

# A MODEL OF DEVELOPING THE POTENTIAL OF HEALTH TOURISM TO PROMOTE WELL-BEING FOR OLDER ADULTS IN TOURIST DESTINATIONS ALONG THE THAI-CAMBODIAN BORDER, SISAKET PROVINCE

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## ABSTRACT

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The purposes of this research were to 1) assess the potential of health tourism destinations, 2) survey the demand for health tourism activities, and 3) develop health tourism models to promote health for the older adults in Thai-Cambodian border tourist destinations in Sisaket province. The research adopted a mixed-methods approach. The samples included 1) 60 representatives from the public and private sectors, 2) 400 older tourists, and 3) 20 older volunteer tourists. The instruments were 1) an evaluation form, 2) a questionnaire, and 3) a semi-structured interview. Data were analyzed using descriptive and content analysis techniques. The findings revealed that the overall score of health tourism destination was high (4.06), the highest average rating was attractions, followed by activities, accessibility, facilities, and accommodations. In addition, the main purpose of older tourists was to relax, they travel twice a year to natural destinations. Their family and relatives influenced their decision-making. They preferred traveling independently by private cars and stay overnight, and taking journey as convenient. Their expenditure per trip was over 5,000 THB. They would travel with family/relatives and on their own. The demand for health tourism activities was consisted of Thai massage, aromatic oil therapy, Vipassana meditation, skincare products, herbal health foods and drinks, Thai massage demonstrations, foot massage, herbal compress treatment, yoga or physical exercises, herbal steam baths, massage machines, mineral baths, and fish spa. The study suggested eight health tourism models to promote well-being for older tourists in the Thai-Cambodian border area, Sisaket province. The models included: 1) Thai traditional massage, 2) foot massage, 3) herbal knee and stomach compresses, 4) foot soaking in herbal decoction and walking barefoot on volcanic rocks, 5) practicing 15 Ruesi Dat Ton postures, 6) Buddhist chanting and meditation, 7) vegetarian food and beverages, and 8) herbal health and beauty products.

**Keywords:** Health tourism; health tourism model; older tourist

## 1. INTRODUCTION

In 2022, the world population reached 8 billion. Among these, 1.109 billion were people aged 60 and over, accounting for 14% of the total population. This means our world has become an aging society over the past few years. Thailand became an aging society in 2005 and is projected to transition into a fully aged society within the next few years (Department of Older Persons, 2023). Many older adults tend to spend their post-retirement lives pursuing activities of interest, particularly recreational activities, traveling, and relaxing in natural or cultural tourist destinations, and spending time with family (Puangchuen & Phumsathan, 2020).

Older adults are financially prepared tourists and have more time to travel compared with other age groups. As a result, they have become a significant target group and a rapidly growing market segment in tourism, driven by their unique motivations and preferences. Various factors, such as curiosity, social interaction, and a desire for health and longevity, influence their travel experiences. Their journeys are primarily focused on learning, physical and mental relaxation, exercise, participation in activities, and visits with family and friends (Fan et al., 2024; Horneman et al., 2002; Tihamiyu, 2024; Závodná, 2025). Most older travelers travel as couples or with families. They consider the attractions that are convenient, easy to navigate, and safe, with specialized services. They also prioritize flexible and diverse tourism programs. They prefer public spaces and accommodations specifically designed for older adults. In addition, they prefer friendly walking routes and outdoor areas for relaxation, as well as medical assistance and healthy diets (Albu et al., 2015).

Health Tourism is a proper travel style for older adults, because it involves visiting natural and cultural attractions. The purpose of Health Tourism is to promote learning about local lifestyles and relaxation. As part of the program, it integrates health-promoting and/or therapeutic activities and overall wellness improvement, such as health consultations, proper exercise routines, herbal treatments, massages, compresses, meditation practice, and physical check-ups. Health tourism fosters health awareness and is an environmentally friendly form of travel. The program usually features nature-based activities to help the older adults learn about natural energy for both physical and mental therapy. These can enhance the body and mind's strengths. After the trip, the older tourists can incorporate these practices into their daily lives (Ashton & Klinhom, 2020).

The concept of well-being for older tourists in health tourism revolves around a multidimensional framework that integrates physical, mental, social, and spiritual elements to foster healthy aging, enhance quality of life, and mitigate age-related declines (Güçlü Nergiz & Toker, 2025). This approach emphasizes tourism as a preventive health measure, where activities such as nature-based excursions, cultural engagements, and wellness therapies promote physical activity, cognitive stimulation, and social participation, leading to improved life satisfaction, reduced mortality risks, and a greater sense of purpose among older adults (Câmara et al., 2024). By breaking from daily routines and engaging in tailored experiences like spa treatments or recreational programs, older tourists can optimize functional abilities, boost emotional resilience, and achieve active aging, ultimately contributing to overall public health and personal fulfillment in later life (Carrera, 2025).

