

## EXPLORING AGEING PREPARATION AND READINESS AMONG MIDDLE AGED ADULTS IN RURAL THAILAND: A QUALITATIVE STUDY

Benjamas Pilayon<sup>1</sup>, Threenush Kumtanat<sup>1</sup>, Kanin Chueaduangpui<sup>2</sup>, David Hughes<sup>3</sup> and Niruwan Turnbull<sup>4,5</sup>

<sup>1</sup> Boromarajonani College of Nursing Nakhon Phanom, Nakhonphanom University, Thailand

<sup>2</sup> Faculty of Liberal Arts and Science, Nakhon Phnom University, Thailand.

<sup>3</sup> School of Health and Social Care, Swansea University, United Kingdom.

<sup>4</sup> Faculty of Public Health, Mahasarakham University, Khamriang Sub-district, Kuntarawichai District, Mahasarakham Province, 44150 Thailand.

<sup>5</sup> Public Health and Environmental Policy in Southeast Asia Research Cluster :(PHEP-SEA)

Corresponding author: Niruwan Turnbull

Email address: [niruwan.o@msu.ac.th](mailto:niruwan.o@msu.ac.th)

### ABSTRACT

In contemporary Thailand, the aging population is increasing rapidly, with projections indicating a transition into an aged society by 2024 and a super-aged society by 2035. This demographic shift underscores the importance of preparing individuals for successful aging, characterized by physical, mental, and economic well-being. This qualitative study aimed to explore the knowledge, understanding, and readiness for aging among individuals aged 45-59 in Ban Kho Sub-district, Thailand. Ten participants were selected using purposive sampling, and data were collected through semi-structured interviews and outdoor observations. The findings revealed diverse attitudes and practices among participants regarding health, economic stability, housing, and social well-being. Some demonstrated proactive health behaviours and financial planning, while others expressed uncertainty and lack of preparedness for old age. Community support and health-promoting activities emerged as crucial factors in aging preparation. The study emphasizes the need for comprehensive education and support systems to empower individuals in their transition to old age and foster a society characterized by quality aging.

**Keywords:** Aging population, Thailand, Aging preparation, Qualitative study, Health behaviours, Well-being, Quality aging

### INTRODUCTION

The proportion of old adults (aged 60 and over) in present-day Thailand is increasing, primarily due to advancements in medical technologies and increasing life expectancy. Thailand is projected to transition into an aged society by 2024 and further into a super-aged society by 2035<sup>1,2</sup>. This demographic shift underscores the significance of nurturing well-prepared elderly individuals capable of thriving within society. Successful aging, as defined by the World Health Organization (WHO), involves maintaining physical health, mental well-being, and economic stability, enabling individuals to lead fulfilling lives as they age. However, many individuals lack sufficient preparation for the aging process. This lack of preparedness is evident in the subpar achievement of target criteria and objective standards for successful aging. For instance, studies have shown that many Thai citizens do not engage in proactive health behaviours, such as regular physical exercise, balanced nutrition, and routine health check-ups, which are critical for maintaining good health in old age<sup>3</sup>. Additionally, economic instability and

insufficient financial planning further exacerbate the challenges faced by the aging population. Without adequate savings or pension plans, many elderly individuals find themselves financially dependent on their families or the state, which can lead to a lower quality of life and increased stress.

The literature reveals that a significant portion of Thailand's population, spanning all age groups, is not adequately prepared for aging. This unpreparedness can be attributed to various factors, including a lack of awareness about the aging process, cultural attitudes that do not prioritize aging preparation, and limited access to resources that support healthy aging. For example, a study by Prachuabmoh et al<sup>4</sup> highlighted that many Thais are not aware of the importance of early preparation for old age, resulting in insufficient efforts to plan for their future health and economic needs<sup>4</sup>. Furthermore, the National Statistical Office of Thailand reported that many individuals do not meet the recommended standards for physical and mental health, economic stability, and social well-being, which are essential for successful aging<sup>5</sup>. This is

