

Addressing Social Isolation and Loneliness in Older Adults in Thailand: Strategies for Effective Health Promotion

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Abstract

Thailand officially became a complete aged society in 2023, with over 20% of its population aged 60 and older. This demographic shift brings significant public health concerns, particularly regarding social isolation, which has grown notably among the elderly, especially those living alone. Social isolation, closely linked to loneliness, has been associated with various health risks, including high blood pressure, heart disease, dementia, and mental health issues like anxiety and depression. Research indicates that these conditions elevate mortality rates, making social isolation a pressing issue on par with smoking and obesity. The objectives of this article are to explore the profound impacts of social isolation on older adults, delineate the contributing factors that lead to this issue, propose effective strategies and interventions for its mitigation, showcase case studies and best practices, and provide policy recommendations aimed at promoting social connectedness and enhancing the overall well-being of older populations. Contributing factors, such as living arrangements and social support, are explored, alongside strategies to reduce isolation through community programs, technological solutions, and healthcare interventions. Programs that promote social engagement, digital literacy training, and health screenings for at-risk individuals have shown promise in mitigating loneliness and its associated health risks. Policy recommendations highlight the need for a multi-sectoral approach to address this issue. Efforts should focus on reducing stigma, expanding access to community services, and integrating social support into healthcare. Collaboration among government, healthcare providers, and community organizations is crucial to fostering social connections and improving the overall well-being of older adults in Thailand.

Keywords: social isolation; loneliness; aging society; interventions

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Introduction

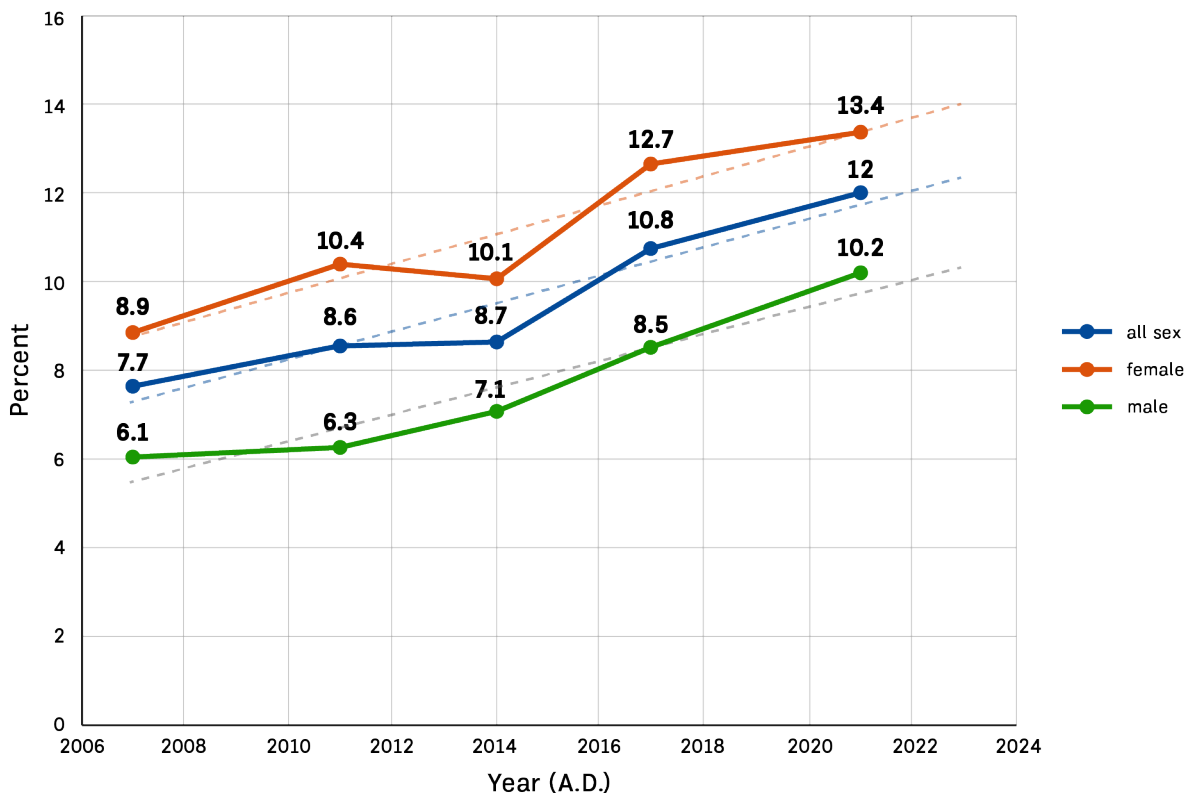
Thailand has been classified as a complete aged society in 2023 since the population aged 60 and older accounted for 20%, while it had been projected to be around 33% in 2024.^(1,2) As the population ages, understanding the potential risks associated with this demographic shift becomes crucial for the future of Thailand’s public health system. One of the health risks that should be addressed in order to prevent the negative impacts is the social isolation problem.

