



Thailand's Older Persons and Their Well-being

An Update based on the 2017 Survey of Older Persons in Thailand

Authors: Bussarawan Teerawichitchainan, Wiraporn Pothisiri, John Knodel and Vipap Prachuabmoh

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HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

HelpAge International

Asia Pacific Regional Office

6 Soi 17, Nimmanhaemin Rd., Suthep,
Muang, Chiang Mai 50200, Thailand

Tel: +66 53 225 400

Fax: +66 53 225 441

hai@helpageasia.org

www.helpage.org

www.AgeingAsia.org

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By

Bussarawan Teerawichitchainan

National University of Singapore

Wiraporn Pothisiri

Chulalongkorn University

John Knodel

University of Michigan

Vipan Prachuabmoh

Chulalongkorn University



FOREWORD

The demographic configuration in Thailand is changing rapidly. It is currently the second most aged nation in ASEAN, after Singapore. In 2015, the 10.7 million older persons accounted for 16% of Thailand's total population, and it is projected that more than one in three Thais will be over age 60 by 2050. This rapid change presents challenges and opportunities. Population aging has increasingly drawn attention from the government and policy makers, demonstrating concern for adapting systems to changed demands. Thailand's recent 20-year national strategy (2017–2036) also explicitly anticipates an aging population.

Recognizing the importance of empirical evidence to support development of policies, HelpAge International's Asia-Pacific regional office has been collaborating for years with the College of Population Studies of Chulalongkorn University to shine light on the situation of older Thais. The current research draws on the 2017 national survey of older persons conducted by the National Statistical Office of Thailand. The report of findings covers a wide range of topics, three of which are highlighted here – changing family structures, income security, and health and care services.

Older people have traditionally relied heavily on their families for care and support. Yet as fertility declines and migration increases, Thai families are becoming smaller and more dispersed. The report notes that older people's coresidence with their children declined steadily from 71% in 1995 to only 52% in 2017, and women are more likely to be widowed than men. The government acknowledges that it will need to anticipate risks associated with these demographic and social trends by playing a greater role in ensuring well-being in later life, particularly for older women. Leaving the family to assume full responsibility for older members is no longer a fair or realistic strategy for any generation.

Older persons have various potential sources of income. The report notes that work declines sharply after age 60–64 for both men and women. At all ages, men are more likely to work than women, and older people living in rural areas are more likely to work than those in urban areas. In addition, almost 80% of older persons received at least some income in the past year from their children. To ensure income security in old age, the government's notable measures include the expansion of the means-tested Old Age Allowance to become a universal scheme and the establishment of the National Saving Fund. The vast majority (86%) of persons 60 and older received the government Old Age Allowance in 2017, and this program is seen as a model for the entire region.

Health status and the security of care are very important in later life. Functional limitations and difficulties with self-care and other activities of daily living increase sharply with age. Overall, 37% experience at least one such difficulty. The percentage of older people who say they need assistance with activities of daily living increases relatively slowly with age until the 70s but more sharply thereafter. Thus, the need for care tends to be concentrated at advanced ages towards the end of life. An important policy intervention by government is the introduction of community-based long-term care for the home-bound and bedridden, which is yielding lessons of innovation for the future.

These and other critical issues need to be addressed with the help of robust empirical evidence and analysis. The College of Population Studies is performing an important service for Thailand in this respect. HelpAge International is, once again, honored to support the College with this important report.

Eduardo Klien

Regional Director, Asia Pacific

HelpAge International

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Executive Summary

Thailand is one of the most aged countries in Southeast Asia. Not only does population aging present pressing challenges for the state, communities and families but it also brings about new opportunities for Thai society. Looking ahead, Thailand will increasingly grapple with how various stakeholders can collaborate to provide support for its rapidly aging population as well as to enhance productive aging. The Thai government has been giving very serious attention to aging issues. This is clearly evident in the Second National Plan for Older Persons covering 2002–2021, the prominence of aging issues in the 2012–16 National Economic and Social Development Plan and more recently in the 2017–2036 National Strategy. Furthermore, the Old Age Allowance program was expanded in 2009 into a universal social pension for older persons who lacked other pension coverage. Additionally, the National Savings Fund was set up in 2015 to encourage savings for old age particularly among those in the informal sector. Since 2016, the Ministry of Public Health has also initiated several schemes to promote community-based long-term care for home- and bed-bound older persons.

In order to support these policies effectively and to adapt to the evolving contexts of Thailand's population aging, government and nongovernmental agencies will benefit from an evidence-based assessment of the changing situation of older Thais with regards to their economic well-being, health status, family care provision, and intergenerational support exchanges. Thailand is fortunate in having a series of national surveys of the older population. The present report draws heavily on the most recent national survey conducted by the National Statistical Office in 2017 but also incorporates results from earlier surveys to document trends. Although the 2017 survey covered persons 50 and older, with exception

to Chapter 2, this report focuses on those 60 and older, as this is the age range most commonly used when referring to older persons in Thailand.

The aging of Thailand's population

The number of older persons (defined as aged 60 and over) in Thailand has grown rapidly and will continue to do so in future decades. Since 1960 the number of older people in the Thai population has increased seven-fold from approximately 1.5 million to 10.7 million by 2015 or 16% of the total population. Future population aging will occur even more rapidly with the number of older persons projected to increase to nearly 23 million by mid-century, at which point they will constitute 35% of the Thai population. Moreover, by 2020, persons 60 and older will outnumber children under age 15 for the first time in Thai history.

Social characteristics of older persons

Women make up a disproportionate share of the elderly, constituting 55% of persons 60 and older and 61% of those 80 and older. The vast majority of older men are married but women are almost as likely to be widowed as to be married and living with a spouse. This imbalance in marital status between men and women increases sharply with age. Among persons 80 and older only 17% of women have a spouse compared to 60% of men. The percentages that never marry and those that experienced divorce have been increasing and are likely to continue to do so in the future, especially among women.

The average number of living children increases from 1.9 among persons aged 50–54 to 4.2 for those 80 and older reflecting the substantial decline in fertility that began in the 1960s.

In contrast the percent childless decreases rapidly with age from 12.3% for persons 50–54 to 5.2% for those 80 and older. Childlessness has become increasingly common among Thailand’s urban population. About 17% of urban residents aged 50–59 are expected to age without children. Current low fertility levels and increasing childlessness ensure continued reductions in family size among the future generations of older people.

Education is consistently shown to have positive impact on the well-being of older persons. In particular, education improves skills in reading and writing, thus critical for access to information and employment opportunities. The percent of older Thais without formal education increases from 5% among persons aged 60–64 to about one fifth among those 80 and older. Over 70% of persons aged 60 and above have no more than a basic primary education although educational levels of older persons are improving over time. Older women have less education than older men but the gender gap in education is on the decline.

Furthermore, in 2017, the majority of older persons reported participating in community activities during the past year. Participation is moderately higher among those in their 60s and 70s than those in their 50s or those 80 and older. Furthermore, around a third of persons 60 or older participate in an elderly club compared to only about 15% of persons 50–59.

Living arrangements

Coresidence with one or more adult children has traditionally been viewed as an essential way for older Thais to meet their later-life needs, particularly when they are frail and require personal care support from others. Despite continuing widespread normative support for living with children, coresidence with children

declined steadily from 71% in 1995 to only 52% in 2017 among persons 60 and older. Those who live with a married child are considerably more likely to live with a married daughter than a married son.

During recent years, increased migration has led to greater dispersion of adult children of older persons. Between 1995 and 2011, the share of children living outside their parents’ province increased from 28% to 39% (the 2017 survey lacks relevant information to update this). Nevertheless, only a relatively modest proportion of elderly parents are geographically separated from all of their children. As of 2017, about a quarter have no child in the same village and only 15% have no child in the same province. Evidence further indicates that older persons with few children are less likely to live with an adult child suggesting that the trend towards smaller families combined with greater dispersion of children will contribute to a continuing decline of coresidence with children in the foreseeable future.

Living alone or only with a spouse increased steadily since 1986. Taken together, these two measures indicate that the share of Thais 60 and older that live independently has tripled by 2017. The 2017 survey shows that 11% of older persons lived alone and over one fifth lived only with their spouse. However, living independently does not necessarily mean geographical isolation from children (or other relatives). As of 2017, 28% of elders who live alone and almost a quarter of those living only with a spouse have at least one child living next door.

Household size declined steadily from just over 5 persons in 1986 to 3.3 in 2017. Over 60% of older persons live in multigenerational households, although between 1994 and 2017 percentages living in three or more generation households decreased from 47% to 28%.

Among all persons 60 and older, 37% live in households with at least one grandchild compared to almost half of older persons in 2007. In 2017, about 9% live in 'skip generation' households (i.e., households with one or more grandchildren but no members other than the older person and spouse). Skip generation households continue to be considerably more common in the Northeast than elsewhere in Thailand.

Sources of support and material well-being

According to the 2017 Survey of Older Persons, 38% of all persons aged 60 or older reported that they worked during the past 12 months (49% of men and 29% of women). The percent that worked during the previous year declines sharply after age 60–64 for both men and women. At all ages, men are more likely to work than women.

The percent of persons 60 and older that worked in the previous year in 2017 decreased modestly from 2014 but was about the same levels reported in the 1994 and 2002 surveys. Regardless of the year, the percent that worked is significantly higher among rural compared to urban elderly. This likely reflects a greater tendency among rural elders in the agricultural sector, especially if self-employed, to reduce working in stages rather than to switch from full activity to no activity all at once.

While important, work is but one of a number of possible sources of income for older-age Thais. Consistent with prior surveys, evidence from the 2017 survey demonstrates changing patterns in sources of old-age income. First, the vast majority (86%) of persons 60 and older received the government Old Age Allowance in 2017, up from 81% in 2011 and under 25% in 2007. The high levels reflect the government's vast expansion of this benefit since 2009. Almost 80% of older persons received at least some income in the past year from their

children but the share reporting children as their main source of income declined from 52% in 2007 to 35% in 2017. At the same time, the percentages of elderly parents that received substantial amounts of money from children remained largely unchanged in 2017 compared to the 2007 and 2011 surveys. Also, the proportions of elderly Thais reporting the Old Age Allowance as their main income source increased from 3% in 2007 to 20% in 2017.

Importantly, reported annual incomes of older persons improved between 2007 and 2014, even when inflation was taken into account. Nevertheless, the reported income is modestly lower in 2017 compared to 2014. Women generally report lower incomes than men. However, this is limited mainly to those who are married and hence who likely benefit from their spouse's higher income. Elderly in rural areas report considerably lower incomes and view their economic situations as less favorable than those in urban areas.

Self-assessed economic situations of older persons also show a modest improvement between 2011 and 2014 followed by a small decline in 2017. About 56% of older people believed their income is adequate in 2017 compared to 64% in 2014. Older people whose main source of income is a pension or interest, savings or rent assess their economic situation most favorably while those who depend mainly on the Old Age Allowance assess their situation least favorably.

The quality of a person's housing is not only important for their comfort but is also a reflection of their economic status. Housing quality and the presence of appliances and motor vehicles as possessions in households in which older people live continue to steadily increase. Between 1994 and 2017, there is a clear trend towards living in houses constructed with permanent materials. Living in a dwelling unit with access to a sit toilet more than tripled from only 10% in 1994 to 51% of older

persons by 2017 while having piped water in the dwelling unit rose from just under a third in 1994 to 88% by 2017.

By 2017 virtually all older persons live in a household with a television and 95% in one with a refrigerator. Over 80% of older people live in households with some form of motorized vehicle up from less than a third in 1986. One striking change is the increase from only 15% of older persons living in a household with any type of telephone in 1994 to over 90% in 2017 in a household with at least a mobile phone. Furthermore, by 2017, one third of elderly Thais live in households with internet access up from only 9% in 2011. These changes in telecommunication technology are particularly important as it greatly facilitates older persons' communication with non-coresident children, calling for assistance in emergencies, and access to a variety of information.

Family support and intergenerational relations

Informal systems of social and economic exchanges within families are crucial for maintaining the well-being of older people in Thailand. As in preceding surveys, in 2017 the large majority (86%) of older persons with living children received some monetary support from their children. The percentages that reported children as their main source of economic support decreased continually between 2011 and 2017. Furthermore, the 2017 survey shows considerably lower percentages of older persons that received moderate or substantial amounts of monetary support from children in the past 12 months compared to 2014. Nevertheless, the 2017 level is only modestly different from 2011 or 2007 indicating that meaningful financial support from children has returned to earlier levels. In addition, non-monetary material support (i.e. food, goods and clothing) from non-coresident children was also higher in 2017 than in 2007 and 2011 but remained at the same level compared to 2014.