particularly concerning given projections that the population of Thai individuals with chronic ailments will rise by around 30% over the next three decades, and the number of disabled individuals aged 60 and over is anticipated to double, reaching nearly 1.3 million<sup>6</sup>. This surge in the elderly disabled population underscores the urgent need for comprehensive and accessible healthcare services, rehabilitation programs, and social support systems to ensure that these individuals can lead dignified and independent lives. The current infrastructure and resources are insufficient to meet the anticipated demand, highlighting the necessity for strategic planning and investment in healthcare and social services for the elderly<sup>7</sup>. The process of aging involves nearly all facets of life. Given the increasing pace of population aging and the difficult and costly nature of obtaining data on the aging process, it is crucial for countries to collaborate on research initiatives to maximize the advantages of this valuable knowledge<sup>8</sup>.

Phon Sawan District, located in Nakhon Phanom province in northeast Thailand, borders Lao PDR and encompasses 7 sub-districts and 90 villages. The sub-district includes Phon Sawan (15 villages), Na Hua Bo (9 villages), Na Khamin (16 villages), Phon Bok (11 villages), Na Nai (8 villages), Phon Chan (12 villages), and Ban Kho (19 villages). Ban Kho Sub-district encompasses a sizable community characterized by a semi-urban and semi-rural lifestyle. This distinct blend influences a way of life that deviates from traditional rural culture, particularly among the elderly residents. There were people aged 45-59, totalling 1,703 people who will be entering old age<sup>9</sup>. The literature reveals various perspectives on effective aging preparation, with insights provided by academics and individuals who have successfully navigated the transition to old age. However, the community's stance on the readiness of this age group for aging and the current state of communal preparedness remain unexplored. This research seeks to explore the knowledge and understanding of individuals in the preparatory age group (aged 45-59) regarding the process of preparing for old age. It also aims to investigate the readiness for aging among members of this age group who lead modest lives within the community. The ultimate goal is to raise awareness and understanding of aging preparation and establish standards for the development of community readiness for aging. Additionally, it endeavours to encourage individuals in the community to take the necessary steps to become well-prepared senior citizens, contributing to the creation of a society characterized by quality aging in the future. By focusing on these objectives, the study aims to contribute to the broader discourse on aging in Thailand and provide insights that can inform policies and practices to better support the aging population.

## METHODOLOGY

### 2.1 Study Design and the Participants

This qualitative research aimed to explore the knowledge, understanding, and readiness for aging among individuals aged 45-59 in Ban Kho Sub-district, Phonsavan District, Nakhon Phanom Province, Thailand. The participants were selected using purposive sampling to ensure that they represented the target demographic, considering factors such as age, health status, well-being, and economic conditions. The community of Ban Kho Sub-district is characterized by a semi-urban and semi-rural lifestyle.

#### Participant Recruitment

The participants were primarily recruited from within the local community. Eight out of the ten participants identified as farmers, reflecting the predominant occupation in this region. The remaining two participants worked as traders. This demographic distribution was chosen to capture the unique lifestyle and preparedness for aging within this community setting, ensuring that the findings are representative of the local population and relevant to the socio-economic context of rural and semi-urban areas in Thailand.

#### Inclusion and Exclusion Criteria

The inclusion criteria for the study were:

- 1) Individuals aged 45-59 residing in Ban Kho Sub-district, Phonsavan District, Nakhon Phanom Province.
- 2) Individuals capable of communicating in Thai.
- 3) Individuals willing to participate in the research.

The exclusion criteria applied to individuals aged 45-59 residing in Ban Kho Sub-district who experienced significant illness during the research period, rendering them unable to provide information.

### 2.2 Data Collection and Interview Guide Interviews

Data were gathered through semi-structured interviews conducted in February and March 2023. Participants were interviewed in their homes at mutually agreed-upon times, with each session lasting 45-60 minutes. The interviews were conducted in Thai and digitally recorded with participants' consent. An experienced qualitative research team facilitated the interviews, ensuring a comfortable and confidential environment. Before starting the interviews, the researchers introduced themselves, outlined the research goals, and emphasized participants' rights, including the voluntary nature of participation and the ability to withdraw at any time. During the interviews, participants were encouraged to share their experiences and perspectives on

preparing for old age. To ensure accuracy and richness of the data, a note-taker was also present during each interview to record detailed notes and capture non-verbal cues and contextual details that might not be evident in the audio recordings alone. This dual-recording approach facilitated a more comprehensive understanding of the participants' narratives and ensured that subtle nuances and important insights were not overlooked. The interview protocol was developed by the research team after a thorough review of relevant literature and was reviewed by three community health and geriatric nursing professors for clarity, consistency, and applicability. Based on their feedback, the interview criteria were refined to improve the data collection process. This rigorous approach ensured that the data collected were both accurate and rich in detail.