This sector has seen significant growth driven by rising demand for wellness experiences that integrate relaxation with health-related services. Key aspects include: 1) Health and Wellness Integration, health tourism combines leisure with wellness activities, such as fitness, healthy diets, and relaxation treatments. The focus on health protocols and safety measures is essential for enhancing tourist satisfaction and well-being (Álvarez-Sánchez et al., 2024). 2) Community and Product Development, successful health tourism relies on community engagement and the development of local products that emphasize environmental sustainability and indigenous knowledge (Kanchanathaveekul et al., 2023), and 3) Collaboration among health tourism entrepreneurs can enhance market reach and community economies (Kanchanathaveekul et al., 2023). 4) Role of social media, social media plays a vital role in promoting wellness tourism by spreading information and engaging potential tourists (Hennadige, 2024), supporting the achievement of global health goals by raising awareness about wellness tourism (Hennadige, 2024).

In Thailand, health tourism represents a strategic fusion of the country's renowned hospitality, advanced medical infrastructure, and natural resources, positioning it as a leading destination in Asia. This sector not only drives economic growth but also aligns with national development goals, particularly in enhancing public health and sustainable local economies. The Ministry of Public Health's strategic plan (2025–2034) envisions Thailand as an "international health center," integrating medical excellence with wellness offerings to attract global visitors (Ministry of Public Health, 2025). This aligns with the broader "Medical Hub" policy, initiated under the Ministry of Tourism and Sports and the Tourism Authority of Thailand, which aims to position Thailand as a global leader in health services by 2026 (Ministry of Tourism and Sports, 2023).

Sisaket province, a border area along the Thai-Cambodian frontier, reveals untapped opportunities for localized health tourism development, particularly for the well-being of older adults, and has the potential to become a health tourism destination in the Kantralalak, Khunhan, and Phusing districts. This area offers natural attractions, traditional communities, and numerous certified wellness establishments, including medical facilities, health spas, massage services, restaurants, and accommodation (Department of Thai Traditional and Alternative Medicine, 2025). This route has plentiful and beautiful natural resources, standard health centers, agricultural, religious, historical, and cultural resources, and special activities (Office of Sisaket Province, 2023, p. 82; Chamber of Commerce Sisaket, 2022).

Consequently, Sisaket province benefits from its proximity to Cambodia, facilitating cross-border mobility and cultural exchanges that enhance health services (Chinnak & Chinnak, 2023). However, there has not been an official health tourism plan along this border. Therefore, Sisaket province must develop an effective health tourism program to parallel the older tourists' behaviors and needs. For this reason, this study aims to create health tourism experiences that promote well-being among older tourists at the Thai-Cambodian border sites in Sisaket. This will offer tourists alternatives, diversify travel options, and elevate the tourism sectors in Sisaket.

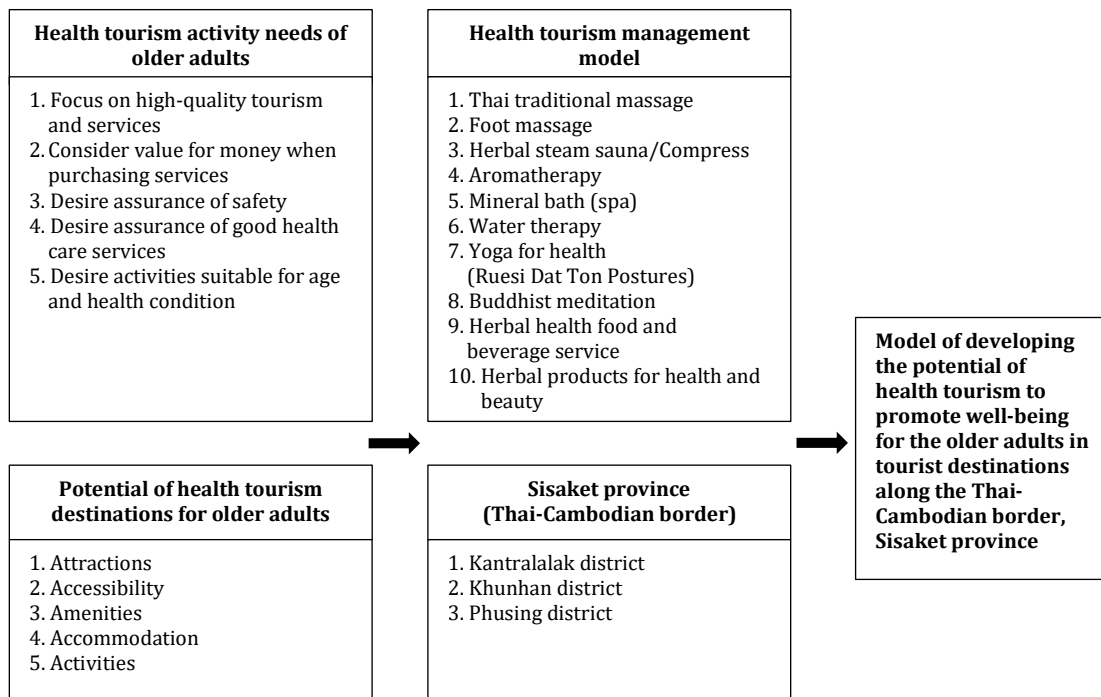


Figure 1: Conceptual framework

## 2. OBJECTIVES

Based on the conceptual framework in Figure 1, this research sets three main objectives:

