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EMPOWERING THE ELDERLY THROUGH SELF-RELIANT COMMUNITY NETWORKS AND COLLABORATIVE LEARNING: AN APPROACH TO REDUCING URBAN SOCIAL INEQUALITIES

Phusit Phukamchanoad^{1*}

¹Department of Social and Cultural Development Management, Faculty of Humanities and Social Science,
Suan Sunandha Rajabhat University. Email: phusit.ph@ssru.ac.th, Orcid ID: <https://orcid.org/0000-0003-0705-221X>

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Corresponding Author: Phusit Phukamchanoad
(phusit.ph@ssru.ac.th)

ABSTRACT

Purpose: This participatory action research enhances the potential of active elderly individuals in urban communities, focusing on four communities near Wat Pracharabuedham in Dusit District, Bangkok. It examines inequality affecting the elderly, identifies community assets, and develops mechanisms to improve their mental and social well-being. Methods: The Using an integrated approach of "understanding, accessibility, and development," qualitative data from 40 participants—including elderly residents, public health volunteers, community leaders, local government representatives, youth, and the Bhat Phat Community Occupation Group—revealed widening generational gaps and economic pressures forcing families to rely on multiple income sources, typically requiring at least two earners per household. Results: The results are categorized into three key outcomes, these pressures marginalized unemployed elderly individuals, who were often viewed as burdens, reducing their mental and social quality of life. To address these challenges, the study empowered elderly individuals to act as key drivers of community development. By leveraging community assets, they were enabled to generate "creative energy" through innovative income-generating activities, which supplemented their families' income. Conclusion: This approach fostered self-reliance, personal growth, and recognition of the elderly as sources of wisdom, leading to greater respect from younger generations. The "fried egg model" was adopted, preserving core values (the yolk) while adapting to changing social and economic conditions through flexible strategies (the egg white). Soft skills development and collaborative learning among community members and networks established a sustainable framework for elderly empowerment and reduced socio-economic inequalities.

KEYWORDS: Collaborative, Community Development, Learning, Urban Communities, World Health Organization.

1. INTRODUCTION

Advancements in science, technology, and medicine have greatly increased life expectancy and improved quality of life worldwide, benefiting people across all social classes. In line with these developments, the United Nations has set "Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages," which focuses on achieving universal health coverage from birth to old age (Department of Economic and Social Affairs, United Nations). Currently, ASEAN is focusing on "cooperation for sustainable development" to strengthen aging societies. This includes meeting the needs of the elderly through leadership, collaboration, and innovation. ASEAN's support for its aging population has led to the creation of the ASEAN Centre for Active Ageing and Innovation (ACAI) (World Health Organization, South-East Asia, 2023).

In Thailand, demographic trends reveal that the country is among the fastest-aging populations in the world. Out of its 67 million citizens, 12 million are elderly, as reported by the latest national statistics. Since 2005, Thailand has been categorized as an "aging society," with individuals aged 60 and above comprising 10 percent of the total population. Projections suggest that by 2050, Thailand will become a "super-aged society," with elderly citizens making up 28 percent of the population. While this shift highlights improvements in health and development, it also calls for careful preparation to address the challenges impacting the well-being of the elderly (Health and Social Statistics Group, Social Statistics Division, 2024).

Moreover, Thailand faces challenges as its dependency population, including children and the elderly, will outnumber the working-age group by 2025. Longer life expectancy demands higher retirement savings, while rising living and healthcare costs strain households. The trend of smaller families, with fewer children, may slow national development and economic growth. Additionally, the country is expected to see an increase in chronic illnesses like cancer, heart disease, stroke, Alzheimer's, and depression (Vaishnav et al., 2022).

When examining urban communities at the case study level, particularly Wat Pracha Rabuedham Community in Dusit District, Bangkok, it becomes evident that the population there leads a typically urban lifestyle (Phukamchanoad, 2023). Residents are engaged in various occupations, including labor, trade, small businesses, government and private sector employment, and work in services such as commerce, healthcare, education, finance, banking,

and industry. Despite being situated in the heart of political and economic activity, this urban community faces significant challenges, especially concerning its elderly population.

A substantial number of elderly residents in the community are unemployed, and issues such as hidden labor, physical and mental health problems, drug abuse, urban poverty, pollution, diminished quality of life, erosion of cultural and intellectual heritage, and social and economic inequality are pervasive (Medicine, 2012). Elderly individuals often face a loss of dignity, abandonment, and age-related health problems. Young working-age adults, who are vital to household support, typically work outside the community, leaving the primary responsibility for community care and development to the elderly. This results in an ironic situation where those tasked with significant community responsibilities often have low incomes. The gap between income and community development needs highlights the income inequality faced by urban poor families, particularly those led by elderly members in the Wat Pracha Rabuedham Community. Many families struggle with daily earnings, lack savings, and face household debt. Grandparents often care for grandchildren while parents work elsewhere (Phukamchanoad et al., 2024). Without proper life planning, this situation may lead to ongoing intergenerational poverty in many families.

However, many urban elderly still lack access to green spaces, safety measures, senior clubs, healthcare, long-term care, and social activities (Van Hoof, Kazak, Perek-Bialas, & Peek, 2018). Social interaction is particularly beneficial for their physical and mental health. Accessible community facilities, such as environments fostering social engagement, are critical for enabling elderly individuals to participate in communal activities (Somsopon et al., 2022). Similarly, urban expansion and population aging in Bangkok reveal structural issues, including inadequate transportation infrastructure and public access for the elderly to communal spaces (Srichuae et al., 2015). Beyond Thailand, similar challenges are observed in Udipi Taluk, India where a study shows that 73% of those aged 60–69 had health problems, 48% reported unhappiness, and 68% felt neglected by society (Lena et al., 2009). These findings highlight the need for urban development that balances economic growth, social well-being, environmental sustainability, and technology while addressing aging challenges and preserving cultural values.

Therefore, communities must embrace self-sustainability (Self-Sustained Community: SSC) and resilience, emphasizing the development, utilization,

and participation of community resources by its members to thrive amidst uncertainty and change (Magis, 2010). A self-reliant community needs essential survival factors—food, water, and energy—adequately even during crises. The self-reliance approach reflects the philosophy of self-sufficiency advocated by King Rama IX, emphasizing mutual reliance within the community before seeking external assistance (Office of the National Economic and Social Development Board, 2014).