The 2021 survey conducted by the Ministry of Digital Economy and Society in Thailand revealed a significant increase in the number of older adults living alone, quadrupled over the past 30 years. (Figure 1)⁽³⁾ This leads to concern of social isolation

and loneliness among older adults. There is a positive correlation between social isolation and loneliness. Social isolation refers to a state where individuals experience minimal interaction with supportive and close-knit communities, whereas loneliness is the feeling associated with this lack of social connection.^(4,5) A study by Phuangcharoen and Thayansin, published in 2021, found that 96.2% of older adults living alone experienced moderate levels of loneliness, a rate nearly seven times higher than that of older adults living in three-generation family households.⁽⁶⁾

Social isolation has been extensively linked to detrimental impacts on physical health, including an increased risk of conditions such as high blood pressure, heart disease, obesity, and dementia. Concurrently, it significantly

Figure 1 Rising trend of percentage of adult who live alone⁽³⁾



affects mental health, contributing to heightened levels of anxiety and depression. These combined effects have been shown to correlate with premature mortality rates, putting social isolation on par with risk factors like smoking, obesity, and physical inactivity in terms of their impact on life expectancy.^(7,8)

While the importance of addressing social isolation is evident, there is currently a lack of synthesized literature that provides practitioners and policymakers with a comprehensive understanding of the impacts of loneliness and social isolation, as well as effective strategies for mitigating these issues. This gap highlights the need for further research to consolidate evidence-based interventions and facilitate their application in real-world settings.

The objectives of this article are to explore the profound impacts of social isolation on older adults, delineate the contributing factors that lead to this issue, propose effective strategies and interventions for its mitigation, showcase case studies and best practices, and provide policy recommendations aimed at promoting social connectedness and enhancing the overall well-being of older populations.

Impact of Social Isolation on Health

Physical health effects

Social isolation and loneliness significantly increase the risk of various health issues in older adults. Research indicates that loneliness is associated with elevated blood pressure and contributes to obesity, heart disease, and dementia. Approximately 30% of older adults experience these conditions due to social disconnection,

which also correlates with higher mortality rates from cardiovascular diseases.⁽⁹⁻¹⁴⁾

High blood pressure and heart disease

Longitudinal studies have shown that loneliness predicts increases in systolic blood pressure over time, with higher initial levels of loneliness associated with greater increases in blood pressure over a 4-year period. This effect was found to be independent of age, gender, race/ethnicity, cardiovascular risk factors, medications, health conditions, and other psychosocial variables.⁽¹⁵⁾

The mechanisms by which social isolation and loneliness influence blood pressure are not fully understood, but research suggests that these experiences may activate the hypothalamic-pituitary-adrenal axis and the sympathetic nervous system, leading to enhanced inflammation and oxidative stress. Over time, this chronic stress response may contribute to the development of atherosclerosis and increased total peripheral resistance, ultimately resulting in arterial stiffening and elevated systolic blood pressure. Meta-analyses have found loneliness to be associated with exaggerated blood pressure and inflammatory reactivity to acute stress.^(16,7) Social isolation and loneliness have also been linked to higher resting heart rate, unfavorable cholesterol parameters, and dysregulation of neuroendocrine and inflammatory processes.⁽⁷⁾