### Observations

In addition to interviews, data were collected through outdoor observations. The criteria observed during the observation period included participants' physical health activities, economic activities, living conditions, social interactions, and engagement in community activities. These observations aimed to provide a comprehensive understanding of the participants' daily lives and their preparedness for aging. Participants were fully informed about the observation process. They were made aware that the researchers would observe their daily routines and community interactions to gather supplementary data for the study. This transparency ensured that participants understood the purpose of the observations and were comfortable with their involvement.

## 2.3 Data Analysis and Rigor and Trustworthiness

The data analysis for this study was guided by two primary frameworks: the 'Successful Aging Framework' (WHO)<sup>10</sup> and 'Grounded Theory Methodology'<sup>11</sup>. These frameworks informed both the design of the semi-structured interview questions and the analysis of the results.

### Interview Framework

The 'Successful Aging Framework', as defined by the World Health Organization (WHO), emphasizes maintaining physical health, mental well-being, and economic stability to enable individuals to lead fulfilling lives as they age. This framework guided the development of the semi-structured interview questions, ensuring they comprehensively addressed key aspects of successful aging, including:

- 1) Health Behaviors: Questions focused on participants' engagement in physical activities, dietary habits, and routine health check-ups.
- 2) Economic Stability: Questions explored financial planning, savings, and participation in economic activities.

- 3) Social Well-being: Questions investigated social interactions, community involvement, and psychological preparedness for aging.

- 4) Living Conditions: Questions examined participants' housing conditions and any modifications made for aging.

- 5) The interview protocol was developed by the research team and reviewed by three community health and geriatric nursing professors for clarity, consistency, and applicability. This ensured that the questions were aligned with the principles of successful aging and elicited comprehensive and relevant data.

### Data Analysis

The data from interviews and observations were analyzed using 'Grounded Theory Methodology', which allows for the systematic generation of theory from data. This methodology involves coding the data into categories, identifying patterns, and developing themes that emerge from the participants' narratives. The steps involved in the data analysis process were as follows:

- 1) Initial Coding: The interviews were transcribed verbatim, and initial coding was conducted to identify key concepts and categories related to aging preparation.

- 2) Axial Coding: The initial codes were then grouped into broader categories and sub-categories, focusing on the relationships between different aspects of aging preparation.

- 3) Selective Coding: Themes were identified by integrating and refining the categories to form a coherent narrative that explains the participants' experiences and practices in preparing for aging.

- 4) Triangulation: To ensure the validity and reliability of the findings, a triangulation method was employed. This involved cross-referencing data from interviews, observations, and field notes. The research team also engaged in member checking by sharing preliminary findings with participants for their feedback and validation.

### Results Framework

The analysis of the results was guided by the 'Successful Aging Framework', ensuring that the findings were interpreted within the context of maintaining physical health, mental well-being, and economic stability. The themes identified in the data were mapped to the key components of successful aging, providing a structured and coherent presentation of the results. This approach facilitated a comprehensive understanding of the participants' preparedness for aging and highlighted areas where interventions and support systems are needed.

## 2.4 Ethical Considerations

The ethical priority of this research was to uphold the rights of the participants. The Human Research Ethics Review Committee at Nakhon Phanom University approved the project with the

code 33/66-FB in January 2023. Throughout the investigation, researchers adhered to ethical principles. In order to safeguard the rights of the subjects, the study team explained the purpose of the research during their introduction, sought permission for voluntary participation, obtained authorization before conducting interviews, and allowed participants to join or leave the study at their discretion. The data from participants were coded and kept confidential to ensure privacy.