This research focuses on addressing the factors affecting elderly individuals facing "age inequality." It seeks to explore methods for enhancing their potential for both self-development and social growth. The elderly, in particular, do not wish to remain stagnant or be left behind by society. By leveraging government-supported social mechanisms and utilizing their unique social and cultural capital, community participation can be integrated to foster career innovations. These innovations will generate income, preserve human dignity, and improve the mental and social well-being of the elderly. Furthermore, acquiring new knowledge will help close the social and economic inequality gap, contributing to the creation of a new urban community model that promotes self-reliance and reduces dependence on the state. The study applies Community-Based Research (CBR) and Participatory Action Research (PAR) to design career innovations that help the elderly supplement their income and form self-reliant career groups in the economic sector. The goal is to reduce economic inequality, create local career opportunities, and manage grassroots career development. The research also establishes a community-based learning model, involving collaboration across civil society, government, the private sector, and academia to strengthen urban communities for the future.

2. LITERATURE REVIEWS

2.1. *Urban Community Issues and Challenges*

Urban communities worldwide face significant challenges like traffic congestion, pollution, overcrowded housing, and crime, which are compounded by the social and environmental issues tied to rapid urbanization, including mental health problems, social inequality, and weakened community bonds. While urbanization leads to economic growth and technological progress, it often overlooks these deeper concerns (Payne, 2020). Urban problems are complex, involving both material and emotional dimensions. Material progress does not always lead to improved mental well-being; it can contribute to stress, depression,

and social isolation among vulnerable populations. Addressing these issues requires holistic approaches that integrate material progress with emotional and mental support (Kirkbride, Anglin, Colman, Dykxhoorn, Jones, Patalay, & Griffiths, 2024). Urban problems in Western Europe highlight the impacts of industrial decline, urban sprawl, and the decline of social capital (Cheshire & Hay, 2017).

The COVID-19 pandemic worsened urban challenges, including unemployment, economic decline, poor health, and social isolation. Infected individuals often faced stigmatization, and unequal access to healthcare exposed broader systemic inequalities (International Health Policy Program (IHPP), Division of Noncommunicable Diseases, Department of Disease Control, 2021). Economic disparities, especially income inequality, remain the most visible form of social inequity in urban areas, disproportionately affecting vulnerable groups like children, women, the elderly, and people with disabilities (UNHCR Thailand, 2024). Studying urban issues requires focusing on individuals within shared contexts and identities (Parilla & Lyon, 1987). Addressing these problems means examining the lived experiences of residents.

Research shows that while elderly people in urban areas benefit from improved material conditions, they often experience lower emotional and mental well-being compared to their rural counterparts (Lee & Lassey, 1980). In cities, elderly populations face unique challenges such as physical impairments, environmental risks, limited access to services, and heightened vulnerability during emergencies (Lopez & Goldoftas, 2009). These issues highlight the need for urban planning focused on the well-being of older adults.

Thailand's development path highlights the urbanization challenges. The first national development phase (1961–1963) emphasized economic growth, worsening the divide between urban centers and rural areas. The second phase (1964–1966) shifted toward improving public welfare, investing in healthcare, education, and community development. Despite these efforts, urban communities still struggle with complex issues across social, physical, intellectual, financial, and political dimensions, including financial insecurity, unemployment, low political participation, and diminished social justice (Ferguson & Dickens, 2011). In Thailand, the sufficiency economy principles and the new theory of King Bhumibol Adulyadej (Rama IX) offer a response, aligning with the United Nations' Sustainable Development Goals (SDGs) that aim to create a sustainable, equitable future by

addressing poverty, inequality, and injustice through 17 goals to be achieved by 2030 (United Nations, 2024).

2.2. Active Aging

The United Nations (UN) defines "older person" as anyone aged 60 and above, regardless of gender, although cultural and social factors like family roles and health conditions can influence how aging is perceived. In places with lower life expectancy, individuals in their 50s may also be considered older persons. Aging often brings physical limitations, such as reduced mobility, impaired vision and hearing, and chronic health conditions, increasing vulnerability to elder abuse and discrimination (UNHCR, 2024).

The World Health Organization (WHO) notes that the global population of older persons is growing rapidly, with the number of individuals aged 60 and above reaching 1 billion in 2019 and projected to rise to 2.1 billion by 2050. This growth, particularly in developing countries, requires urgent changes in health care, social support, and urban planning (WHO, 2024). In Thailand, the Older Persons Act of 2003 defines "elderly" as Thai nationals aged 60 and over (Government Gazette, 2003). With aging comes health challenges, especially hearing impairments that affect communication and independence (Goman & Lin, 2018). The increasing elderly population is driving demand for more elderly care services (Yasuoka, 2018).

Research in China has shown that factors like chronic diseases, mobility, sleep quality, and relationships with others play a crucial role in the quality of life of older adults (Sun et al., 2014). In Thailand, a 2023 survey found that attitudes toward elderly persons were generally positive, though urbanization, changing family structures, and economic pressures have led to neglect and increased instances of fraud and abuse (Tangcharoensathien et al., 2024).

The WHO's "active aging" concept promotes health care, participation, and safety for aging individuals, encouraging engagement in social, cultural, spiritual, and civic activities, while ensuring access to necessary care (WHO, 2002). Thailand's National Elderly Plan, which aligns with active aging principles, focuses on enhancing physical and mental health, providing welfare services, and promoting the dignity and self-reliance of older persons through their active participation in society (Department of Older Persons, Ministry of Social Development and Human Security, 2017).

Strategies for preparing society for an aging population include ensuring financial security,

providing lifelong learning opportunities, and promoting respect and inclusion for older persons. These initiatives aim to empower the elderly and ensure they continue contributing to societal development (National Board of Elders & Ministry of Social Development and Human Security, 2010). In Bangkok, studies show that elderly individuals who participate in community activities experience improved happiness, self-worth, and health (Cheytim, 2017). In this study, the elderly in urban settings refer to those who have the potential for income generation, self-development, and social engagement.

2.3. Community Cooperative Learning

Public participation, as a democratic activity, encompasses collective actions such as problem awareness, decision-making, implementation, benefit sharing, investment, and evaluation (Reeder, 1974; Williams, 1976; Cohen & Uphoff, 1977a; Cohen & Uphoff, 1980b). Thus, community participation involves the engagement of individuals living within the same community.

Key concepts associated with community participation include "governance," "participation," and "social capital." Community participation has the potential to foster a more democratic governance system, and governments should actively support it by promoting opportunities for local governance. This includes legitimizing public rights to influence service administration in their areas (Skidmore, Bound, & Lownsborough, 2006). Effective community participation often connects to social capital by creating institutional links between government leaders and citizens. Many countries employ a top-down management approach to establish these connections, often labeled "community participation," which helps address and manage complex social, economic, and environmental challenges (Head, 2007).