The decline in children being cited by older persons as their main income source between 2007 and 2017 likely reflects increases in income from other sources, including from the expanded Old Age Allowance program. As a result, even though children continued to contribute income to parents, the amounts they provided were apparently exceeded by the increased amounts that their parents now received from other sources.

Rural and urban elderly who have children are similar in terms of the percentages that receive any income from children or for whom children are the main source of their income. However, rural parents are less likely to receive large amounts of income from their children.

Social contact with non-coresident children, both in the form of visits and phone calls, increased steadily between 2007 and 2014 but leveled off by 2017. The earlier increase likely reflects the expanding transportation system and the continuing spread of mobile phones. Very few older parents appear to be abandoned by their children as indicated by the fact that 99% live either with or next to a child or have at least monthly visits or phone calls. Only half a percent had no contact and received no remittances from any of their children during the prior year.

Not only do older-age parents receive considerable material and social support from their adult children but they also contribute to their children's well-being in a number of ways. Although only a minority of older-age parents directly provided money to their children during the previous 12 months, the percentage that did so increased between 2007 and 2014. This perhaps reflects the expansion of the Old Age Allowance program ensuring that the vast majority of older persons receive regular cash income that some may choose to share with their children especially if they live together. Nevertheless, the proportion providing cash to children modestly declined in 2017 to roughly similar levels observed in 2007 and 2011.

Older-age parents who live with children perform a variety of useful services such as preparing meals, helping with other household chores and minding the house as documented in the 2011 survey. Although the 2017 survey lacks relevant information to update these estimates it incorporated a few questions about grandchild care. Among all persons 60 and older, 37% have one or more grandchildren in their household and approximately 14% have a grandchild in their household whose parents are absent. In such cases grandparents are often the main carers for the grandchildren. However, the parents rather than the grandparents, usually provide the main financial support for the grandchildren.

Health

The concept of well-being incorporates many different dimensions but perhaps none is of greater concern to older persons than their health status. The percentage of Thais 60 and older that assessed their health during the past week as good or very good fluctuate between 2011 and 2017 but the percentages that said their health is either poor or very poor are lower in 2017 than in 2007. Thus, although the results are somewhat mixed, they point to an improvement in overall health rather than a deterioration.

The percentage of older Thais that report they cannot see clearly is lower in 2014 and 2017 than in 2007 and 2011, while those indicating they can see clearly with glasses increased notably especially in rural areas.

Poor self-assessed health, illness during the past five years, poor vision and hearing, and incontinence all increase substantially with age and are more common among women than men. Psychological well-being decreases with age and is lower for women than for men.

About a third of persons 60 and older reported they received a physical check-up (free of charge or with minimal fees) during the past year, primarily from government health facilities. This varies little by age and gender but is higher in rural than urban areas. Older persons who are elderly club members are noticeably more likely to have a check-up suggesting that club membership may facilitate older persons to seek such healthcare service.

Functional limitations and difficulties with self-care and other activities of daily living increase sharply with age. Overall, 37% experience at least one such difficulty. However, among all persons 60 and older, only 8% say they need assistance with activities of daily living. This increases relatively slowly with age until age 70s but more sharply thereafter suggesting that the need for care tends to be concentrated at advanced ages towards the end of life.

Among older persons that say they need assistance in activities of daily living, about two thirds report that someone provides it. Children or children-in-law are by far the most common providers. Daughters outnumber sons as main assistance providers. Among married older persons wives outnumber husbands in providing assistance. Only a small minority of older Thais, mainly residing in urban areas, receives personal assistance from a paid non-relative.

Despite expanding government and private sector mechanisms of support and care in Thailand, the traditional reliance in old age on family, especially adult children, remains predominant. How long this can be maintained given the challenges posed by declining family size, greater dispersion of children, and extended life expectancy after reaching old age remains an open question.

Concluding remarks and options for the future

Overall, the well-being of Thai older persons has continued to improve between 2007 and 2017 and the State has made commendable efforts in developing policies and a legal framework to support older persons. Although Thailand's demographic profile is rapidly changing, the fundamental traditions of society, particularly filial support for older parents, remain largely intact. Many elderly Thais continue to work into old age, with or without earning a separate income. As has been traditionally the case, when older persons become less able to work and their health worsens, they still rely largely on their families to provide support, particularly personal care assistance. However, it is increasingly more challenging to have the needs for care and assistance with daily living activities met within the family since family size has steadily declined and younger people increasingly migrate to find improved employment opportunities in the face of volatile global economy.

Despite the improving situation of Thailand's older-aged population, in planning for the future it is important to keep in mind the major challenges looming as a result of demographic change, particularly accelerated population aging, longer survival during old age, reduced family size and greater geographic dispersion of adult children due to migration. Moreover, even with Thailand's economic development, many older Thais remain highly vulnerable. This is particularly true for elderly in rural areas compared to urban elderly. The country therefore needs to continue preparing for the demographic, socio-economic, and technological changes that will inevitably take place. A concluding chapter contributed by the Department of Older Persons proposes some options for future policy and programs.



Chapter

1

Introduction

Chapter highlights

- *The number of older persons aged 60 and over in Thailand has grown rapidly and will continue to do so in future decades; according to the latest UN estimates, the 2015 population of over 10.7 million older persons is projected to increase to nearly 23 million by mid-century.*
- *The Thai population has already begun to age rapidly with the share aged 60 and older having reached 16% by 2015; it is projected to increase to almost a third of the total population in just two decades from now.*
- *A series of national surveys have been conducted in Thailand since 1986 that detail the situation of the older population and provide comprehensive information for evidence-based policies and programs; the present report focuses on the most recent national survey conducted by the National Statistical Office in 2017. Analysis is limited to persons 60 and older except for Chapter 2 which includes the social and demographic characteristics of persons 50–59 as well.*
- *Population aging and the welfare of older persons are receiving increasing government attention and are prominent issues in the 2012–16 National Economic and Social Development Plan and most recently, in the 2017–2036 National Strategy. Moreover, an upgraded Department of Older Persons was established in 2015 with expanded authority to carry out programs to support older persons.*
- *All Thai elderly have access to free government health services; in addition, the previous means-tested Old Age Allowance program was expanded in 2009 to be a universal social pension scheme for all persons 60 and older that lack other government pension coverage; thus virtually all older Thais are entitled to at least some formal source of old age financial support.*
- *The number of older persons that are covered by occupational related pensions has expanded slowly through the voluntary National Savings Fund implemented since 2015 to cover informal sector workers. This is expected to help fill a major group not covered by the Old Age Pension Fund within the Social Security System for private enterprise employees or by pension systems for government and state enterprise employees.*
- *A variety of government initiatives are underway to deal with long term care particularly ones that emphasize community-based programs.*

Thailand is one of the most aged countries in Southeast Asia. Not only does population aging present pressing challenges for the state, communities and families but it also brings about new opportunities for Thai society. Looking ahead, Thailand will increasingly grapple with how various stakeholders can collaborate to provide support for its rapidly aging population as well as to enhance productive aging. In order to effectively formulate policies and program, government and nongovernmental agencies will benefit from an evidence-based assessment of the changing situation of older-age Thais with regards to their economic well-being, health status, family care provision, and intergenerational support exchanges.

Among developing countries, Thailand is unusual in having conducted a series of national surveys over the last three decades that focus on older persons and their social, economic and health situations (Teerawichitchainan & Knodel, 2015). Two such surveys, including the first in 1986 and a subsequent one in 1995, were conducted by academic institutions.¹ The National Statistical Office (NSO) conducted government-sponsored surveys of older persons in 1994, 2002, 2007, 2011, 2014, and 2017. Future plans call for NSO

to conduct additional surveys of older persons every 3 years. The main objective of this report is to provide an updated profile of the situation of older persons in Thailand based primarily on the 2017 NSO survey. Although the survey included persons aged 50 and older, most analyses presented in this report are largely restricted to persons aged 60 and older, the age range most commonly used when referring to older age persons in Thailand. However, to help understand how older persons over the coming decade may differ from those currently aged 60 and over, Chapter 2 which deals with demographic and socioeconomic characteristics includes results for the 50–59 age group as well as those 60 and older. The sample is nationally representative and provides comprehensive information for almost 72,000 persons aged 50 and older of whom 30,104 were aged 50–59 and 41,752 were aged 60 and over.² Selected results from the earlier surveys are also included in order to reveal the extent to which the situation related to older-age Thais has been changing over time. The sample design of the survey requires sample weights to be applied to render results nationally representative. Thus, results presented in this report are weighted.³

¹ The 1986 survey is entitled *Socio-Economic Consequences of the Aging Population in Thailand* (Chayovan, Wongsith, & Saengtienchai, 1988) and was conducted by the Institute of Population Studies (now known as the College of Population Studies) of Chulalongkorn University. The 1995 survey was entitled *Survey of Welfare of Elderly in Thailand* and was conducted jointly by the Institute of Population Studies and the Health Systems Research Institute (Chayovan & Knodel, 1997).

² The official full report including detailed tables and a description of the methodology of the survey is available online (<http://www.nso.go.th/sites/2014en/Pages/survey/Social/Demographic%2c%20Population%20and%20Housing/The-Survey-Of-Elderly-In-Thailand.aspx>). Overall, among persons age 60 and older covered in the survey, 79% provided interviews by themselves, 4% were assisted by another person and the remaining 17% were provided by a proxy, who in the vast majority of such cases was another member of the household. Among persons 50–59 proxy interviews were slightly more common at 20%. Proxy interviews are necessary since eligible respondents who are unavailable or for other reasons unable to be interviewed often differ from those who can provide interviews themselves. For example, respondents who are particularly frail, have serious hearing difficulty or suffer from dementia are often unable to provide interviews. Thus, excluding information about them even when provided by a proxy could bias results. Only four questions were skipped if the interview was done by proxy: three questions on satisfaction with government services and the one on happiness.

³ Results presented in this report may differ somewhat from those in the NSO report because when analyzing the data we attempt to reconcile minor inconsistencies in the data set when information is available for the same variable from more than one item in the questionnaire. In addition, there are two different sets of sample weights that can be used, one designed to produce provincial level representative results and the other to produce regional level representative results. The NSO final report uses the regional weights. However, to be consistent with results in our earlier reports that focused on the 2011 and 2014 surveys (Knodel, Prachuabmoh, & Chayovan 2013; Knodel, Teerawichitchainan, Prachuabmoh, & Pothisiri, 2015), we use the provincial weights. The differences in the results produced by these two weighting schemes are quite minor.

Following the introductory chapter which examines trends in population aging in Thailand and includes a brief review of government responses, subsequent chapters provide results on the following topics: social and demographic characteristics of the older population; living arrangements; sources of income and material well-being; family support and intergenerational relations and health status. These topics are followed by a final chapter that discusses policy options for the future.

Trends in population aging in Thailand

Population aging is already well underway in Thailand. According to the most recent (2017) UN Population Division estimates, the number of persons 60 and older in the Thai population has increased by more than seven-fold between 1960 and 2015 rising from 1.4 million to 10.3 million. Moreover, the share of the population represented by persons 60 and older increased from 5.3% in 1960 to 15.6% by 2015. This increased aging of the population resulted from the precipitous fall in fertility since the late 1960s from six children per woman to only 1.5 as measured by the total fertility rate combined with increasing survival at older ages. Among the 10 ASEAN countries, only in Singapore is the percentage of older persons higher than in Thailand. Moreover, given that fertility remains well below the replacement level of 2 children per woman, population aging

in Thailand will become more pronounced in the coming decades.

The latest UN population projections for Thailand illustrate just how extensive the future growth of both the number of older persons and their share of the population are likely to be in the next three and a half decades (see Table 1.1). The number of persons aged 60 and above, is expected to more than double between 2015 and 2050 rising from 10.7 million to 22.9 million. The proportion that older persons will represent of the total population depends on the future trend of fertility. The UN provides three sets of projections based on low, medium and high fertility assumptions tailored for each specific country. The medium fertility variant, the most commonly cited, indicates the percentage of the population 60 and older will more than double increasing from 16% in 2015 to 35% by mid-century. Assumptions embedded in the low fertility variant, would result in an even greater increase in the share of the population age 60 and over by mid-century to nearly 40%. If higher fertility is assumed, the aging of the population will be more modest with the population 60 and older only slightly more than doubling and representing 32% of the population by 2050. Thus, regardless of the fertility assumptions incorporated in these projections, at least nearly one third of Thailand's population will be aged 60 and over by mid-century and might even reach two fifths.

