fortune Journals

Research Article

FORTUNE JOURNAL OF HEALTH SCIENCES

ISSN: 2644-2906

The Upgrading the Capabilities of Bang Kla Subdistrict Municipality in Improving the Active Aging of the Elderly Through Participation and Empowerment

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Abstract

This participatory action research (PAR) was aimed at 1) exploring problems and potential of the elderly to participate in developing the active aging of the elderly in Bang Khla Subdistrict Municipality, 2) exploring problems and capabilities of leaders in developing the active aging of elderly through participation and empowerment, 3) developing the capabilities of leaders in developing the active aging of the elderly, 4) enhancing the capabilities of Bang Khla Subdistrict Municipality in developing the active aging of elderly in terms of health, participation, and security through participation and empowerment, and 5) developing policy recommendations for developing the elderly's active aging. The qualitative sample consisted of 133 local administrators, community leaders, and the elderly, and 94 leaders, using a purposive sampling method. The quantitative sample consisted of 327 elderly people; the sample size was calculated according to the table of Krejci and Morgan and the simple random sampling method was used. The instruments used were in-depth interviews and questionnaires. The statistics used were frequency, percentage, mean, and standard deviation. Study results were:

1. Exploring the problems and potential of the elderly to participate in developing the active aging of the elderly in Bang Khla Subdistrict Municipality: It was found that the elderly had physical, mental, social and environmental problems. Solutions included training to provide knowledge to take care of yourself and to see a doctor regularly, choosing to eat healthy food, not drinking alcohol and smoking, exercising correctly and regularly, knowing how to manage your own emotions, keeping your mind clear, getting enough rest, having good relationships with neighbors, joining groups to do activities continuously, improving and organizing environment inside their houses suitable for the elderly.

2. Exploring the problems and capabilities of leaders in developing the active aging of the elderly through participation and empowerment: It was found that there were limited number of leaders and they lacked knowledge and understanding about developing the active aging of the elderly through participation and empowerment. It was suggested to have an advice, consultation, application use, managing the environment inside and outside the house to be safe for daily life. Most of the leaders were elderly; they were not able to adapt to the current situation very well. Some were not willing to be leaders. Some still held on to the old culture.

Problem Solving Guidelines: Bang Khla Subdistrict Municipality should organize training to increase knowledge so that trainees gained knowledge, understood the power and empowerment, could apply or advise others, establish the Bang Khla Subdistrict Municipality Elderly Active Aging Development Center, had the Center's Management Committee, planned activities that were appropriate for the elderly, should have problem

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Citation: Nawasanan Wongprasit, Wichit Saengsawang, Eakachai Chaida, Jeerapa Panyakumphol, Penrung Nualcham, The Upgrading the Capabilities of Bang Kla Subdistrict Municipality in Improving the Active Aging of the Elderly Through Participation and Empowerment. Fortune Journal of Health Sciences. 8 (2025): 996-1013.

Received: October 29, 2025
Accepted: October 30, 2025
Published: October 31, 2025

Abdulghani MM and Abed KH., Fortune J Health Sci 2025
DOI:10.26502/fjhs.362

assessment, workshops, practice and home visits, problem analysis training, create community agreements and home visits. The results of developing health leaders would result in increased knowledge.

3. Developing the capabilities of leaders to develop the active aging of the elderly: Based on the problems, the solutions were found for creating the training topics for leaders, with 5 activities: 1) training in psychology to create participation and empower leaders in developing the active aging of the elderly, 2) developing and training a platform to promote participation of the elderly, 3) training on health knowledge for leaders and the elderly, 4) training and improving the management of the environment inside and outside the elderly's houses, and 5) training on occupational skills to create additional income. Then, the leaders would pass it on and give advice to the elderly while visiting their homes or meeting at various community meetings.

4. Enhancing the capabilities of Bangkhla Subdistrict Municipality to develop the active aging of the elderly in terms of health, participation and security through participation and empowerment: It was found that, from the survey of the questionnaire on the development of the potential of the elderly of Bang Khla Subdistrict Municipality before and after organizing 5 activities, the scores of the capability enhancement of Bang Khla Subdistrict Municipality for the developing the active aging of the elderly by participating and empowering leaders and the elderly were at the high level in overall. The ranking scores from the highest to lowest average were as follows: the activity of training in psychology to create participation and empowerment for leaders, the activity of health training, the activity of vocational training to generate income, the activity of training on the management of the environment inside and outside the elderly's houses, and the activity of the platform to promote the participation of the elderly. For all activities, the elderly had an average overall satisfaction of 85 % and had higher knowledge after the training than before the training. As for the score of the potential of the elderly, it was higher than before the activity.

5. Developing policy recommendations for the development of the elderly's potential: It was found that the executives of Bang Khla Subdistrict Municipality recognized the significance of the vitality of the elderly and proposed the establishment of the Bang Khla Subdistrict Municipality's vitality promotion center, which had never existed before. An MOU was signed with relevant agencies to jointly develop the center and organize activities to develop the active aging of the elderly in the center every month, including Rajabhat Rajanagarindra University, the Provincial Social Development and Human Security Office, Bang Khla Hospital, and Bang Khla Subdistrict Municipality.

Keywords: Capabilities; Active aging; The elderly; Participation; Empowerment

Introduction

Thailand has always given importance to the quality of life of the elderly. This can be seen from the Action Plan for the Elderly, Phase 3 (2023 - 2037), the National Strategy for Human Resource Development and Potential Strengthening, which set important development goals as follows: "Thai people are good people, capable people, have quality, ready for life in the 21st century" (Goal 2.1) and "Thai society has an environment that is conducive and supports human development throughout life." Sub-issue 4.2.2, the elderly age group must receive good management development. In addition, the Act on the Decentralization Plan and Procedures for Local Administrative Organizations B.E. 2542 (1999) has the intention of decentralizing administrative power to local governments to manage and develop themselves to be able to sustainably rely on themselves. One important mission that local administrative organizations must carry out is the promotion of the quality of life of the elderly, which consists of 1) career promotion, training, promotion, development of various career groups, 2) social welfare work, such as social welfare to develop the quality of life of the elderly, welfare of the elderly living allowance, etc., 3) recreation, such as promoting sports, 2) providing places for relaxation, such as managing, caring for, and maintaining public parks, 4) education, 5) public health, such as public health and nursing, promotion of mental health and prevention of mental health problems, prevention and control of communicable diseases, etc. However, Chamnan Chanruang (2022) said that in the past, Thai local government organizations still encountered many problems, such as personnel problems, both in terms of insufficient numbers for the increasing workload and the potential of personnel who did not have expertise that matched the current work. Public health work had been increasingly transferred, resulting in the inability to provide services that truly met the needs of the elderly to promote a good quality of life and in all dimensions, even though it might be due to legal limitations or the potential of the local government management team itself.

