

KEY THEMES AND ASPECTS OF URBAN HOUSING MANAGEMENT FOR AGING IN PLACE IN THAILAND

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Abstract: Urban environments in Thailand face twin challenges from the accelerating ageing of the population and a competitive, tourism-driven housing market. Where foreign investment and short-term rentals undermine housing affordability, effective urban management strategies are critical for ensuring successful ageing in place. This qualitative research, containing a case study, was purposed to explain the key themes and aspects of urban housing management for ageing in place among older adults residing in their original communities. The study was conducted in 19 communities within Kathu Municipality, Phuket Province. Data were collected through secondary data review, brainstorming sessions, and focus group discussions with key informants. These informants included 19 older adults aged 60 and above who are community leaders, and 20 representatives from urban housing management agencies. The data were analyzed using content analysis. The findings reveal that the key themes and aspects of urban housing management for ageing in place among older adults consisted of three main components. First, structural components comprise four subcomponents: (1) clarity of government policy support, (2) collaboration and participation among public, private, and civil society sectors, (3) allocation of resources and financial support, and (4) understanding of needs and contextual situations. Second, mechanism components comprise (1) mechanisms for managing age-friendly environments and (2) mechanisms for enhancing value and potential. Finally, outcome components comprise three elements: (1) improvement of health and quality of life, (2) promotion of equity and accessibility, and (3) responses to diverse needs

Keywords: themes, aspects, urban, housing, ageing in place

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INTRODUCTION

Ageing in place refers to the ability of older adults to live safely, independently, and comfortably in their own homes and communities for as long as possible (Kobe, 2004; Yonghencharoen & Pongpatrachai, 2021). This concept has gained increasing attention at both the policy and local levels (Forsyth et al., 2019), particularly in developing countries experiencing rapid urbanization, economic expansion, and high levels of investment—factors that significantly influence the feasibility of aging in place. Although most older adults prefer to remain in their original homes and communities rather than relocate to institutional care facilities (Badawoud et al., 2024), urban environments in the 21st century face challenges in creating resilient cities (Han et al., 2025). The continuous growth of urban economies and activities has led to transformations in urban ecosystems (Vallecillo et al., 2020), with increasing population density and aging demographics posing significant challenges (Haase et al., 2014; Han et al., 2025; Pandey & Ghosh, 2023).

These changes affect the availability and affordability of housing, partly due to foreign investment and real estate development, which drive property prices beyond the income levels of urban residents. Additionally, the rise of short-term rental models has further inflated property values, impacting local communities (Alberti et al., 2019).

Moreover, the living arrangements and lifestyles of the elderly have undergone notable changes. According to the Department of Older Persons (2023), over the past 30 years, the proportion of the elderly in Thailand living alone or only with a spouse has steadily increased. In 1994, 3.60% of older adults lived alone, rising to 11.99% in 2021. Similarly, the proportion of older adults living solely with a spouse increased from 16.98% in 2002 to 24.03%.

Government policies addressing housing for older adults have been outlined in the Second National Plan for the Elderly (2002–2021), which was aimed to develop systems for elder care and prepare for an aging society across four dimensions: health, economy, society, and environment—including housing. Older adults are thus recognized as a special population requiring targeted support. However, most interventions have been reactive rather than preventive

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(Tananpang & Sonsuphap, 2022; Butsri, 2022), and housing designs often fail to accommodate the physical needs of older adults (Forsyth et al., 2019), leading to limitations in daily activities and increased risk of falls (Yampheng et al., 2023). Environmental factors such as economic status, housing conditions, social relationships, access to medical services, and community service connectivity also play complex and individualized roles in aging in place. Therefore, elder care management cannot rely on addressing a single factor alone (Perez et al., 2022).

The concept of healthy aging in place promotes the well-being and quality of life of older adults by enabling them to live happily in their own homes and familiar communities. This approach requires collaboration across all sectors and must consider multiple dimensions. At the individual level, it involves developing a comprehensive service system that accommodates older adults across all health statuses - from those who are fully independent to those requiring end-of-life care. Social and health services should focus on health promotion and ideally be delivered as full-service models. In cases when older adults live with family members, caregiving responsibilities may be assumed by relatives.

