

The need for low-income elderly people to get accident insurance

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Abstract

Elderly had an accident by slipping and falling as number one. When elderly have accidents, must be admitted to a public hospital. Which the service has to wait for a long time and getting private hospital are expensive. The elderly with low income does not have the fast access to medical care. The objective of this study was 1) to study the personal factors affecting the requirements for accident insurance for low-income elderly people in Samphan Wong, Bangkok 2) to study the requirements for accident insurance for low-income elderly people in Samphan Wong, Bangkok This research employed quantitative methods. Determine the sample size from the Crazy and Morgan formula. For the quantitative research part, the research sample consisted of 346 but returned questionnaires for 300 people. The data obtained were analyzed for Descriptive Statistics to find Frequency, Percentage, Mean and Standard Deviation. 1) The results showed that most of the respondents were female, aged 60-64 years of age, had widowed / divorced / separated status. Have more than 2 children with a primary education level or lower, have an average monthly income of less than 3,000 Baht or its equivalent and have an underlying disease. 2) From the study, it was found that the requirements for accident insurance for low-income elderly people in Samphan Wong, Bangkok. The order of importance of the needs is as follows: service is the most important, followed by safety in life, Accidental contract, Cost, Coverage of medical expenses and Benefits Respectively.

Keywords: Requirements for accident insurance / Low-income elderly people

Introduction

Thailand has officially become an "ageing society" since 2005. It found that the percentage of people aged 65 and older in Thailand increased from 5.0% in 1950 to 8.4% in 2000, and it is estimated to increase to 27.1% in 2050. This means that Thailand must become a "super-aged society" in the next 30 years, in this estimate it is expected that by 2021, Thailand will enter a fully geriatric society (Pennee Kantawong and Narong Kiatkhunwong, 2019, p. 2). Overall, the elderly in Bangkok, as of December 2018 (only the population who are Thai nationals and listed in the house registration), are considered as an aged society with an elderly population of 1,020,917 out of a total population of 5,480,469. Seniors were 18.63 per cent. The majority of them are females, with 596,009 people making up 58.38% of Bangkok's total elderly population. When considering the district area, it was found that the area that is the super-aged society of 1 area (equal to that in 2017) is The Wong Relations Zone. The elderly rate is 29.44% (Division of Public Health and Environment Strategy, 2018, pp. 2-3).

According to statistics, up to 1,600 Thais die from "falls" per year, which is the second leading cause of death among accidental injuries after injuries from road accidents. The risk increases with age, and the most common problem among older people who suffer such accidents is hip fractures, fractures or brain accidents, which cause a relatively high rate of disability and mortality (Paolo Phaholyothin Hospital, Online, 2020). Therefore, fall injuries are a major problem and the second leading cause of death in the group of accidental injuries, according to the statistics of accidents among the elderly, according to the Department of Disease Control. In 2018, the number of elderly people injured and requesting emergency medical services averaged 140 times/day or 50,000 times/year. The place where the accident occurred is usually in a residential area, especially in bathrooms and stairs. However, accident insurance requires a small amount of money to pay premiums for low-income seniors who are unable to afford to pay premiums (Wattthikorn Kijavajit, Online, 2019).

For dividing the poor and the poor from each other. The overall poverty situation in Thailand has improved, falling from 65.17% in 1988 to 8.6%, representing approximately 5.81 million poor people, the year 2016. The poverty line across Thailand is 2,667 Baht per person. Per month, these individuals need state assistance (National Economic and Social Development Commission, 2018). Low-income elderly people in Samphan Wong District, Bangkok, are vulnerable people who have entered old age, lack the care and attention of their children, close contacts, and feel that they are worthless, have unhealthy physical health and deteriorate with age, so the government should focus on accident insurance. Thailand currently has an elderly population of 60 years and older, representing 17% of the total population, and the figure approaches a fully geriatric society of 20% in 2021. According to statistics on accidents among elderly people, according to the Department of Disease Control. In 2018, the number of elderly people injured and requesting emergency medical services averaged 140 times/day or 50,000 times/year. The place of the accident is usually in residential areas, especially in bathrooms and stairs. However, accident insurance requires a small amount of money to pay premiums (Wathikorn Kijjavijit, Online, 2019). Accident insurance is an insurance that provides coverage to the insured in the event that the insured has suffered a physical injury and if the consequences of the injury resulting in the insured requires medical treatment or severe disability, dismemberment or death. The insurance company will take over the costs incurred for the insured's medical treatment or pay compensation to the insured if the insured suffers dismemberment, disability or death (Nawadi Ruangrattanamethi, Online, 2020).

