

Living in Harmony with the Community's Nature and Socio-culture: An Ethnography of Healthy Older People in a Northeastern Thai Rural Community

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Abstract: Preparing to enter old age is crucial for accommodating longevity. However, a holistic view of socio-culture and natural environments that influences the healthiness of older people is not clearly explained. This focused ethnographic study was conducted between December 2017 and July 2019 and aimed to describe the healthy ways of life of older people in a rural community of northeastern Thailand (*Isan*) and the influence of socio-culture and natural environment. Fifteen people 70-87 years old and 15 of the people involved were interviewed in-depth, and focus group interviews, participant observations, and document reviews were also conducted.

The study found that healthiness was determined by physical strength and self-reliance and a peaceful mind and happy life. Living in harmony with the community's nature and socio-culture was the healthy way of life indicated by natural/*Isan* food, modest physical activities, a peaceful life, community participation, and folk/modern health remedies. Their sense of healthiness was influenced by the conversion of the community in a concordant interweaving manner, including the preserved nature in the developed infrastructure, sufficiency/reliance in expanding networks, and spirituality in contemporary viewpoints. Healthy older people benefited from the community development mediated by the younger people. A holistic approach to natural resources and socio-culture with a balance between conservation and development is recommended for developing rural community nursing guidelines to achieve a healthy way of life for older people and others who are aging.

Keywords: Community, Ethnography, Healthy older people, Healthy lifestyle, Natural environment, Rural, Socio-culture

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Introduction

Globally, people aged 60 years or over have risen from 1 billion in 2020 to 1.4 billion by 2030; the number of persons aged 80 years or older is expected to triple between 2020 and 2050.¹ Aging population is increasing more rapidly in developing

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countries than in developed countries.² Thailand entered an aging society in 2005 and will be a completely aged society in 2023. In 2021, the aging population in Thailand increased to 13.3 million ($60-69 = 57.2\%$, $70-79 = 29.5\%$, 80 or older $= 13.3\%$) accounted for 19.6% of the total population (16.7% in 2017); there was a rise in older people living alone (10.8% VS 12.0%) and in the old-age dependency ratio, the number aged 60 years or older divided by the number of working-age people (31:100 compared to 11:100 in 1994).³

The national policy of healthy aging in Thailand has been transformed from caring for older people to preparing people in their life course for entering old age and supporting a longevity society.⁴ Previous studies in the Thai context focused on understanding the concepts of healthy and active aging and on applying the concepts to delivering health services for older people.^{5,6,7,8} The focus was limited to managing and preventing chronic diseases and disabilities and health promotion during old age, primarily based on intrapersonal factors and the culture of older people. From a broad perspective, society's longevity requires city infrastructure and health services that can support the dependency of older people.⁹ The social and physical environments in which older people live can help them perform critical functions and participate in everyday activities.² Their environments can influence how they will live in their old age. For a community plan to support a longevity society, age-friendly environments highlight the physical and social environment and community services that maximize intrinsic capacities in living actively and independently.¹⁰ However, previous studies in Thailand neither explored the influence of environments nor employed a holistic view of socio-culture and natural environments. Accordingly, the application for planning health and community services and a supportive environment for entering aging in the future is limited.

This ethnographic study focused on one rural *Isan* community in northeastern Thailand. This community has a cultural history of over 200 years but, for two decades, has been established as a subdistrict

comprising eight villages. It is a small community, covering 28.30 square kilometers and far from the district and the province by 10 and 80 kilometers, respectively. In 2021, the community households, the population, and the number of people aged 60 or older were 1,014, 3507, and 570 (21.05% of the total population; people aged 80 years or older = 12.83% of the population which was only 10.62% for that of the province), respectively.¹¹ The community has developed gradually but still preserves the land, the woods, the water reservoir, and traditional rural living. Residents communicate using the local language, consume native foods, participate in community rites and have a rural lifestyle commensurate with their religious beliefs. There is one health-promoting hospital and two private clinics. Traditional health remedies, such as herbs and medicinal plants, are also utilized to promote health, and residents benefit from folk healers to cure some minor illnesses. Their lives seem to benefit enormously from living in a natural environment and a simple rural style. Still, it is questionable about the lack of advantages gained from modernization, civilization, and new technology, which can help increase productivity. This study investigated how healthy older people lived and maintained their healthiness within the integration of socio-culture and supportive environment and conservation and modernization. New knowledge is crucial for preparing a future with a substantial share of older people.