However, for those living alone or only with an elderly spouse, targeted services are essential to meet their specific needs (Perez et al., 2022; Yampheng et al., 2023). The physical environment must also be safe and suitable, adhering to housing standards for older adults. Design should be responsive to age-related changes in physical ability, sensory perception, and memory—especially for those living alone. Examples include age-friendly communities, elder care centers, assisted living facilities, dementia care units, and palliative care homes (Forsyth et al., 2019; Tananpang & Sonsuphap, 2022). To effectively implement this concept, government agencies at all levels - national, regional, and local - must play a unified role in policy development and execution. Simultaneously, local administrative organizations should foster partnerships with the private sector to co-invest and deliver essential services (Yampheng et al., 2023).

This study was targeted to explain the key themes and aspects of urban housing management for aging in place among older adults living in densely populated urban areas. These areas are characterized by social independence, complex interactions, and economic activities driven by both manufacturing and service industries (Promphakping et al., 2019). Phuket Province, the study site, has a total elderly population of 56,640, accounting for 13.8% of the total population. The dependency ratio stands at 20.3%, with 10,621 older adults living alone representing 18.75% of the elderly population (Department of Older Persons, 2023). These figures signal the urgent need for appropriate planning and management to support housing transitions that enable aging in place. Such planning must address housing, individual needs, and overall quality of life, particularly as the aging population continues to grow.

It also requires participatory urban development strategies that leverage the potential of cities through collaboration among all sectors. This approach aligns with the broader goal of creating sustainable and livable cities (Muangkasem, 2021; Office of the National Economic and Social Development Council, 2022).

LITERATURE REVIEW

Aging is a phenomenon that reflects life expectancy resulting from the cumulative biological and cellular damage that leads to a decline in physical and mental capabilities. This presents a challenge in the management of health and socio-economics (World Health Organization, 2025). It is projected that the global population aged 60 and over will exceed 2.1 billion, or 21 per cent of the world's population, by the year 2050 (Gianfredi et al., 2025). Consequently, the World Health Organization (WHO) has set its vision for the Decade of Healthy Aging (2021–2030), encompassing physical, mental, and social well-being. This vision prioritises the adaptation of health systems to align with the needs of older adults (Rudnicka et al., 2020). This pronounced demographic shift has drawn attention to the concept of Aging in Place (AIP) from the past to the present, which is consistent with the WHO's objective of enabling older adults to adjust health systems to support independent and safe living in their own homes (Ratnayake et al., 2022; World Health Organization, 2025).

In this context, housing or home signifies more than just a physical space—it includes the home and the neighbourhood—but represents the essence of remaining in the original residence which indicates the individual's sense of self and life history. This fosters a sense of belonging developed through decades of time and activities (Gonyea & Burnes, 2013).

Based on this definition, the home thus encompasses the creation of an environment that promotes physical and psychological stability, autonomy, and overall well-being; it is not merely restricted to remaining in the original place of residence (Ay & Götz, 2025; Horner & Boldy, 2008; Krieger & Higgins, 2002; Kvæl, 2025; Sixsmith & Sixsmith, 2008).