Therefore, we are interested in studying low-income elderly people who receive subsistence allowances from the Office of The District of Samphan Wong, Bangkok. Because the district is the ultimate elderly society, it is a society with a population aged 60 years and older, more than 28% of the total population, in order to reduce social inequality, and to use the findings to guide government agencies in providing welfare to low-income elderly groups.

Objectives of Research

1. To study the personal factors affecting the need for accident insurance among low-income elderly people in Samphan Wong District, Bangkok.
2. To study the accident insurance needs of low-income elderly people in Samphan Wong, Bangkok.

Scope of Study

Content: This study focuses on the accident insurance needs of low-income seniors in Samphan Wong District, Bangkok in six areas: life safety, accident insurance contracts, expenses, services, medical expense coverage, and benefits.

Population: The population used in this study is elderly people aged 60 to 69 years old who are low-income and receive subsistence allowances from Samphan Wong District Office, Bangkok.

Variables:

Independent variables include gender, age, level of education, average monthly income, and comorbidities.

Dependent variables include the need for accident insurance. There are 6 aspects: life safety, accident insurance contracts, expenses, services, medical expense coverage, and benefits.

The scope of the duration of this study was to collect data from the target audience, between October 2019 and June 2020.

Tools Used in The Study

This research study We created a research tool by designing inquiries for data collection, divided into 2 parts:

Part 1 General information about respondents: gender, age, level of education, income, medical conditions, and accidents.

Part 2 Respondent's Demand for Accident Insurance of 30, which are characterized by a rating scale, the result of which is analyzed for average.

Collection of Information

The process and procedures for collecting information are as follows:

1. Secondary data is collected by researching for various papers, including: Academic papers, articles, journals, and related research to serve as a conceptual framework for research.
2. Researchers collected data using questionnaires to target groups in the Wong relations area. Such as government agencies, department stores, community sites, villages, and convenience stores, etc.
3. Researchers distributed 346 questionnaires, with questionnaires returned. 300 copies, representing 86.7% of all questionnaires.

Analysis Of Data and Statistics Used in The Study

Researchers used the data collected from questionnaires to analyze using descriptive statistics to determine frequency, percentage, mean and standard deviation.

Findings

1. General information about respondents

The majority of respondents were female, 53.75 percent, and male, 46.25 percent, respectively. The majority were 63.00% aged 60– 64 and 37.00% aged 65 to 69 years, respectively. Most of them have widowed/divorced/separated status. 53.75 per cent, followed by marital/living status. 32.00 per cent and 14.25 per cent single, respectively. The majority had more than 2 children, 51.00 percent, followed by 2 children, 19.00 percent, and 1 child, 16.75 percent, respectively. Most of them have an elementary education level or lower. 50.86 per cent, followed by junior high school or equivalent 19.08 per cent and high school or equivalent 16.76 per cent respectively. Most of them have an average monthly income of less than 3,000 Baht or equivalent. 41.33 percent, followed by 3,001 – 5,000 Baht, 26.30 percent and 5,001 – 7,000 Baht, 25.73 percent, respectively. Most of them have congenital diseases. 80.92 percent had no underlying medical conditions. 19.08 per cent, respectively, were mostly involved in accidents involving falls. 25.45 per cent, followed by slips and falls. 23.70 percent choked on food. 19.65%, respectively.

2. Information on respondents' needs of accident insured

In life safety, the average overall score was high ($\bar{x} = 4.20$, SD = 0.79). Section (4) provides accident insurance to prevent future risks ($\bar{x} = 4.21$, SD = 0.94). This is followed by section (3) of accident insurance to have reserves for disaster expenses ($\bar{x} = 4.21$, SD = 0.91). And section (5) of accident insurance to cover damages in case of disaster ($\bar{x} = 4.21$, SD = 0.89) respectively.