Review of Literature

In the changing society of Thailand, a smaller family size lessens descendants' support for older people. The view of older people as dependent and their need for protection from their family is shifting into self-reliance, increasing the demands for support from various formal agencies, such as health services and social welfare. In healthcare sectors, care centers for managing and preventing chronic diseases and disabilities have been expanded to the utility of older

peoples' capacity, skill, experience, and wisdom in living their lives actively and productively for themselves, their descendants, and their community. Rather than limiting to biological aging, a reduction in physical and mental functions, increasing risk of disease and ultimately death, and associated with other life transitions,^{12,13} the broader concept of active aging is addressed. One study reported that active aging of Thai older adults was characterized by self-reliance, active engagement with society, spiritual growth, healthy lifestyles, active learning, and later life security.⁵

Healthy aging has been adopted for guiding healthcare services for older people for decades, focusing on their health status and needs.² Specifically, healthy aging is developing and maintaining functional ability, such as basic needs, learning, decision-making, mobility, relationships, and social contribution, enabling well-being in older age.¹³ Individuals' intrinsic factors of functional ability include diseases, injury, mobility, and biological aging.² Several studies in Thailand searched for a clear understanding of healthy aging and its application for promoting older people's health. Healthy aging is viewed as being independent in dependence, being at peace, and being recognized as a valuable person⁶; an absence of serious diseases, functional independence, a positive psycho-emotional outlook, and a social contribution;⁵ being physically and mentally active, living simply and being financially careful, joining in religious activities, staying away from stress and worries, making merits, and unconditionally helping others.⁶

Older people have different lifestyles and health practices related to their experiences, cultural beliefs, and community.¹⁴ It was found that healthy older people in the southern and northern regions had different beliefs and ate different kinds of food.^{8,15} Based on the *Lanna* (northern) Thai wisdom, self-care practices for attaining healthy aging were integral to a relatively comprehensive but simple daily life; spiritual beliefs and rituals played a significant role in the life course.⁷ In the culture of a rural community of northern Thailand, health was interrelated with lifestyles, which was related to their cultural roots.⁸ Thailand's northeastern region holds

a unique culture distinct from the country's north, south and central parts. However, the cultural influence on the lives of older people in this region has not been clearly explained. Notably, the unique natural environment in rural *Isan* communities was not included in the previous studies. Another issue is that the existing knowledge is inadequate to accommodate the achievement of longevity.

Research Questions

“What is the healthy way of life of healthy older people in a rural community of northeastern Thailand?” and “How do socio-culture and natural environment influence their healthy way of life?”

Methods

Study Design: A focused ethnography approach was utilized as it studies cultural factors within a narrower scope in a limited time rather than the whole culture of people in the traditional ethnography, and the focus can be social interactions among people of the same cultural group.¹⁶ An ethnographic researcher conducts fieldwork and employs various ethnographic data collection methods, giving the researcher, as an outsider, an insider's view. The approach seemed appropriate to help the researchers in this study deeply understand how older people live and maintain their health and how their rural community's socio-cultural and physical environment could help cultivate a healthy way of living. The writing of this report followed the SRQR guideline.¹⁷

Study Setting and Informants: A rural community in Udon Thani province was selected as it holds a unique *Isan* culture and preserved nature. Key informants, who provided guidance about community culture and a knowledgeable link to the people's beliefs,¹⁸ were purposively selected from those 70 years or older. They had lived their whole lives in the community and identified as healthy and living independently. The first informant was selected through the recommendation of a gatekeeper – a community health care provider who

arranged for the introduction and provided access during the study.¹⁹ A snowball technique was next used, which resulted in the selection of 15 key informants.

Additionally, general informants were also selected as they were a source of community knowledge to corroborate the ethnographic data collected from the key informants.¹⁹ They included eight family members, two village health volunteers, four folk healers, and one headman, who had experience caring for older people, both in healthy or illness situations and resided in the same village as the key informants. The researchers searched for the key and general informants who varied in statuses, incomes, and education levels to ensure a heterogeneous outcome.

Ethical Considerations: This study was approved by the Research Ethics Committee, Faculty of Nursing, Chiang Mai University (Research ID: 168-2017). The PI informed the community leaders and community members about the research project. The key and the general informants had the study procedures, anticipated benefits, potential risks, and the right to refuse or withdraw from the study explained to them. Written consent was obtained from all informants.