An important aspect of community participation is "cooperative learning," where individuals take on shared responsibilities to achieve common goals through collaboration. In educational settings, cooperative learning encourages teamwork, where students learn to collaborate, compete healthily, and work independently when needed. The goal is to maximize the group's collective potential (Slavin, 1980; 1983; Lee Manning, & Lucking, 1991; Felder, & Brent, 2007). In urban communities, "community cooperative learning" refers to shared goals, division of tasks, knowledge exchange, and mutual support. It encourages residents to work together, creating a sense of unity and shared purpose in addressing urban challenges (Johnson et al., 2006; Felder & Brent, 2007).

Successful cooperative learning requires five key elements: "positive interdependence," where group members rely on each other to meet goals; "individual and group responsibility," ensuring accountability for both personal and group outcomes; "supportive interaction," promoting face-to-face collaboration; "appropriate social skills," aiding communication and conflict resolution; and "group processing," involving regular self-assessment of group performance (Johnson & Johnson, 1989a; Johnson & Johnson, 1998b; Johnson & Johnson, 1982c).

According to Phukamchanoad (2019), to analyze community participation, it is essential to identify common needs, clarify roles, and ensure that those directly impacted are engaged. Successful participation depends on cooperation, mutual acceptance, shared commitment, and a collaborative approach to addressing issues. The effectiveness of participation can be measured by the extent of involvement, ranging from minimal to full engagement.

2.4. Social Inequality

Social inequality is a widespread issue affecting countries worldwide. Therefore, the United Nations' Sustainable Development Goal 10 aims to reduce inequality within and between countries, addressing disparities in income, gender, age, disability, sexual orientation, race, ethnicity, religion, and opportunity. These inequalities hinder development, worsen poverty, and diminish individuals' self-worth. Achieving sustainable development requires equal access to opportunities for all. Reducing inequality involves investing in education, social protection, combating discrimination, supporting marginalized groups, and promoting fair trade and financial systems (The Department of Economic and Social Affairs (DESA), 2023).

Inequality is also a major driver of social tensions (Scheffer et al., 2017), and it poses significant challenges to the theory and practice of democracy. Economic and social disparities undermine the foundations of modern democratic systems (Oxhorn, 2003). As long as social structures remain hierarchical—marked by distinctions in class, social status, income, access to opportunities, education, natural resources, rights, and justice—the persistence of inequality is difficult to overcome. This "inequality of people in society" reflects societal divisions, such as the distinction between the "rich" and the "poor," as well as labels like "high society," "country people," "rural people," "people from the provinces," and "working-class people." These labels reinforce inequality and the unequal distribution of power, which diminishes human dignity. It is crucial to acknowledge that everyone deserves equal dignity, regardless of their

social or economic status (Phukamchanoad, 2018). In other words, beyond economic disparities, inequality also involves issues of rights, opportunities, power, and dignity (Jamali et al., 2015).

Statistically, income inequality has grown by 10%, with the wealthiest 10% controlling 40% of global income, while the poorest 10% earn just 2-7% (UN Thailand, 2018). The United States, for example, faces higher inequality and less equitable income distribution compared to many other developed nations (Kuznets, 1955a; Kuznets, 2019b). In developing nations, inequality has increased by 11%, partly due to population growth. Addressing income inequality has become a global priority (UN Thailand, 2018).

In Thailand, inequality remains a persistent issue, as highlighted in the 2023 report on the analysis of poverty and inequality (Office of the National Economic and Social Development Council, 2024). The report identifies nine key areas of inequality: income inequality, expenditure inequality, security inequality, education inequality, health inequality, unequal access to welfare services, inequality in land ownership and access to capital, unequal access to infrastructure, and disparities in access to justice. Despite some improvements in poverty rates, inequality remains a major challenge for the country's development. For example, income inequality has increased in the North of Thailand, and the South faces the highest levels of inequality. In the Wat Pracha Rabuedham community, inequality is evident in both quality of life and social factors, with a growing divide across four urban areas (Phukamchanoad & Khudthipong, 2011).

2.5. Mental And Social Well-Being

Mental health plays a crucial role in overall well-being, affecting decision-making, relationships, and societal progress (World Health Organization, 2021). It is often assessed through various domains, such as well-being and ill-being, control, autonomy, self-perception, belonging, activity, and hope versus hopelessness (Connell et al., 2012). These factors, along with physical health, are integral to a holistic view of well-being.

The concept of a better quality of life is grounded in human motivation theory, which suggests that behavior is driven by the need to fulfill five basic needs: physiological, safety, social, esteem, and self-actualization; these needs must be met to avoid intolerable deprivation (Maslow, 2023). Individuals who have experienced deprivation may respond differently to satisfaction compared to those who have never lacked these needs. Achieving a better quality of life is also linked to "capability," which refers to a person's ability to take meaningful actions and attain a valuable status,

promoting greater equality in accessing life's benefits (Sen et al., 1993; Nussbaum & Sen, 1993).

The quality of life is typically measured in five dimensions: physical well-being, material well-being, social well-being, emotional well-being, and development and activities, all of which are assessed using objective standards (Felce & Perry, 1995). Since 1948, the World Health Organization (WHO) has defined health as the presence of physical, mental, and social well-being, not just the absence of disease (Testa & Simonson, 1996). Over time, quality of life has come to be viewed as a subjective perception of one's life status, shaped by culture, value systems, expectations, and individual concerns.

Gasper's Well-Being Theory and McGregor's work on well-being also emphasize various factors affecting quality of life. McGregor's survey evaluates six components: community information, household needs and resources, quality of life, income and expenses, a qualitative research process to examine community health, and a well-being system, all categorized into outcomes, structures, and processes (McGregor, 2006; Office of the National Economic and Social Development Council, 2011).

Well-being measures in Australia and the Netherlands assess dimensions like standard of living, health, life success, relationships, safety, community, and future security (The International Wellbeing Group Manual, 2006; Centraal Bureau voor de Statistiek, 2011; Canadian Index of Wellbeing, 2016). Similarly, in Thailand, the WHOQOL-BREF-THAI tool measures quality of life in four areas: physical, psychological (mental), social relationships, and environment (Breslow, 1972; World Health Organization, 1998; Mahatanirankun et al., 1997; Kangwanrattanakul & Kulthanachairojana, 2024).

Thailand's 8th National Economic and Social Development Plan (1997-2001) assessed well-being across seven areas: health and nutrition, education, working life, family life, economic growth, poverty and income distribution, environment and safety, and public-private sector cooperation. Three key factors for well-being were identified: household health, strong relationships within households, and satisfaction with household life (National Economic and Social Development Board, 2006).

Research in Thailand's northern and northeastern regions, particularly in villages following the Sufficiency Economy Philosophy, explores quality of life. Studies in Mae Hong Son and five provinces in the Sabai Dee Isan group—Udon Thani, Nong Bua Lamphu, Nong Khai, Bueng Kan, and Loei—highlight four key factors for quality of life: good health, satisfaction with family life,

strong family relationships, and family commitment to the community (Phukamchanoat, 2019). This research underscores the importance of mental and social well-being, especially for elderly individuals in urban communities, in promoting health and community engagement.

