

# Older people combatting HIV/AIDS

## Fact sheet on HIV/AIDS and older people in Thailand



Community educators sharing knowledge to villagers on HIV and AIDS prevention and treatment through learning cards

### Introduction

Thailand has been very successful in combatting HIV and AIDS. In 2000, the prevalence rate of HIV infections stood at 1.8 per cent<sup>1</sup> and has dropped to 1.4 per cent in 2006<sup>2</sup>, and the number of deaths has decreased from 40,000 in 2003 to 21,000 in 2005<sup>3</sup>. This remarkable shift in numbers has been largely attributed to the public campaign carried out by the Ministry of Public Health, which dedicated a substantial portion of its budget for the prevention and treatment of HIV and AIDS<sup>4/5</sup> (for example, 1.6 billion Baht in 2005).

Older people are a group that has been significantly affected by HIV and AIDS in Thailand<sup>6</sup>. That impact has been through contracting the disease as well as through the caregiving responsibilities for infected adult children and grandchildren and the upbringing of grandchildren affected by HIV and AIDS. Older people's

contribution to reducing HIV and AIDS in their communities through becoming community educators and their caregiving role was largely unnoticed.

HelpAge International (HAI) and its local partners have been at the forefront of work with older people, NGOs, networks of Persons Living with HIV and AIDS (PLHA), local government, the Ministry of Public Health, UN agencies and the media to ensure older people's needs and opinions in relation to HIV and AIDS are recognized and addressed.

One outcome of HelpAge International's work has been data collection on older people and HIV and AIDS at the national level. In 2007, HelpAge International worked with the National Statistics Office (NSO) on its periodic survey of older people (the 2007 Survey of the Older Persons in Thailand) with the inclusion of queries on HIV and AIDS. The survey also included a

section on older people's knowledge of their rights and services, which serve as a social protection measure for older people in Thailand (including HIV and AIDS affected older people). This information sheet provides a summary of HelpAge International's work in the field of HIV and AIDS and older people, an analysis of the 2007 Survey of the Older Persons in Thailand, and recommendations for action by stakeholders on the basis of this recently released data.

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## Older People in Thailand

People aged 60 and over accounted for 11.3 per cent (7.1 million) of the 64 million total population of Thailand in 2005<sup>7</sup>. Older people predominantly live in the rural areas (81 per cent), where there is greater poverty than urban areas. According to the 2007 Survey of the Older Persons in Thailand, the poverty rate among older people (20.7 per cent) is nearly double the national average (9.8 per cent)<sup>8</sup>. Twenty-six per cent of those over the age of 65 are still in the labour force<sup>9</sup>, and support the family mainly through farming and daily labour. Older women in Thailand are especially vulnerable, 45 per cent are widows and in general they are more likely to live alone and have lower incomes compared to older men<sup>10</sup>. A project led by the Faculty of Nursing at Chiang Mai University on 'HIV and AIDS and Older People in northern Thailand' from 2004-2006 revealed that 97 per cent of affected older people lived on less than 17 baht per day (.50 US\$), and that 76 per cent of affected older people cared for PLHA.

Many of the older poor in Thailand receive a social pension, which is currently administered by the Department of Local Administration, and delivered through the Tambon Administration Organisations (sub-district government department). This pension is a means-tested scheme targeted at older people (60+) who are economically inactive and living alone or without care; it provides an allowance of 500 baht (15 US\$) per month and had an estimated 1.75 million beneficiaries in 2007.

**'Older women are especially vulnerable, and are more likely to live alone, having lower incomes as compared to older men.'**

## HelpAge International's HIV and AIDS work in Thailand

HelpAge International began its work to address the impact of HIV and AIDS on older people in Northern Thailand in 1995. In collaboration with a local partner (Mother Child Concern Foundation), it developed a pilot project in Sanpatong, Chiang Mai Province, to improve the social and economic conditions of older people caring for those infected with HIV. This project was replicated in other districts in Chiang Mai, Lamphun, Chiang Rai, and Lampang Provinces, and has been recognized as having contributed to the well-being of older people and those under their care.

