

Elderly care by village health volunteers during COVID-19 pandemic in Thailand

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Abstract

Purpose: This study aimed to understand how village health volunteers (VHV) perform their duties and look after older adults during the COVID-19 pandemic health crisis. **Methods:** We used in-depth interviews, group interviews, and observation to collect the data. This study was carried out in Wat Rong Lot, Chiang Rai, Thailand. Eleven people were involved in this research including one Public Health Department officer, Master of the Temple, five VHVs, one nurse, and three older adults in the community. We used content analysis to analyze our data. **Results:** Before the pandemic, VHV's duties included health screening and monitoring, reporting the results to the primary health center, and health education to the older adults in the community. During the pandemic, they perform these duties by making a monthly visit to conduct ADL and living arrangement assessment and drug delivery. Since the lockdown, many VHV duties must be shifted which resulted in pausing regular care plans for the elderly. However, VHVs keep delivering health services to the elderly by making home visits in case of an emergency, drug delivery, and donating masks and medical supplies. They were burdened with additional responsibilities related to COVID-19 prevention, detection, and surveillance. They admitted to facing some challenges such as being unconfident when performing their work and distrust from the community. **Conclusion:** The additional responsibilities and lockdown hinder regular treatment. Further research is needed regarding the impact of care plan cessation for the elderly.

Keywords: COVID-19; elderly care; village health volunteer

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INTRODUCTION

The COVID-19 pandemic has impacted healthcare access for older adults with medical conditions. Older adults who generally experience a decline in health conditions require special attention to access healthcare, especially during the lockdown. Several studies showed that older adults who live in rural areas have limited access to healthcare [1-3]. Several key factors affect elderly people accessing health services including transportation, financial constraints, and companionship. Disadvantaged people are even facing

the worst circumstances, they are unable to access healthcare unless healthcare professionals visit them in their homes [4]. A review by Douthit et al. showing similar results, they suggested cultural perceptions, transportation barriers, scarcity of hospitals and clinics, financial constraints, and lack of technological development are factors inhibiting people in rural areas from accessing healthcare [5].

Fortunately, Thailand's health system allows healthcare delivery accessible to the smallest unit at the village level. The Thai government has initiated a program that involves volunteers playing an active role

as health agents in the community called Village Health Volunteers (VHV) [6]. They are managed by the Ministry of Public Health. The purpose of VHV is to increase the quality of life for the people in the community. They are a crucial part of implementing the Ministry of Public Health Policy [7]. Each VHV is responsible for 10 households in the community [6]. Their main duties include delivering health education to the villagers, recording the number of pregnancies, deaths, and migrations, introducing Primary Health Care to the community, weighing preschool children and delivering food for malnourished children, supplying medicines, first aid treatment, and delivering birth control programs [8].

Along with the increasing number of elderly people in Thailand, VHVs are expected to play significant roles in elderly care. Their involvement in elderly care including home visits promotes health development [9], provides information on primary health care, diminishes loneliness, and encourages them to engage in physical activities and interact with the community [10]. Their significant roles in elderly care are considered as a solution to various healthcare access problems such as insufficient bed capacities in health facilities, unequal distribution of health professionals, and the increasing number of elderly living alone [11]. In rural areas, specifically, the presence of VHVs is imperative to solve healthcare access problems including transportation and financial problems.

The existence of village health volunteers greatly benefits the rural community in Thailand. During COVID-19, the implementation of social restrictions might affect VHVs in performing their duties. However, the research exploring elderly care by VHVs in rural areas of Thailand is still absent. This research is trying to give insight into elderly care by VHVs in Thailand's rural areas during the COVID-19 lockdown and how social restrictions affect their performance in elderly care.

METHODS

This is qualitative descriptive research. We used in-depth interviews, group interviews, and observation for data collection to explore elderly care by VHVs in Wat Rong Lot. Considering the time and workload during a pandemic, group interview was viewed as the most suitable data collection technique. We developed an interview guide that tried to explore the duties of VHV before and after the pandemic, specific programs for elderly care before and after the pandemic, and challenges in elderly care.

We conducted our research in September 2020 in Wat Rong Lot, Chiang Rai Province. Wat Rong Lot is located on the border of Thailand with Myanmar which makes this rural area very susceptible to COVID-19 transmission by immigrants. Data were collected through in-depth interviews, group interviews, and observations. We used snowball sampling to select study participants. First, we targeted government officials, particularly from the Ministry of Public Health, as the institution that manages the VHV program. Later, we asked their help to gather VHVs in Wat Rong Lot to join a group interview discussing their difficulties performing elderly care during lockdown. In addition, we were advised to interview the respected community leader who assisted the VHVs in the community for elderly care during the lockdown. We were recommended to interview the Master of the Temple who has helped the VHVs perform elderly care in the Wat Rong Lot community. Furthermore, we were referred to participate in home visits to the elderly houses along with the Ministry of Public Health personnel, a registered nurse, and several VHVs.