3. METHODS

This participatory action research focuses on empowering active elderly individuals in urban communities, specifically in four communities near Wat Pracharabuedham in Dusit District, Bangkok. A Participatory Action Research (PAR) approach was used to foster collaboration and produce practical solutions. The research framework was structured using the Logical Framework (Log Frame) system, incorporating the IPOOI model. This research was reviewed and approved by the Human Ethics Committee at Suan Sunandha Rajabhat University (Approval No. COE 2-354/2022, Study Code: 65-381-2-1). The author has completed the Human Subject Protection (HSP) training from the National Research Council of Thailand (NRCT).

3.1. Input

Study Area

The study focused on four communities in the Dusit District, Bangkok: Wat Pracharabuedham Communities 1-4. The communities were located along Rama 5 Road, Nakhon Chai Si Subdistrict, Dusit District, Bangkok.

Target Population

The research focused on elderly residents of the Wat Pracharabuedham Communities 1-4.

Research Action Group

These 20 elderly participants, 5 public health volunteers, 4 community leaders, 8 members of the community committee, including the vice-chairpersons and secretaries from all four communities, and 3 participants from the Wat Pracharabuedham foot reflexology group. In total, 40 participants were involved.

3.2. Network Partners

Professional Groups

These included foot reflexology and relaxation groups, herbal balm and gel production groups, and the Dusit Rabuedham herbal balm group.

Community Volunteer Groups

Comprising public health volunteers (PVS), social and human security development volunteers, and

elderly association groups in the Dusit District.

Civil Society Groups

This category included community digital centers, community leaders of Wat Pracharabuedham, Wat Pracharabuedham School, and monks at Wat Pracharabuedham.

External Government and Private Sector Agencies

These partners included the Community Development and Social Welfare Department at the Dusit District Office in Bangkok, the Department of Social Development and Management at the Faculty of Humanities and Social Sciences, Suan Sunandha Rajabhat University, and the Dusit District Community Enterprise Group.

3.3. Process

Initial Stage: Building Internal Community Capacity

The initial activities focused on transferring knowledge back to the community. Research findings were shared with participants, and research network meetings were held for central region collaborators. Focus group discussions prepared participants on research ethics, objectives, and the research methodology.

Interim Stage 1: Building Collective Knowledge Through Action Research

This phase focused on problem analysis using tools like problem tree analysis (Phukamchanoad, 2023) and Ishikawa diagrams (Hermens, 1997; Wong, Woo, & Woo, 2016), while also supporting professional groups and herbal product initiatives. Interviews were held with community groups, local leaders, government agencies, businesses, and academic institutions. Central region network meetings helped identify key leverage points and design research tools. Social Lab activities were also conducted with students in social development management from Suan Sunandha Rajabhat University. Additionally, focus group discussions were held to develop a participatory community plan using the "HTSSU" framework (home, temple, school, state, and university) to identify existing mechanisms related to professional groups and learning resources.

Interim Stage 2: Fostering Collaborative Learning Within the Community

Training sessions focused on the production of three new herbal product formulations. These included reproducing existing herbal products (such as balm,

inhalers, and Phaya Wan Phaya Yor green oil), training in traditional herbal formulations (e.g., Narai medicine and nirvana- and lotus-scented Maha Chakrapong oil), and developing a research-based Dusit Brand herbal product, the "Saneha Nang Khum" yellow oil, through a co-creation process (De Koning et al., 2016).

Final Stage: Driving Change

The final activities included herbal product booth demonstrations in collaboration with the Dusit District Office, and interviews with Wat Pracharabuedham market managers. Study visits to community hubs in Lak Si, Bangkok, explored local herbs linked to the *Croton crassifolius* Herbs (Kra Bue Jet Tua into Thai) *Excoecaria cochinchinensis* Lour. (*Sapium cochinchinense*) (Thai herbal database in the lower northeastern region, Faculty of Pharmaceutical sciences, Ubon Ratchathani University, 2025). Professional group meetings were held to design community-based businesses using social engineering tools. Research findings were shared during critique sessions with central region networks (Ayutthaya/Chiang Mai), which featured discussions on transferring research knowledge for social service and developing sustainable community careers. A research report and lessons learned were presented at the Central Region Network Meeting.

3.4. Output

The research resulted in five community herbal product recipes as part of the Dusit Rabuedham initiative: "Hand Therapy," "Chilhana Nang Phai," "Heart Healing Herb," "Viman Vech Sunanta," and "Saneha Nang Khum" (Promdao et al., 2025). The research also resulted in innovations for elderly employment, particularly the development of "Dusit Rabuedham Herbal Products." Additionally, a mobile market stall was created for the new herbal business, and community development plans were established. Furthermore, "cooperative mechanisms" were developed to ensure ongoing community area development.

3.5. Outcome

The implementation of the outputs produced various outcomes. Community members gained empowerment and self-reliance, resulting in increased income and marketability for herbal products. New occupations, such as those related to "Dusit Rabuedham herbal product production," were created, while elderly members of the community gained enhanced prestige and recognition.

3.6. Impact

The long-term impacts of the participatory research

2014).

The findings are organized into three key outcomes, as outlined below:

4.1. Understanding The Community Context

4.1.1. Database, Resources, And Social Capital

History Of Wat Pracharabuedham Communities

The Wat Pracharabuedham Communities 1-4 had been established for over 126 years in a flat, grassy, and elevated fruit orchard area. The Bang Krabue Canal run through the area, supporting a small village of fewer than 20 houses. The community's livelihood traditionally included farming, gardening, trade, and civil service, with many residents being related. In 1907, the community established Wat Bang Krabue, later renamed Wat Pracharabuedham. In 1932, the Wat Pracharabuedham School was founded, and in 1995, the community formally organized into three sub-communities. A fourth community, Wat Pracharabuedham 4, was established in 1997. This urban community follows the "HTS" model (Phukamchanoad, 2023), consisting of the Wat Pracharabuedham Community (H), Wat Pracharabuedham Temple (T), and Wat Pracharabuedham School (S).

Social And Economic Contexts

The four communities exhibited characteristics of a mixed urban area, with a moderately dense population. The communities were represented by an elected "Community Committee," with the community leader serving as the "driving force" of community development.