Data Collection: The key research instrument was the primary investigator (PI), who has spent her whole personal and working life in the northern region of Thailand. Her expertise as a nurse and a nursing teacher in community nursing, especially with older people, assisted her in understanding the culture and the phenomenon of study. In the PI's doctoral study, she had experience collecting and analyzing qualitative data. The PI was supervised closely by an advisory committee throughout this research process. Prolonged engagement is needed to establish rapport and trust.¹⁴ The PI was immersed in the community between December 2017 and July 2019. Multiple methods were applied until the data were saturated. The PI stayed in the community and participated in community activities to learn about their cultural artifacts. Home visits were conducted only with the key informants' permission. The interviews took place in private,

convenient locations preferred by the informants, mostly at their homes. The informants' identities and data were kept confidential. Each interview was limited to 90 minutes and shorter for some informants who showed tiredness. A few informants who needed urgent healthcare services were assisted with transportation. The request for suggestions and some misunderstandings were responded to respectfully. Each informant obtained 150 baht for participating and as an expression of the researchers' gratitude. All 15 key informants participated in focus group interviews (3 groups; females = 2; males = 1). Individual perspectives were explored through in-depth interviews, with 2-3 sessions lasting 60-90 minutes. General informants were interviewed to obtain their views based on their experiences as the key informants' family members, healthcare providers, or community healers, with 1-2 sessions lasting 45-60 minutes. The group and individual interviews were started with broad issues, including "Please tell me what indicates or determines your healthiness?" "How do you live your life to be healthy?" Probing techniques were employed to obtain a better understanding of the answers. The group and individual interviews were audio-recorded and transcribed verbatim. Participant observations were conducted by attending the key informants' homes and joining in their activities, such as cooking, gardening, and going to the temple, to capture the daily life of the individuals and community members. The PI also participated in community activities and rites. Field notes were written for all interviews and observations. In addition, some documents related to the community were reviewed.

Data Analysis: Thematic analysis consisting of 5 steps²⁰ was conducted. The first step was to become familiar with the data by repeatedly reading all interview transcripts and field notes. The second step was allocating coding to the interview transcripts and field notes according to healthiness, a healthy way of life, and socio-culture. The third and fourth steps searched for themes or patterns that captured the three issues. In the final step, the

PI identified all domains that appeared, looked for relationships between each domain, and connected the various parts' relationships to the whole cultural scene.

Trustworthiness: The trustworthiness of this study was achieved through credibility, transferability, and confirmability.²¹ The PI is Buddhist and has an *Isan*-culture background. The PI became immersed in the study community to establish trust and deeply understand the key informants and their community regarding their beliefs, values, norms, and social interactions and relationships to attain credibility. Triangulation of the data collected included data from key informants and general informants, individual and focus group interviews and participant observations. Transferability was achieved through full descriptions of the findings, including verbatim quotations. Peer debriefing was performed twice by having the Advisory Committees and two specialists verify all research processes and validate the tentative findings for confirmability of findings.