## RESULTS

The findings from this study reveal valuable insights into the preparedness of a group of participants, aged between 45 and 59, for old age. The 10 participants, included individuals with ages 45, 46, 50, 52, 55, 57, 58 (two individuals), and 59 (two individuals). Among them, eight were married, and two were widowed. Eight identified as farmers, while two worked as traders. Their monthly incomes ranged from 1,600 to 10,000 baht. Regarding their health, five individuals reported having no underlying health conditions, while five had pre-existing health issues. This included three with diabetes, one with high blood pressure, and one experiencing physical weakness. Most participants expressed a desire for both present and future preparedness but lacked clarity on what it entailed for elderly age. The participants, representing diverse age brackets and marital statuses, demonstrated a range of attitudes and practices across various domains. The results are presented in the following subsections for clarity and coherence:

### 1) Healthcare Concerns

The healthcare concerns of the participants encompassed a wide range of practices and beliefs related to maintaining physical health, engaging in preventive medicine, and managing chronic illnesses. This section explores the various dimensions of healthcare that the participants considered crucial for successful aging. By examining their approaches to preventive medicine, dietary habits, lifestyle choices, and medical treatments, we gain insights into how these individuals prepare for and manage their health as they approach old age. Understanding these practices is essential for identifying the strengths and gaps in their health preparation, and for developing targeted interventions to support healthy aging in the community.

#### a) Preventive Medicine

Participants actively engaged in physical activities as part of their daily routines. As one participant mentioned, "I try to exercise every day. After waking up, I walk along the road in front of my house, swing my arms, and sometimes ride a bicycle" (Interview B04). They also ensured they attended regular health check-ups. Another participant expressed, "I get regular check-ups. Every time the health centre tells me to go for a

check-up, then I go" (Interview B01). Additionally, they proactively received vaccinations to prevent diseases and boost their immune systems. A different participant stated, "I've had all the vaccines, including COVID and the flu shot" (Interview B03).

#### b) Dietary Habits and Lifestyle

Participants made conscious efforts to control their food intake by avoiding sweets, fats, and salt. As one participant mentioned, "I don't know if it's because I'm getting older, but I don't want to eat meat. I eat fish and vegetables. I find my own fish, and I grow my own vegetables" (Interview B02).

#### c) Medical Treatment

Those with chronic illnesses continued to receive ongoing medical treatment. One participant shared, "I see the doctor regularly at every appointment. We have to take care of our health ourselves" (Interview B03). In terms of seeking prompt medical attention when feeling unwell, participants did not wait for symptoms to worsen and some chose to receive treatment at private healthcare facilities, which, in some cases, resulted in hospitalization.

#### d) Physical Health and Immune Systems

Overall, participants exhibited robust physical well-being and strong immune systems. Instances of severe illnesses were infrequent among them, and in cases of illness, rapid recovery was observed. One participant expressed, "I am physically robust. I seldom fall ill, and I have not experienced fever. I did not contract COVID" (Interview B01). Even among those with chronic illnesses, no complications were reported. Another participant conveyed, "I maintain good health, can work comfortably, and effectively manage my blood sugar. I do not encounter any other health issues" (Interview B03).

## 2) Economic Aspects

Economic stability plays a vital role in the preparation for aging, significantly impacting the quality of life and independence of elderly individuals. This section delves into the economic practices and challenges faced by the participants as they prepare for old age. By examining their financial planning, savings habits, debt management strategies, and inheritance planning, we gain a comprehensive understanding of their economic readiness for aging. The participants' diverse approaches to managing their finances reveal both proactive strategies and areas of concern, highlighting the need for financial education and support systems to ensure economic well-being in later years. Understanding these economic aspects is crucial for developing policies and interventions that can help individuals achieve financial security and stability as they age.