Improving the quality of life of the elderly with the principle of active aging is a process of increasing efficiency in 3 dimensions: 1) health, 2) participation, and 3) safety in order to improve the quality of life of the elderly (World Health Organization, 2002 p.12).The health dimension is promoting the elderly to reduce risk factors of diseases, live in a safe environment, and have appropriate health behaviors in order to be able to live a long life with a good quality of life, reduce dependence on others, have lower costs for treatment and health services, and be able to access health services according to their rights and needs. The

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participation dimension is to support the participation of the elderly in social, economic, cultural and spiritual activities in accordance with their basic human rights, abilities, needs and preferences by creating policies and programs, promoting the participation of the elderly in the labor market, employment, education, health and social affairs, which will enable the elderly to continuously contribute to society in both paid and unpaid activities. And the dimension of security is creating security for the elderly to ensure that when they reach old age they will be protected, respected, have stable income and be taken care of when they are unable to take care of themselves or are in a situation where they have to rely on others, according to the needs and rights of the people, including providing support to families and communities so that they can take care of the elderly under their care. It was consistent with Sorawut Chimphet (2022), who studied the factors that promote health empowerment among the elderly in Japan, the United States, and Thailand, it was found that they included (1) personal factors, (2) social and cultural factors, and (3) legal and policy factors. The important local policies come from the administration of local government organizations, in line with the proposals of the Organization for Economic Co-operation and Development (OECD), which produced the report "All on Board: Making Inclusive Growth Happen" (Organization for Economic Co-operation and Development, 2014). It was proposed that the provision of good infrastructure and public services would help create a happy and fulfilling life. Local administrative organizations must be the main mechanism to create integration of all people and groups in society, along with development to create local economic growth. In particular, the elderly group, whose numbers are increasing, every locality needs to have good support measures to turn the crisis into an opportunity for development, adding value, and creating sustainability, such as caring for the elderly with green technology, creating models and mechanisms for participation and empowerment of local administrative organizations and related agencies to develop the potential of the elderly in all areas, creating a role model for local administrative organizations (LAOs) and related agencies in driving plans and measures for the development of the elderly into practice in communities and areas. It included the local administrative organizations (LAOs) and related agencies to be the center of basic information about the elderly for dissemination to the public and for use, etc. (Wutthisan Tanchai, 2016). Chachoengsao Province is one of the three eastern provinces in Thailand's Eastern Economic Corridor (ECC) development project, which focuses on developing only the economy, tourism, infrastructure, industry, personnel, education, research, business, finance, technology, and many more. By relying on the cooperation mechanism and good support between the government sector, private sector, public sector and educational institutions, the province has developed and grown rapidly, along with developing the potential and raising the standard of living of the people in the province to have a good quality of life through various activities/ projects. Various learning resources have been developed to be areas that provide opportunities for people to develop their potential creatively. In addition, it has been certified as a Smart City since 2022 onwards, affecting the lives of the people as a whole. It is necessary to develop, solve problems, or provide services/welfare that are appropriate, sufficient, and meet the needs, especially in the elderly population group. Chachoengsao Province has a total population of 563,905 people, of which 119,224 are elderly, accounting for 21.14 percent of the total population (HDC, 2023).

Bang Khla Subdistrict Municipality is in Bang Khla District, which is a district of Chachoengsao Province. It consists of 10 communities with 1,595 elderly people, or 21%, who are socially attached, 1,513 people, or 96%, who are homebound, 56 people, or 3%, and 26 people, or 1%, who are bedbound (Chachoengsao Provincial Public Health Office, 2023). It can be said that Bang Khla Subdistrict Municipality has entered the ultimate aging society. The policy of the executives of Bang Khla Subdistrict Municipality emphasizes the development of the quality of life of the elderly in a participatory and comprehensive manner. The executive team take the team to study the development of quality of life from many local administrative organizations to use as a guideline for operations and collaborated with the Faculty of Nursing, Rajabhat Rajanagarindra University, which is the only university for local development in the province, to jointly find problems, needs and solutions to promote and develop the quality of life of the elderly to be a model local administrative organization on August 3, 2023. It is found that the elderly still need to take care of their health, both physically and mentally, socially, dance groups, singing groups, activity places, the environment of the house is not clean and orderly, there is no knowledge of managing household items that are suitable for the elderly, need safety in using various places and want to have additional income, have places and want to have social activities, promote participation and use of technology more. It is in line with Aluminati (2023), one of the keys to creating successful community engagement is using a community platform that is convenient and easy to use. It is also consistent with Nawasan Wongprasit, Sureeporn Thammikpong and Supaporn Tantinanthatrakul (2023) suggesting that the digital health system should be applied to community health services, such as developing a mobile application to track, notify and book queues for various services, developing a system for tracking symptoms of the elderly with chronic diseases or non-communicable diseases, and importantly, requiring cooperation from the community or participation from all sectors in the community because the family and community are the closest and most important institutions for developing the quality of life of the elderly.

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In addition, from information from the Bang Khla Municipality Elderly Community Forum on August 3, 2023, the management team reflected that the weakness of community management is the number of elderly people who participate in the activities organized by the municipality, which is still low, approximately 15 percent (Bang Khla Subdistrict Municipality, 2023). This shows that the elderly still do not see the importance and lack of participation in community activities, which is an important element that will make the elderly have energy. That is, there is a gap in participatory community management, so the management potential of the management team and the elderly leaders of all 10 communities should be developed to make the elderly see the importance and participate in activities more. This is important because it is a group of people who will determine local development policies and put them into practice effectively. Therefore, there should be knowledge and ability to manage accurately and precisely so that the elderly can receive information and willingly participate in activities. Community leaders are very important individuals in developing the elderly in the community in terms of health, society, economy, and politics because they are the ones in whom the people in the community trust and believe and are ready to follow their advice. Therefore, if the community has good leaders who have knowledge and understanding in community development, including leadership qualities, it can make the community drive and develop work according to the set goals effectively and create the greatest overall benefit for the people (Waraporn Ungphanit, 2016, Introduction). Therefore, there is an idea to find a way to enhance the capability and role of Bang Khla Subdistrict Municipality in developing the potential of the elderly through participation and empowerment, with community leaders and the municipality as the main agencies in the operation, from planning, driving, monitoring and evaluating the operation by training leaders and administrators to have knowledge and ability to empower and stimulate participation until they can push the elderly to have the power to develop their own potential in every dimension (Kunnatee Phumsonuan, 2014, p 87).

The research team is a faculty of Rajabhat Rajanagarindra University, which is the only university in the province and has a mission to be a university for local development. It is also well-prepared in terms of academics, personnel, and locations. It sees the importance of promoting health and developing the potential of the elderly with participation and empowerment of Bang Khla Subdistrict Municipality, Chachoengsao Province. Therefore, we are interested in studying the potential enhancement of Bang Khla Subdistrict Municipality towards the development of the potential of the elderly through the participation and empowerment of Bang Khla Subdistrict Municipality, Chachoengsao Province, which not only helps the elderly have a better quality of life, but also empowers the elderly to help create value for themselves and also benefit the community.

Research Objectives

1. To study the problems and potential of the elderly in participation with the development of the active aging of the elderly in Bang Khla Subdistrict Municipality.
2. To study the problems and capabilities of the key leaders in developing the behavior of the active aging of elderly through participation and empowerment.
3. To develop the capabilities of the key leaders to develop the active aging of the elderly in Bang Khla Subdistrict Municipality.
4. To enhance the capabilities of Bang Khla Subdistrict Municipality to develop the active aging of the elderly in terms of health, participation and security through participation and empowerment.
5. To develop policy recommendations for developing the active aging of the elderly in Bang Khla Subdistrict Municipality.

Research Methodology

This research is participatory action research (PAR) which is divided into seven steps consistent with the objectives as follows:

Step 1: Exploring problems, potential, needs and capabilities of the elderly and leaders in developing the active aging of the elderly to respond to objectives 1 and 2. Data were collected through interviews and workshops. The key informants included 13 local administrators, 10 community leaders, 1 person per community, totaling 10 people, and 11 elderly people per community, totaling 110 people, totaling 133 people. Then, the obtained data were analyzed, synthesized, and components were found, and the issues were summarized, leading to the identification of problems, needs, and approaches to enhancing the capabilities of Bang Khla Subdistrict Municipality in developing the potential of the elderly through participation and empowerment.

Step 2: Designing guidelines for developing the potential of the elderly: This step was done by using the data analyzed from step 1 to design a set of activities to enhance the capacity of Bangkhla Subdistrict Municipality to develop the potential of the elderly through participation and empowerment through leaders or potential leaders who were representatives of all 10 communities of Bang Khla Subdistrict Municipality who volunteered and met the criteria. The basic qualifications were in the following:

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DOI:10.26502/fjhs.362

1. Being a community committee, village health volunteer, caregiver or elderly person
2. Volunteer to help develop the active aging of the elderly.
3. Have time to participate in activities or training to develop self-capacity.
4. Be able to use the application or have completed training in using the application for the developing the active aging of the elderly in Bang Khla Municipality.
5. Complete all training courses in the project.

