

# Fostering Social Innovation for Quality of Life Building in Two Generations

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## Abstract

The influence of digital technology and sociocultural adaptation is currently quickly changing society. Understanding the disparities between generations was necessary for moving on to the next generation together. The purposes of this research were to 1) study patterns of improving the quality of life of the elderly in different family styles, and 2) develop a curriculum of self-awareness in bringing the parenting skills of the aging population to early childhood using contemplative education. Data were collected by using questionnaires from

285 elderly northeast people in one province of Thailand, semi-structured interviews conducted with 22 elderly people. The curriculum of self-awareness used Delphi technique to assess its the appropriateness. Six key attributes were reported in learning participation, acceptance of original experiences, self-guided learning, critical thinking, action, and reflection. Elderly needed self-development for applying knowledge and skills to correct actual parenting situations.

**Keywords:** Ageing society, Contemplative pedagogy, Early childhood, Elderly, Social care

## 1. Introduction

World Health Organization reported that in 2050, the world's population aged 60 and older will total 2,000 million. In 2015, 125 million people were elderly people aged 80 years and older, and the key data is that in 2050, 80% of the world's geriatric population was elderly in low- and middle-income countries (Ince Yenilmez, 2015). Economic and social development and the ability to develop the elderly to have good quality and well-being, be able to learn on their own and develop towards the creation of a quality society (Ory et al., 2003; Nordbakke & Schwanen, 2014). Thailand is on the verge of entering an aged society in Thailand. In families, it was found that the proportion of elderly people living with other members. According to Dinh and Kilenthong (2021), the Project to Reduce Inequality with Quality Early Childhood Education (RIECE Thailand) reported that approximately 45% of children in rural areas of Mahasarakham province live without their parents at home, with the majority of children living with grandparents or relatives. Also, the majority of the children living with low level of education families. The quality of life and their learning opportunity seem to be less.

Preparing the pre-aging population face to happy and comfortable life is no longer enough. In 2017, the Office for National Statistics reported the pre-aging population in Thailand found that the elderly in northeast of Thailand will meet 15% of aging rate. The pre-aging population is the population aged 50-59 years who are still physically fit and healthy (Prachuntasen et al., 2018). They have the potential to learn and help yourself well, entering an older age that relies on or places the least burden on close and social people. This is if the pre-aging population is properly prepared for aging (Sukanya et al., 2020). According to the spatial context, older people who retire from various forms of full-time work, both public and private, spend most of their time at home caring for their young children, so parenting education should not be framed as educational arrangements for parents only.

Every area of human existence has transformed as a result of information and communication technologies. These span from aspects of one's social life to health consequences, as well as from industrial modernization to international economic development. The definitions of wellbeing at the individual level vary based on the state of their movement in society. For instance, higher-order wants like social, esteem, and self-actualization matter more for a person's welfare in developed nations than they do in underdeveloped nations, where biological and safety-related needs are more significant. Today, technology is not only essential to our well-being but has also grown to be seen as a need due to the options it offers to increase the chances of living a happy life (Alhassan & Adam, 2021). The generation gap

is now extending due to the rapid change of society in the stream of growth technology development (Rahim & Tareen, 2022).

If this population development model should be laid out, then there should be an understanding of the upbringing of young children. Using your free time connects memories and parenting skills to bring about the necessary skills of your child, a person in a digital society, in addition to planning to prepare for multidimensional changes in the demographics in society (Dhirathiti, 2019; Supromin & Choonhakhlai, 2019). The connection between the elderly and childhood can be made by coexisting while appreciating each other. Reducing the age gap varies, ultimately, across the aging population. The working-age population and the childhood population will be able to live together empathetically. There is a real quality society. The purposes of this were to 1) study patterns of improving the quality of life of the elderly in different family styles, and 2) develop a curriculum of self-awareness in bringing the parenting skills of the aging population to early childhood using contemplative education.