1. To assess the potential of health tourism destinations to promote well-being for the older adults along the Thai-Cambodian border areas in Sisaket province.
2. To survey the demand for health tourism activities to promote well-being for the older adults along the Thai-Cambodian border areas in Sisaket province.
3. To develop health tourism models to promote well-being for the older adults along the Thai-Cambodian border areas in Sisaket province.

## 3. METHODOLOGY

This research employed a mixed-methods approach, integrating quantitative surveys with qualitative insights to ensure a comprehensive understanding of both the supply side (tourism potential) and the demand side (tourist preferences). The procedures are described as follows:

### 3.1 Population and sample

The population comprised 78,211 tourists who visited Sisaket province in 2022 (Tourism and Sports Economics Division, 2024).

Quantitative sample groups included: 1) 400 older tourists, calculated from the total number of 78,211 tourists visiting Sisaket province in 2022. The number was obtained by using Yamane's formula (Yamane, 1973, p. 125) with an acceptable margin of error of  $\pm 0.05$ . They were selected through purposive sampling. The sample group was defined as tourists aged 60 years and older who are currently traveling in Sisaket province or have visited the province within the past 12 months; 2) 60 representatives from both the public and private sectors. They were selected through purposive sampling under the following criteria: (1) sectors with a mission to promote tourism, (2) personnel with expertise in tourism, and (3) sectors that manage or supervise tourist attractions.

Key informants for qualitative data collection include: 1) 20 representatives from the public and private sectors, selected through purposive sampling. There were two representatives from each of the following agencies: (1) Sisaket Provincial Office of Tourism and Sports, (2) Sisaket Provincial Office of Culture, (3) Sisaket Provincial Community Development Office, (4) Sisaket Provincial Administrative Organization, (5) Sisaket Tourism Business Association, (6) Sisaket Tourism Industry Council, (7) Sisaket Provincial Public Health Office, (8) Sisaket Municipality Office, (9) Sisaket Rajabhat University, and (10) Thailand National Sports University Sisaket Campus. And 2) 20 older volunteer tourists. Participants were recruited via a public announcement on a Facebook page. The inclusion criteria required that participants: (1) be 60 years of age or older, (2) be in good health and capable of independent travel, and (3) be willing to participate in the research project.

**3.2 The research instruments** include: 1) Health Tourism Potential Assessment Questionnaire, 2) Older Tourists' Health Tourism Activity Demand Questionnaire, and 3) Semi-structured interview. The details are as follows:

1. The Health Tourism Destinations Potential Assessment Questionnaire consists of two sections: 1) general information on the tourist attractions, selected from the tourist attraction database of Sisaket province (Office of Sisaket Province, 2023, p. 82) according to the following criteria: (1) alignment with the activities of the Health Tourism Management Model, (2) alignment with the concept of health tourism attractions, specifically natural and cultural attractions, and (3) location in the Kantralalak, Khunhan, and Phusing districts. and 2) Potential in five 5 components of tourist destinations: Attraction, Accessibility, Amenities, Accommodation, and Activities. The validity and reliability were checked by three experts. The Item-Objective Congruence (IOC) is valued at the level of 0.90. The instrument was then tried out with a separate sample of 30 individuals, resulting in factor loadings between 0.559 and 0.988 (greater than 0.4) and a Cronbach's Alpha coefficient of 0.827, which is above the acceptable threshold of 0.6, indicating good reliability (Hair et al., 2006, pp. 776–779).

2. Older Tourists' Health Tourism Activity Demand Questionnaire consists of three sections: 1) Personal demographic data, 2) Travel behavior information section, and 3) Preferred health tourism activity models. The validity and reliability were checked by three experts. The IOC is valued at 0.91. Then, the try-out with a separate sample of 30 individuals yielded factor loadings ranging from 0.514 to 0.972 and a Cronbach's Alpha coefficient of 0.842, which exceeds the acceptable threshold of 0.6, indicating good reliability (Hair et al., 2006, pp. 776–779).

3. Semi-structured Interview focused on the development of the potential routes for health tourism for older tourists. The questions were related to tourism routes, including tourist attractions, activities, transportation, accommodations, food and beverages, guides, and souvenirs. The instrument's quality was empirically validated by three experts, yielding an average IOC of 0.95.