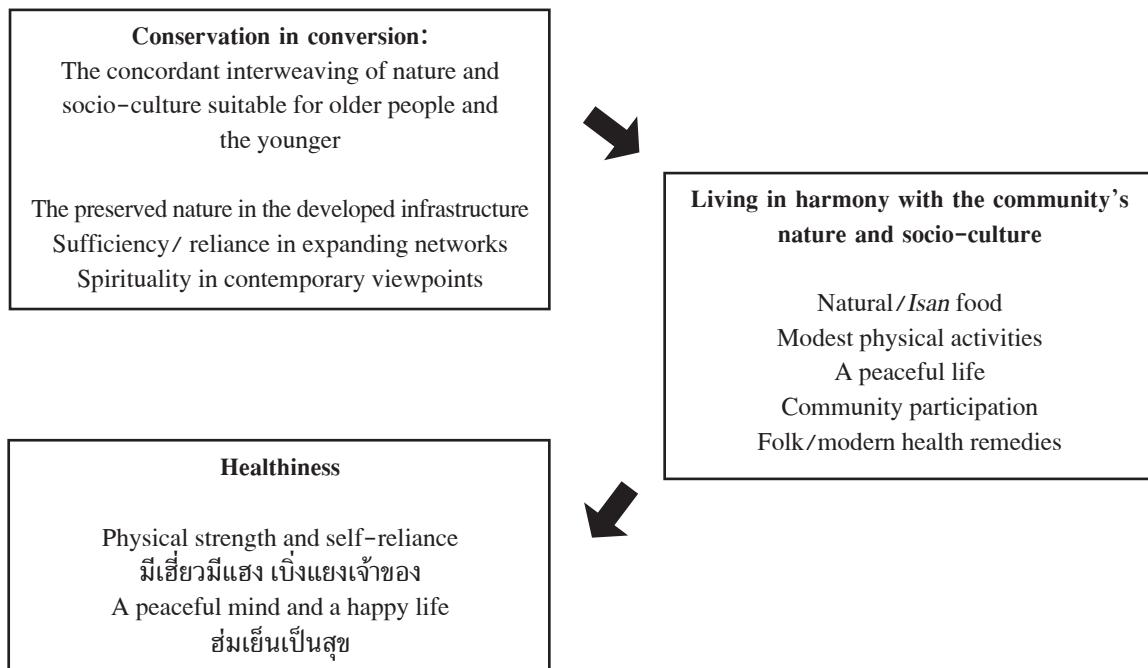


Diagram 1. The summarized findings reflect a healthy way of life among the older people in one rural community of northeastern Thailand.

Findings

Among 15 key informants, six males and nine females, all aged 70 to 87 years old and Buddhist. Eight participants lived with a spouse; seven lived with their adult children or grandchildren. The majority (12) had completed their elementary school. All informants had very low monthly incomes (700–3,000 baht; 1 US dollar = 33 baht), mostly from their children's support; only three worked as farmers. One informant was a community leader, and five informants were folk healers. Although they perceived themselves as healthy, eight had at least one chronic illness.

Determinants of healthiness were uncovered as physical strength, self-reliance, a peaceful mind, and a happy life. A healthy way of life among the older people was found to be living in harmony with the community's nature and socio-culture, which was influenced by conservation in the conversion of the community. These findings are shown in Diagram 1.

Healthiness

All of the key informants lived their lives actively with joyfulness to some extent. Congruent with their narratives about the conditions of being healthy, healthiness consisted of two dimensions: physical strength and self-reliance (*mee hyaw mee hang, berng yang jao khong* มีenergy มีแข็ง เป็นแรง เจ้าของ) and a peaceful mind and happy life (*homyen pensook* ห่มเย็นเป็นสุข). *Mee hyaw mee hang* was articulated as having a strong body and capacity for various activities. *Berng yang jao khong* was the ability to look after oneself independently.

If I still have 'mee hyaw mee hang,' I can take part in lots of activities. I think if older people are able to do some work, it's really helpful. In another meaning, being healthy should be energetic. (F02)

A person who can look after oneself and follow the routines is a healthy one. (M08)

(Note: F02 = a female key informant with the ID02; M = a male key informant; G = a general informant)

Homyen pensook was the ultimate goal of life, which could be determined by having a stable emotion, being happy, being kind, and dying in peace.

I want to live with 'homyen phensook.' When we're older, we need to die peacefully. Our next birth can be better. So, we have to make merits and goodness, donate and help humans. (F02)

From my point of view, everyone needs to die peacefully in case we've no worry, no depression and no sadness. (F11)

Living in harmony with the community's nature and socio-culture

The preserved nature and the socio-cultural attributes of the community played a vital role in their living as healthy people. They lived harmoniously with nature, utilizing and preserving natural resources properly, accepting new human-made environments and using them for their basic needs. These ways of

living were congruent with their social and cultural life in a traditional manner and approved of contemporary perspectives. The ways they lived their healthy lives were related to food, activity, peace, community, and health remedies.

Natural/Isan food

Their food ingredients were derived from nature or easily available in their home and community areas, such as sticky rice from their own rice farm, vegetables, fruits, and herbal plants from their home gardens and the woods, fish caught from the water reservoir and canals, insects and wild animals from the woods, as well as chickens and eggs from their home-raising. Their food was described as non-costly, natural, non-poisonous, and chemical-free. Frequently, their children prepared their food, and they sometimes shared it with their neighbors. The local food was usually low in fat and dairy products, hot and spicy, seasoned by homemade fermented and preserved fish, and sometimes uncooked for meat, pork, fish, and shrimp. However, the healthy older people liked fish soup, boiled vegetables, and papaya salad; they ate well-cooked food and the proper amount. Their food choices were also suited to their teeth and stomach conditions (F2) and their health problems, such as hypertension (F10) and diabetes (M07).

I think local food is safe, natural mushrooms, swamp fish, and vegetables in our own garden. The land is plentiful, with free meals all year round, in each season. (M05)

They ate foods whose ingredients were available in that season, such as ant eggs and field mice in summer, field crabs and river snails in winter, and mushrooms in the rainy season. A particular dish was eaten in the community tradition of celebrating *Heet 12* (ເສື້ອລີບສອງ), the 12-lunar tradition involving Buddhism, spirituality, and agricultural life for the auspiciousness of the community. For example, in the tradition of *Boon khoa gee* (ບຸກູ້ຂ້າວຈີ່) in February, grilled sticky rice was made and offered to the monks to pay respect to the rice fields.

