

Living in a Conflict Zone: Story of Aging in the Southern Part of Thailand

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Abstract

Conflict in the southern border provinces of Thailand has been reported for decades. This paper aims to explain health conditions, social well-being, and compare between Thai-Buddhists and Thai-Muslims. 302 of the elderly in Thepha, Songkla were interviewed. We found that, most of them were young old, still active, and 96.8% could perform ADL tasks, perfectly. Unfortunately, approximately 18.4% were demented. By means of cultural pluralism, The Muslims were more illiterates but the income was higher. The Buddhists participated in social and community activities more than the Muslim (1.7 times). Health inequality was also mentioned, as 30 % higher in using Universal Coverage Scheme Health Card for the Muslims , where the Buddhists were more benefits from State Enterprise Office. This means the Buddhists have more opportunities in health accessibility, health-seeking behavior, and referral system. By the way, a perception in life of the Muslims are more likely to be higher than the Buddhists, as the Buddhists has worrisome in the conflict occurring in the area. Thus, the concepts of health inequality and social security should be mentioned and more developed for social health and well-being of the elderly in this area.

Keywords: aging, elderly, ADL, social well-being, health, WHOQOLBref

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Introduction

Thailand is a country that majority of the population are Buddhists. Less than five percent are reported as the Muslims and Christianity (Thailand National Statistical Office ,(2010)). This number is true for all provinces in the country except in the south of Thailand. Especially the provinces locate close to Malaysia; Pattani, Yala and Narathiwat, where are mark as a red zone or conflict area. The number of Muslims is higher, vary from 30-90%. People spend their daily life peacefully on cultural pluralism for hundreds years until the last decade that the areas have been affected by armed violence. At the same time neighborhood area, like Songkhla Province is getting fast developing in economic growth. Civilization is coming with technologies and worrisome of increasing risk conflict. With the growth of economic and technology in the surrounded area, this leads to the question of how the social well-being and health of older people are to this day.

Study Area and Method

Tepha is a district in Songkhla Province locate next to Pattani Province where the army camp has been there for security work. Elderly are found 11.4 percent of population (Thepa District Office (2015)). The sample subjects were 302 elderly (183 Muslims, 119 Buddhists) who were on the list of household survey. All Samples were interview in the quantitative study whereas focus group was work out for a qualitative study. Social well-being were measured by WHOQOL-BREF quality of life(WHOQOL(1993)), Bartel Index of Daily life(Mahoney FI, Barthel D.(1965)),TMSE(Train the Brain Forum Committee (1993)),stress(Department of Mental Health (2011)) and Community participation activity(Kahn RL and Juster TF(2003)). Perception of life satisfaction and health, use of basic health service and their socioeconomic were included in the questionnaire. Group discussion on selected topic was done to support the quantitative result. Descriptive statistics and graph were used for the report.

Result and Discussion

Socioeconomic characteristics between Muslims and Buddhists show in figure 1-4. The composition of age group; young aging, middle aging and older aging show a bit different. Approximate 2 percent higher in young aging of Muslims and decrease to 0.5 percent in older aging. More formal education is found in Buddhists group. A higher percent of literacy in Muslims cannot indicate as low education because they have their own education from learning Arabic in their religious. However, the higher education is low in both groups. Since the area have been justified as rural, only compulsory education were provided in 50 years ago. Higher education can be found in the City. Consideration of the main source of income, there is no retirement for agriculture and farming. No different is shown in agriculture, sixty percent of them work in rubber plantation and local seasonal fruits. Farming is including lower percent in animal farming and higher percent in fishery. For those who are owners, they earn a high income as much as 90,000 baht. The employ workers are those who work as labor work in agriculture or farming. Old people with higher education do not have to work as labor but they receive monthly payment from their pension which is higher than the average income. Comparison on the percent of debt between them, the Muslims group has lower percent than Buddhists. Buddhists earn more and spend

more than they earn. Another monthly income for non-working aging is the money from welfare allowance 500-700 baht per month which is not enough to survive.