### 3.3 Data collection

#### 3.3.1 Health tourism destinations potential assessment questionnaire

The data was collected through a brainstorming session involving 60 representatives from the provincial and district/local public and private sectors, held between May and June 2024. The accuracy and completeness of data collected from questionnaires were verified, and the data were processed using statistical software.

#### 3.3.2 Survey on demand for health tourism activities

The researchers conducted a survey to assess the demand for health tourism activities using two methods: distributing questionnaires through on-site visits and providing a link for online responses via Line and Facebook. A sample of 400 participants was surveyed between May and July 2024. The accuracy and completeness of data collected from the questionnaires were checked, and the data were processed using statistical software.

### 3.3.3 Qualitative data collection

The qualitative data collection consisted of two processes: 1) the researchers conducted a focus group interview with 20 representatives from the public and private sectors to determine health tourism activities that promote well-being for older tourists along the Thai-Cambodian border area in Sisaket province, and 2) A field trip with 20 older volunteer tourists was set to examine health tourism routes. The qualitative data were subsequently analyzed using content analysis to identify and categorize key themes.

### 3.4 Data analysis

Quantitative data were analyzed using descriptive statistics, including percentages and means. The Health Tourism Destination Potential questionnaire employed a 5-point rating scale. The value of each interval is as follows: 4.51–5.00 indicated the highest level, 3.51–4.50 indicated a high level, 2.51–3.50 indicated a medium level, 1.51–2.50 indicated a low level, and 1.00–1.50 indicated the lowest level (Srisa-ard, 2011, p. 121).

Qualitative data were analyzed by content analysis. This involved establishing coding schemes to identify key terms from the opinions gathered during interviews, followed by categorizing the content through code assignment to elucidate objectives and quantify the content elements. Repeated words in the findings were synthesized to form core themes, drawing from both field notes and verbatim interview statements. The analysis addressed both manifest content, which is explicit, observable, and quantifiable, and latent content.

Furthermore, data triangulation was implemented to enhance validity, encompassing: 1) methodological triangulation through the collection of diverse data from online and offline sources, 2) data triangulation by examining information from varied online and offline origins, differing time frames, locations, and individuals to assess consistency, and 3) investigator triangulation by substituting research assistants as interviewers and data collectors to determine alignment in the obtained results (Podhisita, 2016).

## 4. RESULTS

### 4.1 The study on the potential of health tourism destinations to promote well-being for the older adults along the Thai-Cambodian border areas in Sisaket province

This information is shown in Table 1. The overall average assessment score was high (4.06). The Thai Traditional Medicine Department at Khun Han Hospital achieved the highest average score at a high level (4.43). At the same time, Baan Suan Nam Fah Thai Traditional Medicine received the second-highest average score at 4.30. The average high score groups include The Pha Mo I Daeng (4.29), Baan Sam Khee Lek Volcanic Durian Garden (4.26), Sisa Asoke (4.21), Phrai Phatthana Temple (4.09), Phu Sing Agricultural Development Center under the Royal Project (4.03), Had Suk Samran (3.98), Pha Phaya Kupri Viewpoint (3.83), Siri Lawa Weaving Group (3.77), and Pa Tham Phueng Dawadueng Temple (3.66), respectively. Among the components of tourist destinations, the highest average rating was for attractions (4.36), followed by activities (4.29), accessibility (4.20), facilities (4.02), and accommodations (3.42).

**Table 1:** Average evaluation scores of health tourism destinations' components (5A's) along the Thai-Cambodian border area, Sisaket province

Tourist destinations	Average evaluation score of 5 tourism destination's components							Rank
	Attractions	Accessibility	Amenities	Accommodation	Activities	Overall evaluation score	Interpretation of results	
Pha Mao E Dang	4.73	4.39	4.28	3.79	4.25	<b>4.29</b>	High	<b>3</b>
Sisa Asoke	4.29	4.35	4.12	3.79	4.50	<b>4.21</b>	High	<b>5</b>
Baan Suan Nam Fah Thai Traditional Medicine	4.22	4.19	4.16	4.39	4.53	<b>4.30</b>	High	<b>2</b>
Thai Traditional Medicine Group at Khun Han Hospital	4.15	4.63	4.40	4.30	4.68	<b>4.43</b>	High	<b>1</b>
Sirilawa Weaving Group	4.10	4.10	3.76	3.00	3.90	<b>3.77</b>	Medium	<b>10</b>
Phaya Kupri Viewpoint	4.51	4.21	3.68	2.68	4.08	<b>3.83</b>	Medium	<b>9</b>

**Table 1:** Average evaluation scores of health tourism destinations' components (5A's) along the Thai-Cambodian border area, Sisaket province (continued)