Modest physical activities

The informants performed their physical activities up to the capability of their body strength, avoiding overloaded activities and injuries by choosing easy, light, and convenient practices. From the PI's observation, while walking to the temple, the older people would walk slowly and rest along the way (F6, M9, F11). This measured physical activity helped them stay healthy, have more strength to carry out several daily activities, and relieve mild muscle and joint pain (F06, F08).

Daily routine activities and housework, such as cooking and house cleaning, were the basis of their activities, also considered exercise. Many key informants mentioned walking. Some light exercises, such as muscle stretching (F06), were practiced. The ones who could not walk long distances did home gardening or feeding chickens for self-consumption or selling.

But I'm still working to earn some money by feeding the chickens in my house areas, then I could have some eggs and chicken for sale at the village market, and it could be the food as my meal sometimes. (M05)

Their work was a modest physical activity since they only did what they could with joyfulness, without potential injury, and earned a little money, such as working in rice fields and picking wild vegetables, herbs, and insects in the sparse woods. One key informant did massages to earn some pocket money (M15). Others who were folk healers could earn a little money, but their gain was mostly pride from helping suffering people and the respect they earned from helping them (F01, M03, M04, F06).

A peaceful life

Mental well-being, Buddhist practices, and protection by ancestors' spirits were the older people's ways to attain a peaceful life. In addition, recreation, such as *Mor Lum* and some traditional festivals (F01), gave them joy. The informants explained that they tried

to control their upset feelings when encountering stressful situations. They avoided arguments when they had conflicts with their spouse or children. They also viewed things in optimistic ways and concentrated on doing good.

According to Buddhist doctrine, the informants practiced the five precepts and *five Dhamma*, including abstaining from five malpractices, such as taking life and having five good practices, such as being calm (F02). Their faith in 'the truth of birth, aging, illness, and death' helped them accept their illness as a part of their life (M08). One informant believed that her ancestors would undergo rebirth in a good manner if their descendants did good things and dedicated these to their ancestors (F12). The older people also transmitted their faith in rebirth to their children (G05). The law of *Karma*, doing good- getting good, doing bad- getting bad, leading to the practices of good things and never doing bad things in the present, previous, and next life (M05, F12); and the acceptance of suffering as caused by their bad *Karma*. The 'middle path' was living life in a moderate manner, compared to pulling on a rope, neither too hard nor too soft (F10).

Along with Buddhist teachings, they performed various Buddhist rituals. We could see them standing in front of their house in the early morning. They held a bamboo container with sticky rice inside it and waited to offer food to the monks. Before going to bed, they prayed. On the Buddhist holy day, they went to the temple, offered food, did some jobs, chanted, and listened to the sermon. Doing merits was believed to bring them a peaceful mind, dying in peace, and reincarnation at its best.

Community participation

The key informants could take care of themselves. In addition, they also had some activities and interactions with the community. Firstly, they welcomed their neighbors to come to their houses. They also stopped by their neighbors to chat in their leisure time and share some food. Secondly, on the Buddhist holy day, they went to the temples, met people and did some jobs together, such as preparing food, cleaning, and so on. In addition

to socialization, they learned and practiced following Buddhist principles. Thirdly, they dedicated themselves to helping community people as one (M03) said, “*When our time is over, we have to take care [of others] until the day of our passing away.*” Some key informants worked as folk healers to help those who felt anxious. Finally, they participated in community rites as respectful persons or spiritual leaders. On these occasions, the females usually wear traditional, beautiful costumes: a long-sleeved blouse, a skirt, and a shawl to wrap over one shoulder around her chest and back, whose fabric is hand woven or silk, and put flowers on the hair.

Being part of the community helped older people feel energized, meaningful, and connected with others; likewise, they had pride in doing good things and helping others, as supported by the following narrative:

People need to be together to do good. Participating in tiny temple activities can lead to gaining merits. When I do those, I always feel happy. I always help sick people, and this gives me energy. It gives me the energy to assist others beneficially, and I become a capable older person. (F01)

Folk/modern health remedies

In folk remedies, herbal plants, easily found in surrounding nature, were taken for minor symptoms, such as yawning juice for reducing muscle strain and blood glucose. Herbal medicines approved by health authorities and available in health-promoting hospitals, such as *ya khaew* for fever relief and cordials for reducing dizziness, were also taken. The traditional practice of lying beside the fire (การร่ายาง/ອួយពិរ) was performed to reduce muscle pain. One informant who had fallen and took some medicines prescribed by a physician (F10) also visited a *Mormon* (មោមន័ត) – a magical folk healer who used witchcraft to heal physical, mental, and spiritual ailments. She also took an oath in front of the sacrifice places for some serious illness.