The training courses were designed and comprised 5 activities: Activity 1: Psychology training to create participation and empowerment of leaders in developing the active aging of the elderly; Activity 2: Platform development to promote participation of the elderly; Activity 3: Health training; Activity 4: Training on management of the environment inside and outside the elderly's home; and Activity 5: Training on creating additional income. The details are elaborated as follows:

Activity 1: Psychology training activities for building participation and empowerment of leaders for developing the active aging of the elderly

It was to enable leaders to have knowledge, understanding and skills in promoting participation and empowerment in the development of potential in the elderly in the community and to have communication skills to motivate the elderly to take care of their health, including skills of listening with understanding, understanding others, listening to others, seeing self-worth, being optimistic, and motivating others, etc. And the study tour activities at the Chiang Mai University Active Life Center were to be used as a guideline for promoting the active life of the elderly in Bang Khla Subdistrict Municipality. The leaders of the power activities passed the message on to the elderly to listen and practice. Then, there was a follow-up evaluation by visiting the elderly's homes and providing suggestions for implementing the various processes. The target groups were the leaders of the power activities and the municipal executives.

Activity 2: Platform development activities to promote participation of the elderly for leaders and the elderly It was to access information, problems and needs of the elderly, communicate activities to the elderly quickly and be a guideline for developing the potential of the elderly together with other necessary health agencies in the future by using the data on problems and needs to design a platform for providing health knowledge and self-learning. There was an assessment of the competence of leaders with a self-learning test and other services. There was a group of executives and leaders to try it out and evaluating the results. Then it was adjusted to be an appropriate platform and use it with the elderly in the community. The details were as follows:

1. Designing the application platform and having programmers develop the application into the system and test it, making improvements, and creating training manuals.
2. Collaboration with Bang Khla Subdistrict Municipality to organize training on the use of an application platform connecting health services and the quality of life of the elderly for leaders and elderly, a total of 327 people who participated had access to and could use mobile phones because it was an online system and could be further developed and expanded. Quantitative data were collected before training on the use of the platform and satisfaction was evaluated after the training.
3. Qualitative and quantitative data were collected after one month of training on the use of the platform connecting health services and the quality of life of the elderly. Evaluation and conclusion of results were made.
4. Improve the platform for forwarding to Bang Khla Subdistrict Municipality for care
5. The results were the development of an application platform and the creation of a training course on a platform connecting health services to develop the potential of the elderly in health and society by empowering and engaging the community. The application was installed, allowing leaders and the elderly who had received training to access the health platform, creating knowledge on health care, prevention, treatment, control, changing undesirable behaviors, and providing advice and knowledge to others, which would affect the occurrence of various diseases, both communicable and non-communicable, reduce dependency, and enable self-care, resulting in a good quality of life, being able to live happily and easily, and having a good attitude towards using digital technology.

Activity 3: Elderly health training activities with details as follows:

1. 1.The results of the survey of problems, approaches and needs from step 1 were used to design health workshops to develop the potential of the elderly for the potential leaders and the elderly and their families in all 10 communities, totaling 327 people, such as knowledge on the health of the elderly, diet, exercise, stress management, circle dancing activities, once per community, along with creating a training manual.
2. Collaboration with Bangkhla Subdistrict Municipality to organize health training according to the specified plan by collecting quantitative data before and after training and evaluating satisfaction after training.
3. After the training, there was a home visit to assess knowledge and understanding by the leaders and

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researchers. The knowledge, training results, and results were posted on the application for further study and learning later.

4. The results were that leaders and the elderly had knowledge in taking care of their health, had a good attitude towards others and society, were able to control and know how to manage their own health, were able to use the knowledge for themselves and others, were able to develop and expand the results for others in the community as appropriate, and were able to live happily in society and be able to rely on themselves as appropriate.

Activity 4: Training activities on managing the environment inside and outside the elderly's homes with details as follows:

1. The results of the survey of problems, approaches and needs from step 1 were used to design training activities on managing the environment inside and outside the elderly's homes to develop the potential of the elderly for the potential leaders, the elderly and their families.
2. Conduct training on how to make the environment inside and outside the house safe and suitable for the daily life of the elderly according to the plan to provide knowledge about the environment inside and outside the house of the elderly and to know the methods of improvement and repair that are suitable for the elderly. Target group: 94 core leaders.
3. The leaders and the research team were divided into 10 groups to survey the homes of the elderly in 10 communities. Each community consisted of 1 researcher and 13-14 leaders, totaling 14-15 people per group. They surveyed the homes of the elderly in each community. The criteria for selecting the homes must be homes that were not yet suitable for the elderly, including:
    1) Elderly people who had walking problems, such as knee pain, old age, difficulty walking and need a walking aid.
    2) Not a bedridden patient
    3) The environment inside and outside the house was not conducive to living, such as there were no handrails to walk on, the bathroom was not suitable for the elderly, it was a squatting type, there were no handrails to hold on to, etc.
    4) The condition of the exterior of the house, the area around the house was messy, untidy, the roof is rotten, leaking, etc.
    5) Poverty status
    6) Family conditions, such as lack of caregivers or caregivers who were unable to provide care all the time, resulting in the elderly to rely on themselves to some extent.
4. The leaders and the research team, together with the executives of Bang Khla Subdistrict Municipality, held a meeting to consider selecting elderly homes to improve the environment inside and outside the elderly residences according to the plan, 1 household per community, 10 households per 10 communities.
5. Implemented renovations on 10 selected houses by coordinating with the executives of Bang Khla Subdistrict Municipality to contact construction workers in the community. The research team supervised the renovation and repair according to the plan, with the cost of materials and labor to improve the environment inside and outside the elderly's residence, according to the specified budget.
6. Follow up and evaluate the results of the renovation and repair of safety for the elderly by visiting homes.

Activity 5: Training activities on generating additional income

1. The results of the survey of problems, approaches, and needs from step 1 were used to design training activities in the area of generating additional income to develop the potential of the elderly for the active aging leaders and the elderly and their families, together with a meeting with the group leaders and the elderly, ask about problems, and survey needs for additional income-generating occupations. The results of the survey of needs were used to design training activities in generating income and create a training manual for the selection meeting.
2. The leaders and the research team, together with the executives of Bang Khla Subdistrict Municipality, held a meeting to consider selecting 30 elderly people to ensure that the training was effective and that the trainers could provide comprehensive care. Qualifications of leaders included being poor, having insufficient income for living, having a true intention to train and apply it to a real career, and receiving training to process products according to the selected formula.
3. 3.Training on product packaging and brand design for Bang Khla Municipality's Active Aging, coordinating distribution locations such as Bang Khla Floating Market, and publicizing online product sales via the Bang Khla Municipality website.

Step 3: Collecting data before starting 5 activities: it used a self-developed questionnaire based on the concept of the elderly's vitality and checking the quality of the instrument by experts, collecting quantitative data from the elderly and the leaders of the vitality, analyzing the data, presenting it to the municipal executives and leaders to acknowledge and suggest guidelines for implementation.

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DOI:10.26502/fjhs.362

Step 4: Carrying out training activities according to the 5 activity plans. It was to meet the objectives of item 3 to develop the capacity of leaders in developing the potential of the elderly and item 4 to enhance the capacity of Bang Khla Subdistrict Municipality in developing the potential of the elderly in terms of health, participation and security through participation and empowerment.

Step 5: Evaluation after implementation of all activities. It was an evaluation after the development by collecting quantitative data from the same questionnaire set after the development for at least 1 month to find out the concrete progress of the municipality's operations. The leaders of the power generation had applied the knowledge they received from the training and guidance to develop the power generation of the elderly to have a better quality of life. The research team and leaders visited homes and assessed health care, knowledge and understanding, community participation, application use, management of the environment inside and outside the elderly's homes, problems, obstacles, and additional suggestions.