Accident Insurance Contracts It was found that the average overall score was high ($\bar{x} = 4.17$, SD = 0.77). Section (3) of the accident insurance contract does not contain materially misleading statements ($\bar{x} = 4.23$, SD = 0.88). Second, section (2) accident insurance contracts, use easy-to-understand language ($\bar{x} = 4.20$, SD = 0.91) score was very high and section (4) of the accident insurance contract contains a disambiguation clause. Do not exploit the insurer ($\bar{x} = 4.17$, SD = 0.89) respectively.

In terms of costs, the average overall score was high. = 4.17, SD = 0.84) Section (1) Accident insurance premiums is too affordable ($\bar{x} = 4.19$, SD = 0.96). This is followed by section (5), where there are a wide variety of and convenient ways to pay accident insurance premiums ($\bar{x} = 4.17$, SD = 0.94) and section (3) accident insurance premiums are reasonable for the benefits to be derived from the contract ($\bar{x} = 4.16$, SD = 0.98) respectively.

In terms of services, the average overall score was high ($\bar{x} = 4.22$, SD = 0.80) Subject to section (1) The insurance company has a 24-hour service center ($\bar{x} = 4.29$, SD = 0.87). Secondly, section (5) the authorities are able to resolve the issue in a timely manner to a large extent ($\bar{x} = 4.23$, SD = 0.92) and section (3) the officer willingly provides services ($\bar{x} = 4.22$, SD = 0.93) respectively.

Medical expense coverage It was found that the average overall score was very high ($\bar{x} = 4.16$, SD = 0.93) Section (5) of medical expenses that do not require reimbursement ($\bar{x} = 4.18$, SD = 0.99). Second, section (3) accident insurance medical expenses can be disbursed much more than the welfare of the state ($\bar{x} = 4.18$, SD = 1.02) and section (1) medical expenses provide coverage for both internal and external bodies ($\bar{x} = 4.18$, SD = 1.08) respectively.

In terms of benefits, the average overall score is high ($\bar{x} = 4.05$, SD = 0.11). Section (5) by section (5) has been reduced for accident insurance premiums because they have not been exercised in the previous year ($\bar{x} = 4.07$, SD = 1.18). Followed by section (4) 24/7 emergency ambulance service. It's free of charge ($\bar{x} = 4.07$, SD = 1.20) and section (1) receipt of claims in a timely and timely manner; ($\bar{x} = 4.07$, SD = 1.20) and (2) receipt of claims based on actual and appropriate conditions, respectively ($\bar{x} = 4.07$, SD = 1.20).

Discussion

Discuss the outcome of objective 1.

The majority of respondents were female, aged 60 – 64 years, widowed/divorced/separated, had more than 2 children, had primary education level or lower, average monthly income below 3,000 Baht or equivalent, had underlying medical conditions, and had a fall accident. This is in line with Pikul Tinamas (2018). Accident prevention behaviors of elderly people in Don Kaeo Subdistrict, Mae Rim District, Chiang Mai Province found that the majority of elderly people are females aged between 60-92 years old, with an average age of 71 years and graduating from primary school. This is also in line with Kanokorn Thonglao (2017) studying residential environment factors to reduce the risk of falls in the elderly: a case study of Hua Takhe community in Bangkok. It was found that the majority of older adults were females in their 60s and 65s, and the sample had fallen, 77 people. The cause of the fall while stepping up or down the ground at different levels, numbering 20 people. Places fall outside the house in the corridors, have physical problems, have underlying medical conditions, high blood pressure, most common eye problems, taking medications and walking. Balance. And it's also consistent with Raoum Sangha and Jariyat Kompayak (2014) Study of fall prevention approaches in elderly people in friendship developing communities. It was found that the elderly are female, the most common age is between the ages of 70 and 79 years old, unprofessional, with underlying medical conditions. The incidence of falls among older people in the past 6 months, caused by slippery gait, dizziness, and risk factors.

Discuss the outcome of objective 2.