Tourist destinations	Average evaluation score of 5 tourism destination's components							Rank
	Attractions	Accessibility	Amenities	Accommodation	Activities	Overall evaluation score	Interpretation of results	
Baan Sam Khee Lek Volcanic Durian Garden	4.62	4.39	3.98	4.29	4.01	<b>4.26</b>	High	<b>4</b>
Pa Tham Phueng Daowadung Temple	4.38	3.60	3.43	2.70	4.19	<b>3.66</b>	Medium	<b>11</b>
Phrai Phatthana Temple	4.51	4.43	4.24	2.99	4.27	<b>4.09</b>	High	<b>6</b>
Had Suk Samran	4.33	4.06	4.00	3.34	4.16	<b>3.98</b>	Medium	<b>8</b>
Phu Sing Agricultural Development Center under the Royal Project	4.39	4.09	4.16	3.20	4.32	<b>4.03</b>	High	<b>7</b>
<b>Overall average score</b>	<b>4.36</b>	<b>4.20</b>	<b>4.02</b>	<b>3.42</b>	<b>4.29</b>	<b>4.06</b>	<b>High</b>	

## 4.2 The study on the demand for health tourism activities to promote well-being for the older adults along the Thai-Cambodian border areas in Sisaket province

### 4.2.1 Demographic profile of respondents

Among the 400 survey respondents, the majority (288) were female (72%), and 112 were male (28%). Most of them (160 people, 40%) were aged 60–65 years, followed by 66–70 years (93 people, 23.25%), over 75 years (74 people, 18.5%), and 71–74 years (73 people, 18.25%). 277 of them were married (69.25%), while 113 were widowed, divorced, or separated (28.25%), and 10 were single (2.5%). Their education level included a bachelor's degree (163 people, 40.75%), followed by below a bachelor's degree (118 people, 29.5%). Of these, 102 people received master's degrees (25.5%), and 17 of them hold degrees higher than a master's (4.25%). In terms of occupation, the majority (280) were retired (70%), 42 people were housewives (10.5%), 38 of them were farmers (9.5%), about a third (30) were general laborers (7.5%), and 10 of them were business owners (2.5%). Their highest monthly income (132 people) was 10,001–20,000 THB (33%), followed by 30,001–40,000 THB (110 people, 27.5%). Eighty-seven people (21.75%) earn 10,000 THB or less, and 61 people (15.25%) earn 20,001–30,000 THB, and only 10 people (2.5%) earn 40,001–50,000 THB of their monthly income. Their health status was reported as good (220 people) and moderate (180 people), 55% and 45%, respectively.

### 4.2.2 Travel behaviors and patterns

Regarding the travel behavior of older tourists, the majority (330 people) travel primarily for relaxation (82.5%). The second most frequent travel behavior among them (41 people) was for visiting relatives/friends (10.25%), and 29 people travel for sightseeing/workshops (7.25%). Most older adults (131) travel twice a year (32.75%); one-fourth of the participants travel more than three times a year, and 89 people take their journey once a year (22.25%). Only in 1 of 5 participants (80 people) travel three times a year. In terms of destination preferences, nature-based attractions were the most preferred by 190 people (47.5%), followed by historical sites (27.5%), cultural attractions (22.5%), and various types of attractions depending on the season (2.5%). Their travel behavior revealed that they were budget-conscious tourists (65%), explorers (17.5%), holiday travelers (12.5%), and frequent travelers (5%). The results showed that most of them (250) received advice from family/relatives (62.5%), about a third (30%) made their own decisions (120 people), and 30 were influenced by friends (7.5%). The decision-making process for travel was also mostly influenced by family/relatives (250), independently (120), and input from friends (30), which are 62.50%, 30%, and 7.5%, respectively.

The majority of the older tourists (290, 72.5%) travel with family/relatives, followed by solo travelers (60, 15%) and those traveling with friends or colleagues (50, 12.5%). Most of them plan their trips independently (290, 72.5%), while one-fifth of the tourists (80) rely on travel agencies, and a small number (60, 15%) book organized programs offered by companies/organizations. In terms of transportation, most older tourists (330, 82.5%) use their own cars; the rest (30, 7.5%) use car rental services or public buses (30, 7.5%), and travel by airplane (10, 2.5%). During their trip, the majority of older tourists (320, 80%) prefer to stay overnight, while the rest (80, 20%) prefer a one-day trip. Among those who stay overnight, the most

preferred accommodation is hotels (190, 47.5%), followed by resorts/bungalows (110, 27.5%). A small number of the travelers stay with relatives/friends (70, 17.5%), and the minority (40, 10%) prefer homestays. Considering the timing of their journey, most older adults (280, 70%) travel whenever they are convenient, while 60 people (15%) travel during tourist seasons/ festivals, during holidays (50, 12.5%), and during school breaks (10, 2.5%). As for travel expenses, over one-third (150 people, 37.5%) spent more than 5,000 THB, and about 30% of them (120) spent 2,001–3,000 THB. Sixty people or 15% tend to spend 3,001–4,000 THB, forty people or 10% pay 2,000 THB or less, and only 30 people or 7.5% spend 4,001–5,000 THB.