#### a) Financial Planning and Savings

The participants fell into two groups: those without debts and those with debts. Participants without debts usually had savings in banks and effectively managed their income and expenses, avoiding debt burdens. As one participant explained, "I don't have any children, no burdens, no debts, and I might leave my inheritance to my future descendants" (Interview B04). They were content with their financial situation, stating, "No debt, but I can live comfortably" (Interview B05). Some even followed government programs encouraging savings. A participant mentioned, "They instructed us to save 100 baht monthly, with the government providing a matching contribution. I diligently save as instructed. Upon reaching the age of 60, I will be eligible to withdraw these savings along with the elderly allowance. The community savings program entails an annual contribution of 600 baht, equivalent to 50 baht per month, or a similar arrangement" (Interview A04).

#### b) Debt Management

Participants with debts often had loans from the Bank for Agriculture and Agricultural Cooperatives (BAAC) and paid off these debts annually. This debt was often associated with participating in community-based support programs, allowing them to use the funds received to manage their bank debts. One participant shared, "I currently owe 50,000 baht to BAAC, which I borrowed during my children's schooling period when I became involved in the community-based support program. Any available funds will be allocated towards repaying this debt" (Interview B02). Despite having debts, this group had not yet formulated a plan for debt management. One participant explained, "Debts with the community funds, community savings. I have them, but I pay them according to the schedule. Use it until it's finished" (Interview B03).

#### c) Inheritance Planning

Participants were divided into two groups: those who had not yet made plans for inheritance management and those who had made plans and allocated their properties, including land, to their children. A participant explained, "I have outlined distribution plans, including the allocation of land to designated recipients, with prior communication. However, formal paperwork completion is pending" (Interview B02).

#### d) Career Longevity and Income Generation

Participants intended to continue with their current professions as long as they were physically capable, viewing their current work as a lifelong commitment. One participant emphasized, "I will likely continue in my current job for as long as my physical strength permits, given that I have been dedicated to it throughout my life. Ceasing this work would necessitate considerable effort on the part of my children, which may prove unfeasible" (Interview B01). Regarding economic well-being, those who had planned and managed their

inheritance, as well as those who were free from debt and had savings, reported feeling at ease and capable of leading normal lives. One participant emphasized, "Through careful planning, I find solace in knowing that potential disputes among heirs are mitigated. In the event of my absence, I have made comprehensive arrangements for my affairs, ensuring self-sufficiency and peace of mind" (Interview B02). However, those without savings and burdened with debt experienced ongoing concerns but were determined to generate income to clear their debts. A participant explained, "I have debts, but I'm trying to earn money to pay them off. I want to be debt-free for the sake of my children and grandchildren" (Interview A01).

### 3) Housing and Environment

The physical living environment is a critical factor in ensuring the safety, comfort, and well-being of elderly individuals. This section examines the participants' preparations and adaptations related to their housing and living conditions as they approach old age. By exploring their current housing situations, remodeling efforts, and plans for future modifications, we gain insight into how these individuals plan to create age-friendly living environments. The participants' diverse approaches to housing reflect varying levels of preparedness and highlight the importance of suitable housing adaptations to support independent living and mobility. Understanding these housing and environmental aspects is essential for developing community and policy initiatives that promote age-appropriate living spaces, enhancing the quality of life for the aging population.

#### a) Housing Preparations

Most participants lived in their own homes, predominantly two-story wooden houses. There was limited preparation for accommodation upon entering old age. Some individuals living in single-story houses or houses with ground-level bedrooms expressed no plans for modifications, intending to continue living in their current homes.

#### b) Remodeling and Renovations

Some participants had remodeled their residences to be suitable for senior living. One participant stated, "I believe I am prepared for the future. I have already converted the ground floor into a living space, and the bathroom is equipped, as I previously cared for my late husband during his illness. With no children, debts, or obligations, I am considering leaving my property to my future grandchildren" (Interview B04). Others planned to adjust and renovate their living spaces as they aged. One participant shared, "I intend to renovate the ground floor and construct a bathroom nearby in anticipation of my parents' advancing age" (Interview B02). One participant explained, "I own my own house, which is elevated but currently lacks wheelchair ramps" (Interview

A01). Another participant stated, "I will maintain the current arrangement, leaving it to my children to decide how they wish to manage it in the future" (Interview B01). Only a few had made plans to renovate their homes, particularly the ground floor, for senior living. Some planned to build new single-story houses to facilitate elderly living. One participant expressed, "I intend to renovate the ground floor and construct a bathroom nearby, envisioning it for the convenience of my parents as they age" (Interview B02).