1. Life safety is a fundamental right that every elderly person should enjoy. Be in the right environment, safe, secure, receive appropriate welfare and services, live with value, dignity, self-reliance. The respondents have focused on accident insurance to prevent future risks. The second is an accident insurance to have a reserve for expenses in case of disaster. And accident insurance to cover damages in case of disaster. This is in line with Pittaya Bowonwattana (2007, p. 30), who stated that safety needs include the need for stability and protection from dangers from the surroundings and from psychological harm. It is also consistent with Alderfer (1972) who says that existence needs are the needs of individuals at the lowest level who need physical responses, such as food, clothing, housing, medicine, in order to live. Therefore, management should meet the needs of individuals by providing fair compensation. It is also consistent with the Department of Geriatric Affairs (2018, pp. 3 – 8) that elderly people with a good quality of life are physically and mentally healthy, healthy families, socially supportive, in a suitable environment, safe, secure, secure, receive welfare and appropriate services, live in value, have dignity, self-reliance, are mentally anchored and participate in family, community and society, and have the opportunity to access information and information continuously.

2. An accident insurance contract is an insurance letter that provides coverage to the insured in the event that the insured, in the event that the insured, in an accident, suffers physical injury and if the

consequences of the injury resulting in the insured requiring medical treatment or severe disability, dismemberment or death. The insurance company will take over the costs incurred by the insured's medical treatment or pay compensation to the insured if the insured suffers dismemberment, disability or death. The respondents have focused on accident insurance contracts, there are no material misleading statements. Secondly, accident insurance contracts, use easy-to-understand language, and accident insurance contracts contain unambiguous, non-exploitative statements. This is in line with the Insurance Information Center (2012) that mentions the principle of INSURABLE INTEREST is the basic principle of insurance to prevent intentionality. Intention to cause damage to the insured or fraud in the hope of benefiting from the insurance. In line with Nawadee Ruangrattanamethi (Online, 2020), the principle of insurable interest is the legal right to ensuring insurance arising from a financial relationship, which is recognized in law between the insured company and the insured. Any insurance without equity rights shall be deemed to be a gambling contract and cannot be enforced by law for the rights of interests relating to reinsurance in which the reinsurer company can make a claim from the insurer company, must pay the claim, or have an outstanding claim set up under the insurance policy, which is what the reinsurance is. This means that the reinsurance company must have an interest at all times, and this interest may be agreed to be partially or fully insured.

3. Costs are accident insurance premiums that must be paid in the event that the insured suffers a bodily injury, and if the consequences of the injury result in the insured requiring medical treatment or severe disability, dismemberment or death, the insurance company will take over the costs incurred by the insured's medical treatment or pay compensation to the insured if the insured suffers dismemberment, disability, or death. The respondents have placed too much emphasis on accident premiums being affordable, secondly, there are various and convenient ways to pay accident premiums, and accident premiums are reasonable to the benefits that will be provided by the contractor. This is in line with the Insurance Information Center (2012) that mentions the DOCTRINE of CONTRIBUTION as the basis for participation in indemnity in the case of two or more companies insured. This is also in line with the Department of Local Government Promotion (2018, pp. 31 – 45) which says that relevant agencies should provide free health checks such as primary physical examinations, pressure checks, etc. The service is provided in the form of a group of doctors, mobile volunteers serving different communities, or a group of healthcare workers visiting their homes to provide advice on health care, etc. It is also consistent with Pihanthana Vasurat (2008, pp. 12-13) who says that economic needs affect the elderly both physically and mentally. Because when older people are in retirement age or when they are older and unable to pursue their own careers, there is a decrease in income and savings, and there are subsequent expenditures, or some families where the elderly are unable to help themselves may have to hire nurses or caregivers, resulting in increased costs, low-income families may have financial difficulties. Children may have to leave to take care of themselves and may have to take care of them for the long term, and the government should provide medical benefits for the elderly in order to reduce costs.