Step 6: Summary of the results of the capacity enhancement of Bang Khla Subdistrict Municipality for developing the active aging of the elderly. This was in response to Objective 5 to develop policy recommendations for the development of the elderly's potential, which were derived from the five activities. Then, the results were adjusted to be a draft guideline for enhancing capabilities to be appropriate for the objectives. The draft guideline was presented to the group discussion meeting to improve the results. The researchers then provided suggestions and proposed a memorandum of understanding, policy suggestions for developing the active aging of the elderly between Bang Khla Subdistrict Municipality and Rajabhat Rajanagarindra University, Bang Khla Hospital, Social Development and Human Security, and proposed to be stipulated in the operational plan of Bang Khla Subdistrict Municipality in a concrete manner to ensure continuity of operations.

Step 7: Community data return activities. Researchers summarized the results from step 6 into a book and reported in a joint meeting with Bang Khla Subdistrict Municipality, the elderly, the elderly network and relevant persons. Then, they signed a memorandum of understanding (MOU) with the community "Elderly Active Aging Development with Participation and Empowerment of Bangkhla Subdistrict Municipality between Bangkhla Subdistrict Municipality and the Director of Bangkhla Hospital, Chachoengsao Provincial Social Development and Human Security Office and the President of Rajabhat Rajanagarindra University." It was a driving force for the development of the elderly's potential through participation and empowerment to be tangible and sustainable.

Population and Sample

The population used in the research consisted of 2,117 elderly people of Bang Khla Subdistrict Municipality and 13 executives of Bang Khla Subdistrict Municipality (1 mayor, 2 deputy mayors, 1 municipal secretary, 1 deputy municipal secretary, and 8 directors of various departments), 2 doctors and professional nurses responsible for the elderly of Bang Khla Hospital, and 88 community committee members of 10 communities, totaling 103 people. Total of 2,220 people.

Key informants for qualitative research

Key informants for in-depth interviews included 13 local administrators, 1 community leader from 10 communities, 1 person per community, totaling 10 people, and 11 elderly people or families from 10 communities, totaling 110 people in Bang Khla Subdistrict Municipality, Mueang District, Chachoengsao Province. In total, 133 people were based on the sample size for the study to create a theory because a model was created from the data found or grounded theory (Creswell, 2007, 2013 cited in Chamnian Chuangtrakul, 2018, p. 8).Purposive sampling was used to select those who had the most suitable characteristics for the research objectives and Snowball Technique from those who had the same characteristics as the population, who were able to communicate information and agreed to provide information.

Core sample group

The participants consisted of community representatives who volunteered to perform their duties in developing the potential of the elderly in the community in Bang Khla Subdistrict Municipality as assigned by the municipality. They had basic knowledge and skills in caring for the physical and mental health of the elderly. They had communication skills to motivate the elderly to participate in activities. They had knowledge, understanding and were able to manage the environment inside and outside the elderly's residences for safety, including promoting the creation of additional income for the elderly for economic stability. There were 94 people, consisting of representatives from:

1) 50 members of community committee

2) 20 village health volunteers and caregivers

3) 20 representatives of the elderly club

4) Four municipal executives

Sample for quantitative research

The sample included 327 elderly people in Bang Khla Subdistrict Municipality, Mueang District, Chachoengsao Province. The sample size was determined using the sample size calculation formula according to the table of Krejcie and Morgan (Krejcie & Morgan, 1970, p. 608).The confidence level was set at 95%, resulting in a sample size of 327 people,

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calculated based on the proportion of 10 communities. Once the sample size was obtained, the researcher used a simple random sampling method in each community until the required number was reached according to the calculated proportion.

Experts in group discussions

There were 1 representative of the executives of Bang Khla Subdistrict Municipality, 1 representative of doctors or professional nurses responsible for the elderly at Bang Khla Hospital, 1 representative of the community committee, 1 representative of the provincial social development and human security department, 1 representative of the district public health office, and 1 representative of geriatric nursing professionals, totaling 7 people.

Tools used for data collection

The tools used for collecting qualitative data include an Interview Guide and a semi-structured Interview.The instruments used for collecting quantitative data were questionnaires on the enhancement of the capacity of Bang Khla Subdistrict Municipality to develop the potential of the elderly through participation and empowerment, which was created by the research team. Quality control of qualitative research instruments was done in terms of content validity from 3 experts. The interview form was tested with 3 non-sample participants before being revised and used in practice as a guideline for adjusting questions to make them understandable. Finding the quality of quantitative research instruments was done by giving the questionnaire to 5 experts to consider the content validity by finding the index of items objective congruence (IOC) and selecting the questions with an IOC value of 0.5 or higher. If the questions with an IOC value of less than 0.5 are considered for improvement or elimination (Pichit Ritcharoen, 2013, p. 135 - 139). The questionnaire was revised as recommended by experts before being tested with a non-sample group of 30 people. The questionnaire was tested for reliability using the alpha coefficient method according to Cronbach's method (Cronbach, 1990, pp. 202-204). The reliability of the entire questionnaire was obtained = 0.953, which means that the questionnaire is reliable. The test that was tested (try out) was made into a complete version to collect further data.

Data Analysis

Qualitative analysis

Content analysis was applied to analyze qualitative data by coding the data, interpreting the data, and creating concepts by comparing with theories and research works that have already been done in content analysis.

Quantitative data analysis

Statistical analysis was applied for quantitative data, including frequency, percentage, mean (X) and standard deviation (S.D).

Research Results

Objective 1: Exploring problems and potential of the elderly to participate in the development of the elderly's active aging in Bang Khla Subdistrict Municipality.

The study found that the most common problems and potentials among the elderly were health problems such as leg pain, back pain, joint pain, knee pain, non-communicable diseases, chronic diseases such as diabetes, high blood pressure, heart disease, kidney disease, high cholesterol, etc. Social problems included living alone, children going to work, their no ideas which place to go if being outside their house, feeling lonely, anxious, stressed, sad, isolated, feeling abandoned, feeling worthless, lacking caretakers. However, some older adults had no children, no one to take care of them, no one to accompany for traveling; some of them, their children did not allow them to go outside their house by locking them inside their house to prevent them from danger. Environmental problems included dirty houses, broken bathrooms, no handrails, house's environment not-yet suitable for the elderly living, and surrounding with pets including dogs and cats with poor sanitation and unhealthy environment, rough roads with uneven surface that not suitable for the elderly to walk on, and full of garbage in the community. Economic problems: Some people had insufficient income, earning their living by themselves as daily wage earners. Some had no job, received only welfare payments. This was consistent with what some informants said as follows:

"Elderly people have physical problems such as leg pain, back pain, joint pain, knee pain."

"Most elderly people also have underlying diseases, such as diabetes, high blood pressure, heart disease, kidney disease, high cholesterol, etc."

"Normally, the elderly stay home alone because their children and grandchildren have gone to work outside the home."

"From asking the elderly at home, they feel lonely and abandoned," which is consistent with the informant who said:

"There is not enough income to spend, earning a living alone, working as a daily wage earner, at a shop in the market."

"No job, living with mother, only receiving welfare money."

Solutions

Elderly people should be trained or advised to have

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knowledge about self-care and to see a doctor regularly according to every appointment. They should also be aware of self-care to improve their physical health, have knowledge and practice choosing to eat nutritious, hygienic food with appropriate calories for the elderly, adjust their eating behavior, refrain from drinking alcohol and smoking, and practice regular exercise, such as walking in the morning and evening 1-2 times a week, dancing to age-appropriate rhythms, and practicing movement according to the advice of doctors and physical therapists, etc.