These urban areas align with the definition of an urban community: "a densely populated area, yet not overcrowded, with public utilities and transportation infrastructure that define the structure of governance" under the 2021 Bangkok Metropolitan Administration Act on Communities and Community Committees. Key locations within the four communities included:

1. The action research area of the Dusit Rabuedham vocational group, which organized product-making workshops, group research discussions, and interviews with community leaders
2. The weekly public markets held on Wednesdays and Sundays
3. The market area along the embankment at the intersection of communities 1, 3, and 4, which served as an economic development zone

Social Capital of the Urban Community

The social capital of Wat Pracharabuedham Communities 1-4 was built on agricultural resources, strong relationships, and a shared sense of belonging. The community's contributions, such as donating land for the construction of a temple, school, health center, and multipurpose buildings, helped transform it into a hub that embodies the "house-temple-school" (HTS) model, creating goodwill and a positive image among stakeholders.

Inclusivity was key to the community. Over time, relatives from other provinces joined, integrating fully into activities like national events, religious ceremonies, and annual celebrations such as New Year and Songkran. These shared experiences strengthened solidarity and fostered mutual support. Community leaders and senior citizens played a vital role in social welfare, serving as volunteer health workers, social development agents, and guardians of human security, enhancing shared responsibility.

The community was also supported by strong internal and external networks, including the Wat Pracharabuedham Temple, Wat Pracharabuedham School, the village and urban community fund, the Bhatpat Wat Pracharabuedham vocational group, the Dusit District Office, and Suan Sunandha Rajabhat University, which acted as both a research site and community social lab.

Over the past decade, the community developed expertise in reflexology, which became a cornerstone of its social capital. The community also created herbal products, including medicinal balms, inhalers, and green oil, using an eight-step process that trained residents to produce them independently, fostering self-sufficiency. These steps included training on recipes, accounting, sourcing raw materials, preparation, production, packaging, label design, distribution, and marketing (Phukamchanoad, 2023).

The Fried-Egg model can be applied to analyze social capital here, with human capital driving reflexology and herbal product activities, generating income for elderly members (the "egg yolk"). The community leader acts as the facilitator, linking internal and external networks (the "egg white"). External organizations like the school, district office, and university serve as the "egg shell," supporting and collaborating to enhance social capital.

4.1.2. Problems, Knowledge Gaps, And Strong Leadership

Current Situations in the Wat Pracharabuedham Community

The majority of the research target group consisted of elderly residents in the urban community who remained

active, particularly in the four Wat Pracharabuedham communities. These communities experienced a high level of work-related activity since work generated income necessary for their livelihoods. Youths, for instance, balanced their studies with part-time jobs, while working-age adults must seek employment outside the community to support their families. Even elderly residents who were not bedridden utilized their remaining "physical strength," "motivation," and "desire" to contribute to the family income, alleviating the financial burden on younger generations.

However, the community also had a significant number of informal laborers, which led to several challenges. These included low-wage jobs, competition for housing and employment, crime, gambling, drug use, noise pollution, waste management issues, limited public services, health concerns from outsiders, and safety risks to property and lives. As a result, residents faced physical and mental health problems, including stress. This situation reflects "urban poverty," where hard work did not result in enough savings, leading to household debt. Many families experienced "intergenerational poverty," marked by a lack of savings, low education levels, and high dependency rates. The most critical factor perpetuating this cycle of poverty was

financial insecurity, particularly a lack of savings. The heads of impoverished households often engaged in casual labor as their primary occupation.

In 2020, many elderly individuals in the community lacked sufficient social welfare, with those without income or other forms of social security relying solely on the elderly living allowance of 600–1,000 baht per month to sustain their livelihoods (Royal Thai Government Gazette). To address these issues, a needs assessment was conducted through a meeting with key stakeholders, including elderly residents, public health volunteers, community leaders, urban community committee members, and members of the Wat Pracharabuedham reflexology group, totaling 40 participants. During a brainstorming session, the group used the Fishbone Diagram to identify the root causes and effects of the challenges faced, including knowledge gaps and process understanding, while prioritizing issues and proposing solutions (Bergamini, 2013; Pal & Poyen, 2017). The findings offer a framework for improving the quality of life and creating new career opportunities for the elderly in urban communities. Figure 2 presents the problem analysis and root causes for the Wat Pracharabuedham community.

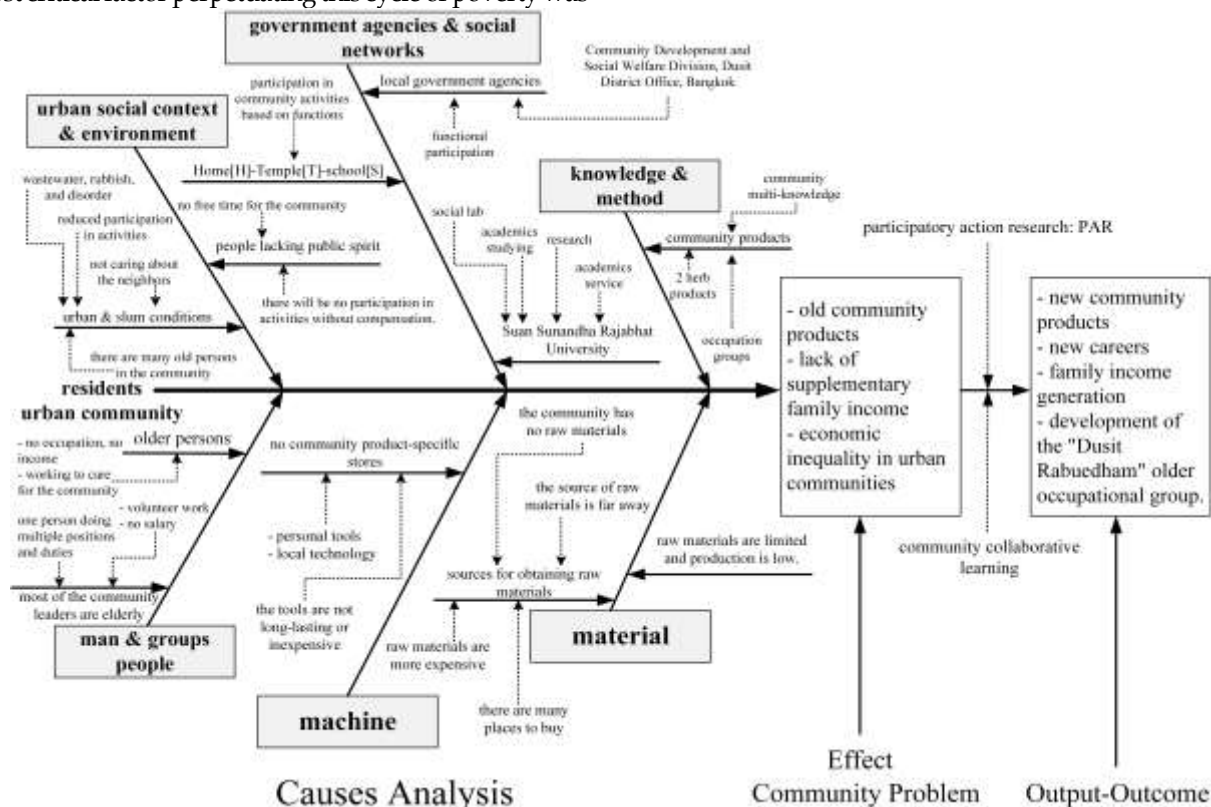


Figure 2: Problem Analysis (Fishbone Diagram) Of Wat Pracharabuedham Communities.