HelpAge International also piloted a project to promote the role of older people as community educators, which has demonstrated that older people are an effective resource in the prevention of HIV when they are appropriately trained and supported. More recently in 2006, through participation in the Faculty of Nursing project and advocacy initiatives focusing on the roles of older women affected by HIV and AIDS, HelpAge International and its partners were able to influence the 10<sup>th</sup> National AIDS Plan; the plan now includes older people affected by HIV and AIDS as a target group.



## Data Analysis

The data reveals four major issues concerning the impact of HIV and AIDS on older people. These four issues are:

- opinions of older people in relation to HIV and AIDS
- awareness among older people on entitlements and services
- accessing services and benefits
- satisfaction with the services.

### Opinions of older people in relation to HIV and AIDS

This data set covers six questions.

Is it possible to become infected by having meals with infected persons?

There has been no evidence of HIV infection by having meals with infected persons. The responses show that the majority of older people (63.3 per cent) have accurate knowledge of HIV transmission in relation to this particular point. However, about a third are (30.6 per cent) are unsure.





Can HIV and AIDS be cured by using herbal medicine?

The responses indicate that 9.8 per cent of older people feel traditional and herbal medicine can cure HIV and AIDS, 42 per cent disagree with the statement, and 48 per cent are unsure. While there are some studies to indicate traditional and herbal medicine improve the immune system and prevent AIDS-related symptoms, there is no evidence of a cure through these practices.

Have you ever heard about medication that can prolong the life of infected persons?

The responses to this point reveal that 23 per cent have heard about medicine to prolong the life of an AIDS patient, 32.5 per cent have not heard, and 44.5 per cent are unsure. The AZT drug if taken with proper guidance and nutrition is known to prolong the life of people living with AIDS. This reveals a lack of knowledge on the subject.

Are you interested in receiving information and learning about HIV and AIDS?

Many older people are interested in learning about the disease, with 55.4 per cent responding affirmatively, 44.5 responding negatively, and 0.2 per cent not answering. This data reveals there is an opportunity to provide older people with accurate information to support their role as educators and caregivers.

Would you be willing to care for a family member with a non- HIV and AIDS illness?

The majority of older people also expressed willingness to care for a family member with HIV or AIDS; 80.7 per cent responded affirmatively.

This indicates that there is no significant difference in willingness to care for a family member, whether the illness is related to HIV and AIDS or not.

### Awareness among the older people of entitlements and services

This data set relates to a number of entitlements and services for older people, including expedited services at hospitals, clinics for older people, discount on public transportation, legal aid, welfare (social pension) for those who are poor or without family to care, funds for older people, funeral service grants for poor older people, and exemption from income taxes for those 65 and older. The responses reveal that the majority of older people are unaware of these services and benefits with the exception of the social pension which 72 per cent were aware of. The others recorded rates of 80-95 per cent of older people as being unaware of entitlements and services.

### Accessing services and benefits

This data set uses the first six identified entitlements and services, but asked older people to state whether they have ever used these services and benefits. The majority reported they had never used these services and benefits. The response for the social pension was 69.7 per cent for those not receiving, and 30.3 per cent for those receiving, which is in line with the distribution data for this social pension scheme.

### Satisfaction in using the available services and benefits

This data set examines older people's satisfaction in utilizing entitlements and services. Although older people say they are mostly unaware and have not benefitted from these services, those who use the services had a high level of satisfaction. The rates of satisfaction are as follows: expedited services at hospitals (92.8 per cent), clinics for older people (95.6 per cent), discount on public transportation (86.5 per cent), social pension for older people who are poor or without family to care (85.1 per cent), community funds for older people (86.6 per cent).

### Recommendations

Based on the 2007 Survey, HAI makes the following concrete recommendations to support older people and the fight against HIV/AIDS in their communities.

- Older people's opinions show that there is a lack of knowledge concerning HIV and AIDS. This should be addressed through promotion of education and IEC materials for older people.
- Older people are interested in learning more about HIV and AIDS, and HelpAge International experience attests to the role that older people can play as community educators in the prevention of the disease. Programmes aimed at prevention should utilize older people as a resource at the community level.