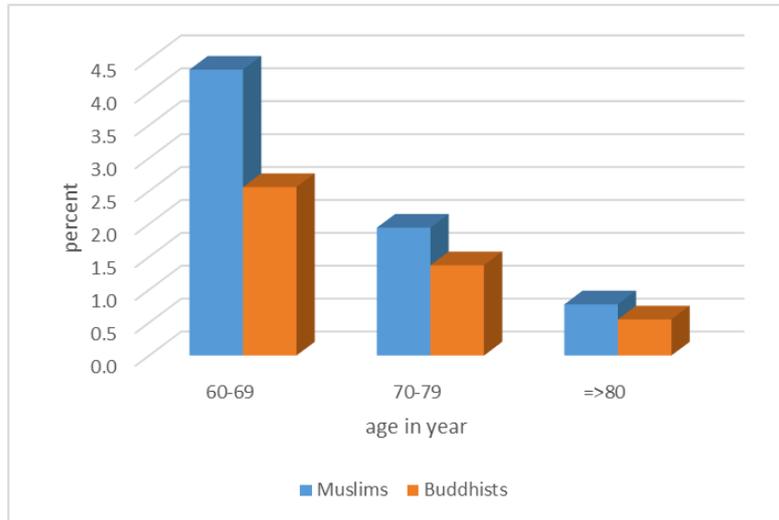


Figure 1 Age group

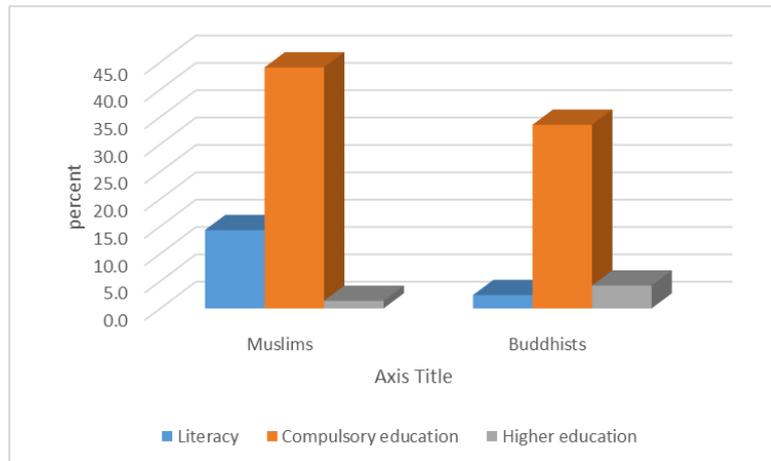


Figure 2 Education

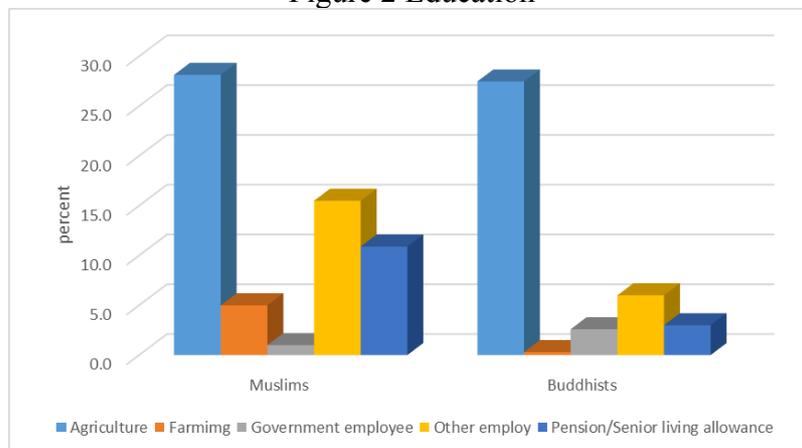


Figure 3 Source of income

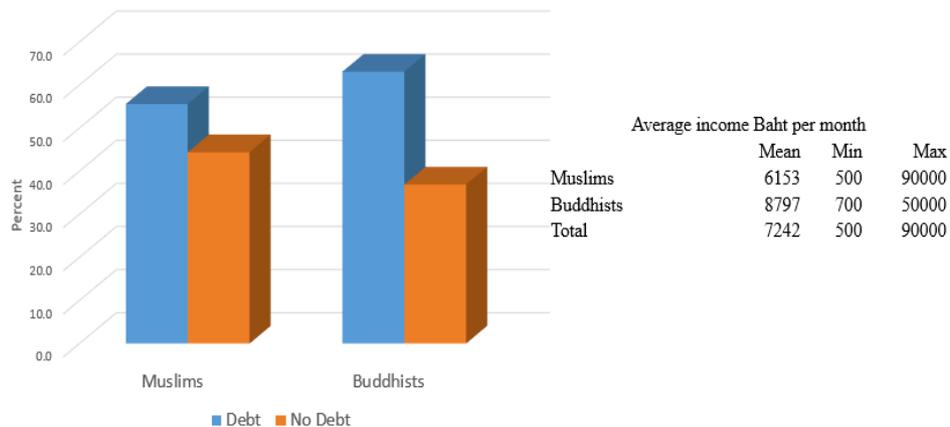


Figure 4 Debt and income

Health is one of the main problems of elderly. As getting older, the need of caring and cure is more important. The government has concern this situation for the citizen. Thus, four main health cards are available for older people (figure 5). The highest percent used is the 30 baht gold card (Universal Coverage Scheme) which is free service for all Thai citizen who are not use state enterprise officer right or Social security. Buddhists has a higher percent in State enterprise officer which provide a better opportunity in health service. They get more choices to refer to bigger provincial hospital in the Song-kla. This right is provided only for government officers and their parents. However, there is few cases of Muslims group prefer to use health care in the neighbor country. This means some Muslims use health insurance and prefer to use the hospital in Malaysia. This can explain that some older Muslims hold their dual citizenship of Thai and Malay.

