This is the accepted version of the following article: Detthippornpong, S., Songwathana, P. & Bourbonnais, A. (2022). Holistic health practices of rural Thai homebound older adults: A focused ethnographic study. *Journal of Transcultural Nursing*, *33*(4), 521-528. https://doi.org/10.1177/10436596221090270.

The final, definitive version of this paper has been published in *Journal of Transcultural Nursing*, *34* (4), 2022 by SAGE Publications Ltd, All rights reserved. © Detthippornpong, Songwathana, & Bourbonnais.

Holistic Health Practices of Rural Thai Homebound Older Adults: A Focused Ethnographic Study

Supussajee Detthippornpong, RN, MSc[1], Praneed Songwathana, RN, PhD[1], Anne Bourbonnais RN PhD[2]

[1] Prince of Songkla University, Songkhla, Thailand

[2] Université de Montréal, Quebec, Canada

Correspondence

Praneed Songwathana[1,] PhD, Associate. Professor, Faculty of Nursing, Prince of Songkla University, HatYai Campus, Songkhla, Thailand 90112, E-mail: praneed.sw@gmail.com

Abstract

Introduction: Supporting independent functioning of homebound, chronically ill older adults (HOAs) is a major concern across cultures. In Thailand, actions HOAs take to remain independent and maintain their holistic (mental, physical, and spiritual) health is understudied. Therefore we explored self-care practices used by rural Thai HOAs to maintain their independence.

Methods: We used a focused ethnographic approach, recruiting HOAs, their families, and community members from a rural area in Southern Thailand. Data were analyzed using content analysis.

Results: Sixteen HOAs and 23 family/community members participated. Three themes emerged: self-care to stay healthy, sharing life with family and society in a positive way, incorporating both folk and modern medicine to maintain health. Factors facilitating holistic health practices were supportive family network, Thai cultural beliefs, community strength and support, and health-care services.

Discussion/Conclusions: These findings may help healthcare professionals develop interventions supporting holistic health practices of Thai HOAs to remain independent**.**

Keywords: Global health, health practices, homebound, elderly, qualitative study

Introduction

The rising number of dependent older adults with limited functional ability and complex health conditions is contributing to an increased health care burden worldwide (Ritchie & Roser, 2019; United Nation [UN], 2020). As in other developing countries, Thailand is experiencing a progressive rise in the number of older people. Currently, 17.5% of Thai people are aged 60 or older (Department of Older Person [DOP], 2021). Of this number, 59% are independent older adults, 40% are homebound (capable of going outside their home and walking short distances), and 1% are bedridden (Health Data Centre [HDC], Ministry of Public Health [MOPH], 2021). Since the number of homebound older adults (HOA) is expected to increase, health promotion in this group is vital.

The World Health Organization [WHO] (2014) has proposed long-term care services (LTC) to support older adults. Several countries, including Thailand, have adjusted LTC services to fit the situation in their countries by supporting older adults through continuing community care (Foundation of Thai Gerontology Research and Development Institute [TGRI], 2015; Nation Health Security Office [NHSO], 2016). Previous studies have assessed health care programs that focused on improving physical and mental health of the population (Gusi et al., 2012; Kaewponpek, 2018; Latham et al., 2014; Manosansophon, 2020; Parsons et al., 2013). However, those health programs mainly focused on independent older adults. Few studies have explored health care services and practices to promote the holistic health of HOAs.

Holistic Health and Homebound Older Adults

In a previous study with rural Thai HOAs, the concept of holistic health was defined as total health or *Bai Lod* and was described by participants as being alive with positive, active, and independent mental, physical, and spiritual functioning despite physical limitations or chronic diseases (Detthippornpong et al., 2021). Homebound older adults have different lifestyles, beliefs, values, and sociocultural backgrounds than their younger family members that influence achieving or maintaining "*Bai Lod*". According to the WHO (2020), cultural background, language, religious beliefs, and cognition

impact the daily health practices of older adults. Therefore, HOAs may need specific health care services and practices to support *Bai Lod*. In addition, despite the substantial social change in the 21st century, traditional health practices of older adults are still carried out, especially in rural communities. For example, some older adults may believe that they need to retire from work and live happily with their family. Some aspects of traditional health practices of older adults may have changed to fit with the living environment or been selected to accommodate a particular sociocultural context to promote and maintain their physical and mental health. By exploring HOA's health practices, especially in rural areas where traditional beliefs may influence their health, we may provide beneficial information to nurses to develop appropriate health care services and support older adults in rural communities.