Moreover, loneliness and social isolation are associated with inflammation and endothelial dysfunction, both of which are critical in the development of atherosclerosis. Inflammatory markers, such as C-reactive protein (CRP), are often elevated in socially isolated individuals, contributing to vascular damage and the progression of heart disease.⁽¹⁸⁾

Dementia

A study involving 5,022 older adults (aged 65 and above) found that socially isolated individuals had a 27% higher risk of developing dementia over a nine-year period compared to those who were not socially isolated.⁽¹⁸⁾ Another study indicated that loneliness is associated with a 40% increased risk of developing dementia in individuals aged 50 and older, after controlling for various risk factors. A meta-analysis also suggested that prolonged loneliness and social isolation could increase dementia risk by 49-60% compared to those without these experiences.⁽¹⁹⁾ Even though the mechanism of development of dementia regarding social isolation is not yet to be solidified, there are some interesting theories to explain its mechanism. First theory is described by alteration in brain structure where loneliness is linked to higher levels of brain amyloid and accumulation of tau protein, which are pathological changes associated with Alzheimer's disease.⁽⁷⁾ Second theory explains through an increase in activity of the hypothalamic-pituitary-adrenal (HPA) axis and hypercortisolism by chronic stress, contributing to neuroinflammation and neurodegeneration^(19,20) The other theory is described by reduction of activation and maintenance of brain network that could be enhanced by social interaction and engagement, hence lead to cognitive decline.⁽⁷⁾

Mental health effects

Social isolation is a significant factor contributing to mental health issues, with research showing that around one-third of individuals in industrialized nations report feeling socially isolated. This state is associated with elevated rates of depression and anxiety; for instance, those experiencing severe loneliness are at

a substantially higher risk — up to 42.3 times greater for worsening depression and 22.2 times for increased anxiety symptoms among frequently lonely individuals.^(21,22)

On the other hand, mental health conditions such as depression and anxiety can also lead to social withdrawal and isolation. Depression often manifests as a lack of motivation, diminished energy, and difficulty maintaining social connections, which can reinforce a cycle of loneliness and worsening mental health.⁽²³⁾

The neurobiological mechanisms underlying depression and anxiety related to social isolation are complex. Activation of the hypothalamic-pituitary-adrenal (HPA) axis due to social isolation triggers chronic stress responses, which can disrupt neuroendocrine functions. This dysregulation leads to heightened anxiety and depressive symptoms as individuals become hyper-vigilant to perceived threats, resulting in increased hostility and social withdrawal.

Furthermore, social isolation has been linked to inflammatory processes that may worsen mental health conditions. Research indicates that elevated levels of inflammatory markers, such as C-reactive protein, correlate with feelings of loneliness and depression. This inflammation can adversely affect brain function, impairing emotional regulation and potentially leading to cognitive decline and an increased risk of mental health disorders.^(22,24)

Strategies for Reducing Social Isolation

Social isolation has significant implications for both individual and public health. Chronic

isolation is associated with an increased risk of physical and mental health issues as stated above. Additionally, socially isolated individuals are less likely to seek medical care, which exacerbates health conditions. Addressing social isolation not only improves quality of life but also reduces healthcare burdens and strengthens community resilience. Therefore, a concerted effort is necessary to create a healthier, more connected society.

However, managing social isolation requires a collaborative approach, as it cannot be effectively addressed by a single organization alone. A range of strategies needs to be implemented simultaneously by the community, private sector, healthcare providers, and other relevant stakeholders. This section will outline several strategies that could be employed to mitigate this issue.

Community-based interventions

1. Social clubs and group activities

Various studies have highlighted the effectiveness of group-based activities in lowering levels of loneliness and social isolation.⁽²⁵⁾ By using this method as a basis of building community engagement through social clubs such as sports clubs or other activities for retired elders could reinforce the sense of connection and belonging among the older adults.

2. Volunteer programs

Voluntary activity in older adults has been proven to improve general health and well-being, help reduce stress and gain a sense of purpose along with a sense of connectedness and community, and network.⁽²⁶⁾ Therefore, volunteer programs that engage older adults to provide a sense of purpose and improve social networks should be established in the community.