4. Service is providing assistance or acting for the benefit of the insured, good service, the insured will surely get the impression. Respondents have stressed that insurance companies have 24/7 service centers. Secondly, the staff can solve the problem in a timely manner, and the staff will provide the service. This is in line with the World Health Organization: WHO (2002), which says that the determinants of health and social service systems are health promotion and disease prevention, treatment of diseases, long-term care, and the provision of mental health services. This is in line with the Department of Geriatric Affairs (2018, pp. 3 – 8), which says that a center for promoting the quality of life of the elderly should be established to care for the elderly to have a good quality of life, to have access to services with dignity, quality and fairness. There is also a community health rehabilitation system, proactively promoting the dissemination of health knowledge through various media.

5. Medical expense coverage is to cover the insured's accidental injury if the injury results in medical treatment. The insurance company will pay medical expenses, medical services, surgery fees, hospital fees, according to the actual amount paid but not exceeding the stated sum insured. The respondents focused on medical expenses that do not require reserve payments, followed by accident insurance, medical expenses that can be disbursed more than state benefits, and medical expenses cover both internal and external bodies. This is in line with the Insurance Information Center (2012) that says that

the Principle of Indemnity is to prevent the insured or the beneficiary from profiting from the insured cause, thus requiring the insurer to indemnify the insured only based on actual damages. It is also consistent with Nawadi Ruangrattanamethi (Online, 2020) saying that the Principle of Indemnity, all reinsurance contracts are contracts that are indemnified based on actual damages. This is based on the principle that in reinsurance. The reinsurance company's responsibilities are granted under the insurance contract with the insured. It is also consistent with Anjarat Tamthai (2014, p. 18) that accident insurance is an insurance that provides coverage to the insured in the event that the insured has suffered a bodily injury and if the consequences of the injury resulting in the insured requires medical treatment or severe disability, dismemberment or death. The insurance company will take over the costs incurred by the insured's medical treatment or pay compensation to the insured if the insured suffers dismemberment, disability or death.

6. Benefits are benefits that are entitled to the benefit that the insured should receive as specified in the relevant laws specified in the contract. The respondents have made it a priority to get their accident insurance premiums reduced because they had not exercised their rights in the previous year. Followed by 24/7 emergency ambulance service. And the receipt of claims is prompt and timely, and the receipt of claims in accordance with reality and appropriate conditions. This corresponds to Chaofan Li, Chengxiang Tang & Haipeng Wang studying the subject. The effect of health insurance integration on the use of health services and equality between middle-aged and older adults: evidence from China. The findings suggest that integrating modular health insurance plans can promote access and improve equity in the use of health services, the successful experience of integrating health insurance plans in pilot provinces can provide valuable lessons for other provinces. In China and other countries with similar separation plans. It is also consistent with the Department of Elderly Affairs (2018, pp. 3 – 8) that it says that promoting and improving the quality of life of the elderly by providing public facilities. For the elderly, health services are being developed. Providing relief, education management, welfare arrangements, and building readiness for the elderly society. It provides careers for the elderly, disadvantaged, disabled or disabled, as well as encourages the elderly to become a driving force in society under the idea that the elderly are highly experienced individuals, deserving of participation in urban development. By establishing a center to promote the quality of life of the elderly to care for the elderly to have a good quality of life, to have access to services with dignity, quality and fairness. There is also a health rehabilitation system in the community. Proactive public relations are carried out to systematically disseminate health literacy through various media outlets. And it's also consistent with Apinya Changyim (2014) A study on elderly life insurance from the perspective of the elderly in Bangkok. The results of the study showed that the evaluation after the use of elderly life insurance is beneficial and does not burden future generations.

Suggestion

Suggestions for implementation

1. Executive, Samphanwong District Office, Bangkok needs to understand the need for accident insurance. In 6 areas, to formulate policies in accordance with the context of society, the management and the management team meet together to formulate a plan for implementation to suit the context of society.
2. The government should formulate a policy that focuses on accident insurance for the elderly in six areas as a guarantee of standard living.

Suggestions for doing the next research

1. The sample of research should be expanded to other levels, such as regional or county levels.
2. There should be research on the needs of accident insurance in six areas, with separate research in each area to be up-to-date and suitable for the current changing situation.
3. There should be a study on the feasibility of government policies on welfare for the health of low-income seniors.

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