#### 4) Social and Psychological Factors

The initial requirements for community support in preparing for old age were included: knowledge related to aging preparation, community supports, and organizing health-promoting activities.

##### a) Knowledge Related to Aging Preparation

Participants expressed a need for knowledge about the changes in the aging body, the preparation of living spaces, and creating an environment suitable for older adults. However, they often found it challenging to acquire accurate information. One participant stated, "We lack knowledge regarding any physical alterations. Concerned about a potential illness, I visited a doctor and underwent several scans. The doctor confirmed that there were no abnormalities detected." (Interview B02). Concerning psychological well-being, the participants demonstrated a willingness to accept various life changes. For instance, they believed they would adapt to the loss of a spouse and continue with their lives as normally as possible. One participant expressed, "Having witnessed numerous cases, I believe that if it were to happen to me, I could accept it to some extent. I would endeavour to maintain as normal a life as possible." (Interview B01).

##### b) Community Supports

Some participants highlighted the importance of the community providing essential items such as adult diapers. One participant said, "I advocate for community support in providing the daily supplies we require." (Interview A01). The participants typically cohabited with their extended families, with multiple family members sharing responsibilities for each other. One participant stated, "I live with my children and grandchildren. They take care of many things, almost everything" (Interview B03). They actively participated in community activities whenever the opportunity arose. For example, one participant mentioned, "I attend various community activities, including those at the day care centre. I go regularly" (Interview A02). Moreover, they were members of various community groups. For instance, some were members of a local weaving group, and when they reach the senior age, they planned to become members of a senior day care centre. One participant expressed, "I am capable of managing

on my own. I actively participate in community activities and assist with tasks when needed. When I reach the eligible age, I am certain to become a member as I am already involved in community affairs." (Interview B04). Additionally, some participants found solace in their Buddhist faith, which served as a spiritual anchor. They regularly engaged in acts of merit and religious rituals. One participant mentioned, "On significant occasions, I faithfully attend the temple, never failing to do so. In the mornings, I make it a practice to offer food to the monks." (Interview B01).

##### c) Organizing Health-Promoting Activities

Activities that promote physical and mental well-being and provide opportunities for social interaction were also deemed necessary. These activities include events that facilitate socialization and encourage physical activity. One participant expressed a desire for community-organized events and activities, stating, "I desire for the organization of events and activities by them. I seek the opportunity to socialize with friends, as engaging in conversations and interactions brings happiness." (Interview B04). For those unable to attend activities in person, they hoped friends would visit their homes. As one participant put it, "In the scenario where we attend the day care centre and friends offer to pick us up, visiting there would be wonderful if it's convenient. However, if going there isn't convenient, I suggest that friends could visit us here instead." (Interview A01). One participant expressed, "Having prepared myself, I now feel at ease. Moving forward, I plan to live my life as I always have, maintaining a continuous and familiar routine." (Interview A02). However, those who had not prepared experienced some worries but expressed the intent to plan and manage things moving forward. One participant stated, "I perceive the eventuality as distant, hence I have yet to make preparations. Although I harbour concerns, I am presently contemplating various allocation strategies, engaging in a playful manner." (Interview B01). Engaging in community activities brought happiness, reduced loneliness, and provided enjoyment. One participant noted, "I would appreciate it if they could organize events and activities, as I enjoy spending time with friends. Engaging in conversations and interactions brings me happiness." (Interview B04).

## DISCUSSION

The findings from this study provide a comprehensive understanding of the preparedness for aging among middle-aged individuals in Ban Kho Sub-district, Thailand. The participants, aged between 45 and 59, demonstrated varied attitudes and practices across several key domains: healthcare, economic stability, housing, and social well-being. By examining these domains, we can better

understand how individuals in this community prepare for old age and compare these practices with those observed in other countries.