## **2. Methodology**

### *2.1 Participants*

Demographic information can be provided by 32 elderly persons aged 55 years and older in Maharakham Province, Thailand. There were 32 children aged between 1 and 4 years old, studied among volunteers in the old-aging population aged 55 years and older, who had children and grandchildren between the ages of 1 and 6 who were responsible for raising, numbering at least 20 (10 houses).

### *2.2 Data Collection and Analysis*

Phase 1 Quantitative research includes: Data collection using questionnaires collects data on the elderly population from the age of 18. 60 years and older in Don Klang Subdistrict, Kosumpisai District, Maharakham province, 285 copies and qualitative method using semi-structured selection interviews conducted interviews with 22 elderly people.

Phase 2 develops a curriculum for self-awareness and early childhood parenting skills based on mental intelligence concepts. Using the Delphi technique, assess the appropriateness and confirm the key elements and its features.

## **3. Results**

### *3.1 Quality of Life of the Elderly in Different Family Styles*

#### *3.1.1 Elderly People Living Alone*

Caring for and supporting the elderly was moderate when considered individually. This is followed by family issues to help, children provide care for elderly on a daily basis respectively, it was found that the need for care and support at the family level was at a very high level, with the average order from the most: there was a need for family support for daily life, followed by the need for intimacy. Good relationships with family members, there is a need for the family to take care of their mental state. Overall, it was moderate, when considered individually, it was found that kinship-level care and support were moderate.

Community/neighbouring care and support was moderate when considered individually, it was found that care and support at the community/neighbour level was high, with the average order being the most visited by neighbors, followed by being assisted. The least support from community leaders was moderate. It can be adjusted to the suffering of the neighbors, followed by those in the community/neighbors providing care on a daily basis. Community/neighbours provided support respectively.

Good relationships with people in the community/neighbors, followed by a need for people in the community/neighbors to help with health care. Daily use is minimal: there is a need for people in the community/neighbors to take care of their mental state. Local/public sector care and support needs, it found that there was a need for care and support at the local/public sector level. Overall, it was found that demand for care and support at the local/public sector level was very high.

Private sector support, it found that private sector support was at the least 5 levels, sorting out the average of the most: private agencies engaged in activities or provided economic assistance, followed by private agencies having the least amount of health promotion activities. The need for care from the private sector that there was a need for care from the private sector. Overall, it was moderate when considered individually, the demand for care from the private sector was moderate, sorting the average from the most.

The elderly had 3 needs: physical needs, psychological needs, and have the right environmental needs due to the deteriorating housing conditions, so there is a need for housing improvements. There are suggestions for improving the quality of life. Older people also need other family members who still have the opportunity to care for the elderly in their households. The environment that is harmful to the elderly, including taking care of the elderly's subsistence allowance to increase. As for private sector assistance, there is no expectation of assistance in the private sector, as it is not yet known which private agencies there are. In what ways can I help myself? It's all If assistance is to be provided, it may be in relation to the economic aspects for daily living purposes.

### 3.1.2 The elderly Live with Their Spouses

Caring for and supporting the elderly was found that the care and support of the elderly at the family level was very high. The family took care of them, followed by being rescued, need for care and support at the family level. Community/neighbouring care and support was very high, supported by community leaders, people in the community/neighbors provide care for elderly on a daily basis. The need for care and support at the community/neighbor level was high, sorting out the average from the most: there was a need for people in the community/neighbors help with health care followed by intimacy is required.

Local/governmental care and support, it found care and support at the local/public sector level. Overall, it was found that care and support at the local/public sector level was very high by the sorting score followed by the government support, professional promotion. Private sector support found that care was supported by the private sector. When considered individually, the demand for care from the private sector is moderate.