Mental health problems

The problems included being alone, children going to work outside the home, not knowing where to go, being lonely, anxious, stressed, sad, isolated, feeling abandoned, feeling worthless, needing a sincere person who truly loves and cares. Some people had a high self-esteem and not let go easily.

Solutions

There should be training in taking care of mental health, knowing how to manage one's own emotions, letting go, not being stressed, thinking to prevent depression, reducing stress, seeing oneself worth, listening to each other with understanding, supporting religious activities, going to the temple to make merit, singing and dancing activities, reducing stress, keeping the mind clear, getting enough rest, if chronically ill, taking medicine and seeing a doctor regularly, joining activities with various groups and clubs.

Social Problems

The most common elderly problems included lack of caregivers, but some had no children to take care of them, no one to take them anywhere, and their children do not allow them to leave the house by locking them inside the house because they were afraid of danger, such as falling, having difficulty walking, having knee pain, leg pain, and having no strength.

Solutions

There should be social activities, meetings, group activities together, instilling awareness in children and grandchildren that they must be attentive, should take the elderly to travel with the children, should organize groups and arrange for caregivers when the children go out to work, should have good human relations with neighbors and people in the village who are considerate of each other, invite them to play brain-building games and make appointments to eat and talk, continuously form groups to do activities to create good relationships, find caregivers to train in various occupations, have organizations to take care of the elderly, take them to do activities in the community, take them to socialize with friends, arrange travel services, go out to meet friends.

Environmental Problems

These included the fact that the environment in the house was not adjusted to be suitable for the elderly in the house, the walkways and bathrooms did not have handrails, the outside of the house was not clean, and the house environment had animals such as dogs and cats that created a bad smell, the road was not suitable for the elderly to walk on, and the surface was high and low.

Solutions

There should be training on knowledge of housing management suitable for the elderly. Activities should be organized to improve the environment inside the house to be suitable for the elderly. Walkways and bathrooms should be adjusted to have handrails. The condition outside the house should be adjusted to be level, prevent water from collecting, slippery, and muddy. There should be ramps for wheelchairs for the elderly on various important public walkways, promote and support the organized activities that promote the creation of a good, clean, safe environment in the house suitable for the elderly.

Economic Problems

These included insufficient income, only sole breadwinner in the family, general employee, no secondary occupation, not having enough to spend, and some having no additional income and relying only on the elderly welfare fund.

Solutions

Training should be organized to create additional income opportunities, including making desserts, weaving, sewing, or others according to one's abilities, convenience, and suitability for each person. Groups should also be supported for sustainability.

Objective 2: Exploring the problems and capabilities of leaders in developing the active aging of the elderly through participation and empowerment.

The study results found that problems of sufficiency and lack of knowledge and skills, such as the small number of community leaders, lack of knowledge, understanding, and skills necessary to care for the health of the elderly, and lack of necessary equipment, lack of helpers, and inappropriate environmental arrangements. The roles of leaders and village health volunteers overlapped, and most of the leaders were elderly. Sometimes, the leaders themselves had responsibilities in their own families and did not clearly understand their roles and responsibilities, making it impossible for leaders to perform their duties effectively. This was consistent with what some informants said:

"There are few community leaders who lack the knowledge, understanding and skills necessary for caring for the elderly."

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"Some leaders still hold on to old cultures, such as if you have a fever, wrap yourself in a blanket to sweat, and your symptoms will improve."

"Necessary equipment is scarce, such as blood testers and blood pressure monitors, so we must take turns using the equipment for the elderly. If possible, we should allocate a sufficient budget for purchasing it."

"The roles and responsibilities of village health volunteer leaders are still complex. At present, the roles and responsibilities of each party are being reviewed to make them clearer."

"Being a health leader in the community is not something that everyone can do. It must be done through selection or volunteering, being ready, and sacrificing for the greater good."

"Most of the leaders are elderly, and sometimes the leaders themselves have family responsibilities and do not clearly understand their roles and responsibilities, which makes it difficult for them to perform their leadership duties to the fullest.

Guidelines for developing the capabilities of community leaders

There should be more health care leaders and clear division of duties in the community without overlapping and development of knowledge and skills in caring for the health of the elderly, which is consistent with some interviewees who said that:

"There should be more elderly leaders, and their duties should be separated from other tasks so that they have time for the elderly and are not too tired."

"There should be development of community leaders in terms of knowledge about elderly health, self-care for the elderly, and various skills that should be known to keep up with the changes in the current era."

"There should be regular training for community leaders 1-2 times a year."

"Leaders should be developed by organizing training, reviewing knowledge about health care, emerging diseases, and various diseases that should be known."

"There should be problem assessment, workshops, practice and home visits, problem analysis training, project writing, community agreement creation, and home visits. The results of developing health leaders will result in increased knowledge."

Objective 3: Developing the capabilities of leaders to develop the active aging of the elderly in Bang Khla Subdistrict Municipality.

The problems and solutions that found were used to create training topics for leaders and the elderly, with 5 activities: 1) training in psychology to create participation and empower leaders in developing the active aging of the elderly, 2) developing a platform to promote participation of the elderly, 3) training in health knowledge for leaders and the elderly, 4) training in managing the environment inside and outside the elderly's houses, and 5) training in vocational skills to create additional income. Then, the leaders would pass on the knowledge and give advice to the elderly while visiting their homes or meeting in various community meetings.

The results of the study found that:

Activity 1: Psychology training to create participation and empower leaders for the development of the potential of the elderly.

The overall satisfaction with the activity was 90.08 percent, the leaders were able to apply the knowledge from the group activities, 96.00 percent. The psychology content organized in this training was appropriate and they were able to apply the knowledge gained in psychology in their daily lives, 90.67 percent. However, the leaders were satisfied with the location of the activity, 86.67 percent, which was the lowest percentage, and they wanted it to be organized continuously.

Activity 2: Activity to develop and train on the use of the platform to promote the participation of the elderly for leaders and the elderly.

The results of the satisfaction assessment on the platform activities to promote the participation of the elderly, overall, were 92.50 percent. When considering the highest percentage, it was that "you can apply the knowledge you have gained in your daily life," accounting for 95.78 percent. The second highest percentage was that "you can recommend the knowledge you have gained to other people," accounting for 95.66 percent. And the lowest percentage was that "the time spent on training is appropriate," accounting for 87.52 percent.

Activity 3: Elderly health training activity.

It was found that the overall satisfaction assessment of the elderly health training activity was 97.72 percent, with the highest percentage being satisfied with the trainers who provided clear knowledge, at 99.63 percent. The next highest percentage was that they were able to apply the knowledge they received in their daily lives, at 99.27 percent. The lowest percentage was satisfied with the location where the activity was held, at 94.25 percent.

Activity 4: Training activity on managing the environment inside and outside the elderly home.

It was found that the satisfaction assessment results of

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DOI:10.26502/fjhs.362

the training activity on managing the environment inside and outside the elderly home were 89.89 percent. The highest percentage was satisfied with the lecturers who provided clear knowledge and were satisfied with the steps in selecting the elderly home for renovation and repair, which were appropriate, at 92.00 percent. The next highest percentage was that the activities organized in this training were appropriate to the needs of the elderly, at 90.00 percent. The lowest percentage was that the time spent on the training was appropriate, at 88.00 percent.

Activity 5: Training activity on generating additional income.

There was a workshop on surveying and using the results of the survey on the need for additional income that can be done at home from leaders and the elderly to design training on channels for generating additional income for the elderly.It was found that the products that required training were mostly flavored banana chips (67%), followed by fried banana chips (21%), and the least popular were other products (12%), respectively. Therefore, it was concluded that training in the production of fried bananas and banana chips was chosen because bananas were grown in almost every house in the community, they were easy to find, easy to learn, and easy to buy and sell. After that, there was a workshop on packaging design and the creation of a logo for the Bang Khla Subdistrict Municipality's energy power to be attached to products for the elderly. The logo was as shown in Figure 1. This image is currently in the process of registering an intellectual property patent.