MATERIALS AND METHODS

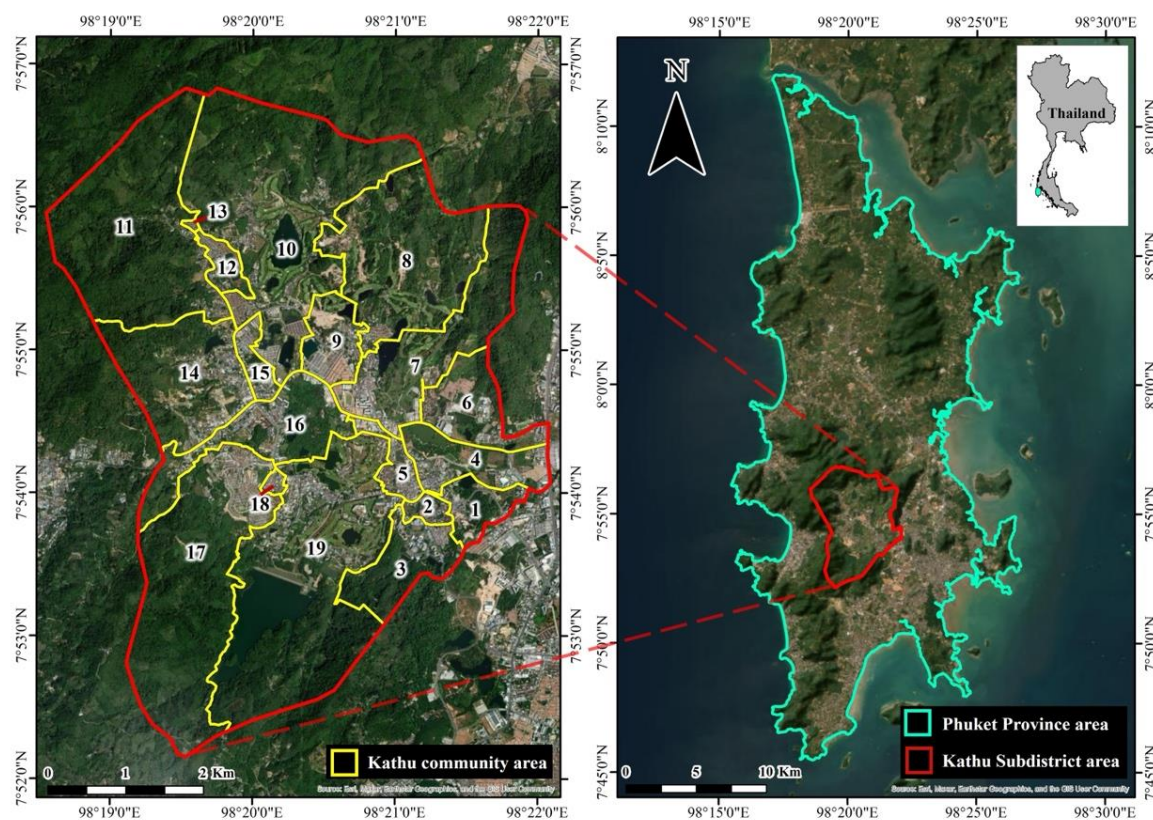
In this study, the key themes and aspects of urban housing management for aging in place among older adults in urban areas of Thailand were investigated. A qualitative research design using a case study approach was employed (Creswell & Poth, 2018). Data collection was conducted between December 2024 and August 2025.

This research involving human participants was approved by the Human Research Ethics Committee of Prince of Songkla University, Phuket Campus (Certification No. EC PSU.PK 015/2024), issued on 15th of November, 2024.

Study Area

The study area was selected by purposive sampling, focusing on 19 communities within Kathu Municipality in Phuket Province, Thailand. Kathu covers an area of approximately 67.034 km² and is the smallest district in Phuket. Despite its size, it ranks second in population density, with 851 people per square kilometer (Policy and Academic Group, Phuket Provincial Office of Social Development and Human Security, 2024) (Figure 1).

Significant pressure on urban resources and infrastructure has been caused by being a semi-urban community where traditional residents and a hidden population coexist.



Note: Kathu community area (19 communities in Kathu Subdistrict) including: 1-Khuan Lim San, 2-Bae Hoa, 3-Irawadee, 4-Tak Dad, 5-Ket Ho, 6-Petch Lor Lian, 7-Baan Kathu 2, 8-Baan Kathu 3, 9-San Jao Kathu, 10-Pug Gua Lao, 11-Nam Tok Kathu, 12-Baan Nuea, 13- Baan Pak Dee, 14- Baan Si Kor, 15-Bang Chiam, 16-Khao Noi, 17-Baan Bang Thong, 18-Baan Sai Thong, and 19-Baan Thung Thong

Figure 1. Study Areas (Source: Kathu area boundary data from Kathu Municipality; Phuket Province boundary data from Land Development Department, Thailand; Satellite imagery from ArcGIS basemap (Source: Esri, Maxar, Earthstar Geographics, and the GIS User Community; realized by authors)