A group of elderly people lives with their spouses, this group of elderly people provides information that in the community there is a health care system. Public health volunteers are always caring for and visiting, but there are also proposals to government agencies, including environmental proposals. Older people need of bathroom renovations, as slippery floors and lack of handrails can easily cause accidents. There is a proposal to the state to increase seniors' premiums. private equity proposal case because within that community. It's only in the public sector that comes into custody. Therefore, we do not know the private sector that takes care of the quality of life of the elderly, but there will be private agencies to take care of the elderly. Older people suggest that it's best to start by understanding. And if there's anything that the organization can help with the needs of the elderly, they can do it, but they need to come and visit, and study the community how they live.

### 3.1.3 Elderly People Who Do Not Live with Their Spouses

Caring for and supporting the elderly at the family level, it found that caring for and supporting the elderly at the family level. Overall, care and support of the elderly at the family level was the highest level. Community/neighbouring care and support were moderate when considering individually, that care and support at the community/neighbor level were at two large levels. Local/governmental care and support were very high level. There was a need for environmental development work for the elderly, including improvements in bathroom conditions, as the toilets are cesspools without handrails.

When you get out of the bathroom, you have to slowly support yourself with one hand to grab a bucket of water. A group of elderly people who do not live with a spouse. There are recommendations in 2 areas: 1) proposals at the community level, joint activities in the community, which during normal times in the community have joint activities, 2) proposals to government agencies. To improve the hygienic and safe bathroom conditions for the elderly, as the floor is slippery and without handrails, it can easily cause accidents, including the addition of handrails. For buoyancy and when using the bathroom in everyday life. There is also a need for the state to promote careers, as work will provide the elderly with a steady income.

### 3.1.4 A Group of Elderly People Living with Three Generations (Elderly, Children, Grandchildren)

Overall, it was found that the need for care and support at the family level was very high. The need for care and support at the kinship level was found. Community/neighbouring care and support was very high level. Local/governmental care and support sector level was very high, private sector support was the lowest level, followed by receiving career promotion from private agencies, private agencies participating in activities or providing economic assistance. A group of elderly people living with three generations have environmental needs, namely, improving the toilet to ensure safety, handrails, and anti-slip floors.

### 3.1.5 Elderly People Living in Cross-Generational Families (Elderly and Grandchildren)

It found that caring for and supporting the elderly at the family level. Overall, elderly have the family level to care them in daily live was at high level. Community/neighbouring care

and support was also high level. Local/governmental care and support were very high level by receiving benefits from government agencies such as subsistence allowances, career promotion, government to take care of their mental state. Private sector support required private agencies take care of the environment suitable for the elderly, safety and hygiene in the household. Elderly people in this group needed for health care, especially those with chronic diseases, for people to come in and have health benefits, and there are offers at the family level. There is a need for children to work close to home so they can be cared for close to each other.

### 3.1.6 Elderly People Staying with Relatives

Caring for and supporting the elderly at the family level found that it was the highest level. Community/neighbouring care and support level were at the three highest levels, sorting the average from the most to the least: support from people in the community, a large level of distress to the neighbors, when sick people in the community/neighbors have taken care. Local/governmental care and support were high level. Private sector support required support from the private sector, followed by illness and health care, received career promotion from private entities. The elderly in this group, totaling 3 people, provided information that living in a rural community is helping each other well, having the care together, walking, visiting, and always asking for redemption. When sick, there are also community health volunteers who always visit, so they feel interdependent. Therefore, there is a need for the government to come in and promote careers.

### *3.2 Curriculum of Self-awareness in Bringing the Parenting Skills of the Aging Population to Early Childhood Using Contemplative Education*

The result showed that 13 respondents in Round 1 were 23.07% of male, 76.92% of female, and 50-75 years of age. They have a higher education, master's degree or higher, and more than 20 years of work experience. The appropriateness and affirm the key elements of the curriculum of self-awareness and early childhood parenting skills: 1) geosocial elements, 2) academic elements, 3) behavioral elements, and 4) individual elements. It was thus eliminated in separating the individual elements to form the 2nd round of Delphi technique questionnaires. Assess appropriateness and confirm key attributes of the curriculum of self-awareness and early childhood parenting skills based on contemplative education confirming 6 key attributes: 1) participation in learning, 2) acceptance of previous experiences, 3) participation in learning development, 4) self-guided learning, 5) aesthetic dialogue, and 6) reflection-critical minds pass the 80% threshold, all elements are considered valid.