Figure 1: The Emblem of the Active Aging of the Elderly in Bangkhla Subdistrict Municipality (Create by Nawasanan Wongprasit, *et al* 2025).

Then they gathered to find a place to sell products for the elderly, broken-brake bananas, and dried bananas, such as Bang Khla Floating Market. They wrote a letter to Bang Khla Subdistrict Municipality to ask for a raft to be sold without rent for the first 3 months. After that, they evaluated the results and found a problem with the location being too far for people to walk to because other areas were no longer available. The leaders therefore proposed that there be no raft rental fee, but to request assistance from the municipality to allow the sale of products for the elderly at the entrance of the floating market, where there will be more tourists. This is currently being carried out. The results of the satisfaction assessment of the training activities on generating additional income were 90.44 percent, with the highest percentage being that the time spent on the training was appropriate, at 92.67 percent, followed by the occupation that received training could be turned into an actual additional income occupation, at 92.00 percent, and the lowest percentage being that you can recommend the knowledge you have gained to other people to generate additional income, at 88.67 percent.

Objective 4: Developing the capabilities of leaders to develop the active aging of the elderly.

The results of the development of the capacity of leaders in developing the potential of the elderly found that the 5 activities had the highest level of satisfaction. Ranked from most to least satisfied were: Elderly health training activities (97.72 percent), platform activities to promote elderly participation (92.50 percent), income generation training activities (90.44 percent), psychology training activities to build participation and empower leaders for elderly development (90.08 percent), and training activities on managing the environment inside and outside the elderly's home (89.89 percent).

Objective 5: Enhancing the capabilities of Bang Khla Subdistrict Municipality to develop the active aging of the elderly in terms of health, participation and security through participation and empowerment.

It was found that from the survey using the questionnaire on the development of the potential of the elderly of Bang Khla Subdistrict Municipality before and after organizing 5 activities, it was found that the score of the capacity enhancement of Bang Khla Subdistrict Municipality towards the development of the potential of the elderly with the participation and empowerment of leaders and the elderly was overall higher after the activity than before the activity. The overall satisfaction averaged 85 percent and there was higher knowledge after the training than before the training. The score of the potential of the elderly was higher than before the activity.

Objective 6: Developing policy recommendations for developing the active aging of the elderly.

It was found that the municipal executives, the leaders of the active life and the research team jointly agreed on the importance of developing the active life of the elderly and the active life leaders. Therefore, they proposed a policy to establish the Bang Khla Subdistrict Municipality's Active Life Promotion Center for the Elderly and proposed a plan to develop guidelines for promoting and developing the active life leaders and the elderly, divided into 3 phases and 7 steps as follows:

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Phase 1: Setting standards and guidelines for the Bang Khla Subdistrict Municipality Elderly Potential Promotion Center is divided into 3 steps:

Step 1: Assigning a person responsible for setting up the committee of the Bang Khla Subdistrict Municipality Elderly Potential Promotion Center and taking them on a study visit to the Chiang Mai University Elderly Active Aging Promotion Center on January 15-17, 2025, to design activities that should be included in the center. Establishing a plan to promote the vitality of the elderly, coordinate networks and make a memorandum of understanding or MOU with relevant agencies to jointly develop the center to meet the needs of the community, including Rajabhat Rajanagarindra University, Faculty of Nursing, Faculty of Science and Technology, Faculty of Management Science, Faculty of Humanities and Social Sciences, Faculty of Industrial Technology, and Faculty of Education, Office of Social Development and Human Security, Chachoengsao Province, and Bangkhla Hospital. The operation was carried out on May 14, 2025, and the research results were presented to municipal executives, university executives, lecturers, researchers, social development and human security, communities and stakeholders to disseminate the research results to the community and serve as a guideline for other agencies to apply or develop into new knowledge.

Step 2: Determining key issues and indicators of success for the activity. The planning committee analyzed the data obtained from the survey and determines key issues and indicators of success for the activity that were consistent with community needs.

Step 3: Establishing the center's guidelines for preparing for activities, procuring speakers, materials and equipment for organizing activities, setting the schedule for days and times for organizing activities, publicizing the organization of activities to inform and encourage interested people to participate in activities organized by the center.

Phase 2: Measurement and evaluation of the center's activities were divided into 2 steps:

Step 4: Data collection and management: The person responsible for collecting data from participants in various activities to cover both qualitative and quantitative data.

Step 5: Analysis and evaluation of the activity. Researchers analyzed and evaluated the collected data to determine the level of success of the activity, what were the strengths, weaknesses, and shortcomings that should be improved.

Phase 3: Continuous quality improvement is divided into 2 steps:

Step 6: Defect fixing and improving the event organization: Take the analyzed data and hold a planning meeting, fix defects, and improve the quality of the event.

Step 7 Reporting: The committee summarized and reported the results of the activities annually to the municipal executive board and uses the shortcomings to develop a plan to develop and promote the potential of the elderly of Bang Khla Subdistrict Municipality in the following year.

Discussion

1.Exploring problems and potential of the elderly to participate in the development of the elderly's active aging in Bang Khla Subdistrict Municipality.

It was found that the elderly had physical, mental, social and environmental problems. It was consistent with the study of Wongprasit (2021), who studied the quality of life of the elderly in Tha Takieb District, Chachoengsao Province, it was found that the elderly had economic, social, environmental and health problems. And it was consistent with the research results of Jakkaew Nammuang (2017) studying the prototype school for the elderly in managing the health and welfare of the elderly. It was found that the problems and needs in managing the health and welfare of the elderly include physical, mental, social and intellectual problems. This finding might be due to the deterioration of the functioning of various organs in the elderly, which made them more susceptible to disease than other age groups. In addition, the behavior of the elderly in the past might have been risky to health, which was why health problems were found in the elderly. It included the lack of work after retirement, resulting in no income and some people might not have savings, resulting in economic problems and insufficient income. In addition, some elderly people rarely participated in social activities. Some lacked caregivers, no children living with them, so they had to be alone, making them feel lonely and isolated, leading to social and mental problems. As for the unsuitable living environment for the elderly, it might be because some people were poor and had insufficient income, so they did not have money to improve the living environment. Therefore, it was found that the elderly had problems with unsuitable living environments both inside and outside the house. Although in Thailand there had been continuous study and knowledge given on self-care for the elderly, research still found that some elderly people had health problems, social problems, and environmental problems. This finding might be due to the policy lacking effective and continuous integration of the responsible agencies, such as the Ministry of Public Health, the Ministry of Social Development and Human Security, the Ministry of Higher Education, Science, Research and Innovation, the Ministry of Education, and the Ministry of Interior.

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2.Exploring the problems and capabilities of leaders in developing the active aging of the elderly through participation and empowerment.