#### a) Healthcare Preparedness

Participants in this study showed a proactive approach to maintaining their physical health. Regular engagement in physical activities, adherence to health check-ups, vaccination practices, and seeking prompt medical attention were common among the participants. For instance, one participant noted, "I try to exercise every day. After waking up, I walk along the road in front of my house, swing my arms, and sometimes ride a bicycle" (Interview B04). This proactive stance is crucial for successful aging, as regular physical activity has been linked to reduced risks of chronic diseases and improved mental health<sup>12</sup>. Similar proactive health behaviours are observed in other countries. For example, in Japan, the government promotes health through community-based programs that encourage physical activity among the elderly<sup>13</sup>. Additionally, countries like Finland have implemented extensive public health campaigns focusing on the importance of physical exercise and regular health check-ups for the elderly<sup>14</sup>. These initiatives have shown significant positive impacts on the health outcomes of older adults, suggesting that similar programs could be beneficial in Thailand.

The dietary habits and lifestyle choices of the participants further reflected their commitment to health-conscious living. Efforts to control food intake by avoiding sweets, fats, and salt were common. One participant mentioned, "I don't know if it's because I'm getting older, but I don't want to eat meat. I eat fish and vegetables. I find my own fish, and I grow my own vegetables" (Interview B02). This aligns with the dietary practices promoted in Mediterranean countries, where diets rich in fish, vegetables, and olive oil are linked to longer life expectancy and lower incidences of chronic diseases<sup>15</sup>. Medical treatment for chronic illnesses was another critical aspect of healthcare preparedness. Participants with chronic conditions, such as diabetes and hypertension, ensured regular medical follow-ups and medication adherence. For example, one participant stated, "I see the doctor regularly at every appointment. We have to take care of our health ourselves" (Interview B03). This proactive management of chronic diseases is essential for preventing complications and maintaining quality of life. Studies from Canada and the United States highlight the importance of regular monitoring and management of chronic conditions to enhance the health and longevity of the elderly<sup>16</sup>.

#### b) Economic Preparedness

Economic stability plays a significant role in the quality of life for elderly individuals. The

participants' financial planning, savings habits, debt management strategies, and inheritance planning revealed diverse approaches to economic preparedness. Those without debts reported greater financial contentment and employed various strategies such as savings, participation in government programs, and community-based savings initiatives. One participant explained, "I don't have any children, no burdens, no debts, and I might leave my inheritance to my future descendants" (Interview B04). This financial prudence is crucial for ensuring economic security in old age. In contrast, participants with debts, particularly those associated with community-based support programs, expressed ongoing concerns about debt management. One participant shared, "I currently owe 50,000 baht to BAAC, which I borrowed during my children's schooling period when I became involved in the community-based support program. Any available funds will be allocated towards repaying this debt" (Interview B02). Effective debt management and financial planning are critical for economic stability, as demonstrated in studies from India and South Africa, where financial literacy programs have significantly improved the financial preparedness of older adults<sup>17</sup>.

Inheritance planning was another aspect of economic preparedness. Participants who had planned and managed their inheritance, as well as those free from debt and with savings, reported feeling at ease and capable of leading normal lives. One participant emphasized, "Through careful planning, I find solace in knowing that potential disputes among heirs are mitigated. In the event of my absence, I have made comprehensive arrangements for my affairs, ensuring self-sufficiency and peace of mind" (Interview B02). This mirrors practices in Western countries where legal frameworks and financial planning services facilitate comprehensive inheritance planning<sup>18</sup>.

#### c) Housing and Environmental Preparedness

Housing and living conditions significantly impact the safety, comfort, and well-being of elderly individuals. Most participants lived in their own homes, predominantly two-story wooden houses, with limited preparation for accommodation upon entering old age. Some participants had remodelled their residences to be suitable for senior living, while others planned future modifications. For example, one participant stated, "I believe I am prepared for the future. I have already converted the ground floor into a living space, and the bathroom is equipped, as I previously cared for my late husband during his illness" (Interview B04). This proactive approach to housing adaptation is crucial for ensuring mobility and safety in old age. In comparison, countries like Japan and Australia have implemented extensive age-friendly housing

policies. Japan's government provides subsidies for home modifications to make residences more accessible for the elderly, such as installing handrails and ramps<sup>19</sup>. Similarly, Australia has adopted the concept of "ageing-in-place," encouraging modifications to existing homes to enable older adults to live independently for as long as possible<sup>20</sup>. These policies have been effective in enhancing the quality of life for older adults, suggesting that similar initiatives could be beneficial in Thailand.