The interviews were in Thai and translated into English. All interviews were recorded with the permission of the participants. All participant's identities are protected in this research. The researcher made field notes to highlight key information from the informants and when making home visits to the elderly houses.

To ensure the consistency of the data, we used methodology triangulation and data triangulation. We involved various resources from government officials, VHVs, and the elderly in the community to corroborate the data. Moreover, we employed several data collection methods including in-depth interviews, group interviews, and observations. We transcribed the interviews, reviewed the field notes, and grouped the data thematically into three themes: elderly care by VHV, VHV elderly care plan during lockdown, and temple-based community.

Table 1. Data collection details

Participants	Data collection technique	Duration
Department of Public Health officer (1 person)	In-depth interview	2 hours
Master of the Temple (1 person)	In-depth interview	1 hour
Village health volunteers and nurse (6 people)	Group interview	1 hour
Older adults in the community (3 people)	Observation	1 hour

RESULTS

Demographic of participants

Eight people participated in this study for in-depth and group interviews. They were a Department of Public Health officer, the Master of the Temple, a registered nurse, and six VHVs (all females). We participated in-home care along with the VHVs team (consisting of VHVs and a registered nurse) at three elderly houses in the community (details in **Table 1**). Those three elderly are home-bound elderly who live alone and suffering cancer and two bedridden elderly people (both disabled).

Elderly care by VHV

The VHVs divide the elderly into three categories based on their health condition. Each category requires different treatment. The elderly categories include:

1. **Healthy elderly:** This category of elderly who like to socialize and be involved in community activities. VHVs provide weekly elderly schools to create social activities and to dispel loneliness. The activities in the elderly school include health check-ups, disease prevention knowledge, and physical activities.
2. **Home-bound elderly:** This category consists of healthy elderly but not very sociable, and unhealthy elderly who have to stay home. VHVs will visit their home to monitor their health and support them. VHVs also give their phone number in case they encounter any health problems. Further, VHVs will visit them and the leader of VHV will contact primary healthcare so they can check the drug and perform appropriate medication.
3. **Bedridden elderly:** VHVs regularly visit them and monitor their health. They visit them as a team (nurse, physical therapist, physician, etc). They also make a connection with the family members and provide them with medical supplies.

VHVs have two main duties, including delivering health information and education (health promotion and prevention) from the Ministry of Public Health and following care plans such as screening and monitoring the health of the people in the Wat Rong Lot community. They are responsible for performing this duty to the ten households under their responsibilities. Further, the VHVs send the report through an online application developed by the Ministry of Public Health to support their work. This application consists of health information and questionnaires for health reports. The questionnaires allow them to send the report to the

primary care center, which will be forwarded to the Ministry of Public Health. The application also provides basic health information for them to deliver to the community such as dengue prevention, vaccinations, etc.

VHVs have encountered two major challenges in performing their duties in elderly care. First, new VHVs admitted that they are scared to take care of the elderly because they require careful treatment. Later, more experienced VHVs guide them step by step on how to take care of the elderly and monitor their performance. Second, the elderly's families distrust them in the beginning since they do not possess a medical background. Nevertheless, the VHVs started to gain their trust after they showed their skills in caring for the elderly. Moreover, they are accompanied by a nurse every time they make a home visit.

Care plan intermission during lockdown

Since the COVID-19 pandemic lockdown in March 2020, all elderly care plans have been paused for all three categories of elderly. However, under emergency circumstances, the family members are allowed to request assistance from the VHV to monitor their health.

"They canceled the care plan in the COVID-19. Canceled. It's stopped, it's paused for social distancing. So, the duty of caring elderly belongs to the family member. If they have a problem they report to VHV but they paused this time, during this time. In case a family member reports to VHV, they will come. If their family members do not report, they will not come." (Department of Public Health officer)

The VHVs must adjust their work during the COVID-19 pandemic. Since the lockdown began, they have changed the health information delivery method to a door-to-door method which formerly performed every Saturday in community events. They made home visits to conduct health screening, blood testing, detecting and treating chronic disease. They also improve medical accessibility by delivering drugs from the pharmacy to elderly people's homes since people limit their visits to hospitals to avoid coronavirus transmission. However, drug delivery services are only available for poor people or patients with mild symptoms who live in remote areas. People with severe symptoms have to visit a physician in the primary healthcare or hospital.

"The doctor in primary healthcare will check the drug or the medicine. The doctor will contact and talk with

VHV. And if they have a drug problem, they will change the drug and be delivered by VHV. So, the doctor will not come to the household. And in the worst case, they will contact VHV to send this patient to the hospital. (Department of Public Health officer)

Besides having obligations to the household, they also have obligations to the community. They acted as the first line of defense against COVID-19 in the community. They are taking a crucial role in early detection, finding active cases, contact tracing, and monitoring quarantine for PUI (people under investigation) daily. Moreover, they are scheduled to perform a temperature check for the people who passed the main road along with health personnel, police officers, and VHVs from other areas in the district during the lockdown. Furthermore, they check the temperature at funeral events or other community events. This measure was taken to reduce the number of virus transmissions in the community.