The problems found were the problems of sufficiency and lack of knowledge and skills necessary to care for the health of the elderly. The roles of leaders had overlapped and most of the leaders were elderly and did not clearly understand their roles and responsibilities. As a result, leaders were unable to perform their duties to their full potential. Leaders also lacked knowledge and understanding about the development of the elderly's active aging. It was consistent with the study of Wongprasit & Ruenchitt (2023), who studied the model for developing the quality of life of the elderly with dependency in Samet Tai Subdistrict, Chachoengsao Province, they found that there were insufficient numbers, a shortage of public health volunteers to provide care, and most of the current volunteers were elderly with no one to take over. It was also consistent with the study of Kanchana Panyathorn, Nattawan Chaiyamikhio, Rawiwan Phaokhanha, and Chutharat Saowaphan (2024, pp. 6 - 7) who studied the development of family and community health leaders in caring for bedridden elderly patients. Problems found were that leaders overlapped in their work, their roles were unclear, there was a lack of sharing of patient care information, a lack of joint learning, a lack of essential care, and a lack of analysis of current information in the planning process, resulting in plans that were not consistent with the needs of the community. The problems of sufficiency and lack of knowledge and skills necessary to care for the elderly that were found might be because the health care leaders in the community work as volunteers without any wages or compensation that was worthy of helping each other in the community. Therefore, we needed people who could sacrifice their time, skills, knowledge, and ability to take care of others. Most people in the community still had to rely on themselves and earn a living by themselves, so they did not have much time to take care of others except for using their free time. But at present, the number of elderly people is increasing, so there are many caregivers. Therefore, there are not enough caregivers, and they lack sufficient knowledge and skills because health care is a specific health science that is complicated to treat and has a variety of diseases. However, the caregivers only receive short-term training, so they do not have sufficient knowledge and skills to effectively care for the whole person. Therefore, there is a problem of inadequacy and lack of knowledge and skills necessary for caring for the elderly. In addition, since the outbreak of COVID-19, Thailand has become aware of the importance of the primary health care system, especially village health volunteers (VHVs) in helping screen for diseases or reaching communities as closely as possible. Therefore, there have been more policies or tasks assigned to communities. As a result, the leaders have more duties while the number of applicants has decreased, resulting in insufficient leaders and overlapping roles. This is because the volunteers working in the community are usually the same people who volunteer to help.

3. Developing the capabilities of leaders to develop the active aging of the elderly.

It was found that five activities, namely Activity 1: Psychology training to create participation and strengthen the power of leaders in developing the potential of the elderly, Activity 2: Platform development to promote participation of the elderly, Activity 3: Health training, Activity 4: Training on management of the environment inside and outside the elderly's home, and Activity 5: Training on creating additional income, had the elderly having the highest level of satisfaction. This might be because the activities used in training the elderly were appropriate and met the needs of the elderly. The elderly could access the activities conveniently and chose to join the activities they are interested in. It was consistent with Orasa Thatwakorn (2020, page 56) who said that organizing activities for the elderly should be activities that were appropriate for each elderly person. It should be organized so that the elderly could access activities conveniently and chose to participate in activities they were interested in, including activities that must respond to the needs of the elderly, including short-term activities such as activities to increase self-care potential. It was consistent with chronic diseases, using the internet to access information and various groups in society, while long-term activities should be activities that the elderly were interested enough to hold on to increase their income, as well as having a space for the elderly to easily join in activities together. In organizing activities for the elderly, they should be activities that were appropriate for each elderly person, and they could choose to join the activities in which they were interested.

The results of the comparison of the capacity building of leaders in developing the potential of the elderly before and after the training found that the capacity building of leaders in developing the potential of the elderly through participation and empowerment, the average value after the training was higher than before the training. When each aspect was taken considered, it was found that the participation and empowerment aspect after the training had a higher average value than before the training in every aspect. After the training, the participation of leaders had the highest average value, followed by the empowerment of leaders. It was consistent with Suksri Prasomsuk, Nathakon Nilnet, Phanas Chairam, and Maryat Chammana (2020, p. 4) who studied the effects of an empowerment program on the development of the competencies of the elderly with non-communicable chronic diseases in Rai Saton Subdistrict, Phetchaburi Province, it was found that the experimental

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group had a significantly higher mean post-experimental empowerment score than before the experiment at a statistical level of 0.05.It was consistent with Ekkapop Chanthasukhon and Anongnat Kongpracha (2017, p. 24), it was found that empowerment resulted in the elderly in the experimental group receiving the self-care empowerment program having higher self-care behaviors than before the experiment and higher than the control group, with statistical significance at the 0.05 level. This finding might be due to the design of activities to enhance the capacity of Bang Khla Subdistrict Municipality to develop the potential of the elderly. It was designed from the results of the analysis of the problems and potential of the elderly and leaders in developing the potential with participation, which found that the elderly had problems with health, society, environment and income and lacked participation in activities. The core leaders had a problem of lacking knowledge in caring for the elderly's potential and communication psychology to encourage the elderly to participate in activities, work as a team, and plan. Therefore, five activities were designed to respond to the problems and needs.

4. Enhancing the capabilities of Bang Khla Subdistrict Municipality to develop the active aging of the elderly in terms of health, participation and security through participation and empowerment. It was found as follows:

1. The results of the questionnaire analysis on the capacity building of Bang Khla Subdistrict Municipality for the development of the potential of the elderly through participation and empowerment were overall at a high level. Ranked from highest to lowest average values, they were as follows: Psychology training activities to build participation and empower leaders, health training activities, income generation training activities, management of the environment inside and outside the elderly's house, and platform activities to promote participation of the elderly. When considering the activities, it was found as following.

1.1. The overall average value of the psychology training activities for creating participation and empowering leaders was at a high level. It was consistent with Prasitchai Dechakham (2020, p. 8-9) who studied the effect of psychological empowerment on the innovation behavior of employees in SMEs, it was found that psychological empowerment is an increase in intrinsic motivation related to work proactively, perceiving one's competence and being able to connect one's goals with the organization, and making leaders had intrinsic motivation related to work, which was psychological empowerment by perceiving oneself as having freedom of choice and being able to control actions in creating work, including perceiving that work is valuable and being able to overcome obstacles in work until successful. It was in line with Seibert et al. (2011, p. 981), interest in empowerment psychology and management includes motivation, performance, leadership, group processes, decision making, and organizational design. Because empowerment could increase performance, well-being, and positive attitudes of individuals, teams, and organizations, psychological empowerment was a person's sense of autonomy or control over initiating or controlling their own actions. Competence refers to the belief in one's ability to successfully perform work activities. This finding might be because the leaders had been working with the community all along and found that the elderly still participate in relatively few activities. Therefore, leaders had the opportunity to encounter communication problems to encourage people to join various activities and to advise the elderly to take care of their health. Many elderly people still had health problems. That is, communication was a direct role that leaders must perform. In addition, psychological empowerment was an important factor and positively related to work participation, which made others more determined, more motivated about work that was based on their potential and could connect goals. This would help leaders have knowledge and understanding in psychology and be able to use psychological knowledge to advise others in solving problems, know how to use persuasive speech, motivate others to be willing to change their behavior voluntarily, and be able to mediate conflicts appropriately. Therefore, this training topic made the participants highly satisfied and wanted to organize it again.

1.2. Platform activities to promote the participation of the elderly. After the activities, it was found that the leaders and the elderly had opinions on the use of energy development with an overall average of a high level. It was consistent with the study of Kitkamon Maitri (2023) who studied the platform and application formats that meet the needs of the public and the elderly in the case of illness, it was found that the agreement with the platform that meets the needs of the public and the elderly in the case of illness was found that overall, the average value was at the level of strongly agree. It was consistent with Wanida Durongritchai *et al.* (2023, p. 133) who stated that the desired digital platform must be an easy-to-use system on the communication tools that VHWs are currently using. The system installation must not be complicated. The recorded data must not be large and must not overlap with the existing application. The recorded data should not increase the recording work. Elderly care data on paper could compile the health conditions or scores of the elderly and had specific recommendations that were important according to the results for ease of operation. It could be linked to other reliable online health information sources. It was consistent with Sasikarn Wattanachan (2017) who stated that 'Senior Society' is a platform that was a "One Stop Contents Provider for the Elderly" specifically to be a

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channel for presenting accurate and useful information to the elderly in all aspects. It was also a medium of communication that allowed the elderly to access accurate information sources and use them together anytime, anywhere. It was a value creation, a society of learning, sharing knowledge, communicating, expressing feelings, and interacting among the elderly in society freely through various platforms such as websites, Facebook, and Line. This might be because the platform that was created was easy to use and the development process had allowed leaders and seniors to participate in presenting the desired information and had been tested for a while, with improvements until it was easy to understand. The application system was not complicated, there were instructions for use, personal data was safe, and it could be linked to other information sources via a computer program or mobile phone, making it convenient to access information sources and use them anywhere, anytime. In addition, Bang Khla Subdistrict Municipality was an urban area, so most leaders and senior citizens had sufficient information and knowledge about technology that could be applied, which resulted in a high level of opinions on the use of the platform. However, there were still some parts that were not immediately usable and require further training and adjustments to make it more suitable for older people, such as font size or images that communicate clearly.