#### **4.2.3 Preferences for health tourism and future intentions**

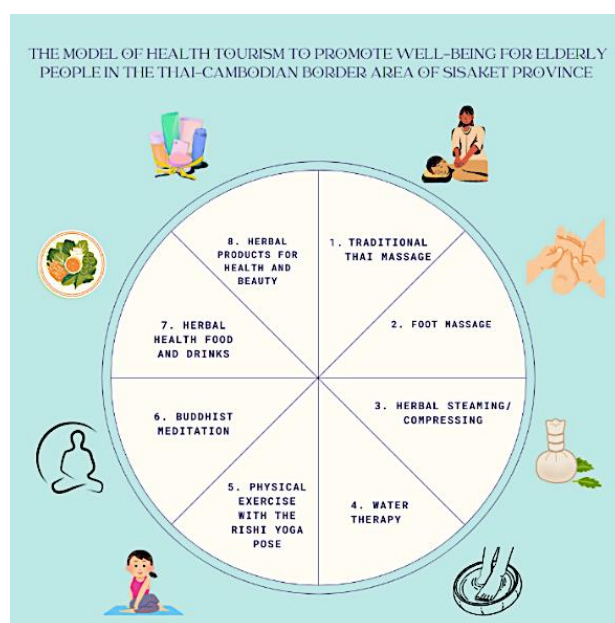
If health tourism opportunities increased, nearly half of them (170 people, 42.5%) would travel with family/relatives; 70 people (17.5%) would choose public organizations; 40 people (10%) would go with travel agencies; and 30 older adults (7.5%) would travel with friends. The first two health tourism services that most older tourists have experienced were Thai traditional massage as part of a program at various service centers, and inhaling essential oil scents or applying essential oils to the skin and massaging the body with bare hands (290 people, 72.5%). Vipassana meditation in designated areas of natural forest monasteries or meditation centers is as popular as using skincare products made from natural extracts and herbs (280 people, 70%). More than half of them prefer eating or drinking at herbal health food restaurants or vegetarian/health-conscious restaurants (248 people, 62%), visiting and watching Thai massage demonstrations (241 people, 60.25%), receiving foot massage therapy (223 people, 55.75%), and taking herbal compress treatment service (215 people, 53.75%). It was found that nearly half of them (190 people, 47.5%) engage in yoga or physical exercises. The rest enjoy using herbal steam baths (160 people, 40%), using automatic foot massage machines at various display locations (150 people, 37.5%), taking hot and cold mineral baths at hot spring resorts (130 people, 32.5%), and receiving fish spa treatments (79 people, 19.75%).

#### **4.2.4 Sources of information and barriers to health tourism**

Most older adults obtained health tourism information through word-of-mouth recommendations from acquaintances (160 people, 40%), followed by Thai tourism festivals (140 people, 35%), television (100 people, 25%), travel magazines (80 people, 20%), the Tourism Authority of Thailand and websites (50 people, 12.5%), and travel agencies (40 people, 10%). The main factors affecting attention in health tourism are inadequate accommodation and public utilities (170 people, 42.5%), followed by the high cost of health tourism programs (120 people, 30%). People felt that other factors, such as travel inconvenience and lack of information about health tourism programs (110 people, 27.5%) and concerns about the safety of tourist destinations (90 people, 22.5%), had little impact on their attention to health tourism. Not many people see that health tourism activities were not engaging enough (50 people, 12.5%), while safety concerns and lack of trust in service providers are the factors that have the least effect on health tourism (10 people, 2.5%).

### **4.3 The study on the health tourism model to promote well-being for the older adults along the Thai-Cambodian border areas in Sisaket province**

According to the results of the potential of health tourism destinations and the behavioral needs for health tourism activities targeting the older tourists in the Thai-Cambodian border area of Sisaket province, 8 health tourism models emerged (Figure 2): 1) Traditional Thai Massage and related activities; this includes herbal oil massage, acupressure massage, and a stress and migraine relief massage (Khun Han Hospital and Baan Suan Nam Fah); 2) Foot Massage for foot reflexology (Khun Han Hospital and Baan Suan Nam Fah); 3) Herbal Steaming/Compressing, which includes herbal knee compresses using three types of herbs (plai, kaffir lime peel, and galangal), herbal steaming, compresses, and stomach compresses with bloating using herbs with warming effects from ginger, turmeric, plai, galangal, lemongrass, and kaffir lime peel (Khun Han Hospital); 4) Water Therapy, foot soaking in saltwater and herbal decoction (Khun Han Hospital and Baan Suan Nam Fah); 5) Ruesi Dat Ton (Traditional Thai Exercise): Activities include practicing 15 poses for physical exercise (Khun Han Hospital); 6) Buddhist Meditation, chanting, and meditation practice (Phrai Phatthana Temple and Pa Tham Phueng Daowadung Temple); 7) Herbal Health Food and Drinks, learning and making herbal drinks such as Indian gooseberry juice and mixed vegetable juice, learning how to process and brew coffee, cultivating off-season lime, and making butterfly pea lime drinks (Baan Sam Khee Lek Volcanic Durian Garden, Phu Sing Agricultural Development Center under the Royal Project, and Had Suk Samran); and 8) Herbal Products for Health and Beauty (Sisa Asoke, Khun Han Hospital, and Baan suan Nam Fah), natural tie dyeing with volcanic soil and nine kinds of sacred tree leaves, namely Indian Mulberry, Golden shower, Siamese rosewood, Golden Teak, *Bambusa blumeana*, Mayom, *Aglaonema*, *Alocasia cucullata*, and banana leaves (Sirilawa Weaving Group). Activities also involve making and demonstrating herbal soaps and shampoos, and purchasing herbal health and beauty products. These health tourism models and activities aim to promote the well-being of older tourists and provide holistic experiences through a range of natural remedies, cultural practices, and health-promoting activities.