Data Collection

1. For Secondary data review, housing and demographic data of older adults across 19 communities in Kathu Subdistrict, Phuket Province, were reviewed using official databases provided by the Kathu Municipality.
2. A brainstorming session was once conducted with 20 stakeholders from two groups (groups 1 and 2) to analyze housing-related challenges in Phuket. The session, lasting three hours, was focused on identifying key factors and impacts of urban change on housing issues.
3. The first focus group discussion was held with 19 older adults, identified as primary stakeholders, to explore local perspectives, initial opinions, and thematic alignment regarding urban housing management for aging in place. The session lasted five hours.
4. For three hours, the second focus group discussion was conducted with 20 representatives from relevant agencies, considered secondary stakeholders, to examine the thematic alignment of housing management strategies for aging in place.

Key Informants

The selection of key informants in this study was guided by the stakeholder classification framework proposed by Mayers (2005), which categorizes stakeholders into two main groups. First, primary stakeholders consisted of 19 older adults aged 60 and above, all of whom are community leaders residing in the 19 communities within Kathu Municipality, Phuket Province. Secondary stakeholders included 20 representatives from government agencies and organizations involved in urban housing management.

Table 1. Key Informants of the study (n = 39) (Source: The authors' elaboration.)

No	Code	Data Collection	Stakeholder	Number of Informants	Dates of Data Collection
	A1-A10	Brainstorming	Primary	10	2024-12-13
	B1-B10		Secondary	10	
	A1-A19	Group Discussion	Primary	19	2024-12-17
	B1-B20	Group Discussion	Secondary	20	2025-02-02

Research Tools

The tools used for data collection in each phase of the study included a document review log and open-ended interview guides for the brainstorming session, both focus group discussions, and stakeholder dialogues, as follows.

1. A document review log was used in the initial phase to systematically record findings from academic literature and research studies related to various case studies on urban housing management for aging in place.

2. Open-ended interview guides were used during brainstorming sessions and group discussions with stakeholders and representatives from agencies involved in urban housing management. There were guiding questions focused on local conditions, policy implementation, and housing management strategies for aging in place. For example, “what housing-related challenges do the elderly in your community currently face?” and “what problems or obstacles do the elderly encounter in their current living arrangements?” are two of the guiding questions used.

Data Analysis and Verification

The qualitative data were analyzed by content analysis. The credibility and trustworthiness of the findings were also checked through triangulation (Lincoln & Guba, 1985).

RESULTS

The findings on the key themes and aspects of urban housing management for aging in place among older adults in urban areas of Thailand revealed a framework consisting of three main types of components: four structural components, two mechanism components, and three outcome components, as now discussed in more detail (Figure 2).

