic attacks are either fewer or less painful, and there has been an immense improvement in the satisfaction derived from sexual activity.

The club now has approximately 300 members, two-thirds of them women. The age range is 45-83 years, the average being 55. The members come from various communities and the majority have had a primary or pre-primary education. Some 20% are active businesspersons and retired government officials, the others including retired or semi-retired teachers, housewives, village headmen, and taxi and tricycle drivers. The club offers its members social support and solidarity in the interest of personal and community health. Each member possesses a yellow shirt representing religious ideals and paralleling the saffron robes worn by monks. The shirt also bears a large, fully opened flower with a candle in its centre, symbolizing the desire of members to light the way in achieving health for all. The club has already been involved in various health promotion activities, among them the following.

- Primary and secondary schoolteachers visited the club periodically to learn exercise techniques for use in health education programmes.

- The club invited district health officials to provide group instruction in maternal and child health, nutrition, dental care, and mental health. As a result, the heads of Muang Phon's district hospital and maternal and child health clinic are planning to use old people to promote better child care practices with a view to reducing antenatal morbidity and mortality rates.
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- At the request of villagers, health officials and outside institutions and organizations, representatives of the club travelled to districts of northeastern and northern Thailand to demonstrate exercise techniques and establish new clubs of the same kind. The ASEAN Training Centre for Primary Health Care Development asked the club to organize community members in its Nakhon Sawan Primary Health Care Model Development Project. At a temple, members of the club gave instruction to old people in physical education, and this notably improved their participation in programmes for community development and the control of communicable diseases.

- The same training centre conducted a three-day primary health care workshop for old people's clubs from Chantaburi and Nakhon Sawan Provinces. Projects were proposed to use the Old People's Club of Muang Phon as an entry point for changing inappropriate health behaviour in communities where previous attempts had failed.

- Health and cultural exhibitions were held periodically by the club for members of the public. The Deputy Prime Minister attended one of them and discussed the potential role of old people in Thailand's health care system with members.

- The club produced videotapes designed to stimulate other old people to begin physical exercise programmes and increase their interest in community health.

- The club conducted demonstrations for visiting scholars and officials from several countries, including Japan, the Lao People's Democratic Republic, Nigeria, the Philippines and the USA. In the case of Nigeria, a health worker and a nurse learned the exercise regime and took videotapes home with a view to starting similar organizations there.

- Khon Kaen University's Faculty of Nursing incorporated the club into its international programme on community health nursing. Students from countries in Africa, Asia, the Caribbean, and the Eastern Mediterranean were keen to adopt our model to fit their own needs.

* * *

While the deployment of health volunteers is a significant thrust of many national primary care programmes, Thailand’s experience shows the value of devising complementary strategies that are sensitive and responsive to local conditions. The Old People's Club of Muang Phon exemplifies an integrated model for the development of leadership and human resources which strengthens social mobilization, decentralizes the communication of health information, and enhances local and national management of primary care programmes. Its success is based on authentic community participation in an area that interests and involves a broad spectrum of society. The strategy also shows considerable potential for adaptation in other countries where a suitable
framework exists. For common nationwide health and development problems, similar strategies should be prominent in the planning and management of decentralized programmes, since strengthening the competence of lay persons as health care promoters can yield great benefits. The development of sound intersectoral partnerships that originate at the grassroots level can permit health education and information campaigns to be waged with increased effectiveness and efficiency against many widespread problems in rural areas.

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