In general, folk remedies were used because they were simple, convenient, thrifty, self-controlled, independent from healthcare providers, and considered safer than modern drugs. After all, herbs were chemical-free. When a symptom deteriorated or an ailment persisted, they reverted to modern medicine by visiting nearby health-promoting hospitals or community hospitals. They complied with their prescribed treatments, such as diabetic diets, medicines (F06), and leg and foot exercises for reducing numbness (M07).

When I'm sick, I go to the [herbal] folk healer and ask for a herbal drug. I recover after taking the herbal drugs. If I don't feel better, I will go to see a doctor at the local hospital. When I have mild symptoms of illness, I don't like to go to the hospital, but I know that if I don't go to see the doctor, I might have more difficulty from the infection. (F06)

Conservation in conversion

The community was transitioning from traditional and rural to a modern, civilized, urbanized socio-culture, more gradually and conservatively than other rural communities. This was termed ‘conservation in conversion.’ These changes were the concordant interweaving of nature and socio-culture suitable for the healthiness of older people and the young generation. The key informants happily lived their lives in preservation, whereas the more youthful people would benefit from modernity. Additionally, the older people could gain benefits of civilization mediated by their descendants, such as being transported by their children to the larger hospitals in the city.

The preserved nature in the developed infrastructure

Like other rural communities, there were paved roads and public transportation to the district and the city, which helped the youngers earn from working in the city. Uncrowned roads inside the community helped older people safely walk or ride their bicycles or tricycles. Commonly, the older people wandered around their neighbors’ houses. They walked and sometimes

rode a buffalo to the rice fields. The community also had electricity and clean drinking water. Televisions, digital technology, Internet, mobile phones, and computers were available, but the older people preferred to listen to radios, and some used mobile phones for primary personal contacts.

In terms of the preserved nature, there were land, woods, water reservoirs, and canals, which supplied plenty of agricultural fields for incomes (mostly from rice farming and somewhat from sugar cane and cassava farming), wild plants/animals for self-consuming, herbs, and water for plant farming and fishing. The woods and water reservoirs were preserved, whereas some other rural communities were deforested and transformed the reservoirs into land for building housing estates or growing economic groups with high financial investment and chemical use. On some water reservoirs, floating houses were built for tourism. There were lots of fish, which were their primary source of protein. They also fermented and preserved fish for selling. The community was disallowed from catching fish and various water animals using large equipment in the spawning season. No fire was set in the woods to get wild animals or mushrooms. The preserved nature provided the community with prosperity in terms of agricultural occupations, water, food, and safety, as well as a clean and peaceful environment, as shown in the following statements:

It's in the countryside, which is different from the city, which is full of vehicles, smoke, toxic smoke and busy traffic accidents. (M04)

I've been living in my birthplace since birth. I've been living in a non-poisonous and non-chaotic surrounding with nature, trees, ground, and water. (F01)

Sufficiency/reliance in expanding networks

The value of sufficiency and reliance on the individuals and their community was the basis for living in conventional ways. The older people lived happily in the countryside without extravagance because they did whatever they could appropriately to their capacity for their basic needs and felt satisfied with what they

obtained. Tangible and nontangible support from their family and neighbors was not determined as a dependency. Rather, it was their tradition and the strong value of kinship. It was very impressive to observe descendants who lived far away returning home during the Songkran festival, the celebration of the Thai New Year. They felt very happy, worshiped, and gave their parents and grandparents money or gifts to express their love, respect, and gratitude. The older people were also very happy and had their children or grandchildren carry back a bag of rice and a jar of preserved fermented fish when leaving home. For neighbor support, they shared food and food materials. They closely socialized and looked after one another. Their community was safe. They preferred this kind of neighborly kinship, but it seemed to lose some privacy for the younger people, especially those with weak kinship.

Healthy older people always participated in community activities in various ways. Solidarity, the harmony in feelings, beliefs, values, actions, and mutual support, was the foundation of the community; it developed from a sense of belonging since the majority were born and lived in the community and had strong kinship. The older people's support and networks had expanded to include formal support from community institutes. A subdistrict government has run a community plan for developing all age groups. The older people obtained an allowance from the government. In addition to folk medicines, they could easily utilize modern medicines from the nearby promoting hospital. There were health volunteers who could visit their homes when needed. Some types of folk medicines approved by the FDA were available.