Table 1.1 Population 60 and older according to United Nations projections, Thailand, 2015–2050

	2015	2020	2025	2030	2035	2040	2045	2050
Number in 1000s (medium fertility variant projection)	10,732	13,279	15,988	18,688	20,914	22,404	22,971	22,954
Ratio to 2015	1.00	1.24	1.49	1.74	1.95	2.09	2.14	2.14
As % of total population according to fertility variant								
Low fertility	15.6	19.3	23.4	27.9	31.9	35.2	37.5	39.2
Medium fertility	15.6	19.1	22.9	26.8	30.2	32.8	34.3	35.1
High fertility	15.6	19.0	22.5	25.9	28.7	30.6	31.5	31.6

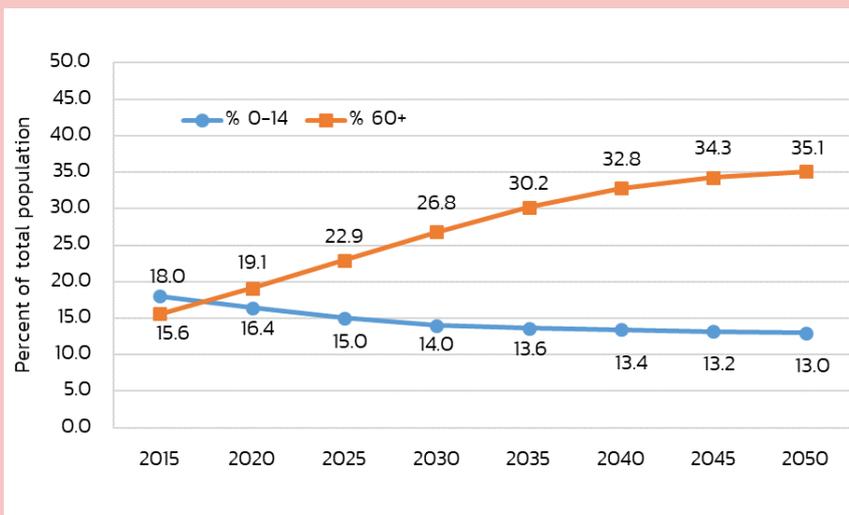
Source: United Nations Population Division 2017 Population Estimates and Projections (UN, 2017).

Note: All fertility variants assume the total fertility rate (TFR) during 2010–15 is 1.53. The low fertility variant assumes TFR falls to 0.93 by 2025–30 and then rises to 1.09 by 2045–50; the medium fertility variant assumes that the TFR falls to 1.41 by 2020–25 and then rises to 1.59 by 2045–50; the high fertility variant assumes that the TFR steadily rises to 2.09 by mid-century.

As shown in Figure 11, the UN medium fertility projections also indicate that the share of the population that constitutes older persons will, for the first time in Thai history, exceed that of children under the age of 15 by 2020. Moreover, by mid-century, the projection indicates that the share of older persons will more than double the share of children. Of course, there is no way to be certain about what the fertility trend will be in the future. If the fertility levels are higher than those incorporated in the projection, the imbalance between the shares of older persons compared to children will be more moderate. However, based on previous trends in Thailand and the experience of other low fertility countries in the region, there is no compelling evidence so far that fertility levels will rise to much higher levels than the medium fertility variant suggests. Indeed, current fertility expectations among Thai adults in the early years of the reproductive span suggest that fertility will stay well below the replacement level of 2.1 children per woman.

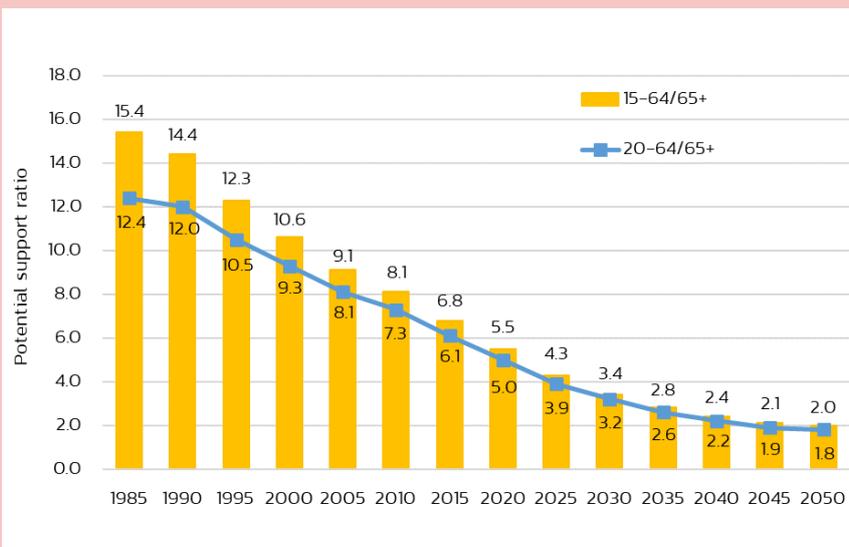
An age structure measure related to population aging is the potential support ratio. It is often used to portray implications for the impact that population aging has for older persons as well as to suggest the degree of potential burden for younger generations in providing for older-aged populations. This is commonly defined as

Figure 11 Percentage of total population under age 15 and age 60 and over, medium fertility variant, Thailand, 2015–2050.



Source: 2017 United Nations Population Division population estimates and projections (UN, 2017).
 Note: Results shown are based on the medium fertility variant that assumes the total fertility rate (TFR) will decline from 1.46 to 1.41 between 2015–20 to 2020–25 and then increase to 1.59 by 2045–50.

Figure 12 Potential support ratios, medium fertility variant, Thailand, 1985–2050



Source: 2017 United Nations Population Division population estimates and projections (UN, 2017).
 Note: Results shown are based on the medium fertility variant that assumes the total fertility rate (TFR) will decline from 1.46 to 1.41 between 2015–20 to 2020–25 and then increase to 1.59 by 2045–50.

the ratio of the population aged 15–64 to that aged 65 and older. The measure is intended to be an indication of the support base of persons in ages most likely to be economically productive and hence available to support those in older ages who are largely no longer working. Given that currently in Thailand many persons in the 15–19 age category are still in school and are

not yet economically productive, it is also useful to calculate a modified version of the measure defined as the ratio of the population age 20–64 to that aged 65 and older. Both measures are provided in Figure 1.2. It is also true that not all persons 65 and older are economically inactive.

A falling potential support ratio is assumed to reflect a rapidly shrinking support base of adults on whom the older age population can depend. In fact, this decline has been underway for several decades with the standard ratio already falling slightly more than half from over 15 in 1985 to just less than 7 by 2015. Likewise, the adjusted ratio relating persons 65 and older to persons 20–64 shows a slightly less drastic but still very dramatic decline. Of particular concern for the future is that these ratios will continue to steadily decline reaching very low levels of less than two persons in the working ages for every person 65 and older.

It is useful to recognize that the potential support ratio should not be interpreted too literally. Indeed, it has recently come under serious criticism as being misleading as a measure of old-age dependency (Gietel-Basten, Scherbov, & Sanderson, 2015). Underlying this criticism is that the conventional potential support ratio fails to take into account changes in life expectancy and the associated improvements in health that older persons have been experiencing over time. It is argued that it progressively incorrectly overstates the number of persons that should be defined as old and dependent over time. Proposed alternative measures that incorporate a dynamic view of remaining life expectancy and its implications for defining who is old and dependent provide a more optimistic view of the future challenges of aging in Thailand and elsewhere in Southeast Asia.

In addition, as results in subsequent chapters of this report document, although only a minority of older persons remain economically active past age 65, well over 40% of those

aged 65–69 are still working. Moreover, some older people have sufficient savings and assets to support themselves and do not need to be dependent on their family. Neither of these facts are taken into account by the potential support ratio. Also, it is interesting to note that despite a falling potential support ratio in recent decades, analysis of previous surveys of older persons in Thailand indicates considerable improvement in the material well-being of older persons as measured by household possessions and quality of housing (Knodel, Teerawichitchainan, Prachuabmoh & Pothisiri, 2015).

Government responses to population aging

In this section, we summarize the overall government responses to population aging issues. We pay attention to recent developments including the enhanced role of the community in providing integrated care for older persons and the development of a pension scheme to serve persons in the informal and self-employed sector of the economy.

Overview. Government planners have taken population aging quite seriously as evident in the issue's increased prominence in successive National Economic and Social Development Plans since the late 1990s and most recently, in the 2017–2036 National Strategy. Explicit mention of older persons was first introduced in the 8th National Economic and Social Development Plan for 1997–2001. Also of considerable significance, a Second National Plan for Older Persons covering the period of 2002–2021 was adopted in 2002 coinciding with the UN-sponsored Second World Assembly on Aging. The plan was then revised in 2009 based on an extensive assessment carried out by Chulalongkorn University.

In 2003 the Thai government passed the Older Persons Act which mandated the permanent establishment of the National Commission on the Elderly with the main function to set policy and guidelines to oversee matters related to

older persons. The Older Persons Act also provides rights, benefits and support to persons 60 and older in various areas. These include convenient and expedient medical and health services, employment and vocational training, discounted transportation fares, exemption from entrance fees at government parks and facilities, assistance for those abused, exploited, or abandoned, assistance with funeral expenses, and privileges accorded to their children who look after them.

Noteworthy is the 2012–2016 National Economic and Social Development Plan which prominently addressed population aging as part of the central development agenda for Thailand (NESDB, 2012). Furthermore, in 2015, the Bureau of Empowerment for Older Persons (under the Ministry of Social Development and Human Security) was upgraded to departmental status as the Department of Older Persons. The organizational restructuring transformed this unit from one primarily conducting research related to aging issues to one with greater authority to carry out programs to support older persons (Department of Older Persons, 2015). For example, one of its increased responsibilities is to manage the 12 Centers for Development and Welfare for Older Persons under the jurisdiction of the national government. These centers provide nursing home facilities and conduct outreach activities for older persons.

Another important development over the last 10 years is the nationwide establishment of Centers for the Quality of Life Development and Occupational Promotion for Older Persons in 2013 by the Ministry of Social Development and Human Security, Ministry of Interior and Senior Citizen Council of Thailand. The main purpose of these community centers at the *tambon* (subdistrict) level is to provide comprehensive services to improve the quality of life of community-dwelling older persons, including healthcare promotion, life-long learning activities, and promotion of volunteer caregivers

among the older persons themselves. As of 2019, these centers were established in 1,391 subdistricts nationwide up from 878 in 2014.

After the 2014 military coup, one of the national reform plans proposed in 2015 by the National Reform Assembly focuses on population aging particularly regarding the following four domains. The first domain is pension reform and measures to increase productivity among Thailand's older-aged population. The second focuses on healthcare reform particularly expanding community-based long-term care and step-down care systems. The third domain calls for promoting universal design and technology in order to address the needs of older persons. The fourth domain focuses on promoting old-age preparedness among working-age individuals and all sectors of the Thai society.

Health services. Universal minimal cost or free health coverage at government facilities has been available in Thailand since 2001 for all Thai nationals regardless of age. However, persons aged 60 and over have been entitled to free government medical services since 1992. Older persons also benefit as parents or spouses of public sector employees who are entitled to somewhat superior benefits compared to those under the universal health coverage plan. In the recent reform proposal, the National Reform Assembly encouraged plans to reduce disparities in healthcare access, particularly among the urban poor.

Noteworthy are considerable efforts made to improve the vision of older persons both by the government and private organizations. Free cataract surgery and other types of eye care are provided by the Ministry of Public Health and reached large numbers of older persons (Jenchitr & Pongprayoon, 2003). The Thai Red Cross also has a program that provides free eye care and cataract surgery for the poor and underprivileged older persons since 1995. Under this program, by 2017, about 187,400 were treated and about 54,000 older

persons received the cataract or eyelid surgery.⁴ In 2009 the Thai Red Cross in partnership with Top Charoen Optical Company began a program to provide free eye glasses to elderly persons in the more remote rural areas throughout Thailand with a target of reaching 30,000 by 2014. As of 2019, the program has continued but it is unclear how long it would last.⁵

Long-term care. The Thai government is clearly aware of the challenge that long-term care poses in the context of decreasing availability of family assistance. Extending the 2008–2011 plan, the Health Development Strategic Plan for the Elderly (2013–2023) of the Ministry of Public Health clearly spells out a strategy for dealing with rising demands for long-term care.⁶ It is based on the concept that the quality of life of older persons at more advanced ages can best be retained through a combination of assistance within their family and a support system of health care and social services within their own community. The plan emphasizes cooperation between community and local administrative organizations in allocating a budget for the purpose as well as delivering the services. The strategy also calls for building databases of good-quality elderly clubs and volunteers to provide home-based care (Foundation of Thai Gerontology Research and Development Institute & College of Population Studies, 2012).