VHVs admitted having difficulties performing their job working through video conferences for online meetings. Either monthly meetings at the district level or community level, all executed in online format. They admitted that video conferences are something new for them and they found it challenging to be practiced.

The role of the temple-based community

In terms of respected community leaders, both VHVs and the government official referred us to interview the master of the temple. The master of the temple plays an important role in shaping the Buddhist medical approach in the Wat Rong Lot community. The government officials admitted that the temple has influential effects in changing the community mindset in elderly care.

He transformed the temple to provide more valuable things for the community members in need. Instead of food for daily offerings, the master of Wat Rong Lot temple requests medical supplies and necessities for poor and unhealthy elderly people such as adult diapers, tissues, oxygen tanks, wheelchairs, hospital beds, masks, etc. The temple in Wat Rong Lot has one medical center where they keep the medical supplies needed by the community. They set up a borrowing procedure that allows the community to get free medical supply assistance. The community member who needs medical supply assistance must show a document signed by the village leader or primary healthcare. Further, if the people who needed medical supplies had passed away, the family member would

return the devices to the temple. Consequently, the supplies available in the temple medical center become excessive, so they expand their support to other communities and other sub-districts.

The social movement attracts many people to actively help other people inside and outside Wat Rong Lot and to participate in serving the community including VHV. The VHVs stated that their job as VHV is a manifestation of spiritual service. Community service provides them with a great deal of happiness and fulfillment.

“The reason they become to VHV is because they want to do something good. It’s out of the duty they have to do, but in this group, they want to do something for the people, they want to do good so they feel happy to be VHV.” (VHV 1)

DISCUSSION

This research aimed to understand how VHVs deliver their duties and look after the elderly during the COVID-19 health crisis. Our findings showed that elderly care was paused during the COVID-19 lockdown to protect them from COVID-19 infection. VHVs keep performing their duties to the community by providing on-call service and drug delivery. Moreover, as the first line of defense against health threats in Thailand, they were burdened with additional duties related to COVID-19 prevention and tracing. VHV is known for providing support in dealing with public health problems [12]. The increased workload coupled with the age of VHV, which is generally 50+, may increase the risk of contracting COVID-19 due to fatigue. Research by Watanabe & Chompikul found that 68.6% of VHVs who participated in their study were 50+ years old. The younger generation has migrated to work in the cities and left the older generation to be VHV [9]. Being the frontline of COVID-19 case suppression and included in the vulnerable age group, they are exposed to a greater risk of being infected with the virus. The government needs to have a special strategy to ensure that VHV is well protected.

This research found that considering their age, working online is a challenge for many VHVs. This finding is similar to another research that reported many VHVs facing difficulties filling out the reports in the computer system which affects older VHVs who have poor skill in gadget use [12,13]. A study by Wang found senior people tend to forget how to operate their

smartphones due to reducing memory capacity [14]. Another study shows that they are reluctant to learn how to use smartphones because of mild cognitive impairments [15].

We also found that the VHVs are facing distrust from family members to take care of the elderly due to the absence of medical backgrounds. Nopanitaya et al. explained that most training courses for VHV from public health officers are delivered in the classroom and lack practice. There was no quality control of their performance therefore they felt unconfident [8]. Insufficient knowledge and skills make them feel confident to take care of the elderly [11]. Nevertheless, registered nurses (RN) play roles in ensuring the quality of care by VHVs through monitoring and evaluating their performance when making home visits [16]. The presence of public health officers affects the community's perception of VHV's capacity. It enhanced their credibility which resulted in gaining the trust and respect of the community [12].

The result shows the temple plays a significant role in attracting and shaping the mindset of service for community health volunteers. It is widely known in Thai culture to support each other through donations to the poor or less fortunate people. Buddhist monks are involved in health promotion and education, especially in rural areas. Thai people comply with the monks since they are respected according to their culture and beliefs [7]. Research by Kowitt et al. described VHVs working with a "service mind" as part of the Thai collectivist culture to help others [12]. Service mind is deemed to be the crucial factor in creating successful health programs for the community. Their knowledge about the community they serve helps them to perform their duties. Community networks in community health activities are beneficial to provide a service system for the elderly [17].

CONCLUSION

This study is trying to highlight the VHV's performance in elderly care during the COVID-19 pandemic health crisis. This study found that VHVs, as the frontline of defense against COVID-19 in Thailand, tried to perform their regular duties of taking care of the elderly despite additional duties combating COVID-19. They perform their duties differently due to lockdown regulations and try to improvise the way they perform their jobs. Collaborative work between VHVs, government officials, and the community is an

important factor in tackling health problems in the Wat Rong Lot community.

A significant limitation of this research was the language barrier. The translator explains the information in summary. Therefore, the researcher could not know the full details of what the informants were saying and missed some key information that was probably crucial. It is imperative to conduct further studies to explore the impact of lockdowns on the elderly's health treatment.

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