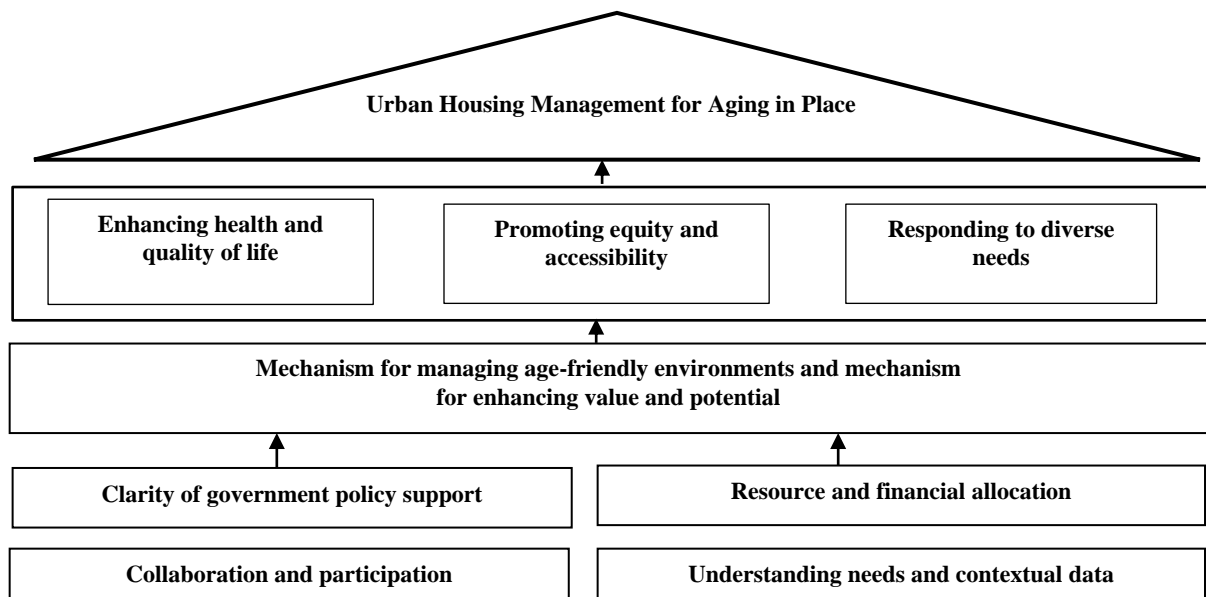


Figure 2. Key themes and aspects of urban housing management for aging in place in Thailand

1. Structural components form the foundation for shaping urban housing management strategies that support aging in place. These components influence both local-level implementation and policy-level transformation, ensuring that housing management for older adults is sustained and appropriately supported. The four structural components are as follows.

1.1. Clarity of government support and policy direction emphasizes the importance of clear and formalized policy support from high-level decision-makers. It requires the declaration of policies and the signing of written agreements that establish shared goals and directions across all sectors. Following this, a lead agency must be designated with sufficient authority and budget to coordinate and drive implementation efforts. A multi-sectoral working group should also be established to collaboratively plan and monitor progress. One informant noted that “*activities are often budget-driven— ‘organized and then forgotten, repeated every year without impact’—reflecting a lack of continuity and long-term data-driven development.*” (A4)

1.2. Collaboration and participation among public agencies, private sector entities, and civil society organizations requires a systematic and inclusive process to build strong partnerships through forums, workshops, and collaborative networks. Each sector must have clearly defined roles and responsibilities. For example, the private sector may contribute funding or technological support, while civil society can mobilize volunteers. Empowering older adults is also a critical aspect. Communities should be encouraged to establish elderly clubs or councils at both local and provincial levels, providing platforms for older adults to express their views, articulate their needs, and participate directly in decision-making processes related to policies and services that affect their quality of life. One informant shared that “*older adults trust their neighbours more than their own children. When something happens, they won’t tell their children, but they’ll talk to the neighbour. The neighbor knows everything before us. Older adults don’t trust their children; they trust the people next door and their friends.*” (A1)

1.3. Resource and financial allocation involve the development of a long-term budgeting plan that comprehensively supports all aspects of implementation. One proposed strategy includes leveraging local fiscal mechanisms, such as imposing special taxes on large-scale tourism businesses in Phuket, to fund programs and services for older adults. Prioritization of resource allocation is essential to ensure feasibility and impact. One informant emphasized that “*we understand the*

bureaucracy, but before planning, you need to assess whether the budget is available. It's not about starting something and then looking for funding later. At the very least, there should be a portion that can be implemented immediately." (A5)

1.4. Understanding needs and contexts involves conducting in-depth assessments of the diverse needs of different groups of older adults in Phuket—for example, those who have relocated to the area, those with dependency conditions, and those who remain active in the workforce. It also includes analyzing the impacts of tourism-driven urbanization, such as rising living costs and limited access to public services for local older residents. These insights are essential for developing appropriate mitigation and adaptation strategies. One informant remarked that “government agencies have conducted many surveys. Each time, residents ask, ‘what is the purpose of this survey?’ In the end, it takes a long time for any agency to solve the problems. Sometimes, surveys are conducted and the community gains nothing. I wish there was a plan that shows a 5-year or 10-year vision. No one ever summarizes the findings for the community, so people complain, ‘Here we go again—another survey.’” (A10)