With respect to providing home-based care, the Department of Older Persons launched the Home Care Service Volunteers for the Elderly Program as a pilot project in 2003. Its objective was to establish a system of community-based care and protection for older persons with chronic illnesses, especially for those who are bedridden, who have no caregivers or who are underprivileged. Since its initial start in 2003, the program has provided some level of coverage in communities throughout Thailand.

At present (2019), there are approximately 14,500 elderly home care volunteers and each volunteer is expected to be responsible for at least 5 older persons in their communities. Nevertheless, the extent and quality of services provided by elderly home care volunteers vary greatly across communities. For instance, only one third of local authorities surveyed in an evaluation study reported that services provided by elderly home care volunteers met the needs of elders in their communities (Suwanrada, Pothisiri, Siriboon, Bangkaew, & Milintangul, 2014). Key challenges include insufficient numbers of qualified and skilled home care volunteers and lack of budget to compensate the volunteers in their activities (e.g., transportation expenses).

Since 2016, the Ministry of Public Health tried to bolster community-based care for older persons with long-term care needs by providing additional funds for various schemes (Bangkok Post, 2016). These include topping up funding for the universal health coverage program to ensure better care for home- and bed-bound older persons. Part of the funds also went to *tambon*-level community hospitals (formerly known as community health stations) in 1,000 districts nationwide to support training for community-based caregivers. Furthermore, the



⁴ See <https://www.facebook.com/ThaiRedCross> (accessed 03/06/2019)

⁵ See Sources: <https://www.facebook.com/CareYourEye> (accessed 03/06/2019)

⁶ See http://203.157.102.112/nont/file_upload/downloads/aging/strategic_aging2558.pdf (accessed 11/08/2015)

National Health Security Office (NHSO) under the Ministry of Public Health introduced an integrated care model in 2016 in collaboration with local administrative bodies and community hospitals. Under this model, paid caregivers are in charge of caring for between one and 10 eligible elders in their communities. The services of caregivers are planned and monitored by care managers from community hospitals. Depending on their financial capacity, local administrative bodies (e.g., *tambon* subdistrict administrative organizations) are expected to co-fund the long-term care scheme by contributing between 20% and 50% of the amount of funding received from the NHSO. It is important to take note that the NHSO's long-term care scheme is run in parallel with the Home Care Service Volunteers program under the Human Security and Social Development Ministry. It remains unclear whether and how the community-based efforts by different government agencies in addressing long-term care needs will be integrated in the future (Saengpassa, 2017).

Institutionalized care is considered only as a last resort to be provided by the government as a way of dealing with persons in need of elder care. Thus, there are only 12 institutional old-age homes supported by the national government with under 2,000 residents and 13 others under the supervision of the Department of Local Administration (Foundation of Thai Gerontology Research and Development Institute & College of Population Studies, 2012).

Economic security. Although family remains an important source of economic support for older Thais, major expansion of government sponsored pension systems has been taking place. Prior to the late 1990s, government measures providing old-age economic security covered only public sector employees. In 1996 the government pension scheme was transformed from defined benefits to a mandatory defined contributions and benefits system. In 1999 an Old Age Pension Fund was set up within the national social security system and mandates

contributions by employees, employers and the state for all workers in private sector enterprises. However, to receive a pension, members must have contributed for at least 15 years. As a result, the first pension payouts under this system only started in 2014. Members retiring before 2014 were entitled to only a lump sum payment. Policy makers expressed concerns regarding the viability of the pension system in the face of the rapidly increasing number of older Thais who would qualify for pensions under this system in the coming decades.

Self-employed and informal sector workers are permitted to subscribe for a monthly fee to Social Security on a voluntary basis, but few eligible persons have taken advantage of the option. Thus, to address the need for retirement benefit coverage for self-employed and informal sector workers, the National Savings Fund (NSF) Act was passed in 2011 but only became effective in August 2015. Both the person joining and the government contribute to the fund and once members reach the age of 60, they are entitled to receive a pension. Under this scheme, persons aged 15–59 who are not entitled to other kinds of pension (including social security) are eligible to enroll. The annual required contribution for each member is at a minimum of 50 baht but should not exceed 13,200 baht. Government match-up contributions vary by members' age, ranging between 600 baht and 1,200 baht per year. When reaching age 60, members can choose between a lump sum payment and a pension. The number of NSF subscribers grew from 391,354 in 2015 to 530,417 in 2017 (NSF, 2018). Nevertheless, the number of the NSF subscribers remains significantly lower than the originally targeted number of between 700,000 and 1 million subscribers. The government has been active in recent years in promoting retirement savings among informal sector workers.

A particularly significant government program to address old-age income security is the Old Age Allowance (OAA) program which in effect became a virtually universal social pension in

2009. The OAA started out as a relatively modest program intended for indigent older persons in rural areas. Over the years the criteria were progressively broadened so by the time of the 2007 Survey of Older Persons almost one fourth reported receiving the allowance. In 2009, means-testing was dropped and any Thai national 60 years or older was granted the right to register and receive a monthly allowance of 500 baht with the exception of those that receive a pension or equivalent benefits from national governmental organizations, public enterprises or local authorities. In 2011 progressive rates were introduced in relation to age with persons 60–69, 70–79, 80–89 and 90 or older entitled to 600, 700, 800 and 1,000 baht per month respectively (Suwanrada, 2013). Thus, when the OAA and government pensions are considered together, virtually all older Thais at present have at least some formal old age source of financial support even if only modest. More recently, the government has considered increasing the amount of old-age allowance to 1,000 baht per month for all older persons regardless of their age.

Apart from an expansion of various pension schemes, the government has also tried to promote economic activities among older persons. Since 2017, the government has offered more tax incentives to companies that hire older workers. According to the Royal Decree no. 639, corporate income taxpayers can deduct greater amount of expenses incurred from employing persons aged 60 and older.⁷ Furthermore, the state-owned Government Savings Bank has made reverse mortgages available for eligible older persons since 2017 to allow them to convert home equity into cash. The scope of these two schemes has nevertheless been limited.

Elderly Associations. To promote active aging, the government has supported the establishment of senior citizen clubs as self-help organizations of older persons. Elderly clubs are registered with and supervised by the Senior Citizen Council of Thailand. Proportions of communities with elderly associations have increased steadily over time. As of 2017, there were over 28,000 registered senior citizen clubs nationwide. Of these, approximately 390 elderly associations are in Bangkok. Most of these clubs are located in state health facilities, mainly district health offices and sub-district health stations. While a large majority of sub-districts in Thailand have an elderly club, a 2011 evaluation study shows that just half of elderly associations held activities at least once every quarter in the previous year and that approximately 24% of elderly populations who were members of these associations participated in activities of the clubs in the previous 3 months (Suwanrada, 2014).

The National Strategy (2017–2036). Population aging and the welfare of older persons are featured quite prominently in Thailand's National Strategy for 2017–2036. This is expected to enhance continuity of the country's aging policies, as the National Strategy is a 20-year development masterplan that would guide policy actions of current and future governments. The National Strategy, for example, discusses the importance of life-long learning and inter-generational social cohesion (National Economic and Social Development Council, 2018). Following the National Strategy, the current government has pushed forward a few policy measures to promote elderly employment as well as healthcare access. It has also proposed to amend laws and regulations to facilitate geriatric programs and activities. Nevertheless, the effectiveness of these new policy measures has yet to be evaluated.

⁷ See <https://www.mazars.co.th/Home/Doing-Business-in-Thailand/Tax/Additional-deduction-for-employing-elderly-people> (accessed 03/06/2019)



Chapter **2**

Social and Demographic
Characteristics

Chapter highlights

- *This chapter provides an overview of social and demographic characteristics of older persons as well as persons aged 50–59.*
- *Women constitute 55% of Thailand’s total older population and 52% of persons aged 50–59; the share of women increased progressively with age, constituting 61% of those aged 80 and older.*
- *The vast majority of men aged 50–59 (86%) and 60 years and older (81%) are currently married compared to only 74% of women aged 50–59 and 48% of those aged 60 and older; widowhood is much higher for women representing 42% of women aged 60 and older compared to only 14% of their male counterparts.*
- *The percentage of older persons who remain never married has been increasing and is likely to continue in the future, as is the percentage of those divorced and separated.*
- *The mean number of living children increased from 1.9 for persons aged 50–54 to 4.2 for those 80 and over, reflecting the decline in fertility since the 1960s; the percentage of childlessness declines steadily with increasing age from 12% for persons aged 50–54 to 5% for those 80 years and older.*
- *The vast majority (72%) of persons aged 60 and over had attained basic primary education; the percent with no education increases with age from just 4% for persons aged 50–54 to over one fifth for those aged 80 and over, reflecting the expansion of educational opportunities in Thailand.*
- *Older women have received less education than older men but the gender gap in education is declining.*
- *The future generations of older persons are more educated as indicated by the percentage of older persons who received at least some secondary education that has successively increased over the past 15 years.*
- *The percentage of older persons who currently work declines considerably with age from 81% among persons aged 50–54 to 57% among those aged 60–64, 22% of those in their early 70s and only 4% of those aged 80 and older.*
- *The vast majority of older Thais affiliate with Buddhism; Islam is the second-largest religion but accounts for under 4% of older persons, all of the remainder (under 1%) is Christians.*
- *The majority of older Thais participated in community activities such as religious ceremonies, Thai New Year celebration and National Day of Older Persons; the participation rate is moderately higher among older persons aged 60–79 years old compared to those in their 50s, but is lowest among those 80 years and older.*

To understand the needs of older persons as well as their potential to contribute to families and communities, this chapter provides an overview of the current demographic and social characteristics of older persons in Thailand. It also examines how these characteristics have changed over time. In this chapter, analyses cover not only persons aged 60 and over, but also those aged 50–59. Examining the latter group who will be entering the old age span enables us to see how the composition of Thailand’s older population will change over the coming decade.

Feminization of aging

Similar to almost all countries around the world, Thailand’s older population is disproportionately female. The proportion of women exceeds the proportion of men at all older age groups, as indicated in Figure 2.1. According to the 2017 Survey of Older Persons, women constituted 55% of the old age population, and 52% of those 50–59 years. The prominence of women becomes most pronounced at age 80 and over in which slightly more than 60% are female. The higher proportion of women in the older population, especially among the oldest old (persons 80 years and older), can be primarily explained by two factors. First, higher survival ratio of females to age 60 leads to a larger proportion of women entering the oldest old age group. Second, life expectancy at age 80 is higher for women than for men, thus contributing to the continued predominance of women in the oldest old population.

The predominance of women in older age population adds more challenges to the provision of old-age financial and care support.

Compared to men, older women are less likely to have pension but more likely to have disabilities and illnesses that require long-term care. Nevertheless, attention to old-age support should not be gender-specific but considered as common vulnerabilities of both men and women since Thailand’s older populations in coming decades will involve a large increase in the number of not only older women but also older men.

Marital status

Advantages of being married in later life on older persons’ well-being are widely documented in the literature. The presence of a spouse is generally associated with better health, both physically and psychologically, and greater financial resources to access needed care. With illnesses and needs for long-term care, spouses (usually wives) are often the ones who provide personal care support which can potentially reduce unnecessary or premature entry to long-term institutionalization (Lima, Allen, Goldscheider, & Intrator, 2008; Pinquart & Sørensen, 2011).

Marriage among the current cohort of older Thais is nearly universal. As shown in Table 2.1, only 5% of individuals aged 60 years and older

Figure 2.1 Gender distribution by age group, persons 50 and older, 2017



Source: 2017 Survey of Older Persons in Thailand

Table 2.1 Marital status distribution by age, gender and area of residence, persons 50 and older, 2017

	Single	Married live together	Married live apart	Widowed	Divorced/separated	Total
Total						
50+	5.7	67.0	3.9	19.1	4.3	100.0%
50-59	6.8	75.1	5.0	7.4	5.7	100.0%
60+	4.8	60.1	2.9	29.3	3.0	100.0%
Age						
50-54	6.7	76.0	5.7	5.8	5.8	100.0%
55-59	6.8	74.2	4.4	9.0	5.7	100.0%
60-64	5.8	71.4	3.3	15.4	4.1	100.0%
65-69	5.2	65.8	3.4	22.0	3.6	100.0%
70-74	4.5	59.0	2.7	31.7	2.2	100.0%
75-79	3.4	50.6	2.5	41.5	2.0	100.0%
80+	2.9	32.5	1.5	62.1	1.0	100.0%
Gender and age						
Male 50-59	6.2	82.1	4.1	2.9	4.8	100.0%
Female 50-59	7.3	68.7	5.9	11.6	6.6	100.0%
Male 60+	2.5	78.3	3.0	13.8	2.4	100.0%
Female 60+	6.6	45.3	2.8	41.9	3.5	100.0%
Area of residence and age						
Urban 50-59	10.0	70.4	5.7	7.2	6.7	100.0%
Rural 50-59	4.3	78.7	4.5	7.6	5.0	100.0%
Urban 60+	6.9	57.3	3.3	28.8	3.7	100.0%
Rural 60+	3.2	62.1	2.6	29.6	2.5%	100.0%

Source: 2017 Survey of Older Persons in Thailand

Note: Excludes a small number of respondents for whom marital status is uncertain.

are never married while 63% are currently married. The vast majority of the currently married live with their spouse. Of those formerly married, by far most are widowed. Those who are divorced or separated account for only 3% of all older adults aged 60 and older.