Data analysis using Delphi technique Round 2 found that 1) geosocial elements, 2) academic elements, 3) behavioral elements, and 4) individual elements. The situational component of the article, passing the threshold of 80 percent, is considered valid. There are observations and suggestions on the geosocial and behavioral elements in the curriculum of self-awareness and early childhood parenting skills based on the concept of mental intelligence as redundant and individual elements, cultural basis, habituation, habituation, and lifestyle (Figure 1).

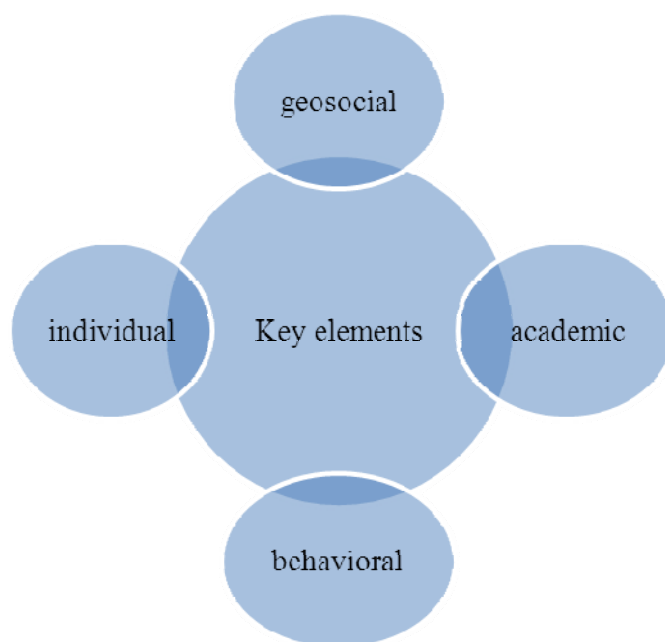


Figure 1. Key elements in early childhood

The data analysis using the Delphi technique Round 3 showed that: examining the feasibility and affirming the curriculum model of self-awareness and early childhood parenting skills. By interviewing to summarize the findings that experts have a consistent opinion, and there is consensus in every direction. The researchers have led course information under component information and key course features.

In conclusion, the first findings of the key elements of the curriculum. It is characterized by flexibility in learning, focus on self-determination, self-determination and self-learning methods. Using a problem-reaching system, listening attentively, and working together to learn is a valuable and acceptable learning characteristic for the elderly. The curriculum has a self-directed learning style. It is an open nature to enriching each other's experiences and is a vital motivation for lifelong learning.

#### **4. Discussion**

A study of patterns for improving the quality of life of the elderly in different family characteristics. The elderly are classified into 6 groups, namely the elderly who live alone, live with their spouses, do not live with a spouse, live with three generations (elderly, sons and grandchildren), live in cross-generational families (seniors and grandchildren), and live with relatives. It was found that the elderly have whole group that can take care of themselves, ability to move the body, self-care in everyday life, able to immerse self in community activities. They can also be relied upon for another age, such as those in cross-generational families who have to take care of their grandchildren while working in different areas, performing both daily care and economic support, and those who still depend on their children and kinship in the same household or community due to health problems.

Lifestyle of the elderly is divided into 3 groups: the first group is dependent children, which is a group of elderly people who can live with good health, take care of themselves in everyday life, often receive respect and care from family members, and can also help take care of family members as well (Chaemchiy et al., 2020). They also participate in community activities. The second group is the dependent group for offspring, usually elderly people who are not healthy. There is a need for dependence from the family to take care of the daily tasks, and the third group is the self-reliance group. The elderly in this group often live with families of a single generation or live alone (Aroonsrimorakot et al., 2019; Mulgan, 2020). They must pursue a career of self-support, as the body can do. They become self-reliant due to lack of children to care for, which can be caused by going to another profession or having a new family (Anantanasuwong, 2021).