Framework

To gain a better understanding of traditional beliefs of Thai HOA, Leininger's culture care diversity model (2006) informed this study. The model describes the importance of including the worldview or sociocultural perspectives of people and how they understand and value factors in their environment in the delivery of healthcare. Leininger described culture as consisting of shared beliefs, values, norms, and lifeways of people learned as members of a group or society and generally passed down from generation to generation. Briefly, Leininger (2006) asserted that sociocultural factors influencing health and wellbeing must be identified from the people or groups themselves, not derived from an etic or outsider view. Healthcare professionals, nurses in particular, should work together with patients/clients to develop interventions that are culturally acceptable and feasible. Cultural influences on lifestyle, health practices/behaviors, and decision-making among older Northern Thai adults was explored by Danyuthasilpe et al., (2009). Findings from that study validated the interconnectivity of social and cultural factors, lifeways, and health.

Rural Thai Homebound Older Adults

Surattani Province in Southern Thailand is a rural community comprised of people with diverse cultural backgrounds and who speak several local dialects. The population is about 5,000 people. Of these 1,399 are older adults, 1,353 socially bound, 34 homebound, and 12 bedridden (HDC, MOPH, 2021). Historically, most of the early settlers from this community migrated from other provinces and settled down in this area surrounded by farmland, rubber trees, and several types of fruit trees. In addition, most people in this region believe it is vital to eat healthy food and to live in a natural environment to promote their health and to extend their longevity (Detthippornpong et al., 2021).

In general, Thai people believe in a Buddhist doctrine and engage in spiritual activities every day, particularly during Buddhist Sabbath days. Sabbath or important days of Buddha, the prophet of Buddhism, include his day of birth, enlightenment, and the day of his death. Buddhist doctrine states life is a cycle of suffering, that can be broken based on how people conduct their lives. By being optimistic, living in the present, accepting the way of the world, and being willing to serve others, they can break the cycle, increase their happiness, and ultimatly achieve a state of enlightenment (Saengtienchai, 2004). Participating in religious activities and making merit such as offering food to the monks, either at home or at temple on the Buddhist holidays, is viewed by Thai older adults as essential for their mental, spiritual, and physical well-being and progressing on the path to enlightenment (Saengtienchai, 2004). Filial obligation is also viewed as a way of making merit in Thai Buddhist culture. Family members are expected to take care of their parents in repayment for their earlier caring and nurturing. Fulfilling this obligation also helps strengthen family ties, an important aspect of active ageing in the Thai context (Thanakwang et al., 2014). However, these traditional values and practices have not been explored among rural Thai HOAs.

The purpose of this ethnographic study was to explore the self-care practices of rural Thai HOAs to maintain *Bai Lod.* The study had three research questions. Results for two of those questions about the

meanings of holistic health for HOAs and the factors that influence those meanings have been published elsewhere (Detthippornpong et al., 2021). This paper focuses on the third question of how homebound older adults take action to maintain holistic health in their daily life.

Methods

Design

A focused ethnography was conducted to gain detailed knowledge in the field within a community subgroup (Higginbottom et al., 2013). Such an approach is especially relevant when conducting research about a complex cultural phenomena where little is known.

Setting and Participants

This study was carried out in a small rural village in Southern Thailand (Surattani Province). This site was chosen because the homebound older adults living there were reported to be a healthy group. In addition, families with more than two generations (grandparents, parents, and children) in and around this village have been found which could help to understand how family relationships and culture of support influence traditional health practices among HOAs.

As expected in ethnography (Spradley, 1980), two types of participants were included in the sample: homebound older adults as key participants and family/community members as associated participants. Inclusion criteria for HOAs consisted of the following: 1) having a Barthel Index of Activities of Daily Living score between 5 and 11 (indicating being homebound), 2) being healthy based on their latest health record without complex health problems such as geriatric syndrome; 3) having been treated and their current health problems being well controlled; 4) being able to speak and understand Thai or southern Thai. Community members were identified by key participants or during observation. They were family caregivers, health care providers, community leaders, village health volunteers, or folk doctors that had an understanding of the studied phenomenon.