- Awareness and use of rights and services for older people is also very limited. Greater public media (radio and television) should be targeted at older people to improve both the awareness of and use of these services and benefits.
- Older people expressed a willingness to care for family members affected by HIV and AIDS. The vast majority of HIV and AIDS patients receive their care at home from older people, and therefore policies and programmes should support this important role of older people in society (both to reduce their financial burdens and to ensure quality care and support of PLHA).
- More queries should be added (such as the number of infections, the number of caregivers to children/grandchildren, etc.) to ensure a greater understanding of the impact of HIV and AIDS on older people as both those infected by the disease and affected by their responsibility to family and community members.

## Conclusion

Older people are making a significant contribution to reducing HIV and AIDS in their communities in Thailand. The data collected by the National Statistics Office in its 2007 Survey is a useful resource, and with additional surveys in the coming years there will be a far greater understanding of the impact of HIV and AIDS on older people in Thailand, as well as the effectiveness of rights and services. This information is vital to develop policies that support older people in their role as educators, caregivers, and community leaders. The data from the 2007 Survey reveals that older people have limited knowledge of the disease, are keen on learning more, and willing to serve as caregivers to family members with HIV and AIDS. The Survey also reveals limited awareness and use of older people's rights and services, as well as dissatisfaction with these benefits.

Through ongoing data collection by the National Statistics Office, a comparison can be made overtime and new queries added. This will be valuable information to guide older people, NGOs and policymakers in their work to prevent and control HIV and AIDS in Thailand. This effort by the NSO to include a section on HIV and AIDS and a section on the effectiveness of rights and services is a step in the right direction.

1 USAID, Health Profile: Thailand, [http://www.synergysaids.com/Profiles\\_Web/Profiles\\_PDFs/ThailandProfileFINAL2005.pdf](http://www.synergysaids.com/Profiles_Web/Profiles_PDFs/ThailandProfileFINAL2005.pdf)

2 The Global Fund, Country Statistics and Disease Indicators: Thailand, [www.theglobalfund.org/programs/countrystats.aspx?Countryid=THA&lang=eng](http://www.theglobalfund.org/programs/countrystats.aspx?Countryid=THA&lang=eng)

3 WHO (2006), Epidemiological Fact Sheets: Thailand, [www.who.int/globalatlas/predifinedReports/EFS2006/EFS\\_PDFs/EFS2006\\_TH.pdf](http://www.who.int/globalatlas/predifinedReports/EFS2006/EFS_PDFs/EFS2006_TH.pdf)

4 Ministry of Public Health, Government of Thailand, and the WHO (SEARO)(2005), External Review of the Health Sector Response to HIV/AIDS in Thailand, p. 13.

5 Thailand has been able to provide anti-retroviral treatment to over half of those in need of treatment. See, The Nation, Thailand Still Shows the Way on HIV/AIDS, December 2, 2006.

6 See, J Knodel and C Saengtienchai (2002), AIDS and Older Persons: The View from Thailand, Population Studies Center; HAI (2007), Committed to Caring, pp. 20-25; and HAI (2005), Coping with Love: Older People and HIV/AIDS in Thailand.

7 UNDESA, World Population Prospects: the 2006 revision, [www.esa.un.org/unpp](http://www.esa.un.org/unpp).

8 National Statistics Officer, Government of Thailand, 2007 Survey of the Elderly. (Ck most recent figures).

9 UNDESA, World Population Ageing 2007, [www.un.org/esa/population/WPA2007/wpp2007.htm](http://www.un.org/esa/population/WPA2007/wpp2007.htm).

10 J Knodel and C Saengtienchai (2002).

**HelpAge International has a vision of a world in which all older people can lead dignified, active, healthy and secure lives. We work to ensure people everywhere understand how much older people contribute to society and that they must enjoy their right to healthcare, social services and economic and physical security.**

Registered charity number: 288180

Cover photo: Saranyu Kaewkanta/FOPDEV  
September 2008

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