Table 2.1 also indicates the differences in marital status across age group, gender and location of residence. Among the population aged 60 and over, the percentages that are still single decrease steadily with increasing age. The percentage still single among those aged 80 and over is only half that of those aged 60-64 (3% vs. 6%), reflecting an increasing prevalence

of lifetime singlehood among younger cohorts. This trend will be even more pronounced in the coming decade when the population aged 50-59 that is never married enters old ages. A similar pattern is observed among those currently married but living apart and among those who are divorced or separated. Results suggest that the shares of older adults who live apart from their spouses or are divorced/separated are likely to increase in the near future. While the proportions currently married decline steadily with age, the proportions widowed increase commensurately. This reflects that marriage in later life is mostly dissolved by the death of spouse and that re-marriage is much less common among older adults.

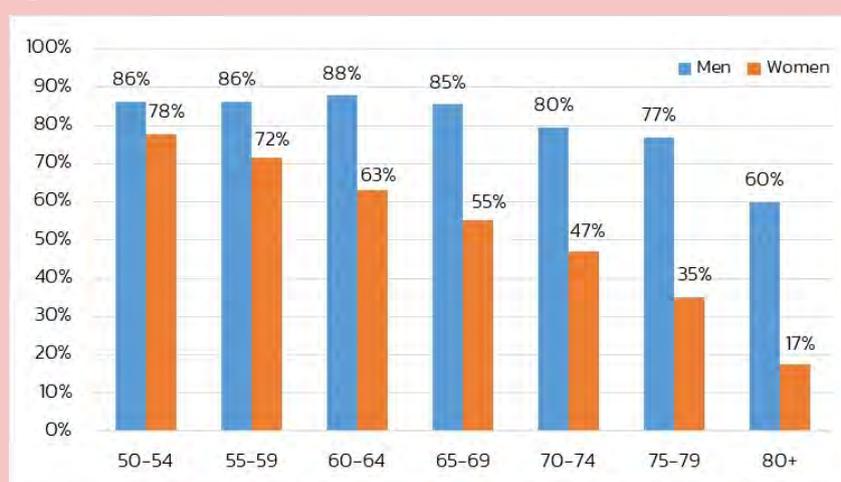
Marital status also varies greatly by gender. Older women are more likely than men to remain never married throughout their life course. A large majority of men aged 50–59 and 60 and older are currently married. In contrast, the shares of women, especially those 60 years and older, who are currently married are much lower than men. More than four-fifths of currently married elderly men live together with their spouses compared with less than half of their female counterparts. Widowhood is much more common among older women than men, particularly among those aged 60 and older in which the share of women who are widowed is more than three times the share of widowhood among men. Likewise, divorce or separation is higher among older women than men. Furthermore, results also demonstrate differences in the distributions of marital status between urban and rural older persons. The percentages never married are higher among urban than rural elderly, especially among those aged 50–59. For persons aged 50–59 and 60 years and older, being currently married but living apart and being divorced or separated are higher in urban than in rural areas.

Figure 2.2 highlights gender differences among those currently married across age groups. The gender gap increases persistently with age and is most pronounced among those aged 80 and over with 60% of currently married men compared to 17% of women.

Number of living children

Figure 2.3 shows the mean number of living children with respect to the respondent's age and area of residence. In this report, the number of living children refers to the counts of reported surviving biological children or step-children as well as adopted children. The mean number of living children increases with age, and is lower in urban than in rural areas. The average number of children of older persons aged 50–54 is distinctively lower than half of that of those 80 years and over. This pattern reflects the long history of fertility decline in

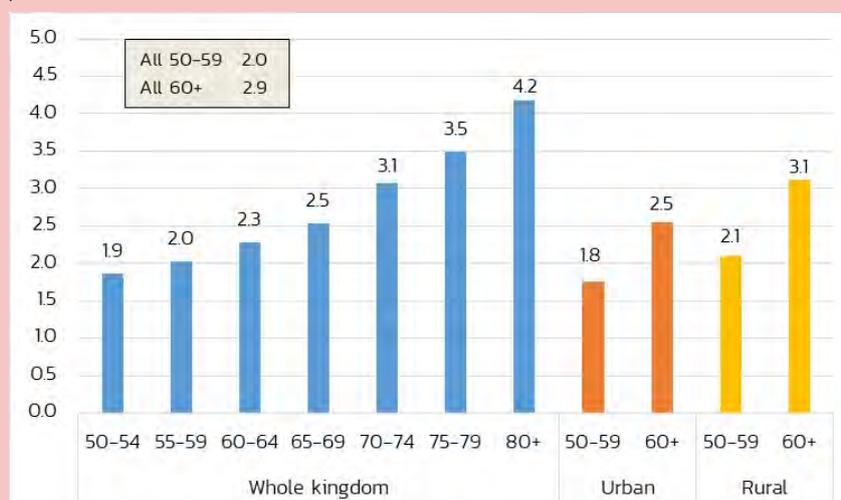
Figure 2.2 Percentage currently married by age, persons 50 and older, 2017



Source: 2017 Survey of Older Persons in Thailand

Note: Currently married include all who are reported as currently married regardless if the spouse lives apart.

Figure 2.3 Mean number of living children by age and area of residence, persons 50 and older, 2017



Source: 2017 Survey of Older Persons in Thailand

Note: Numbers of children include adopted, step and own biological children.

Thailand since the 1960s and that the decline began somewhat earlier in urban than in rural areas.

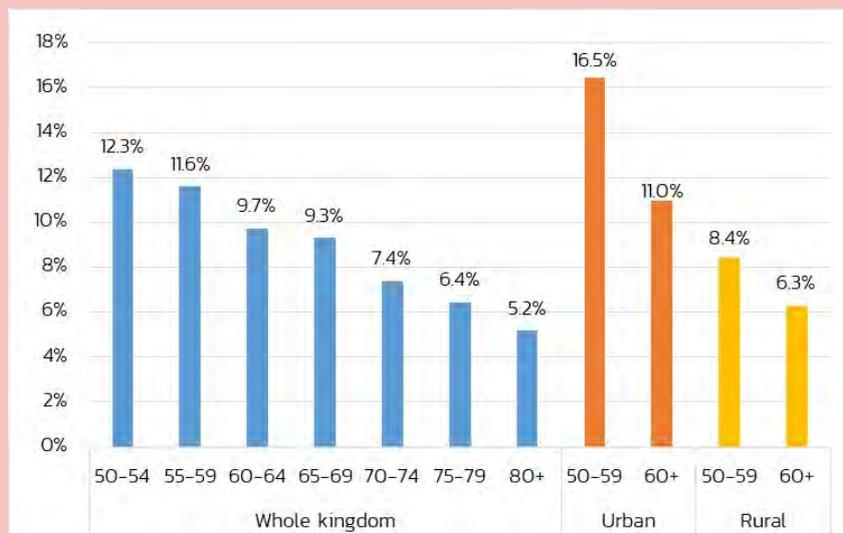
The decline in fertility is not reflected only by the smaller number of children the younger cohort of older persons had, but also by the higher proportion of childlessness in younger age groups. As indicated in Figure 2.4, the percentage of childlessness declines steadily with increasing age. About 12% of persons aged 50-54 are childless compared to only 5% of those 80

years and older. Likewise, the percent childless in urban areas is twice higher than that in rural areas, especially among the older persons aged 50-59, with 17% of urban older persons being childless compared to 8% of rural older adults.

Education attainment

Research consistently shows positive impact of education on the well-being of older persons (Diener, 1984; Ross & Wu, 1996). Education is closely correlated with income and employment both before and after retirement. It is also associated with ability to read, write and speak, thus affecting the ability of older persons to access important information and healthcare services, and to adopt new technologies. Thus, increased educational attainment among younger cohorts of older Thais can have implications for their well-being. Results in Table 2.2 show that overall about 10% of older Thais have no formal education, while over 70% have completed at least the basic compulsory level that prevailed at the time they were of primary school age. Those with lower secondary, upper secondary, and beyond secondary education level constitute a smaller proportion of about 14% of the older population.

Figure 2.4 Percentage childless by age and area of residence, persons 50 and older, 2017



Source: 2017 Survey of Older Persons in Thailand
 Note: Childless refers to persons with no adopted, step or own biological children.

The educational distribution of the current cohort of elderly Thai varies substantially by age. Findings show significant improvement in educational attainment across birth cohorts. The percent with no formal education increases from 3.6% among those aged 50-54 to about slightly over one-fifth among those aged 80 and older. The percent that had some schooling but less than the basic four years rises from 2% among those in their early 50s to 8% among those 80 years and older. In contrast, the percent with lower secondary, upper secondary, and beyond secondary education declines with age. Among those aged 50-54 almost a third had at least some secondary schooling compared to only 7% percent of those aged 80 years and older. The results also show that the majority of the current older persons completed the basic compulsory school of 4-6 years but only a fraction continued on to secondary or higher levels. The age differences in education attainment reflect the country's expansion of education system over time and indicate that the future cohorts of older persons are better educated.

Table 2.2 Educational Attainment by age, gender and area of residence, persons 50 and older, 2017

	Percent distribution						Total
	None	Less than grade 4	Complete primary grades 4-6	Any lower secondary	Any upper secondary	Above secondary	
Total							
50+	7.0	3.2	68.3	5.2	6.6	9.8	100.0%
50-59	3.8	1.9	64.1	7.5	9.4	13.4	100.0%
60+	9.7	4.3	71.8	3.3	4.2	6.6	100.0%
Age							
50-54	3.6	1.8	62.7	7.6	11.2	13.2	100.0%
55-59	4.0	2.0	65.5	7.3	7.7	13.6	100.0%
60-64	5.4	2.8	73.8	4.2	4.4	9.4	100.0%
65-69	7.1	3.4	74.0	3.7	4.6	7.3	100.0%
70-74	10.3	4.4	71.9	3.5	5.0	4.9	100.0%
75-79	13.0	5.7	71.0	1.9	4.0	4.4	100.0%
80+	21.4	8.2	63.9	1.6	2.1	2.8	100.0%
Gender and age							
Male 50-59	3.0	1.6	60.5	9.4	11.7	13.7	100.0%
Female 50-59	4.5	2.1	67.4	5.7	7.3	13.1	100.0%
Male 60+	6.2	3.6	71.3	4.8	6.1	8.0	100.0%
Female 60+	12.6	4.8	72.3	2.1	2.6	5.5	100.0%
Area and age							
Urban 50-59	2.8	1.5	52.6	9.2	12.2	21.6	100.0%
Rural 50-59	4.6	2.1	73.1	6.1	7.2	7.0	100.0%
Urban 60+	7.8	3.4	64.5	4.9	7.2	12.2	100.0%
Rural 60+	11.1	4.9	77.0	2.2	2.1	2.7	100.0%

Source: 2017 Survey of Older Persons in Thailand

Note: Excludes a small number with unknown or indeterminate education.

Education attainment among the current cohort of older persons also differs according to gender and area of residence. Men and urban residents received more formal education than women in both 50-59 and 60+ age groups. This is indicated by the lower percent of men and urban residents with no formal education and the higher percent that continued on to the secondary education level. However, comparisons between the 50-59 and 60+ age groups suggest that gender difference is diminishing over time. A similar trend is observed among the urban-rural dwellers; however, the difference remains relatively large.