Ethical Considerations

The study was approved by the IRB Committee of the Faculty of Nursing, Prince of Songkla University. Informed consent was obtained from the participants including the permission for audio recording and the right to refuse to participate at any time with no adverse effects. The data were kept confidential and anonymity was assured and maintained throughout the study.

Data Collection

Data were collected from July 2018 to February 2019 by the principal investigator (SD) who had background knowledge and experiences in the cultural group. Because of her involvement in the data collection for another qualitative research project in the region, SD had been introduced to nurses who offered long-term care services. SD joined those nurses and health village volunteers during home visits. They introduced her to potential key participants and other people in the community. The researcher, key participants, and other people in the community developed mutual trust after regularly joining in activities together. Data were collected by SD using participant observation (Spradley, 1980), through interviews, and with progressive participation in their daily activities. Field notes were taken about the environment, participants' attitude, behaviors, interaction with family members, special events, and dialogue. Semi-structured interviews were conducted with a guide (one version for key participants and another for associated participants - see supplemental material) to ensure all important aspects were covered. The main questions were: "What do you think about holistic health practices? What do you practice in daily life and why do you do those activities?" The associated participants were asked about the daily life and activities usually performed to maintain HOA's health practices. Each of the interviews lasted 45-60 minutes. A group interview with health professionals took place at the local hospital to gain more knowledge about the health services offered to HOAs.

Data Analysis

Data analysis was conducted using Excel software (Meyer & Avery, 2009) and following the four steps described by Leininger (2006): 1) collecting, describing, and documenting raw data; 2) identification and categorization of descriptors and components; 3) pattern and contextual analysis; and 4)

major themes, research findings. Themes and subthemes were further categorized to establish the practices related to the holistic health of the HOAs. Qualitative rigor and trustworthiness were maintained following the processes outlined by Lincoln and Guba (1985). Specifically, credibility was ensured by prolonged engagement in the field (seven months) and member checking, clarifying research findings with the participants, and using triangulation method. Confirmability and dependability were demonstrated by a clear description of the study's methodological processes, a review of data codes and confirmation of the findings by two experienced ethnographers. Transferability was facilitated with a clear description of the results. Every step of the research process and reflections was documented.

Results

The study findings are presented in three parts. These include socio-demographic characteristics of participants, the patterns of health practices, and factors supporting holistic health practices of HOA.

Socio-demographic Characteristics of Participants

Sixteen HOAs participated (6 males; 10 females). All were Buddhist and married. Ages ranged from 76 to 99 years (M = 84.4, SD = 6.1). Three types of living patterns were found: in extended family (n = 9), as a couple (n = 3), and alone (n = 4). The HOAs who lived as a couple or alone resided near their children's homes. All of them had immigrated to the Surattani Province when they were young. Eight participants had hypertension, seven were stroke survivors, five had other chronic diseases, and three did not have any chronic health issues.

The associated participants (n = 23) consisted of 14 family caregivers (most of them were daughters), four health professionals (a physiotherapist, a Thai traditional healer, and two nurse case managers), two village health volunteers, a folk doctor, and two community leaders (a village headman and the head of an older adults' group). Their ages ranged from 25 to 62 years (M = 48.6, SD = 13.1).

Patterns of the Health Practices

Holistic health, *Bai Lod,* of HOAs defined as being alive with positive, active, and independent mental, physical and spiritual functioning (Detthippornpong et al., 2021), guided their daily health

practices. Most HOAs with a chronic illness took medication prescribed by a local physician in addition to following traditional health practices learned from the previous generation. Their daily health practices consisted of three patterns: 1) self-care to stay healthy, 2) sharing life with community and society in a positive way, and 3) incorporating both folk and modern medicines to maintain health.

Self-Care to Stay Healthy

The HOAs valued their ability to support themselves without burdening others. Activities of daily living (ADL), which entailed eating, bathing and dressing, were considered the most important personal ability that should be maintained. This ability to take care of themselves contributed to their self-esteem regardless of the type and amount of family and community support received. For example, although participants did accept some family support or used a walker or cane, they valued their ability to continue living independently despite physical limitations.