Strong Leadership

A key factor contributing to the success of the

active elderly group is the presence of strong community leaders who exhibit significant

leadership qualities. These leaders gained the trust of residents through "democratic elections," earning their position based on merit and confidence. They demonstrated a "volunteer spirit," serving without pay and handling various roles while managing conflicts within the community.

Leaders also excelled in "coordination," acting as liaisons with various agencies to secure funding and resources for community development. They served as representatives, ensuring the community received support from the district office. Open to opportunities, community leaders remained receptive to initiatives, whether large or small, with or without a budget.

A central focus of these leaders was prioritizing activities that directly benefited the residents. They consistently protected the community's interests when faced with internal or external pressures. Furthermore, they participated actively in community events, demonstrating care, commitment, and an understanding of the activities, which enabled the community's growth. By leading through example, they fostered a "learning environment" that contributed to the development of the community.

4.1.3. Occupational Group Management

The findings showed that successful management of occupational groups prioritized self-reliance and minimize reliance on state support. It comprised major stages:

People Management

First, a working team was formed; it included members of the occupational group (community residents), community leaders, and advisors such as academics, community development officers, and social welfare representatives. Second, the occupational group was officially registered with the Dusit District Office.

Knowledge And Process Management

The occupational group followed an eight-step process to manage their activities. First, training sessions were conducted on herbal product recipes. Next, an inventory list was created, and raw materials were procured. The raw materials were then prepared for production. Once prepared, the production process took place, followed by the packaging of the products, such as bottling. Afterward, the packaging was designed and labeled, with templates provided by an instructor. The products were then marketed and distributed at locations like the temple's

Wednesday and Sunday markets. Finally, simple household accounts for income and expenses were conducted.

Sustainable Group Development

For long-term sustainability, the group achieved self-reliance through "savings" and "community sharing." The Wat Pracharabuedham community held events such as funding Children's Day activities, supporting fire victims through donations, or contributing to temple ceremonies like Kathin offerings and community food services. These funds from the group's income were allocated to support these social activities.

4.2. Elderly Empowerment

This process involved clearly defining the concept of "occupational innovation for the elderly." The term "elderly empowerment" referred to occupations that generated actual income while enabling individuals to fulfill social roles, contribute to community development, and promote community well-being. Such initiatives promoted behavioral change, built friendships, enhanced human dignity, and strengthened relationships in urban environments. In this research, the term "innovation" refers not only to the creation of new products based on existing knowledge but also to the development of self-management processes that incorporated new knowledge into established frameworks. This approach encourages new ways of thinking and learning, rooted in reasoning, participation, and harmony, ultimately supporting sustainability.

4.3. Urban Community Development Through Collaborative Mechanisms Supporting Elderly Occupational Groups: A Case Study of Empowered Elderly in Wat Pracharabuedham Communities

4.3.1. Collaborative Phenomena and Outcomes from Shared Learning Within the Research Network

Prominent Collaboration and Learning

Community Collaboration: The Dusit Rabeudham occupational group (elderly residents and health volunteers) and community leaders served as "open spaces for learning." It is emphasized that, every time research and development activities for products or livelihoods were introduced to the community, there was unanimous "acceptance, agreement, and support" for these initiatives. The community consistently

participated in supporting new product development activities.

Academic Collaboration: This involves integrating teaching, research, and academic services within the same area, creating a phenomenon of learning for students in the Social Development Management program under the Social Science department, Faculty of Humanities and Social Sciences. In this collaboration, the Wat Pracharabuedham community and its elderly wisdom acted as “local instructors” for students, sharing expertise on the “sustainable management of urban community occupational groups.” The program designated this community as a “Social Lab” or “Community Classroom,” envisioning it as a future hub for development studies.

Collaboration with Government Agencies: This community followed the “HTS” model, where “S” stands for “school.” Schools brought students into the community to learn about the Dusit Rabeudham occupational group, including Thai massage practices, herbal product production, and urban community studies, while also utilizing the digital community classroom. “S” also represents the state, referring to the Community Development and Social Welfare Division, Dusit District Office, Bangkok. These agencies played an active role in co-developing livelihoods, promoting the occupational group, and supporting the herbal products. This partnership led to market expansion, employment opportunities, and income generation, contributing to sustainable development for people, society, and the economy within urban communities.

4.3.2. Collaboration And Learning “With the CBR Node”

The collaboration with the CBR Node (Community-Based Research) is a critical aspect of this study, driven by Krirk University. The author connected with the node to participate in “knowledge exchange” at a best-practice community among the progressive communities, which functioned as a CBR site. The study area demonstrates how individuals moved “from fear to courage” through self-learning, self-practice, self-understanding, and problem-solving. This process allowed people to develop knowledge and wisdom on their own.

The author introduced household accounting to the Dusit Rabuedham occupational group, helping the community simplify and implement it effectively. The emphasis was placed on “community self-management.” The key success

mechanism was the role of community mentors. However, a recurring issue found across urban communities was the lack of motivation among younger generations to take up roles in developing their own communities.

Additionally, a platform for discussion was created, focusing on “Mechanisms for Driving Networks, Research, and Community Livelihood Development Toward a Sustainable Economy, Sufficient Life, and Strong Foundation for Community Sustainability.” This collaboration led to engagement from “Yuwachon Phattana” students, who developed Social Engineering (SE) skills, Transferable skills and Community-Based Research (CBR) skills. The core idea was that students must learn to “think and act independently.”

This collaboration can result in a reflective learning process aimed at reducing inequality among the elderly in urban communities.

4.4. Inequality And Change Among the Elderly in Urban Communities

4.4.1. Social Inequality

The study revealed several “issues of the elderly” working in the community during the day. Many elderly individuals shouldered heavy responsibilities, in addition to caring for their children who were sent to school. They served as volunteer public health workers, leaders, and community board members, taking care of fellow residents in their community. These duties, however, were unpaid, leaving them with no financial compensation. In some cases, these elderly individuals were left idle in a state of “elderly guardianship in the community.” They received social welfare from the state, though some families were able to provide some financial support. Others, who were retired civil servants, were less reliant on their children but still faced financial challenges.