1.3. Health training activities had an overall average score of high. This might be because the elderly had always been trained and educated about health, so they chose to eat foods that were beneficial to the body, exercise regularly, which made the body strong, made merit, gave alms, listened to the Dharma, and sometimes practiced meditation, which made the elderly not stressed and happy in life. The families of the elderly understood the situation of the elderly. It was consistent with Sorausa Chimphet (2022, p. 111) who stated that good health of the elderly that came from eating appropriate food and exercising regularly results in a complete and strong physical condition according to age, free from chronic diseases, able to live and do daily routines by themselves, including participating in social activities and adhering to religious principles, resulting in a bright, cheerful mind and a happy life. This was consistent with Benchamat Phutthima, Anongrat Rinsaengpin, Somchai Muangmoon, Chanankan Suwanruang, and Wisut Thanukit (2022, pp. 53–54) who stated that the elderly needed knowledge about getting proper nutrition, methods of exercising that could be done regularly at home, as well as activities that helped reduce anxiety, such as listening to sermons, listening to music, and meeting neighbors, etc. In terms of participation, the elderly participated in family activities, but not all of them, because some family members with elderly members worked outside the community, which resulted in fewer family activities. However, sometimes they participated in community traditional activities, which allowed them to talk, relax, and improve their mental health.

1.4. Training activities on managing the environment inside and outside the elderly's house had an overall average score of high. This might be because most elderly people felt comfortable and safe living in the community. But there were some parts where the living environment was not suitable, including no handrails to walk to the bathroom or being risky to falls, especially that those who had muscle weakness or imbalance. Or the toilet was still a squatting type, which was not suitable for the elderly: it was difficult for the elderly to be up and down position. Some people could not even get up. Therefore, the living quarters must be improved and the environment inside the house must be modified to be safer for the elderly. It was consistent with Hritai Kongmaha, Kannika Hansungnern, Wilaiporn Rangwat and Pratum Kongmaha (2016, p. 58) who stated that a conducive and safe environment was missing in promoting vitality in the elderly, which was a feeling of insecurity in the environment. Therefore, this research found that after improving the residences of the selected elderly, the elderly and their families were satisfied, and it helped to promote their energy and morale.

1.5. Income generation training activities had an overall average of high level. This might be because the elderly used the products of banana break, banana chips and buy products from the community and nearby areas to make products, which were easy to find. They were also willing to recommend additional income-generating occupations to their neighbors. They always exchanged knowledge about their occupations with others and received support and promotion from both government and private agencies in distributing them. It was consistent with Phatra Sukhasukhon, Suchila Sakthewin, and Thanaporn Sridokmai (2021, p. 80) who stated that community products of the elderly group should develop products from local raw materials and use local wisdom that was combined with culture, traditions, and customs as product placements, and government agencies should come in as mentors. It was consistent with Pimpa Nga Phengnarent (2017, p. 1) who stated that community participation in career development to increase income for the elderly found that the government or related agencies must create a network of elderly groups with a structure and management system that was linked to career development systematically and tangibly.

2. Comparison of capacity building of Bang Khla Subdistrict Municipality towards the development of elderly potential through participation and empowerment before and after the training found that capacity building of Bang Khla Subdistrict Municipality towards the development of elderly potential through participation and empowerment after the training was higher than before the training. It was consistent with Benchamat Phutthima, Anongrat Rinsaengpin, Somchai

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Muangmoon, Chanankan Suwanruang, and Wisut Thanukit (2022, pp. 54 - 55) who stated that the elderly and pre-elderly had higher energy levels before using the activity set. It was consistent with Ratchanikan Thetkhutthod and Putthipong Satyawongthip (2019, p. 44) who stated that after the development, the elderly had knowledge about taking care of their own health, were aware of taking care of their own health, and had self-care behaviors that were significantly higher than before the development ($p<.05$). This finding might be because the topics and knowledge delivery processes were in line with the needs and problems of the trainees, and every activity was participated by the trainees, so they saw that it was useful and could be applied in daily life, resulting in better scores after the training than before the training.

Suggestions

Suggestions from research

1. The study found that the key leaders of the active aging elderly have been limited in number, and they have many overlapping roles in the community. It is suggested that the municipality conduct a survey on the needs of community leaders in various fields, record them, and design development of capabilities which are appropriate and continuously motivated in working.

2. The study found that active aging leaders and the elderly still lack knowledge, understanding, awareness and skills in taking care of their own health. Although there is constant training and knowledge, due to constant changes, the occurrence of various diseases also changes. Therefore, educating the elderly and leaders must be done continuously. However, the media used for educating and various strategies may need to be adjusted to be more modern, interesting, accessible, and appropriate for each person.

3. The study found that Bang Khla Municipality has established the Active Aging Promotion Center, which is considered the first in the country at the local level and has signed an MOU with the network sector and related agencies to jointly develop the elderly potency in a tangible way. It is recommended that Bang Khla Subdistrict Municipality assign at least one person to be responsible or a seriously responsible officer to carry out the work according to the specified plan.

4. The study found that there are products for the elderly. Therefore, it is proposed that products be marketed to the elderly group and that there should be a process to control the quality of production to meet standards, creating unique products that blend local cultures. The product should be developed to have a variety of forms that can use seasonal ingredients. There should also be a sales promotion group that makes a profit, which is the elderly community, to truly develop the potential of the elderly.

5. The study found that there was a platform on the Bang Khla Subdistrict Municipality website. Therefore, it is suggested that municipal administrators should continuously monitor the use of health platforms and participation to develop the potential of the elderly as a guideline for improving the system to achieve maximum efficiency.

6. The study found that there was an MOU. Therefore, it is proposed that relevant agencies and network partners exchange and disseminate guidelines for the development of the elderly's potential with the university as the core, to serve as a guideline for the standards of the Bang Khla Subdistrict Municipality Active Aging Promotion Center and as a guideline for the establishment of other local administrative organizations.

Suggestions for further study

1. There should be a study on the development of a model for the capacity development of health leaders for the development of the active aging elderly in Thailand.
2. There should be mixed methods of research on the development model of the active aging elderly and the development of the capacity of local health leaders.
3. There should be a study on the standards of elderly care and the cost per person of caring for the elderly in standard elderly care centers in Thailand.
4. There should be a study on the development of a quality and tangible health system for the elderly in the community with a government-supported budget that is appropriate.
5. The right savings model for Thai people to prepare for being the active aging elderly.
6. A sustainable and effective model for developing and motivating volunteers in Thai communities
7. Guidelines for integrating the public and private sectors and networks to promote effective community-based elderly empowerment.

Acknowledgements

This research received funding for research and innovation from the National Research Office of Thailand, fiscal year 2024. We would like to thank the funding support and all experts for their kind advice. We would like to thank the executive team of Bang Khla Subdistrict Municipality, the active aging leaders, the community committees, the chairman of the village health volunteers, the village health volunteers and caregivers, the chairman of the elderly club, and all the elderly for their cooperation in participating in the activities and collecting data in both interviews and questionnaires.

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DOI:10.26502/fjhs.362

We would like to thank Rajabhat Rajanagarindra University for supporting valuable resources and time in this research process.

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Citation: Nawasanan Wongprasit, Wichit Saengsawang, Eakachai Chaida, Jeerapa Panyakumphol, Penrung Nualcham, The Upgrading the Capabilities of Bang Kla Subdistrict Municipality in Improving the Active Aging of the Elderly Through Participation and Empowerment. Fortune Journal of Health Sciences. 8 (2025): 996-1013.