Spirituality in contemporary viewpoints

The older people had a meaningful connection with something beyond their own self and tangible materials, their faith in Buddhist doctrines, ancestors' spirits, supernatural power, and traditional community rites. Buddhism and ancestors' spirits were the guidance to achieve a peaceful life. In the community, there

were eight Buddhist temples and some sacred places, such as a grandfather shrine, which were preserved as the center for Buddhist ceremonies, spiritual rituals, and traditional celebrations. Community traditional rites, such as *Heet 12*, were a mixture of Buddhism, spiritual beliefs, and agricultural life. The older people participated in their community rites to perform good things, being blessed and protected for their life, family, land, and community. The younger people also participated, but rather, they enjoyed amusement and socialization. In some other communities, traditional rites were promoted for small tourism.

In the past, superstition had been believed and practiced because residents could neither access healthcare services nor professional support. Older people believed to have some black magic powers performed superstitious rites for relieving illness and suffering. These superstitious beliefs and practices were disappearing, and more reasonable facts replaced them. Meanwhile, some traditional beliefs and practices were transformed, and some contemporary viewpoints were accepted. For example, in the past, older people led the community because they had the most power, but this was no longer practiced. Unconditional obedience to older people was transformed into more reasonable and respectful compliance. Although the key informants had lived traditionally and conventionally, they did not refuse reasonable modernization.

Discussion

Healthiness and the way of life of the older people in this study were highlighted by physical strength and peaceful life. A physically energetic lifestyle influences health and longevity during middle and older age.²² The older people's physical activities were modest as regular physical activity increases successful aging, but only after reaching a sufficient threshold, lowers the risk of chronic diseases and cognitive decline, promotes social engagement and improves self-estimate and well-being.²³ Regarding food, in India,

it was found that older adults, especially in rural areas, ate traditional food because of better availability.²⁴ Older people in rural areas tended to have lower scores in the activity and nutrition domains.²⁵ Current climate changes can jeopardize older people in the Asia-Pacific region.¹² They are concerned with food insecurity, mobile inability, and pollutants. A previous study among older adults in rural locations in Thailand supports that they needed health behavior promotion.²⁶

In terms of health services, folk wisdom is the basis for developing Thai traditional medicine (TTM), which has been established and integrated into the Thai public healthcare system. Thai traditional medicine provides four areas of practice: the prescription of TTM medicine based on diagnosis and treatment using TTM theories, Thai pharmacies using herbal medicines, traditional Thai massage, and traditional midwifery.²⁷ A study of Ghana elders also showed that older people practiced their religion while seeking healing and employed widespread use of multiple spiritual systems.²⁸ Based on an integrative review of 25 articles, older adults used folk medicine, complementary and alternative medicine, a combination of nontraditional and traditional medical interventions, and specific therapies chosen from the individual's cultural or ethnic heritage.²⁹

Older people have a high demand for a social environment in terms of community services and social participation.³⁰ Their social participation involves social, leisure, cultural, and religious activities, neighborhood contacts, and social relationships, positively affecting emotional and spiritual well-being, mental and physical health, and quality of life.² Social participation and cultural engagement are connected. An integrative review found that older adults were interested in cultural engagement, such as going to museums, exhibitions, the theater, and so on, which decreased their neuropsychiatric disorders, violence, and chronic pain and improved their cognitive and affective abilities, quality of life, and well-being.³¹

A peaceful life found in Malaysia was categorized as a spirituality.³² Religion, spirituality and belief were a source of strength, comfort and hope in difficult times, bringing about a sense of community and belonging for older adults.³³ Ancestral worship is internalized by family members during one's early formative stage, being important in social and familial relations and caring for others in the family. This spiritual belief and offering food to the spirits to protect the family's prosperity are the same in Chinese culture.³⁴

Rural areas are sparsely populated and are thought to offer a more peaceful, quiet lifestyle. Still, the difficulties in accessing vital services, work, and social connections from poor transport infrastructure should not be overlooked.³⁵ In addition to the peace of the rural landscapes, it needs to promote interaction of place attachment and landscape identity based on a person's experience within their social, cultural, and physical aspects.³⁶ What the older people value in later life includes residential location, social networks and community, material conditions, health and well-being.¹² These values need to be developed simultaneously, not only for older people but also for others who are aging.