The author also discovered that “elderly individuals played a crucial role in community development,” often hidden within all social groups as “volunteers.” These elderly people possessed the “power” to drive community change and served as a “lever” for social movement. Therefore, they were the target group for this research, with the goal of empowering the elderly to create “innovative occupations for the elderly.” The research aimed to help the elderly become self-reliant in social matters, creating new knowledge, and gaining recognition as “the wisdom of the elderly in Bangkok.” This would enable them to develop intellectual capital, generate

products for income, and “supplement their main income.”

This process also restored dignity and respect for the elderly, not only in the community but in society as a whole. As the elderly began organizing into groups to create herbal products, they had the opportunity to meet, converse, and express themselves within their community. Most importantly, this led to the creation of “social interactions” within group discussions, where participants exchanged ideas and shared knowledge, critically evaluating and assessing their work together. Over time, a sense of community began to form, becoming stronger with each successive activity. The more interactions there were, the more the elderly individuals became bonded with one another, fostering a deeper connection to the community and contributing to greater social engagement.

4.4.2. Economic Inequality

Elderly individuals with high potential actively contributed to the development of four urban communities in the case study of Wat Pracharabuedham Communities. Living in urban areas often involves a lifestyle that is incompatible with the economic conditions characterized by high living costs, advanced technology, and constant travel expenses. These factors forced the elderly to become a group that waits for the “right timing and opportunities” to leverage their potential and participate in processes that generated supplementary income to support their families. Through collective learning, they developed the skills necessary for self-reliance in economic matters, such as setting up booths to sell products at local markets and festivals. This allowed them to generate “income” to sustain themselves, support their families, and contribute to the community through activities such as merit-making events, helping the poor, donating to temples, providing scholarships on Children’s Day, and reducing electricity expenses for the community building where their occupational group operates.

The process of reducing inequality in the community involved creating opportunities to access “community capital” while employing various strategies to manage inequality. These included:

1. Community-Based Research (CBR) processes
2. Utilizing social roots
3. Shared social capital
4. Reproduction of resources
5. Partnerships in social capital, yielding five key

outcomes that served as potential strengths

This approach ultimately drove opportunities for access through proactive community participation. It integrated the “Understanding, Access, and Development” philosophy from the King’s initiatives (Office of the National Economic and Social Development Council, 2011) into a collaborative learning process. This fostered sustainable community development through cooperative efforts.

4.5. Development Of Mental and Social Well-Being

The changes experienced by the elderly in urban communities reflect significant improvements in their mental and social well-being. The most evident outcomes included the ability to be self-reliant, enhanced dignity and recognition within the community, stronger bonds with the community through participation in shared social activities, and reduced stress through improved social interactions. Additionally, the elderly was able to generate income by selling products, leading to the emergence of new careers such as the creation of Dusit Rabeudham herbal products.

The five interconnected areas of knowledge were continuously applied across the four urban communities. These areas of knowledge included health massage techniques, the production of herbal products, the management and development of occupational groups (such as Dusit Rabeudham and Bhat Wat Pracharabuedham), the principles of the sufficiency economy philosophy (self-reliance, progress, and sustainable development), and community studies with a focus on community capital. Tools such as Design Thinking and social engineering tools were utilized to address and resolve issues effectively.

Furthermore, the primary “mechanism” driving community development was the integration of comprehensive research outcomes involving government sectors, academia, the private sector, civil society, and local residents, ensuring a holistic and sustainable approach to development.

5. DISCUSSION

The study examined urban community problems through a case study of four communities in Wat Pracharabuedham, Dusit District, Bangkok. In urban communities, young working-age individuals, who were vital to their households, often worked outside the community. As a result, the primary responsibility for community care fell on the elderly.

Despite playing a crucial role in community development, many elderly individuals faced significant challenges, including low incomes. Most worked as volunteers during the day, receiving minimal government compensation that barely covered their living expenses. Many relied on monthly allowances from their children and the government, which placed them in the role of “recipients” rather than contributors. This situation undermined their sense of dignity, leading them to seek income-generating activities that would restore their dignity and allow them to be seen as “contributors” rather than burdens on their families or society.

Additionally, the presence of migrant labor in urban communities worsened existing inequalities. Many migrants, primarily from rural areas, came to the city seeking temporary employment, with some family members joining them. These migrants, often low-skilled, took on general labor jobs, further contributing to the layered social and economic challenges. This migration caused significant changes in the economic, social, and health conditions of communities while affecting social mobility and lifestyles (Sutinyamanee, 2015; Rakamnuaykit & Palakawong Na Ayutthaya, 2019; Prasatkul et al., 2019; Sirindhorn Anthropology Centre, 2022). In Bangkok, there were approximately 2,790,000 daytime and nighttime migrant workers spread across all districts and communities (National Statistical Office, 2021). These hidden workers were often paid low wages, resulting in job competition, housing displacement, and a range of issues, including crime, gambling, drug use, social vices, noise pollution, waste management problems, inadequate public services, and growing health and safety concerns within the community (Sintharako et al., 2020).

To address these urban challenges, where the elderly take on the responsibility of community development in place of younger generations working outside, the elderly must serve as leaders, driven by their physical and volunteer energy, to inspire their peers to adopt new mindsets. The elderly should focus on self-reliance, reducing their dependence on children and the government, and take on new roles to lead community-driven activities. By utilizing their intellectual capital, they can generate new knowledge and income, decreasing reliance on external support. Reducing socio-economic inequality can be achieved by exploring opportunities like community and food street markets to create income streams.

Efforts must also aim to restore the dignity of the

elderly, changing negative perceptions that view them as burdens. Instead, they should be seen as “community wisdom keepers.” According to the fried egg theory, the “yolk” represents the elderly as the intellectual and cultural capital of the community, preserving its unique identity while providing social and economic value for younger generations. The “egg white” symbolizes the social skills that can be learned, and the “egg border” represents supporting organizations that facilitate cooperative learning through soft skills, ensuring sustainable development and preparing future generations with necessary vocational skills (Goleman, 1996).

Ultimately, improving the mental and social well-being of the elderly in urban communities requires fostering self-reliance and mutual support. Promoting social learning, cultural interaction, and activities that alleviate stress can help create harmony and unity. This approach supports elderly psychosocial well-being, ensuring warmth within families and contributing to a secure, peaceful society. This integrated framework encompasses biological, psychological, social-relational, socio-economic, and cultural dimensions (IOM, 2019).

6. CONCLUSION

This study synthesizes the potential strengths of the Wat Pracharabuedham Community, leading to the creation of innovative occupational opportunities for the elderly in urban settings. The goal was to foster “innovation” as a concept of creating something new, adding value, and benefiting the community. The community's potential factors and components included knowledge, abilities, and inherent qualities within Wat Pracharabuedham, integrating the development of both mental and social quality of life.