#### d) Social and Psychological Preparedness

The social and psychological well-being of the participants was supported by community involvement, family support, and religious practices. Participants highlighted the importance of community support in providing essential items and shared responsibilities within extended families. One participant said, "I advocate for community support in providing the daily supplies we require" (Interview A01). This reflects the communal culture prevalent in many Asian countries, where family and community play a crucial role in supporting the elderly. Participation in community activities and groups, such as local weaving groups and senior day care centres, was common among the participants. One participant mentioned, "I attend various community activities, including those at the day care centre. I go regularly" (Interview A02). Engaging in social activities reduces loneliness and promotes mental well-being, as demonstrated in studies from European countries. For example, Denmark and the Netherlands have robust social programs that encourage community engagement among the elderly, leading to improved mental health outcomes<sup>21</sup>.

The importance of psychological well-being was also emphasized. Participants demonstrated a willingness to adapt to life changes, such as the loss of a spouse, and expressed the need for psychological support. One participant stated, "Having witnessed numerous cases, I believe that if it were to happen to me, I could accept it to some extent. I would endeavour to maintain as normal a life as possible" (Interview B01). The fear of getting older and the numerous biases against elderly people have a significant impact on various aspects of both the professional and public spheres. Academics, campaigners, legislators, and health professionals' exhibit ageism in their employment, displaying stereotypical attitudes towards different age groups<sup>22</sup>.

Additionally, organizing health-promoting activities for physical and mental well-being was deemed necessary. Participants expressed a desire for community-organized events and activities to facilitate social interaction and physical activity. One participant expressed, "I desire for the organization of events and activities by them. I seek the opportunity to socialize with

friends, as engaging in conversations and interactions brings happiness" (Interview B04). This aligns with initiatives in countries like Sweden and Finland, where community centres offer various activities to promote socialization and physical fitness among the elderly<sup>23</sup>.

## CONCLUSION

The participants in this study live their lives in the present, with a focus on preparing for old age. However, they often lack essential knowledge in this area. It is imperative to establish accurate and comprehensive knowledge and understanding regarding preparations for old age among the general population. This will equip individuals with the necessary insights to apply in their daily lives, ensuring optimal readiness as they transition into old age in the future. Based on the findings, the following recommendations are suggested: develop and implement educational programs to raise awareness about the importance of early preparation for aging, encourage community-based initiatives that promote social engagement, physical activity, and support networks, introduce technological solutions such as mobile applications and online platforms to assist in aging preparation, advocate for policies that support aging in place and provide financial incentives for home modifications, and conduct longitudinal studies to track the long-term effects of interventions aimed at improving aging preparedness. By addressing these recommendations and continuing to research the needs and experiences of aging populations, we can better support individuals in their journey towards a well-prepared and fulfilling old age.

## LIMITATIONS

While this study provides valuable insights into the preparedness for aging among middle-aged individuals in Ban Kho Sub-district, several limitations should be noted: the study's small sample size of 10 participants limits the generalizability of the findings to the broader population of Ban Kho Sub-district or other similar communities. The use of purposive sampling may have introduced selection bias, potentially excluding individuals who are less prepared or less willing to participate, thus skewing the findings towards more proactive individuals. Additionally, reliance on self-reported information through semi-structured interviews may have introduced recall bias and social desirability bias, with participants potentially overemphasizing positive behaviors and underreporting negative aspects of their preparedness for aging. Conducted in a specific cultural and geographic context in Thailand, the findings may be influenced by local cultural norms, values, and socioeconomic factors, limiting their applicability to other settings. Moreover, the cross-sectional nature of

the study provides a snapshot of participants' preparedness for aging at a single point in time, and longitudinal studies are needed to track changes over time and understand the long-term impacts of interventions and support systems. Addressing these limitations in future research could provide a more comprehensive and representative understanding of aging preparedness among middle-aged individuals, helping to inform policies and interventions aimed at supporting successful aging in diverse populations.

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