2. Mechanism Components fell into two aspects, as follows.

2.1. Mechanism for managing age-friendly environments focuses on the physical transformation of urban spaces in Phuket to become more friendly for the elderly. It includes developing new urban plans or modifying existing ones to ensure that older adults’ residences are located near essential services such as health centers, markets, shops, and public transportation hubs. Additionally, the provision of high-quality public green spaces is emphasized—such as parks with smooth walking paths, handrails, and adequate seating areas. The principle of Universal Design should be applied in the design and renovation of public spaces including smooth sidewalks, ramps for wheelchairs, and handrails along walkways and staircases in public buildings. Adequate and appropriate lighting in public walkways and buildings, especially at night, is also crucial to minimize the risk of falls. One informant described that “*in some communities, most of the land consists of open green spaces, such as the elevated area of Kuan Lim Hill, but the usable space is limited due to the surrounding mountains and rivers. Additionally, the old distillery in Kathu has now been transformed into a public park and sports ground.*” (A1)

2.2. Mechanism for enhancing value and potential focuses on the social environment that fosters awareness of the value and potential of older adults, combats ageism, and promotes positive societal attitudes. It includes establishing community centers for older adults, which serve as venues for cultural, recreational, and educational activities, for instance, yoga classes, tai chi, traditional cooking workshops, and basic foreign language lessons to encourage social interaction and lifelong learning. Additionally, there should be accessible communication channels for disseminating essential information, for example regarding rights, welfare benefits, and healthcare services. Building an inclusive society is vital, and public awareness campaigns and community activities should be organized to promote recognition of older adults’ contributions and to challenge stereotypes. One informant suggested that “*there could be a second home that provides care beyond their own residence—such as an emergency support center or a peer support hub.*” (A3)

3. Outcome Components were split in three categories, as follows.

The study identified three key outcome components that reflect the positive impacts of urban housing management for aging in place.

3.1. Enhancing health and quality of life is an obvious positive impact referring to the improvement in both physical and mental health among older adults, leading to better overall quality of life, life satisfaction, a sense of self-worth, and the ability to live independently and with dignity. These benefits are fostered through community-based activities and programs. Two informants shared that “*we should promote the establishment of elderly clubs where older adults can engage in activities such as exercise, yoga, prayer, and travel.*” (A4) Also, “*There must be clubs or associations for older adults—playing cards, for example, to help prevent Alzheimer’s. It’s true. It brings happiness and helps train memory, vision, and everything.*” (B1)

3.2. Promoting equity and accessibility highlights the importance of equal access to services for vulnerable groups, ensuring that older adults receive support without discrimination. It aims to uplift the quality of life for disadvantaged older adults, including those with disabilities, dementia, or those living alone, by designing inclusive services that meet diverse needs. One informant noted that “*sometimes there’s an emergency, like stomach pain, and no transportation... My mother is bedridden, and it’s very difficult.*” (A1)

3.3. Responding to diverse needs emphasizes the need to make tourist destinations more age-friendly, benefiting both local older residents and elderly visitors. By implementing practical strategies, Phuket can evolve into a truly age-friendly city—where older adults can live happily, with dignity, and as active members of society. One informant explained that “*the context of communities in Kathu Subdistrict varies greatly. For example, some communities have many rental houses, making management difficult. When registering older adults in rental homes, landlords often use a single house number, even though many people live there. These issues only become apparent during surveys, like those conducted during the COVID-19 pandemic.*” (B2)

DISCUSSION

In order to effectively promote aging in place in Thailand's urban areas, the analysis highlighted three core elements that must be considered: Structural components, Mechanism components, and Outcome components. Among these, structural components serve as the foundation for developing the other components. Clear policy and multi-sectoral collaboration are critical mechanisms for future livable urban development for older adults sustainably (Chu & Zhang, 2022). This development concept follows the city’s potential to enhance residents’ quality of life and minimize

environmental impacts, become competitive, and promote equitable opportunities for growth and governance. Such development should be guided by participatory processes involving all sectors to ensure long-term sustainability (Office of the National Economic and Social Development Council, 2022). Furthermore, this approach supports the vision of smart city development to meet the needs of aging populations and to promote health and well-being in aging societies.