The main problems in the living of the elderly, in addition to health problems, are mainly problems with the disease and according to the age changes of the elderly. Economic problems are also the problem that the elderly provide insufficient income. The majority of elderly income comes from elderly living allowances that are not sufficient to sustain their livelihoods due to expenditures that outweigh income, such as being used to pay for food. Travel expenses to get to the hospital etc. In terms of quality of life situation for the elderly, there are 5 groups of elderly people, namely the elderly who live alone. Elderly people who do not live with spouses. Elderly people living with families across generations, and elderly people living with relatives. There is a moderate level of awareness of physical condition and awareness of the mental state to oneself, and only one group, the elderly living with their spouse, have a high level of awareness of their physical condition to themselves. While the perception of the mental state of mind towards oneself as a whole is moderate.

In addition, all six groups of elderly people have a perception of social relations and awareness of the environment. In the context of the community of elderly people in the research, it is a rural community area, which is closely monitored at the community level. The whole system of informal relations includes household relations, kinship. Neighbours who knew each other visited each other. Religious and cultural activities are conducive to giving the elderly a common activity. Community support and formal relationship systems, such as the elderly health care system by local government organizations and community leaders, are central to the gathering of the elderly in the morning and are also a place of dependence on the four factors.

In rural communities also have communication systems that are conducive to recognizing the elderly, including communication through news outlets and neighbors, which gives older people access to information. Psychological aspects, levels of autonomy of individuals, social relations and environment aspects. It's also an important part for the elderly to be aware of. It matters its relationship with other individuals in society (Parmin et al., 2019). Environmental awareness of lifestyle, safety, and well-being, news, social opportunities, and social awareness affect a person's satisfaction with their daily lives.

Therefore, there is a need to focus on working at the community level. The use of critical networks in all sectors of the community, from the family level. Collaboration between



individuals, agencies, and organizations. Most of them have a good relationship with the family system. Neighbouring communities and other community institutions such as temples, community leadership systems, local authorities therefore play an important role in creating positive awareness between the elderly and the social relationships that arise.

Based on information on elderly care and support and the needs of the elderly at the family level. At the community/neighbouring level, it is supportive in terms of social relations. The needs of the elderly at the level of relationships with different groups still require close generosity and good relationships with each other in everyday life. Meanwhile, at the level of government support (Lee, 2021). Older people need for economic support and career promotion. In addition, the 6 groups of elderly people provided minimal information on supportive care and private sector care needs. Comparing to other levels of care in social relations, interviews with older people showed that due to elderly care in rural communities, the care of the elderly in rural communities was not limited to the need for older adults.

Therefore, it is not known and does not require care from this agency. Elderly care to meet the needs of the elderly, i.e., promoting participation in society, feeling part of the community, so that the elderly feels self-worthy. Family members play an important part in supporting and warming up. Reduce anxiety in the lives of the elderly. In addition, professional development, elderly who are still healthy. There is a need and can work to promote income for the elderly, as the elderly also have daily expenditures, including expenditures per child.

Although the patterns characteristic of family living in which the elderly live are different. But in terms of life in rural societies and environments. Older people have similar lifestyle patterns. The way of life is tied to the system of cultural traditions. It is a dependence that connects the livelihoods of rural elderly people, which facilitates informal care for the elderly in the community, providing a safe space for the elderly, both to reduce feelings of mental insecurity. Environmental safety and support for living necessities Although among the elderly with descendants migrated to work in different areas (Lao-Hakosol & Walsh, 2019). Rural society is also a place to build social relationships with other individuals with the elderly and encourages the elderly to have a perception of a good quality of life.

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