3. Intergenerational programs

Initiatives that connect older adults with younger generations can foster relationships and reduce loneliness. Such programs have been effective in enhancing mutual understanding and emotional support between age groups, thus alleviating social isolation.⁽²⁷⁾

Technological solutions

1. Digital literacy training

Training older adults in digital skills is critical for enabling their participation in online communities and services. Studies show that improved digital literacy leads to increased social interaction and access to resources, which can mitigate feelings of loneliness.⁽²⁷⁾

2. Online social networks and platforms

Online social platforms have the potential to bridge the gap between individuals, particularly older adults whose children have relocated for work opportunities. These platforms can facilitate the maintenance of strong relationships between elders who remain in their hometowns and their children working in urban centers.⁽²⁸⁾ Therefore, supporting the use of social networks could potentially be a part of the solution.

Health care initiatives

1. Screening and identifying at-risk individuals

Screening is fundamental in identifying older adults who are at risk of social isolation. This process involves assessing various factors such as living conditions, social networks, and psychological well-being. Tools like the Lubben Social Network Scale can be utilized to evaluate the extent of an individual's social connections. Early identification allows healthcare providers to tailor interventions that address specific needs, thus improving overall well-being and reducing feelings of loneliness.^(29,30)

2. Integrating social health into medical care

Integrating social health into medical care involves recognizing that health outcomes are influenced by social factors. This approach can be operationalized through social prescription programs, which connect patients with community resources that address their social needs. For instance, healthcare providers can refer patients to local groups or activities that foster social engagement. Evidence suggests that such integration not only enhances the quality of life for older adults but also contributes to better health outcomes by addressing the root causes of social isolation.^(29,31)

3. Collaboration with social workers and psychologists

Collaboration with social workers and psychologists is essential for a holistic approach to combating social isolation. These professionals can provide valuable insights into the psychosocial aspects of aging, helping to develop targeted interventions that promote social interaction and emotional support. For example, mental health services can address underlying issues such as depression or anxiety that may contribute to isolation. Furthermore, interdisciplinary teams can create comprehensive care plans that incorporate both medical and social strategies, ensuring that older adults receive well-rounded support.^(31,32)

Barriers to Addressing Social Isolation and Loneliness

Barriers to addressing social isolation and loneliness among older adults in Thailand that could interfere the effectiveness of those core strategies that would be use as main engines of recommended policies are multifaceted and

deeply ingrained in societal, structural, and economic factors. These barriers hinder efforts to combat the negative health and psychological impacts associated with isolation. A combination of cultural stigma, limited accessibility, and inadequate resources plays a significant role in perpetuating loneliness among the elderly population. Addressing these challenges requires a comprehensive approach that considers the unique cultural context, improves accessibility to essential services, and increases funding and resources for targeted intervention programs.

Cultural stigma

Cultural perceptions regarding aging can contribute to the stigma surrounding social isolation and loneliness. Older adults may feel reluctant to disclose their feelings of loneliness due to fear of being perceived as burdensome or weak. This stigma can prevent them from seeking help or participating in community programs designed to foster social connections. The collectivist nature of Thai society emphasizes family and community ties, which can further complicate the acknowledgment of loneliness as a legitimate concern rather than a personal failure.⁽³³⁾

Accessibility issues

Accessibility presents a critical barrier for many older adults in Thailand. Geographic disparities, especially in rural areas, can limit access to social services and community engagement opportunities. Transportation challenges often hinder older adults from participating in social activities or accessing healthcare services that could alleviate feelings of isolation. Additionally, technological barriers can prevent older adults from utilizing digital platforms for social interaction, further exacerbating their sense of isolation.^(34,35)

Policy Recommendations

While the negative impacts of isolation on mental and physical health are well-documented, overcoming these challenges involves coordinated efforts across multiple sectors, including healthcare, community organizations, and government agencies. Effective policy interventions must not only target the root causes of isolation but also provide practical solutions that enhance accessibility, reduce stigma, and foster meaningful social connections. The following policy recommendations outline strategies to create a more inclusive, supportive environment for Thailand's aging population, ensuring that older adults can maintain social ties and improve their quality of life.

1. Raise awareness and reduce cultural stigma

Public education campaigns: Launch national and local campaigns aimed at raising awareness about social isolation and loneliness, particularly in aging populations. These campaigns should normalize conversations around loneliness and reduce the stigma associated with seeking help.