> *"I am not using a walker or a cane although I have both of them. Look at them, they have been there for a long time (he points at his cane and walker). I don't want to use any of these assistance devices. I try to walk and exercise without them. When I walk, I feel I could climb the wall and tables. So, I can walk independently. I think, if I always used the cane and walker, I would use them forever, I don't want to, so I try to live without them."*

Enhancing Physical Strength by Eating Local and Safe Food. To increase and support their physical strength and ability to function well in their daily life, HOAs ate local food that they considered safe. They believed that eating local food without chemicals, exercising and being active in their rehabilitation helped them maintain and improve their physical strength.

> *"I heard that vegetables from the market were contaminated with chemicals. I grow vegetables by myself, so I don't want to buy them at the market. Also, I have a pig and a chicken farm, so my family has their own food, and we never buy food from anyone. I have never been sick or had any chronic diseases. I just had a stroke when I was old."*

Promoting Mental Health. In keeping with Thai Buddhist culture, HOAs believed in a relationship between body and mind, and that the mind can control the body. Thus, they promoted their

mental health by attending community and religious activities. Some worked at farms near their home to relax, while others made merit, offering food to monks, and donating money to support the local temple in the belief that it would bring them happiness and a good life.

> *"I and my husband live happily every day, we keep in touch with our family members. We are spiritual leaders for our children. We participate in several community activities, as much as we can. We also make merit, such as celebrating the Kathina (the chief of merit-making ceremony), donate money to the temple in our community, and it all makes me happy."*

Family members also encouraged the HOAs to maintain their relationship with others in the community by taking part in social and religious activities such as the Buddhist Sabbath days and other cultural ceremonies. Attending those activities, the HOAs shared their stories with other people which helped them enjoy their life and contributed to their mental health.

Seeking Health Information Related to Health Issues. Most HOAs were able to access information and learn about their health from several sources: health professionals, relatives, friends, via social activities and the internet. Some learned how to take care of themselves from friends in a self-help group at the hospital that aimed at sharing their experiences regarding holistic health. The new information was chosen to fit their concept of health, and they integrated new practices in their daily routine to maintain the health of their body, mind, and spirit.

> *"I have learned how to keep my health. I can use a smartphone and look on the internet for new knowledge about herbs, exercises, and other things that are good for my health. I use the new knowledge in my daily routine. I feel good and I am still healthy although I had a stroke and cannot walk easily."*

Sharing Life with Community and Society in a Positive Way

Although some HOAs with physical limitations stayed home, relationships with their friends, relatives, and community members continued. They believed that social relationships helped maintain their *Bai Lod*. Most HOAs regularly met their friends and relatives such as when taking exercise, having breakfast together at a local shop, or taking part in communal activities. Others stayed socially connected

via social media (LINE and Facebook), and telephones. This allowed them to share experiences, discuss health issues, and support each other.

> *"It makes me feel good that my friends never let me be lonely. Also, my cousins regularly come to visit me; so, I feel good, I am never alone. It allows me to share my story with others, and I have a chance to relieve my stress. To take care of ourselves, we must see a doctor regularly, talk with each other to share our stories or consult with a person we trust."*

Incorporating Both Folk and Modern Medicines to Maintain Health

Since most of the HOAs had chronic diseases and physical limitations, they took medication and saw their doctors regularly. Some maintained their health by integrating modern medicines with herbs planted near their homes, believing this enhanced their strength. They used herbs planted around home to make herbal juice, herbal tea, and Ya Pickle (a traditional Thai medicine).

> *"I follow our Thai tradition when it comes to local herbs. In the past, it was difficult to go to see the doctor, when we got sick, so we used herbs to support our health and it was good for health. Now, we have modern medicines and can go to see a doctor easily; but I still use herbs to support my health. I think both herbs and modern medicines can make me stronger."*

Factors Supporting Holistic Health Practices of Homebound Older Adults

Several factors related to the sociocultural context helped promote holistic health practices of these HOA. Four main factors emerged: 1) supportive family network, 2) Thai cultural belief of older adults care, 3) community strength and support, and 4) health care services.