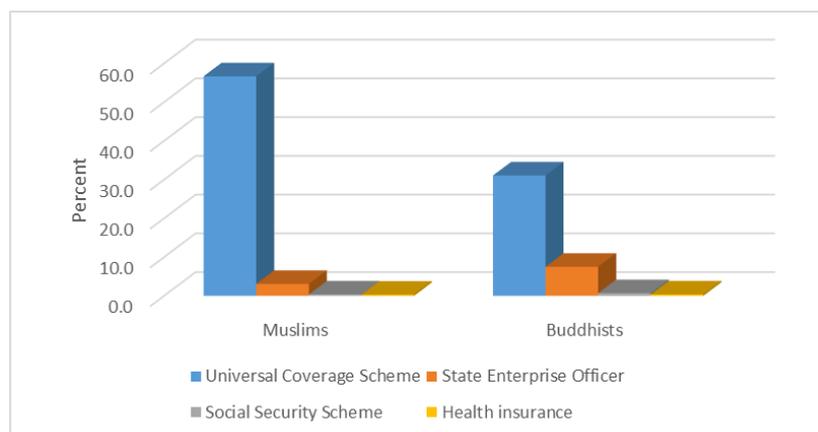


Figure 5 Health card scheme

Picture of Social welling and health are shown in figure 6-7. Though the pictures between these two groups is in the same pattern, a few different can be found. Older people have a good perception in physical health and mental. They do not perceive any problem in seeking service for tertiary care in the big city as most are satisfied in the local health service. Buddhists have lower satisfaction in life because they feel unsafe. The score reflect a small scale different but the feeling was found in a focus group. However, both have good level of life satisfaction. These old people have

been living in this area together for years before the arm violence occurred so they know each other quite well. Community participation is a good indicator of social activity in the village. There are 15 activities relate to religious and 9 activities on official holiday and cultural festival. Both participate in traditional culture day like Songkran and New Year festival. A small number of activities are found in official holidays; royal holiday and constitution day. Muslims participate more in religious activities while Buddhist enjoy participate in official holidays. Average numbers of community participate of Muslims and Buddhists are 4.2 and 7.3 from 24 activities per year. One reason to explain in this low number (<30%) in both groups is due to the feeling of unsafe. Although Buddhists have worrisome of insecure, active young aging are happy to join more frequent public activities. Ability in daily life and instrument used are good in elderly (96.8%). However, they prefer to stay in the house or neighborhood rather than going outside. The older people not only have the healthy physical but also good memory with low stress. It is found only 18.4% are demented. Finally perception of their own quality of life show the good level in all four dimensions, whereas Muslims have a bit higher perceive in a good quality of life.

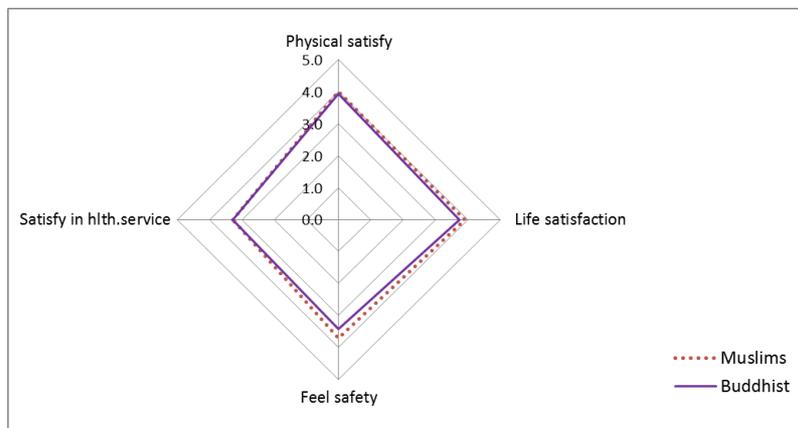


Figure 6 Self-perception in life

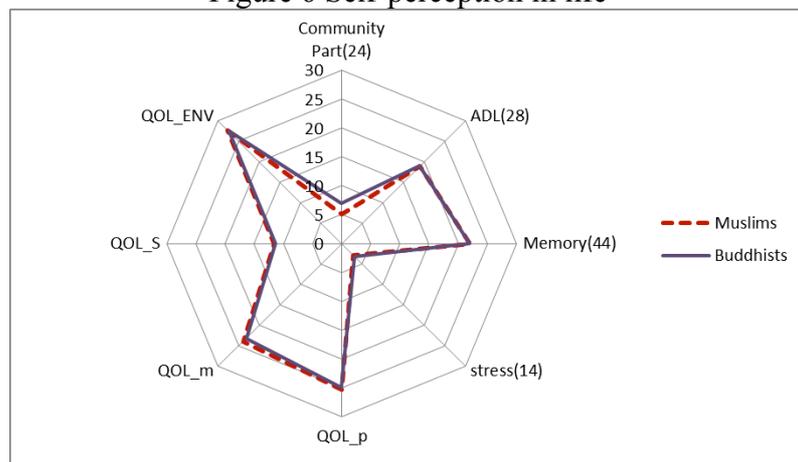


Figure 7 Social well-being and health

Conclusion

Older people of Muslims and Buddhists have similar pattern of social well-being and health. Perception in life of the Muslims is more likely to be higher than the Buddhists, as the Buddhists has worrisome in the conflict. Thus, the concepts of health inequality and social security should be mentioned and more developed for social health and well-being of the elderly in this area.

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