Encourage family involvement: Promote intergenerational communication within families to reduce isolation, with government incentives for families engaging in activities with elderly members.

2. Increase accessibility to services and programs

Expand community centers: Develop more accessible community centers in rural and underserved areas, offering transportation services for older adults to attend group activities and healthcare services.

Mobile social services: Implement mobile outreach programs that deliver social services directly to rural and isolated elderly populations.

This can include home visits, mobile health clinics, and social engagement programs.

Subsidized transportation: Introduce government-funded transportation vouchers or subsidies specifically for older adults to facilitate their attendance at social activities, healthcare appointments, and community services.

3. Promote digital inclusion

Digital literacy training programs: Establish free or subsidized digital literacy training for older adults to help them engage with online platforms for social interaction, access telemedicine, and maintain family connections.

Provide affordable technology: Collaborate with tech companies to supply affordable or free devices, such as smartphones or tablets, to elderly individuals, especially in rural areas.

Develop senior-friendly platforms: Support the development of user-friendly online social platforms tailored to the needs of older adults, promoting ease of use and social interaction.

4. Strengthen health care integration and support networks

Social prescriptions in healthcare: Implement a nationwide program that allows healthcare providers to prescribe social activities or refer older adults to community services that combat isolation. This should be integrated into routine health check-ups, especially for those at risk.

Expand mental health services: Increase access to mental health services by integrating social workers and psychologists into primary care settings. These professionals can help older adults address loneliness-related mental health issues like depression and anxiety.

Screening for social isolation: Make screening for social isolation a standard practice during

healthcare visits, especially for older adults, to identify at-risk individuals and offer tailored interventions.

5. Encourage volunteering and intergenerational programs

Volunteer incentive programs: Encourage volunteerism among older adults by offering tax benefits, recognition awards, or small stipends. This can enhance their sense of purpose while fostering community bonds.

Support intergenerational programs: Promote intergenerational programs that connect older adults with younger generations in schools, community centers, and workplaces. Government grants can be provided to schools and organizations that participate in such programs.

6. Invest in rural infrastructure and services

Infrastructure development for rural areas: Invest in improving rural infrastructure, including transportation, healthcare facilities, and digital connectivity. This can reduce geographic barriers that limit older adults' access to essential services.

Decentralized healthcare: Strengthen local healthcare systems by providing more resources and training for rural healthcare workers to identify and address social isolation and loneliness in older populations.

7. Increase funding and resources for targeted interventions

Government grants and funding: allocate more government funding to programs and non-profit organizations dedicated to tackling social isolation among older adults. Priority should be given to initiatives focusing on rural and low-income populations.

Public-private partnerships: foster collaborations among government agencies, private companies, and non-profits to develop and

fund innovative solutions for social isolation, such as tech-driven projects, community centers, and mental health services.

Conclusion and Perspective

The growing prevalence of social isolation and loneliness among older adults in Thailand poses significant risks to their physical and mental health. Key findings indicate that social isolation correlates with heightened rates of chronic conditions such as high blood pressure, heart disease, and dementia, while also contributing to increased anxiety and depression. The cultural stigma surrounding these issues further complicates the ability of older adults to seek help, highlighting the urgent need for effective interventions.

Addressing social isolation requires a multi-faceted approach that encompasses community engagement, technological solutions, and healthcare integration. Strategies such as enhancing accessibility to services, promoting digital literacy, and encouraging intergenerational interactions are vital for fostering social connections among older adults. Additionally, collaboration among healthcare providers, policymakers, and community organizations is essential to create a supportive environment that prioritizes the well-being of the aging population.

To effectively combat social isolation and its adverse effects, a call to action is necessary for health professionals, policymakers, and communities alike. Health professionals should incorporate screenings for social isolation into routine care and develop targeted interventions, while policymakers must allocate resources and support initiatives that enhance accessibility and

reduce stigma. Communities should foster inclusive environments that encourage engagement among older adults, ensuring that they can maintain meaningful social connections and improve their quality of life.