Supportive Family Network

Family members who lived nearby provided both physical and mental health support for HOAs. Their children often supported the HOAs by assisting in ADL, taking them to see a doctor, and attending social activities to help them maintain their health and encourage their health practices.

> *"I would like to encourage her to do all her daily activities by herself because I don't want her to be bedridden. If she can do it by herself, she will be happy. Thus, I renovated her bedroom to make it easier for her; the toilet was built in the bedroom, and her personal belongings were kept*

in the bedroom as well. I often stay with her in this room the whole night, my brother, too. Our homes are very close, it feels like we are in the same house."

Following Thai traditions of filial obligation, children also helped cook meals for them.

"I am able to do things without any assistance such as taking a shower and eating. In reality, I am able to cook, but my children don't allow me to cook because my daughter already cooks at her rice curry shop.

Thai Cultural Belief of Older Adults Care

In keeping with Thai culture, living conditions in the area were designed so that homes of older adults were surrounded by their children's homes. This made it easier to support each other. Living with their families in a friendly community helped older adults manage their own safety in daily health practices at home. Although new generations of family members studied or worked in urban areas, they returned home and took care of their family members, including the HOAs. This aspect of care was observed throughout this study. Families adjusted with knowledge and technology to assist and support the HOAs in their daily health practices. They also felt happy to support of HOAs and were proud to meet their filial obligations and responsibility.

"All family members were taught to take care of their parents. They had their own intellect and were able to learn and follow each other until it became their lifeway that was practiced every day. It occurred naturally and I cannot describe what it is, I just know that if they know that someone does a good thing, another one will follow and support an older person in their family."

It was also common in this village for children to adhere to the Thai cultural principle of respecting their elders as spiritual and community leaders. Some HOAs served as the main source of support to their family while others maintained their roles of respected community leaders despite health problems and were encouraged to remain engaged.*"We are Thai, and in general we see older adults as venerable, valuable and knowledgeable. They are the first to receive support and respect. We start in our families and expand to the whole community. We encourage them to participate in several activities at*

our community including asking them to give good advice and making decisions about community activities and development.".

Strong Community Support

Due to strong community support, HOAs were able to maintain their self-reliance, living independently without burdening others. The support was also extended to older adults who had some physical limitations in order to encourage them to be part of the community and as such it became their way of life. The ability to take care of each other without support from the government was observed by their wish to have enough income, without having debt, gambling or stealing. Harmonious relationships with family members and community people were encouraged under the culture of support.

> *"We have our own culture that we have practiced from generation to generation, we are self-sufficient, have enough income, eat the food we produce, and always support each other. We also follow the government's policy and cooperate in several community activities."*

Health Care Services

The local community health professionals provided services to the HOAs through LTC services delivered by a multidisciplinary team that included health village volunteers and other stakeholders of the community. Home health care services were implemented for those who had complex health problems. Common services consisted of health education, rehabilitation, and health promotion. If a HOA missed an appointment, health village volunteers and community leaders were notified, as part of the follow-up system. Nurse case managers reviewed care plans, assessed the HOA's health needs, and provided care. Although home visits by nurses were limited to those with chronic diseases or were bedridden, nurses coordinated home health care with the health care teams and village health volunteers for other HOAs.

> *"I am a nursing care manager, and I establish a care plan to support homebound older adults. I also invite other stakeholders to join the health care services, such as a physiotherapist, pharmacists, and village health volunteers for homebound older adults who have had a stroke."*

Discussion

We used an ethnographic approach to explore actions taken by HOAs to maintain or achieve *Bai Lod*, or mental, physical, and spiritual health. Consistent with Leininger's model (2006), holistic health practices of HOAs in this study derived from their cultural values, life ways, and kinship and social factors, integrating both folk and modern health care practices.

Cultural values and life ways

HOAs rely on self, family and community support in accordance with Thai tradition of active aging to maintain both their physical and mental health. Our findings align with those in other rural regions such as Northeast Thailand (Nantsupawat et al., 2010) and show a significant relationship between lifestyle (i.e., eating behavior and activity patterns) and health status of older adults (Meethien & Pothiban, 2005). Similar to the study by Nosraty et al. (2015), maintaining their independence with ADLs was a major concern for our participants and influenced their health practices. Moreover, some HOAs in our study still worked at a farm near their home to exercise, obtain their food and income, and to support each other. Daily activities helped them being active and promoting physical health.