According to the study by Liu et al. (2024), pilot smart city policies had the potential to improve the health and well-being of middle-aged and older adults, particularly through the enhancement of human capital and the use of Information and Communication Technology. However, Felix & Kitcharoen (2026) found that promoting the use of health technologies among older adults requires support from those around them, emphasizing flexibility, contextual adaptation, and active participation of older adults in decision-making and program design. When policy direction and collaboration are clearly defined, resource allocation—including technology and financial support—can become more efficient. Consequently, mechanisms for managing age-friendly environments and enhancing value and potential could follow. These mechanisms are closely linked to urban planning and development that genuinely consider the needs of older adults. Urban planning should include features such as wide and safe sidewalks, green spaces, and accessible public transportation systems (Hsieh, 2024; Wang et al., 2024).

A study by Kondo et al. (2020) found that increasing the number of trees and expanding urban tree canopy was an effective strategy for extending life expectancy in urban populations. This approach served as both a health promotion measure and a cost-saving intervention, and it should be strongly supported by public policy—especially in low-income communities. Similarly, the study by Khunnikom et al. (2025) emphasized the potential of integrating physical activity across all age groups, including older adults, into tourism-related programs by leveraging existing cultural and environmental assets, using context-specific strategies tailored to the unique needs and characteristics of each area. At the same time, creating elderly-friendly environments remains essential. Differences in the socioeconomic status of older adults affect their access to resources. Therefore, the state must promote policy-level equity, such as the installation of ramps, specially designed bathrooms and kitchens, and accessible communal spaces that meet established standards (Choi & Lee, 2024; Hsieh, 2024).

Meanwhile, social environmental mechanisms—such as promoting social interaction and providing spaces where older adults could meet, converse, and engage in activities together—are essential for reducing loneliness and enhancing mental well-being (Cho et al., 2024; Choi & Lee, 2024; Wang et al., 2024). The study by Jearajit et al. (2025) found that older adults could transform various forms of capital—including social, cultural, human, economic, and psychological capital—into strategies for healthy and active aging. Activities such as exercise, recreational programs, and cultural engagement help foster participation and improve health outcomes among older adults (Wang et al., 2024). The study by Nieboer & Cramm (2024) found that inclusive cultural activities that strengthen the neighborhood feeling and provide opportunities for social interaction are more effective than those limited to ethnic-specific programming. Additionally, Merchant et al. (2021) emphasized that promoting employment opportunities for older adults is closely linked to their sense of group membership and lifelong learning. Joint activities can promote both physical and mental health, leading to key outcomes as expected, namely enhancing health and quality of life, promoting equity and accessibility, responding to diverse needs based on physical and mental health conditions, and promoting elderly-friendly communities (Lewis & Buffel, 2020; Malak et al., 2020; Merchant et al., 2021; Nie et al., 2021; Turner et al., 2020; Zingmark et al., 2021).

Based on these findings, the identified three main components and nine subcomponents offer robust, preliminary Key Themes and Aspects of Urban Housing Management for Aging in Place. These findings can inform future participatory action research studies aimed at establishing benchmarks for the growth of an aging society, although it must be acknowledged that specific management results may differ according to local context.

The limitations of this study are related to the restricted scope and methodology. The informant base was focused solely on primary stakeholders (older adult community leaders) and secondary stakeholders (representatives from relevant government agencies and organisations) within Kathu Municipality, Phuket Province. Crucially, as data were collected exclusively via qualitative methods (Mayring, 2007), the results necessarily focus on understanding experiences, specific aspects, and local phenomena as interpreted by those who have directly encountered them.

CONCLUSIONS

This study has concluded that urban housing management for aging in place among older adults in Thailand's urban areas is structured around three main components: Structural, Mechanism, and Outcome.

Components of the Strategic Framework are as follows.

- **Structural Subcomponents:** (1) clarity of government policy support, (2) collaboration and participation among public, private, and civil society sectors, (3) resource and financial allocation, and (4) understanding needs and contextual data.
- **Mechanism Components:** (1) mechanism for managing age-friendly environments, and (2) mechanism for enhancing value and potential.
- **Outcome Components:** (1) enhancing health and quality of life, (2) promoting equity and accessibility, and (3) responding to diverse needs.

This strategic framework is critical, aligning the nuances of aging in place directly with the overarching imperative of crafting truly sustainable and livable urban centers.

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