Key factors contributing to this success include:

1. Community Legacy and Social Structures: As an old community with over 126 years of history, Wat Pracharabuedham was supported by three main pillars: the house, the temple, and the school. These structures had created a context of interrelated support, where people, cultural traditions, religious rituals, and school activities had “connected and supported” each other continuously. This fostered strong “bonds” that had been preserved for over a century. Many elderly people shared stories of their parents who were born, studied, worked, aged, and passed away within the community, never thinking of leaving. This created a sense

of being “acknowledged” within the Dusit district for over 100 years.

2. **Lifelong Learning and Skill Development:** The transition through life stages, from childhood to adulthood and from adulthood to old age, led the people of Wat Pracharabuedham to be nurtured with learning and working experiences from the community, temple, school, and external organizations that brought knowledge, progress, and development to the community. This enabled the elderly in the community to continue learning both within and outside the community. Everyone struggled to earn a living for themselves and their families, requiring knowledge as a foundation. To work in various professions, they needed a solid educational background, diverse knowledge, and the ability to endure hard work.
3. **Community Participation:** The temple provided spatial opportunities for community participation. Not only people from the community but also external government organizations conducting activities in the community always used the temple as a venue. Private businesses also used the temple space to “create the Wat Pracharabuedham market,” which served as a communal gathering space for the urban community.
4. **Strength of Community Leadership:** Strong leadership within the community, supported by social networks and external organizations, empowered the elderly. Leaders played a vital role in facilitating community development activities, promoting health and well-being, conducting research, and fostering engagement with the state through a seven-step process: recognizing the community, team-building, joint brainstorming, pooling resources, exchanging knowledge, initiating change, and sharing the results.
5. **Elderly Empowerment and Socio-Economic Impact:** The elderly in Wat Pracharabuedham were not only the recipients of benefits but also actively contributed to the local economy. The development of professional groups, like the “Bhat Phat Wat Pracharabuedham (Thai Massage Group),” enabled the elderly to gain

economic independence while enhancing their dignity and social standing. Their involvement in community activities and their roles as knowledge bearers and trainers created a thriving ecosystem of continuous learning and economic contribution.

6. The “Bhat Phat Wat Pracharabuedham” professional group, also known as the Thai massage group, had been developing the knowledge and skills of the elderly since 2013. For over 10 years, the elderly members had established massage stations, savings accounts, and bookkeeping systems. They were professionally recognized by the Ministry of Public Health and had gained prominence in the Dusit district, frequently showcasing their skills at booths during income-generating activities. This profession had become a significant source of supplemental income for the elderly, who, with their expertise, now served as “knowledge trainers.” They possessed comprehensive skills in managing professional groups.
7. Strong leaders in the four communities of Wat Pracharabuedham received social support for activities related to community development, occupation creation, health promotion, and research. They organized community meetings, showed care, interest, and understanding, and participated in developments alongside the learning process between citizens and the government. This process follows seven steps: (1) knowing the community, (2) gathering people to form a team, (3) joint thinking, (4) joining efforts, (5) knowledge exchange, (6) leading to change, and (7) sharing with the community. This led to the integration of a “comprehensive” approach that created a driving force for the innovation of elderly people’s occupations in the urban community.

The author concluded that the synthesis of “comprehensive empowerment for the elderly” in creating occupations, generating income, and enhancing their dignity was demonstrated in the Wat Pracharabuedham Community in the Dusit district, as illustrated in Figure 3.

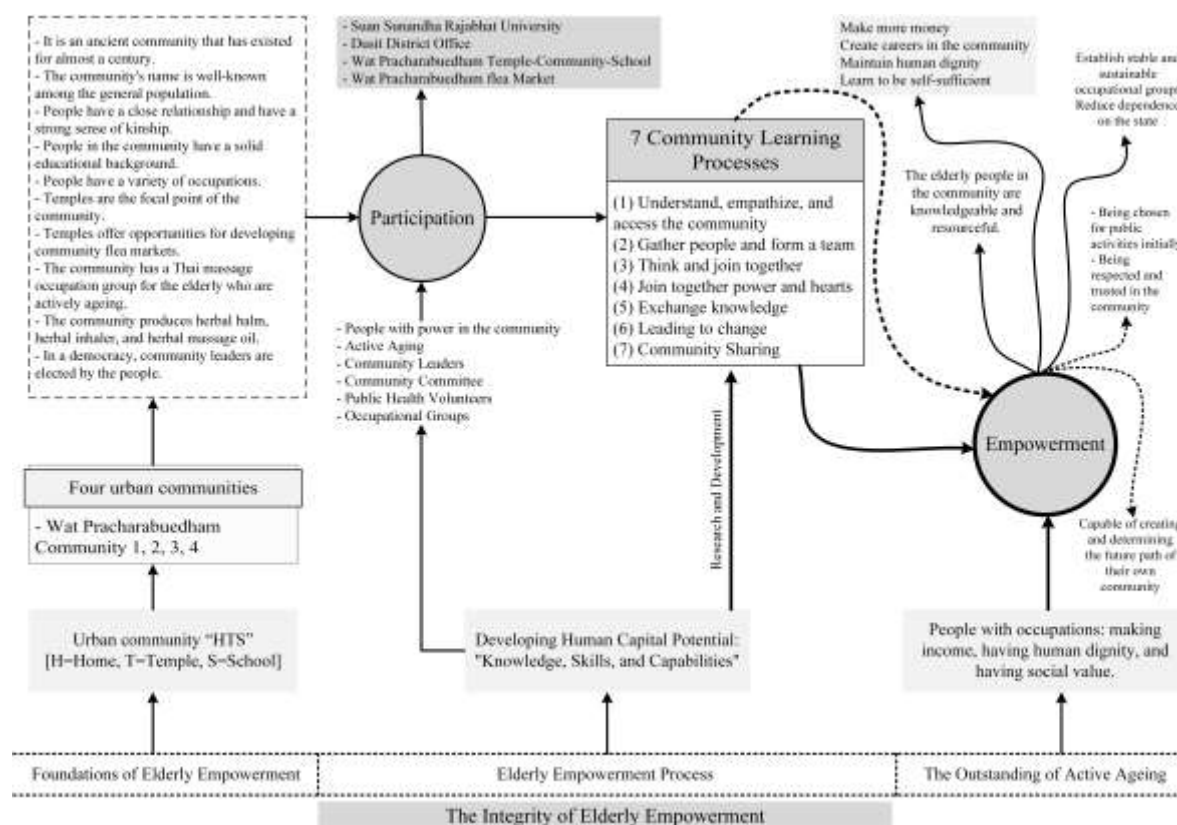


Figure 3: Comprehensive Empowerment for the Elderly.

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