**Figure 2:** The model of health tourism to promote well-being for the older adults along the Thai-Cambodian border areas in Sisaket province.

**Source:** Kongkhaw et al., 2024, p. 1

According to a focus group discussion with representatives from the government and private sectors to develop health tourism to promote well-being for older adults in the Sisaket province area along the Thai-Cambodian border, a 2-day, 1-night health tourism itinerary called “Kantrakunsingh” was created. A field trip was put to the test with older volunteers from July 16–17, 2024. The results of the try-out trip include 1) attractions: A diverse range of attractions and activities provided older tourists with knowledge and understanding by allowing them to experience the health-promoting program. The results also indicated a sense of happiness and enjoyment among the participants, improved well-being during the trip, and insights they could apply to daily life. 2) Transportation: Vans were suitable for short travel distances — not exceeding one hour — within Sisaket province. However, tourists preferred minibuses for their offer of greater comfort, with spacious seating and extended legroom. 3) Accommodation: The accommodation was appropriate for health tourism, with its relaxing greenery and fruit gardens. The tourists appreciated the clean rooms, comprehensive facilities, and amenities such as swimming pools, breakfast, and leisure spaces. 4) Foods and Beverages: There was a variety of healthy foods and drinks. The older tourists enjoyed the flavorful, healthy dishes, including vegetarian dishes and fish-based meals. Additionally, they enjoyed eating Thai-Japanese fusion dishes served with hydroponic salads. 5) Guides: Knowledgeable guides and instructors provided engaging lectures and practical demonstrations. The older adults were particularly impressed by the information on Khao Phra Wihan National Park and Pha Mo I Daeng from a guide who provided insights into their history and the border dispute. 6) Souvenirs: A variety of GMP-standard herbal products for health and beauty were available at reasonable prices. These items were not only for practical daily-use products but also meaningful souvenirs.

## 5. DISCUSSION

The health tourism destinations along the Thai-Cambodian border in Sisaket province demonstrate high overall potential (average score 4.06), with attractions (4.36) and activities (4.29) emerging as the strongest components, followed by accessibility (4.20), facilities (4.02), and accommodations (3.42). These findings align with those of Klinmuenwai and Eurvongkul (2023), who identified tourist attractions as key strengths in health tourism management in Nakhon Ratchasima province and recommended enhancements in accessibility, activity diversity, and facility standards. Theoretically, this aligns with the push-pull theory of tourism motivation, in which pull factors—such as appealing attractions and engaging activities—draw older tourists to destinations. At the same time, push factors such as the need for relaxation and well-being motivate a departure from daily routines. In this context, the natural and cultural sites (e.g., Pha Mo I Daeng and Baan Suan Nam Fah) serve as strong pull elements, addressing older adults’ intrinsic motivations for health

restoration, as supported by Jang and Wu (2006) in their study on Taiwanese older adults' push-pull dynamics, emphasizing knowledge-seeking and safety. Furthermore, activity theory in gerontology posits that continued engagement in meaningful activities promotes successful aging; here, the highly rated activities align with this by fostering physical and social involvement and enhancing older adults' well-being beyond mere leisure.

The survey on older tourists' demand reveals preferences for relaxation (82.5%), nature-based destinations (40%), family-influenced decisions (62.5%), independent travel via personal cars (82.5%), and overnight stays (80%), with expenditures often exceeding 5,000 THB (37.5%). These behaviors align with Thaotrakool and Wannalak (2020), who noted similar patterns in Chiang Mai health tourism, including private-vehicle use and relaxation-focused visits, and underscore the influence of family and acquaintances on marketing. Internationally, this aligns with Pacheco et al.'s (2022) findings on senior motivations, highlighting experiences, socialization, physical activity, and family time as key drivers. Drawing from self-determination theory (Deci & Ryan, 1985), these preferences reflect intrinsic motivations for autonomy (e.g., independent planning) and relatedness (e.g., family travel), which enhance subjective well-being. However, barriers such as inadequate accommodations (42.5%) and high costs (30%) highlight gaps, in contrast to more developed international models, such as Spain's European Senior Tourism program, which offers subsidized low-season packages for EU older adults, emphasizing accessibility and affordability to promote active aging. Similarly, Iran's wellness resorts integrate restorative environments to boost life satisfaction among older adults, according to recent studies, providing a critical benchmark for Sisaket to improve infrastructure for broader appeal.