Limitations

The understanding of the ways healthy older people utilize modern medicine, and access to healthcare services was not deeply scrutinized in this study. Perspectives of healthcare providers on the holistic influence of the community's nature and socio-culture on a healthy way of life were not well elaborated.

Conclusions and Implications for Nursing

The healthiness of older people was indicated by their physical strength and self-reliance, having a peaceful mind and happy life, all conforming to the dimensions of health and well-being. Living in

a rural community, the older people believed they lived harmoniously with the preserved nature and the community's socio-culture coherently interweavingly. As a changing community, it needed a balance between conservation and development of the community.

It is recommended that in developing a community in all aspects, applying a program of strengthening a holistic balance between conservation and conversion of the community in the concordant interweaving manner should be considered to gain benefits from the community development. This might help older people to be in a good state of health in later life.

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การดำเนินชีวิตอย่างผสมกลมกลืนกับธรรมชาติและสังคมวัฒนธรรมของชุมชน: การศึกษาเชิงชาติพันธุ์วรรณนาในผู้สูงอายุสุขภาพดี ในภาคตะวันออกเฉียงเหนือ ของประเทศไทย

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บทคัดย่อ: การเตรียมเพื่อเข้าสู่วัยสูงอายุสำคัญยิ่งต่อการรองรับการมีอายุยืน อย่างไรก็ตามยังไม่มีคำอธิบายที่ชัดเจนเกี่ยวกับอิทธิพลในภาพรวมของสังคมวัฒนธรรมและสิ่งแวดล้อมทางธรรมชาติที่มีต่อภาวะสุขภาพดีของผู้สูงอายุ การวิจัยเชิงชาติพันธุ์วรรณนาแบบเจาะจงในช่วงเดือนธันวาคม 2560 ถึงกรกฎาคม 2562 นี้ มีวัตถุประสงค์เพื่ออธิบายวิธีชีวิตสุขภาพดีของผู้สูงอายุที่มีสุขภาพดีในชุมชนชนบท แห่งหนึ่งซึ่งอยู่ในภาคตะวันออกเฉียงเหนือของประเทศไทย (อีสาน) และอิทธิพลของสังคมวัฒนธรรมและสิ่งแวดล้อมทางธรรมชาติ ผู้สูงอายุวัย 70-87 ปีจำนวน 15 คน และผู้ที่เกี่ยวข้องอีก 15 คนได้รับการสัมภาษณ์ นอกจากนี้ยังมีการสนทนากลุ่ม การสังเกตแบบมีส่วนร่วม และการบททวนเอกสาร

ผลการวิจัยพบว่าภาวะสุขภาพดีประกอบด้วยการมีสีใจมีแหงแบ่งเจ้าของ และความยืดหยุ่น เป็นสุข การดำเนินชีวิตอย่างผสมกลมกลืนกับธรรมชาติและสังคมวัฒนธรรมของชุมชนเป็นวิถีชีวิตสุขภาพดี ของผู้สูงอายุซึ่งสะท้อนจากอาหารอีสานตามธรรมชาติ การปฏิบัติกรรมทางกายภาพประมาณ ชีวิต ที่ส่งบุญ การมีส่วนร่วมในชุมชน ตลอดจนการบำบัดรักษาแบบพื้นบ้านและแบบสมัยใหม่ การดำเนินชีวิต ดังกล่าวได้รับอิทธิพลจากการอนุรักษ์ท่ามกลางการเปลี่ยนแปลงของชุมชนที่มีการผสมผสานอย่างลงตัว ซึ่งประกอบด้วยธรรมชาติที่มีการเก็บรักษาไว้ท่ามกลางโครงสร้างพื้นฐานที่พัฒนาขึ้น ความพอเพียง และการฟื้นฟูตามแหล่งท่ามกลางเครือข่ายที่ขยายขึ้น ตลอดจนจิตวิญญาณท่ามกลางแนวคิดแบบร่วมสมัย ผู้สูงอายุได้รับประโยชน์จากการพัฒนาของชุมชนที่ส่งผ่านจากผู้เยาว์วัย

ข้อเสนอแนะในการพัฒนาแนวทางการพยาบาลชุมชนชนบทเพื่อนำมาซึ่งวิถีชีวิตสุขภาพดี ของผู้สูงอายุและผู้อื่นที่จะเข้าสู่วัยสูงอายุ มีดังนี้ดือ ใช้การผสมผสานของทั้งพยากรทางธรรมชาติและสังคมวัฒนธรรมที่มีความสมดุลระหว่างการอนุรักษ์และการพัฒนา

Pacific Rim Int J Nurs Res 2023; 27(4) 753-766

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