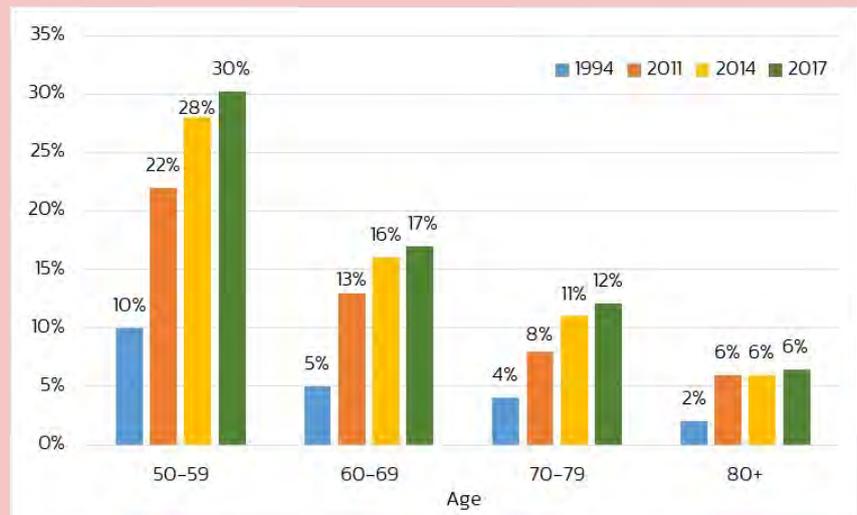
The improvement in the level of education among the future generations of older persons is clearly illustrated in Figure 2.5. Information collected from four Surveys of Older Persons between 1994 and 2017 shows that the proportion who received at least some secondary education is successively higher across all four surveys and almost all age groups. This reflects the fact that among the younger age groups primary education was relatively common but secondary education was at a critical stage of expansion.

Figure 2.6 highlights gender differences among age groups with respect to attaining at least a basic primary education (Panel A) and attaining at least some secondary education (Panel B). It is apparent that women in most age groups are less likely than men to receive basic primary education and secondary education. The difference is far more pronounced among the older age groups than among those in their 50s. Among the younger age groups, the gender gap is almost negligible for primary education. Nevertheless, the gender difference in secondary education attainment and beyond is quite pronounced for them, reflecting the fact that primary education was already very common when those in their 50s were school age but secondary education was still at a critical stage of expansion.

Economic activity

The current mandatory retirement age for government employees and state enterprise workers is 60 years old. Raising the age to 63 years will be fully enforced in 2024. The new mandatory retirement age will apply to all civil servants, except those who work for national security agencies or are in positions that require significant level of physical

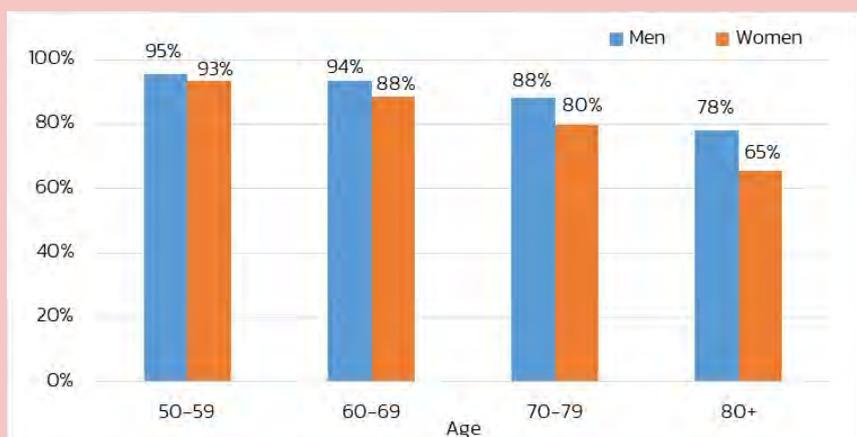
Figure 2.5 Percentage with at least some secondary education by age, persons 50 and older, 1994, 2011, 2014 and 2017



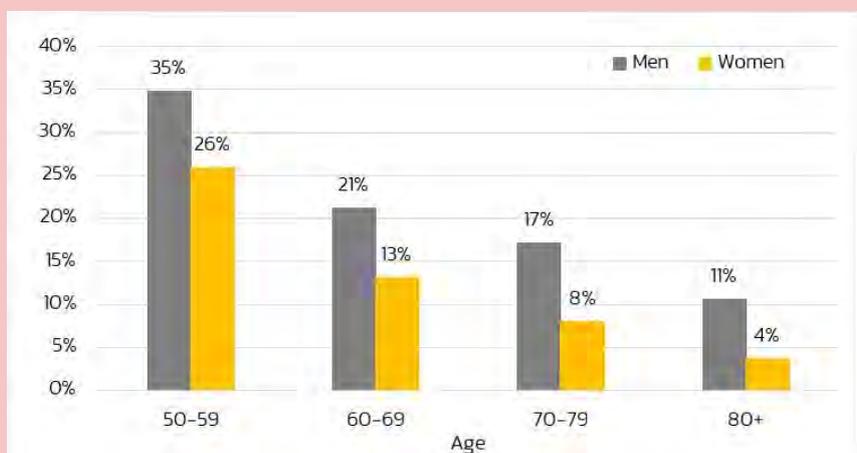
Sources: 1994, 2011, 2014 and 2017 Surveys of Older Persons in Thailand.
 Note: Any secondary education refers to at least starting the lower secondary level.

Figure 2.6 Educational attainment by gender and age, persons 50 and older, 2017

A. Percentage with at least a basic primary education



B. Percentage with at least some secondary education



Source: 2017 Survey of Older Persons in Thailand.
 Note: Basic primary education refers to completing at least grade 4; any secondary education refers to at least starting the lower secondary level.

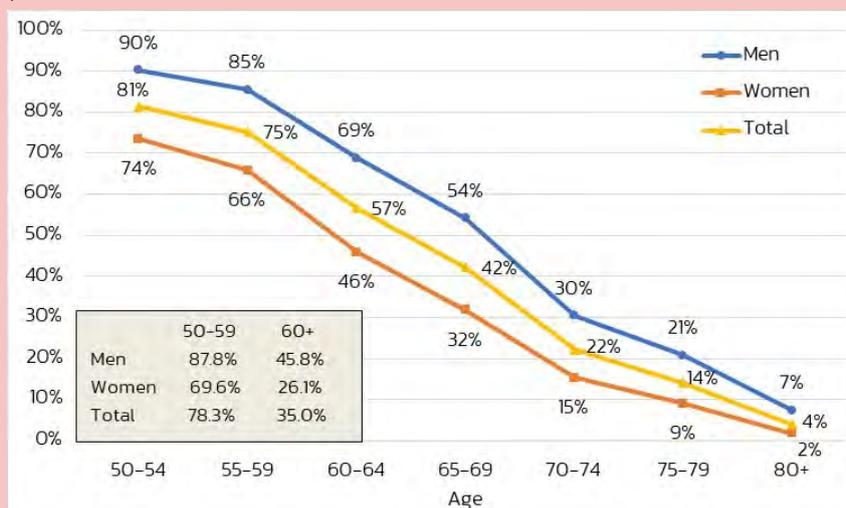
fitness.¹ For employees of private firms, the Labor Protection Act, B.E. 2541 (1998) which governed relationships between employers and employees in the private sector, and which provided protection for employees, did not stipulate the retirement age. Employees could work for life if the agreement between the employer and employee was not set out. Otherwise, they may voluntarily resign but lose the entitlement to severance pay. However, since the old age social security benefits are available starting at age 55, there have been some private companies encouraging or mandating the retirement at this age. In 2017, Thai government enacted the new Labor Protection Act (No.6), B.E. 2560 which stipulated a much clearer retirement provision for employees in the private sector, especially for employees whose companies did not have a retirement policy. In this particular case, employees who are 60 years of age or more can inform the employers of their intention to retire. It is not compulsory, but optional, for



those employees who are 60 years of age or more to exercise their rights of retirement.² For older persons whose economic activity involves agriculture or the informal sector, there is no mandatory retirement age and the age at which they stop working remains ambiguous. Nonetheless, older persons whose

last job was in formal sectors, retirement does not necessarily mean they would stop working. Some may find alternative work in either the formal or informal sector that has no formal retirement age. However, disengagement from economic activity can be due to several factors including deterioration of health condition and physical strength as well as family obligation to look after grandchildren (HelpAge International, 2016).

Figure 2.7 Percentage that worked in previous week by age and gender, persons 50 and older, 2017



Source: 2017 Survey of Older Persons in Thailand

Note: Those reported as waiting for season to work are not included among those that worked in previous week.

¹ <https://www.bangkokpost.com/news/general/1443683/govt-officials-to-retire-at-63-not-60>

² <https://www.bangkokpost.com/business/news/1478549/getting-old-gracefully-new-retirement-regime-for-thai-private-sector-employees>

According to the 2017 Survey of Older Persons, 35% of persons aged 60 and older reported that they worked during the previous week, with the percentage of men (46%) almost twice higher than the percentage of women (26%). Figure 2.7 also shows the distribution of persons aged 50 and older who worked during the past week according to their age and gender. It is apparent that the percent who worked during the past week decreased steadily with age for both men and women. Overall, 81% of those aged 50–54 reported that they worked in the past week as did 57% of those aged 60–64. Of those aged 70–74, 22% worked and only 4% for those aged 80 and older. Gender differences in working within each age group are also pronounced. Among those aged 50–54, 90 percent of men worked in the past week compared to 74% of women. The difference is more pronounced among those aged 60–64 with slightly over two-thirds of men still working but less than half of women still working. At age 80 and over, 7% of men were

still working, which is three times greater than the 2% of women.

Religion affiliation

Religious affiliation is an important aspect of life of many people, especially when they are older (Davie & Vincent, 1998). It is also a significant factor in shaping beliefs that are associated with health behavior and health status, living arrangement, social or religious participation. Engaging in religious activities can contribute to spiritual and tangible support to older persons (Wang, Kercher, Huang, & Kosloski, 2014). Table 2.3 shows that 96% of the older Thais affiliate with Buddhism. Islam is the second most reported affiliation but only accounts for nearly 4% of all older persons. All of the remainder are Christians. Although Muslims constitute only a small percentage of the total older population, they are a substantial minority in the South of Thailand. At the same time extremely few Muslims live in either the North or Northeast of the country.

Table 2.3 Percentage distribution by religion, region and age, persons 50 and older, 2017

	Buddhist	Muslim	Christian	Total
Age 50–59				
Total	95.7	3.8	0.5	100.0%
Bangkok	96.0	3.6	0.4	100.0%
Central excluding Bangkok	97.9	1.8	0.3	100.0%
North	98.2	0.2	1.6	100.0%
Northeast	99.6	0.2	0.2	100.0%
South	76.9	23.0	0.1	100.0%
Age 60 and older				
Total	95.9	3.5	0.6	100.0%
Bangkok	94.5	4.7	0.9	100.0%
Central excluding Bangkok	97.9	1.7	0.4	100.0%
North	98.7	0.1	1.2	100.0%
Northeast	99.6	0.0	0.4	100.0%
South	78.1	21.6	0.3	100.0%

Source: 2017 Survey of Older Persons in Thailand

Note: Results exclude a very few respondents who either indicated they had no religion or professed a religion other than the three shown.

Community participation

Staying involved in community activities in later life is one of the essential elements of active aging (WHO, 2002) as it enhances older persons' social support (e.g., emotional support, social contact), and thereby fosters their psychological well-being. In addition, the engagement of older persons in these activities allows them to contribute in a visible way to the community and helps emphasize the fact that they are an asset, rather than being a burden to the society.

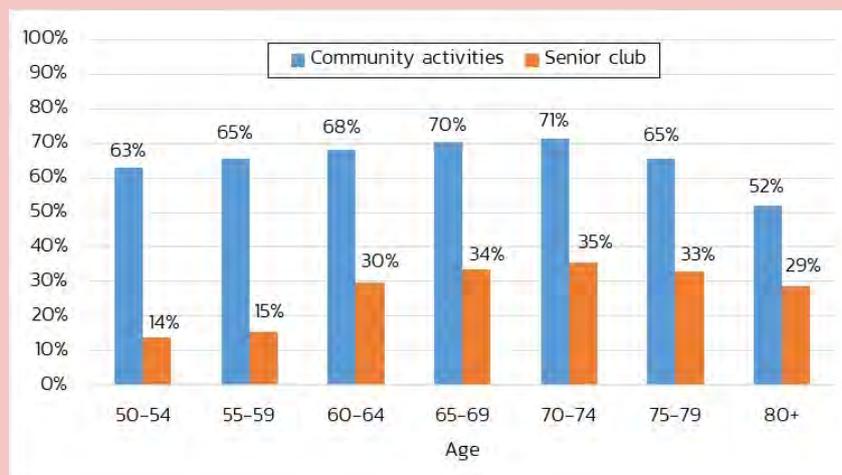


Figure 2.8 shows that a majority of older Thais involve themselves in community activities such as religious ceremonies, New Year's Day celebration and the National Day of Older Persons. The participation in community activities is moderately higher among older persons aged

60-79 compared to those in their 50s, but is lowest for those 80 years and older. The decrease in participation rate for this age group is likely associated with poorer health and higher levels of frailty. With regard to the participation in senior clubs, the participation

rate is higher among those aged 60 and older and lowest for those aged below 60 years. This is partly due to the fact that age 60 is considered the start of the old age in Thailand. A decline in participation rate of the senior club is also evident among those aged 80s, and above; however, it remains higher than that of those aged 50-59.