The eight proposed health tourism models—Thai Massage, Foot Reflexology, Herbal Steam and Compress, Water Therapy, Ruesi Dat Ton, Buddhist Meditation, Herbal Health Drinks, and Herbal Products—integrate destination potentials with the needs of older adults, supporting Wongpratum and Phumvitchuvet (2021) on community-based activities in Chiang Rai and Riwattana et al. (2023) on restorative models in Chonburi. A deeper analysis reveals varying effectiveness: physical models like Thai Massage and Foot Reflexology may be more impactful for mobility-limited older adults due to direct therapeutic benefits (e.g., pain relief via acupressure), aligning with activity theory's emphasis on maintaining physical function; mental models like Buddhist Meditation excel in stress reduction and emotional well-being, appealing to those in moderate health (45% of respondents). Herbal-based models (e.g., drinks and products) leverage local resources for holistic nutrition and beauty, potentially more effective for preventive care among healthier older adults (55%).

Despite these insights, the study has limitations. The sample ( $n = 400$ ) is predominantly female (72%), retired (70%), and in good/moderate health (55%/45%), introducing sampling bias toward more active, locally accessible older adults from Sisaket, potentially underrepresenting males, those with severe health issues, or international/cross-border visitors. Generalizability is constrained to the Thai-Cambodian border context, limiting applicability to urban or non-border health tourism settings.

## 6. CONCLUSION

The research suggests eight health tourism models that integrate Thai traditional practices, herbal therapies, and mindfulness activities, specifically catering to the well-being of older tourists. Developing and implementing health tourism programs can enhance the quality of life for older tourists while fostering local economic and cultural growth. The potential of key components such as attractions, activities, accessibility, and facilities scored high, although accommodations require improvement. The needs and preferences of older tourists emphasize relaxation in nature-rich environments, safety, accessibility, and engaging activities tailored to their health conditions. Recommendations include adopting a "slow life" tourism approach, promoting eco-friendly practices, and ensuring quality standards in health tourism services and products. By addressing infrastructure gaps and improving marketing efforts, Sisaket can position itself as one of the best destinations for health-conscious older travelers.

## 7. RECOMMENDATIONS

Based on the study's findings, several practical suggestions emerge to enhance health tourism for the well-being of older adults along the Thai-Cambodian border in Sisaket province. Primarily, accommodations and infrastructure should be upgraded to address the lowest-scoring component (3.42), incorporating older adults-friendly features like accessible rooms and eco-friendly homestays at underperforming sites such as Phaya Kupri Viewpoint (2.68) and Pa Tham Phueng Daowadung Temple (2.70). Accessibility and transportation can be improved through better road signage, shuttle services, and comfortable minibuses for

short trips, thereby mitigating barriers such as travel inconvenience (27.5%). Activities should be diversified and standardized across the eight models, ranging from Thai Massage to Herbal Products, to ensure GMP compliance and integration with local souvenirs, boosting community income. Cost barriers (30%) can be tackled via affordable packages under 5,000 THB, promoted through family-oriented marketing leveraging word-of-mouth (40%) and eco-friendly “slow life” approaches. Finally, quality monitoring via participant feedback will foster sustainable economic and cultural growth.

For further research, expanding the geographic and demographic scope is recommended, replicating the study in adjacent provinces such as Ubon Ratchathani to include international older tourists and assess cross-border potential. Longitudinal assessments should track the long-term impacts on well-being and economic benefits using pre- and post-trip metrics over 1–2 years. Integrating technology, such as booking apps, could address information gaps (27.5%). Lastly, policy-focused studies on stakeholder collaborations with MHESI and TAT are needed to develop national standards, alongside health-specific evaluations of models using quantitative metrics like stress levels.

## DECLARATION

### 1. Conflict of interest

The authors declare no conflict of interest.

### 2. Generative AI and AI-assisted technologies in the writing process

During the preparation of this manuscript, the author used AI-assisted tools to improve language and readability. The author reviewed and edited all content and takes full responsibility for the manuscript.

### 3. Data availability statement

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### 4. Ethics statement

The research was approved by the Office of the Human Research Ethics Committee of Sisaket Rajabhat University. The certificate of approval number HE 672017; date of approval 30 April 2023.

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### 6. Contributor Role Taxonomy (CRediT)

Pimpila Kongkhaw: Supervision, Conceptualization, Funding acquisition, Data curation, Formal analysis, Investigation, Methodology, Resources, Validation, Visualization, Writing – original draft, Writing – review & editing

Penlux Onsung: Conceptualization, Validation

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