Maintenance of *Bai Lod* in our participants was addressed by integrating folk care in daily life. The traditional belief of consumption of local foods/products without chemicals from their own farms and integrating their folk practices with the health professionals' advice and with the health information gained from past experiences were regularly performed for health promotion. Findings in another study (Bubpa & Nuntaboot, 2017), also suggested that older adults consumed local products to prevent and control non-communicable diseases. In addition, like other studies conducted on the use of herbal medicine in Thailand (Peltzer & Pengpid, 2019; Sumngern et al., 2011), Thai local herbs were used by HOAs as health supplements and combined with modern medicines to improve their health.

Kinship and social factors

Having a supportive family network was a major factor promoting holistic health practices of HOA. Our participants lived close to or with their children. These living conditions enabled children to

easily support their parents in accordance with Thai family cultural values. In addition, HOAs were generally respected and seemed to be the spiritual leaders, supporting both family and community members in this rural Thai culture. This finding is congruent with previous studies (Hunget al., 2010; Rittirong et al., 2014). Sharing life experiences with community members and taking part in being an active member in the community also beneficially enhances the holistic health of older adults and helps create a friendly environment. This finding indicates that when HOAs live in an appropriate environment, quality of life increases and holistic health practices are promoted. As Leininger (2006) pointed out, the context can contribute to healing both body and mind, which influence holistic health. Moreover, the availability of community resources and cultural knowledge, in addition to the home health care services offered by nurses who encourage community leaders and other stakeholders of the community to be involved in older people's care, also contribute to their holistic health practices. Modern and folk care are combined to balance the beliefs and practices of the HOAs to maintain holistic health and this is encouraged by family, community and home health care services.

Moreover, most HOAs in our study promoted *Bai Lod* by participating in religious activities and cultural ceremonies with other people in the community. They valued religious ceremonies and making merit as the best health practices to promote spiritual health, similar to a previous study suggesting that religious practices have a positive impact on older adults' health and happiness (Avelar-Gonzalez et al., 2020). The HOAs in our study also maintained close relationships with their family, relatives, friends and the community. Sharing responsibilities with their family, being supported by their children and receiving assistance from other family members helped HOAs maintain *Bai Lod*. This finding corresponds to a previous study by Nantsupawat et al.(2010) who also noted that older adults were more likely to share their roles both giving and receiving support from their family members and society.

Study Limitation

Only homebound older adults who were southern Thai Buddhists in a rural area were recruited in our study. Other ethnic groups such as Thai Muslims or migrants may have had different holistic health practices. Also, our sample did not include people without children which could have influenced our results which were strongly grounded in family support. The number of children might also affect HOA health practices.

Implications for Clinical Practice and Research

Our findings provide useful information for nurses and other health professionals who may not be aware of rural Thai sociocultural influences on HOA's health practices. Primary health care professionals, nurses in particular, could leverage practices such as strong family support and positive attitudes regarding exercise in daily life to develop culturally based care and facilitate health promoting programs that support the *Bai Lod* of Thai homebound older adults. Health policy-makers should acknowledge the beliefs, values, and cultural care of the rural Thai Buddhist older population in an aging society. Additional studies should be conducted with other ethnic groups to reveal the similarities and differences between holistic health care practices.

Conclusions

The study's findings address the significance of health practices of HOAs which are embedded in their beliefs, values, and socio-cultural context in Southern Thailand. To maintain their physical, mental, and spiritual health and remain engaged in community life, HOAs use self-care strategies grounded in strong Thai cultural traditions. Health professionals can support their efforts to maintain their holistic health by developing interventions that leverage these practices and healthcare policies to support health of Thai HOAs.

Author Contributions

The first two authors (SD and PS) conceived and designed the study. SD collected and analyzed the data with the supervision and validated by PS and AB. All prepared and approved the manuscript.

Funding

This study was funded by the Graduate School of Prince of Songkla University, Thailand.

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