Figure 2.8 Percentage that participated in last 12 months in community activities and in senior club activities, persons 50 and older, 2017



Source: 2017 Survey of Older Persons in Thailand

Note: Community activities included senior day celebrations, Thai New Year day, religious ceremonies, etc.



Chapter **3**

Living Arrangements

Chapter highlights

- *Over the last three decades, coresidence with children has steadily declined, while independent living, including both living alone or only with a spouse, has increased substantially.*
- *Despite these changes, slightly over half of older persons (52%) live with a child and 62% either live with or adjacent to a child; about one tenth live alone.*
- *Household size declined steadily from just over 5 in 1986 to 3.3 in 2017.*
- *While over 60% of older persons live in multigenerational households, living in three or more generation households decreased from 47% in 1994 to 28% in 2017.*
- *Among older persons who live with a married child, it is considerably more common to live with a married daughter than a married son; this is most pronounced in the Northeast region and least pronounced in Bangkok.*
- *Older persons who live independently (either alone or only with a spouse) are about as likely as other older persons to report that their income is adequate; nevertheless, childless solo-dwellers are less likely to report income adequacy.*
- *Almost 30% of older persons that live alone and nearly a quarter of those that live only with a spouse have a child living next door; about 40% of those living alone and those living only with a spouse have a child living at least within the same locality (i.e., same village/municipality).*
- *During recent years, increased migration has led to greater geographic dispersion of the children of older persons; the proportion of children living outside their parents' province increased from 28% to 39% between 1995 and 2011 (the 2017 survey lacks relevant information to update this).*
- *Only a relatively modest proportion of older Thais are geographically separated by substantial distances from all of their children; about a quarter of elderly parents have no child in the same village and only 15% have no child in the same province in which the parents live. While the percentage is low, it represents an increase from the previous Surveys of Older Persons in Thailand (11% in 2011 and 13% in 2014).*
- *The share of older persons that live in households with at least one grandchild is declining in recent years, falling from 48% in 2007 to 37% in 2017.*
- *Overall 14% of older persons live in households in which the parents of the youngest grandchild are absent and 9% live in 'skip generation' households (i.e., only with grandchildren and a spouse if married); skip generation households are considerably more common in the Northeast than elsewhere.*
- *Older persons with four or more living adult children are more likely to live with an adult child than those with fewer adult children; those with only one adult child are particularly less likely to have a child coresident or living adjacent.*

The present chapter examines trends in living arrangements among older Thais. Understanding how living arrangements are changing over time and how older persons are adapting to these changes is key to understanding old-age well-being. As documented in subsequent chapters of this report, family remains predominant source of various types of old-age support in Thailand, despite expanding government, community and private sector mechanisms of support and care. Social and economic intergenerational exchanges that constitute the informal system of support and services within the family are closely intertwined with living arrangements and location of family members, especially adult children.

This chapter is organized as follows: trends and patterns of household composition with particular attention to intergenerational co-residence and independent living (living alone and living only with a spouse); location of children; presence of grandchildren and skip generation households; and associations between family size and old-age living arrangements.

Household composition

Table 3.1 shows trends in household composition of older Thais between 1986 and 2017. Changing trends in coresidence are of particular interest, given the central role that living with children has traditionally played in the context of family

Table 3.1 Selected measures of living arrangements, persons 60 and older, 1986 to 2017

	Household size (mean)	% coresident with a child	% live alone	% live only with spouse	% live alone or only with spouse
Total					
1986	5.04	76.9	4.3	6.7	11.1
1994	4.44	72.8	3.6	11.6	15.2
2002	n.a.	65.7	6.5	14.0	20.6
2007	3.75	59.4	7.6	16.3	23.9
2011	3.63	56.5	8.6	17.1	25.7
2014	3.56	54.7	8.8	19.0	27.8
2017	3.29	51.5	10.7	20.7	31.4
Urban					
1986	5.60	77.1	3.5	4.4	8.0
1994	4.53	77.1	3.9	8.3	12.2
2002	n.a.	69.0	6.0	11.8	17.8
2007	3.81	64.6	7.4	12.9	20.3
2011	3.66	59.2	8.5	15.4	23.9
2014	3.55	56.8	9.7	17.4	27.1
2017	3.29	53.9	10.7	19.2	29.9
Rural					
1986	4.93	76.8	4.5	7.2	11.7
1994	4.40	70.9	3.5	13.0	16.5
2002	n.a.	64.3	6.8	15.0	21.8
2007	3.72	57.3	7.7	17.7	25.4
2011	3.62	55.2	8.6	18.0	26.6
2014	3.56	53.2	8.2	20.0	28.2
2017	3.29	49.7	10.7	21.7	32.5

Sources: 1986 Survey of Socio-economic Consequences of Ageing of the Population in Thailand; 1994, 2002, 2007, 2011, 2014, and 2017 Surveys of Older Persons in Thailand; 2002 Labor Force Survey, 2nd round.

Note: The percent coresident for 2002 includes a small number who live with a child in law but not a child; See Knodel et al, 2005. n.a. = not available.

support for elderly Thais. Results reveal a clear decline in coresidence with children over the last three decades with the overall percentages of persons 60 and older who live with children falling from 77% in 1986 to just above 50% in 2017. All the surveys demonstrate higher percentages of urban coresidence than rural coresidence but decline is evident among both urban and rural old-age populations.

Another important trend is the increasing proportions of older persons that live independently of others, either alone or only with their spouse. Proportions of solo-living elderly Thais increased steadily during the past few decades from just 4% in 1986 to 11% in 2017. Meanwhile, percentages that live only with a spouse rose threefold from 7% in 1986 to 21% in 2017. Together, both measures indicate that by 2017 nearly one third of elderly Thai live independently, up from only 11% in 1986.

Consistently, we find that average size of households that older persons reside has declined continually from 5 in 1986 to about 3.3 in 2017.

Household composition is an important and readily available indicator of living arrangements. Yet, it covers only part of the relevant situation. Family and community members who live in close proximity can serve some of the same functions as those who coreside. Previous studies have found that it is not uncommon in Thailand for elderly parents and their children to live very close to each other but in separate dwellings, an arrangement that can meet many of the same needs as coresidence (Cowgill, 1972; Knodel & Saengtienchai, 1999). Empirical evidence presented in Table 3.2 demonstrates that this is still by and large the case.

Table 3.2 Percentages that coreside with or live adjacent to at least one child, persons 60 and older, 1995, 2011, 2014, and 2017

	Coresident with a child	Adjacent to a child but not coresident	Coresident or adjacent to a child
Total			
1995	70.9	9.4	80.4
2011	56.5	11.1	67.7
2014	54.7	10.4	65.1
2017	51.5	10.4	61.9
Urban			
1995	76.6	4.4	81.0
2011	59.2	6.8	66.0
2014	56.8	7.7	64.6
2017	53.9	7.4	61.3
Rural			
1995	69.7	10.5	80.2
2011	55.2	13.3	68.5
2014	53.2	12.3	65.5
2017	49.7	12.5	62.2

Sources: 1995 Survey of Welfare of the Elderly in Thailand; 2011, 2014, and 2017 Surveys of Older Persons in Thailand
 Note: In 2011, 2014, and 2017 living adjacent includes living very nearby.

Table 3.2 presents proportions of older persons in 1995, 2011, 2014 and 2017 that lived with or adjacent to a child. Results suggest that living adjacent to a child is more common in rural than urban areas. The difference reflects the far greater availability and lower cost of land in rural than urban areas, thus making it far more affordable to establish separate housing for adult children in close proximity to the parental home. Thus, when the coresidence and living nearby categories are combined, the urban-rural difference disappears. At the same time, as with coresidence, the percent that coresided or lived next to a child declines considerably during the period covered by the surveys regardless of areas of residence. Nevertheless, even by 2017, over 60% of both rural and urban Thais still reside with or adjacent to a child.

Sweeping demographic, socioeconomic, and cultural transformations have led many to assume that the proportion of solo-living older persons is rising. Moreover, as Croll (2006) and Jamieson and Simpson (2013) have pointed out,

it is sometimes assumed that solo-dwelling elders or elderly couples that live alone are in adverse and sometimes destitute situations, including being deserted by their children. This is particularly true in media accounts (e.g., Bangkok Post, 2010; Charasdamrong, 1992; Charoenpo, 2007). The percentages of those living alone sometimes even serve as a basis for estimates of elderly who need assistance from government agencies. Thus, the increasing percentages of elders in these types of living arrangements are potentially of concern to policy makers. However, these assumptions often lack empirical validation and ignore nuances in solitary living among the elderly (Knodel, 2014; Teerawichitchainan, Knodel, & Pothisiri, 2015).

Table 3.3 examines whether these elderly living independently are worse off than others in terms of self-reported income adequacy. To indicate how a particular group compares to the overall population, a ratio is provided that compares the percentages with adequate income within each category with the percentages for

Table 3.3 Percentages that assess their income as adequate by living arrangements, persons 60 and older who live alone or only with a spouse, 2017

	Has adequate income	
	Percent	Ratio to mean for all persons 60 or older
All persons 60 and older	56.3	1.00
Persons living alone		
total	56.8	1.01
has child living adjacent	59.6	1.06
has children but none adjacent	59.0	1.05
has no children	46.7	0.83
Persons living with spouse only		
total	58.1	1.03
has child living adjacent	57.2	1.02
has children but none adjacent	58.5	1.04
has no children	58.5	1.04

Source: 2017 Survey of Older Persons in Thailand

Notes: The ratios are based on exact percentages rather than the rounded percentages in the table.

Living adjacent includes living very nearby.

all older persons. A ratio of above 1 indicates that those in the specific living arrangement category are more likely to report adequate income than older persons in general while ratios below 1 indicate the opposite.

In general, the ratios suggest that persons who live alone or only with a spouse differ little with respect to self-reported income adequacy compared to older persons overall. Results further indicate only small differences in self-reported income inadequacy by presence and location of children among elderly who live

only with a spouse. Nevertheless, differences among solo-living elders are noteworthy. Solo dwellers who are childless reported substantially lower levels of income adequacy compared to their counterparts with children either adjacent or none adjacent. For elderly with children, solo living might suggest their preference as well as economic ability to live independently rather than their destitute situation.

The trend in declining coresidence with children is resulting in a considerable shift in

Table 3.4 Generational composition of households by age, area and region, persons 60 and older, 1994, 2007, 2011, 2014 and 2017

	Number of generations in household			Total
	One	Two	Three or more	
Year of survey				
1994	19.0	33.7	47.3	100%
2007	27.9	34.3	37.8	100%
2011	31.2	35.1	33.7	100%
2014	32.4	35.2	32.4	100%
2017	36.5	35.9	27.6	100%
Age (2017)				
60-64	37.5	37.1	25.4	100%
65-69	37.6	36.4	26.0	100%
70-74	38.5	33.0	28.5	100%
75-79	36.6	33.6	29.8	100%
80+	29.4	37.9	32.7	100%
Area (2017)				
urban	36.7	37.3	26.0	100%
rural	36.3	35.0	28.7	100%
Region (2017)				
Bangkok	33.5	45.1	21.5	100%
Central	35.1	35.7	29.2	100%
North	43.1	34.5	22.4	100%
Northeast	33.8	34.9	31.2	100%
South	37.1	34.2	28.7	100%

Source: 1994, 2007, 2011, 2014 and 2017 Surveys of Older Persons in Thailand.

Notes: The generational composition refers to parents, parents in law (in 1994 only), children and grandchildren of the older person who is respondent. Nieces and nephews are ignored. Thus two generation households could involve the respondent and any one of the other generations than that of the respondent while three or more generation households contain at least two other generations than that of the respondent.

the generational composition of households of older persons. Table 3.4 describes trends and patterns of generational composition of households that elderly Thais live in. Results show that the percent of elderly in one-generation households has increased substantially between 1994 and 2017, whereas the percent in three-generation households has decreased substantially. Note that two-generation households involve not only those older persons who live with their own children with no other generation present but also those who live either with their own parents or with their grandchildren with no children of their own present.

By and large, the generational composition of households shifts with the age of the older person. Three-generation households increase with successive age and is most common

among persons 80 and older. Meanwhile, one-generation households are less common among the oldest old compared to younger elderly, although the differences among persons under age 75 are not gradient. Interestingly, while three-generation households remain slightly more common in rural than urban areas, proportions of one-generation households are almost the same in urban and rural areas.