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การแก้ไขปัญหาการแยกตัวทางสังคมและความเหงาในผู้สูงอายุในประเทศไทย: กลยุทธ์เพื่อการส่งเสริมสุขภาพอย่างมีประสิทธิภาพ

ฟิลิปปงศ์ ปิยะปัญญามงคล

คณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย

บทคัดย่อ

ประเทศไทยได้ก้าวสู่สังคมสูงวัยโดยสมบูรณ์ในปี พ.ศ. 2566 โดยมีประชากรที่มีอายุ 60 ปีขึ้นไปมากกว่าร้อยละ 20 ของจำนวนประชากรทั้งหมด การเปลี่ยนแปลงทางประชากรศาสตร์นี้ได้นำมาซึ่งความกังวลด้านสาธารณสุขอย่างมีนัยสำคัญ โดยเฉพาะในเรื่องของการแยกตัวทางสังคมที่เพิ่มขึ้นอย่างเห็นได้ชัดในผู้สูงอายุ โดยเฉพาะกลุ่มที่อาศัยอยู่ตามลำพัง การแยกตัวทางสังคมซึ่งมีความเกี่ยวข้องอย่างใกล้ชิดกับความเหงา มีความสัมพันธ์กับความเสี่ยงด้านสุขภาพหลายประการ เช่น ความดันโลหิตสูง โรคหัวใจ ภาวะสมองเสื่อม รวมถึงปัญหาสุขภาพจิต เช่น ความวิตกกังวลและภาวะซึมเศร้า งานวิจัยได้ชี้ให้เห็นว่าสถานะเหล่านี้มีส่วนทำให้เพิ่มอัตราการเสียชีวิต ทำให้ปัญหาการแยกตัวทางสังคมกลายเป็นประเด็นสำคัญที่เทียบเคียงได้กับการสูบบุหรี่และโรคอ้วน โดยบทความนี้มีวัตถุประสงค์คือการศึกษาและวิเคราะห์ผลกระทบเชิงลึกของการแยกตัวทางสังคมต่อผู้สูงอายุ ระบุปัจจัยที่ส่งผลให้เกิดปัญหาดังกล่าว เสนอแนวทางและมาตรการที่มีประสิทธิภาพในการแก้ไขปัญหานี้ นำเสนอตัวอย่างกรณีศึกษาและแนวปฏิบัติที่ดี รวมถึงให้ข้อเสนอแนะเชิงนโยบายที่มุ่งเน้นการส่งเสริมความเชื่อมโยงทางสังคมและยกระดับคุณภาพชีวิตของประชากรผู้สูงอายุในภาพรวม โดยวิเคราะห์ปัจจัยที่มีส่วนเกี่ยวข้อง เช่น สภาพการอยู่อาศัยและการสนับสนุนทางสังคม พร้อมทั้งนำเสนอแนวทางในการลดการแยกตัวทางสังคมผ่านโครงการชุมชน การใช้เทคโนโลยี และมาตรการทางการแพทย์ โครงการที่ส่งเสริมการมีส่วนร่วมทางสังคม การฝึกทักษะด้านดิจิทัล และการตรวจสุขภาพสำหรับผู้ที่ยังเสี่ยงต่อการแยกตัวได้แสดงผลที่น่าพอใจในการลดความเหงาและความเสี่ยงต่อสุขภาพที่เกี่ยวข้อง ข้อเสนอแนะด้านนโยบายได้เน้นถึงความจำเป็นในการใช้แนวทางแบบหลายภาคส่วนในการแก้ไขปัญหานี้ โดยควรมุ่งเน้นที่การลดการตีตรา ขยายการเข้าถึงบริการชุมชน และบูรณาการการสนับสนุนทางสังคมเข้ากับระบบการดูแลสุขภาพ ความร่วมมือระหว่างรัฐบาล ผู้ให้บริการด้านสุขภาพ และองค์กรชุมชนเป็นสิ่งสำคัญในการสร้างความเชื่อมโยงทางสังคมและยกระดับความเป็นอยู่ที่ดีของผู้สูงอายุในประเทศไทย

คำสำคัญ: การแยกตัวทางสังคม; ความเหงา; สังคมผู้สูงอายุ; มาตรการรับมือ