Results further indicate that one-generation households are clearly the most common in the North, likely reflecting the earlier and more substantial fertility decline in the North compared to other regions of Thailand (Knodel, Chamrathirong, & Debavalya, 1987). In Bangkok, two-generation households are the most typical possibly because the city's higher cost of living makes one-generation households less affordable.



Table 3.5 Measures of household composition by age, gender and area of residence, persons 60 and older, 2017

	Total	Age		Gender		Area	
		60–69	70+	Men	Women	Urban	Rural
Among all persons 60 and older							
% distribution of with whom they live							
alone	10.8	9.2	12.9	8.4	12.7	10.7	10.8
spouse only	20.8	23.1	17.7	26.3	16.3	19.3	21.9
with at least one child	51.5	48.2	55.8	50.3	52.4	53.9	49.7
other arrangement	17.0	19.5	13.6	15.0	18.5	16.0	17.6
Total	100	100	100	100	100	100	100
% living with or next to a child	61.9	56.4	69.2	60.4	63.0	61.3	62.2
% living with a married child or child in law	24.4	22.7	26.6	23.2	25.3	22.2	25.8
Among persons 60 and older who have children							
% living with							
any child	56.1	53.4	59.7	53.5	58.3	60.7	53.1
any child age 18+	55.0	51.9	59.1	51.7	57.8	59.6	52.0
any single child	26.4	27.6	25.0	26.4	26.5	32.2	22.6
any single son	17.0	18.3	15.3	17.1	16.9	20.1	14.9
any single daughter	13.0	12.8	13.4	12.9	13.1	17.1	10.3
any married child	27.2	25.9	28.7	25.3	28.7	25.6	28.2
any married son	11.1	11.2	10.9	10.6	11.5	10.8	11.2
any married daughter	17.3	15.9	19.0	15.9	18.4	15.8	18.2
any child in law	23.0	19.6	27.3	20.5	25.1	21.7	23.8
Ratio living with							
single daughter/single son	0.77	0.70	0.87	0.76	0.77	0.85	0.69
married daughter/ married son	1.56	1.42	1.74	1.50	1.60	1.46	1.62
Among persons 60 and older who have a child in the household							
Mean number	1.26	1.29	1.23	1.29	1.24	1.32	1.21

Source: 2017 Survey of Older Persons in Thailand

Notes: Married refers to having ever married. Living adjacent includes living very nearby.

Table 3.5 presents a summary of current household composition of older persons according to their age, gender, and area of residence. The top panel refers to all persons aged 60 and above. Findings show that persons aged 70 and older are more likely to live alone and less likely to live only with a spouse

than those in their 60s. This undoubtedly reflects the greater likelihood of older elderly persons being widowed compared to younger elderly persons. Those 70 and older are also more likely to coreside with a child or to either live with or next to a child.

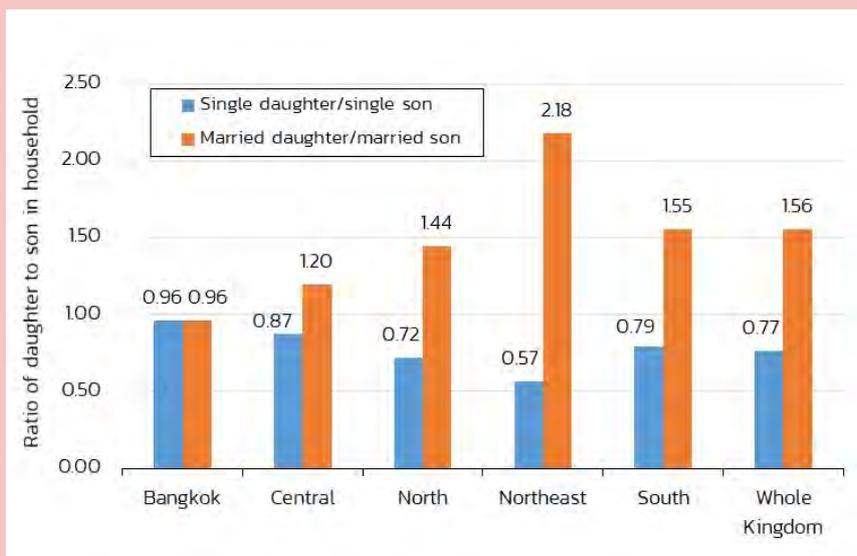
Since the traditional norm in Thai society is to eventually live with one married child in a stem family configuration, the percentage living with at least one ever married child or child in law is shown separately. Almost a quarter of elderly live with at least one married child and/or child in law and this is distinctly higher among persons 70 and older than those in their 60s. This likely reflects in part increases in the chance of adult children getting married as time passes and parents get older.

There are also gender differences in the patterns of living arrangements. Elderly women are more likely to live alone and less likely to live only with a spouse than are their male counterparts, reflecting the higher levels of widowhood among women (see Chapter 2). Women are slightly more likely than men to live with married children or children in law. Urban elderly compared to their rural counterparts are more likely to coreside with a child and slightly less likely to live only with a spouse. However, there is no distinct difference in percentages living alone among urban and rural older persons

The bottom panel of Table 3.5 indicates proportions of older persons aged 60 and above that live with different types of children among those who have living children. Given that most children of elderly are already adults, the percent of older Thais living with a child of at least 18 years of age is only slightly lower than the percent living with any child. Younger elderly

compared to their older counterparts are slightly more likely to coreside with a single (i.e., never married) child but less likely to live with a married child. Coresidence with at least one married child is more common than with a single child among older elderly, although the pattern is reverse among their younger counterparts possibly due to delay in marital timing among adult children. Overall, coresidence with single children differs with respect to the gender of the child as indicated by the ratio of the percentages that live with single daughters to the percentages that live with single sons. Older persons are more likely to live with single sons than single daughters, possibly reflecting the later age that sons marry and leave the household compared to daughters. In contrast, there is a greater likelihood of living with a married daughter than a married son. This tendency, however, is weaker in urban than rural areas, possibly because the greater proportions of the urban population is of Chinese or mixed Thai-Chinese ethnicity and their cultural preference for coresiding with a married son (Teerawichitchainan, Pothisiri, & Giang, 2015).

Figure 3.1 Ratios of having a daughter to having a son coresident in the household by region and child’s marital status, persons 60 and older with at least one child, 2017



Source: 2017 Survey of Older Persons in Thailand

Note: Single refers to never married and married refers to ever married.

Table 3.6 Percentage who lives alone or only with a spouse by location of nearest child, persons 60 and older, 2017

Location of nearest child	lives alone		lives with spouse only	
	% distribution	cumulative %	% distribution	cumulative %
adjacent	28.1	28.1	23.9	23.9
same village or municipality	14.1	42.2	16.1	39.9
same province	15.9	58.1	22.2	62.2
outside province	22.0	80.1	29.4	91.5
has no children	19.9	100	8.5	100
Total	100	--	100	--

Source: 2017 Survey of Older Persons in Thailand

Note: Living adjacent includes living very nearby.

The preference for matrilineal residence differs by region. Results shown in Figure 3.1 indicate that the tendency to live with married daughters is especially strong in the Northeast than in other regions of Thailand. Daughters are typically perceived to be emotionally closer to parents, more dependable, and more skilled in providing personal care for elderly parents (Knodel, Chayovan, & Siriboon, 1992).



Location of children

Living independently does not necessarily mean geographical isolation from children and other family members that may live nearby. Table 3.6 shows that nearly 30% of solo-living elders and almost a quarter of those living only with a spouse actually have a child living next door. Furthermore, approximately 40% have at least one child living locally (i.e., either adjacent or elsewhere in the same village or municipality). Independent living could be the consequence of childlessness. This is particularly the case for solo-living elders among whom one fifth have no living children. Taken together, 42% of those living alone have no child within the same province either due to being childless or being separated due to migration. The equivalent proportion of married elders living only with a spouse who have no child living in the same province is 38% and due primarily to having their children living outside the parents' province.

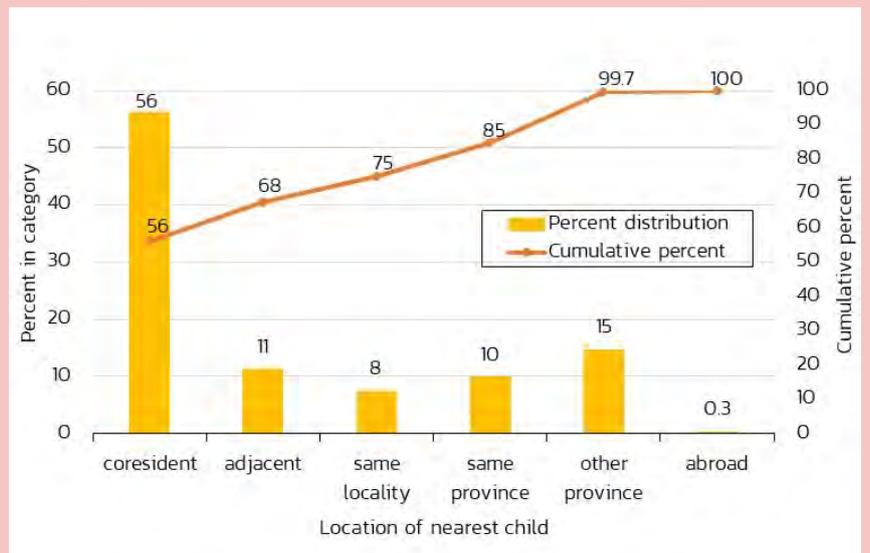
Figure 3.2 examines the current situation with regards to where the nearest child lives for all elderly who have at least one living child. Less than one percent (0.3%) of elderly parents' nearest child is outside Thailand and for only 15% is their nearest child in Thailand but in a different province. Three quarters of parents 60 and older have a child at least within the same locality (i.e., same village or municipality).

Thus, among older-aged parents in Thailand, only a relatively modest proportion (15%) is geographically separated by substantial distances from all of their children. While the percentage is relatively low, it represents an increase from the previous Surveys of Older Persons in Thailand (11% in 2011 and 13% in 2014).

Presence of grandchildren

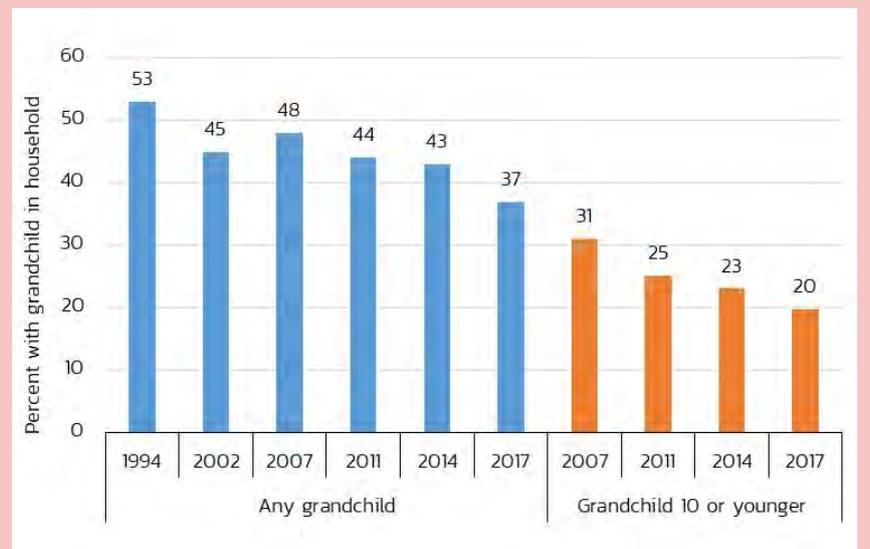
Like many parts of Asia, reciprocal relationship between adult children and elderly parents is the social norm in Thailand (Croll, 2006). Children have filial responsibilities to support aging parents who in turn reciprocate by providing useful services including helping with household chores, minding the house, and preparing meals (Teerawichitchainan, Prachuabmoh, & Knodel, 2018). Furthermore, as grandparents, they often provide care to grandchildren thus facilitating their adult children's ability to earn a livelihood (Knodel & Teerawichitchainan, 2018). To examine the prevalence of older persons' coresidence with grandchildren, Figure 3.3 summarizes the trend from 1994 to 2017 in the percentages of persons 60 and older that live with at least one grandchild. Results are shown for coresidence with any grandchild regardless of

Figure 3.2 Percent distribution according to the location of nearest child, persons 60 and older who have children, 2017



Source: 2017 Survey of Older Persons in Thailand
 Note: Excludes a small number of cases for which the location of the nearest child was unknown. Same locality refers to same village or municipal area. Living adjacent includes living very nearby.

Figure 3.3 Percentages living with a grandchild of any age and 10 or younger, persons 60 or older, 1994 to 2017



Source: 1994, 2002, 2007, 2011, 2014, and 2017 Surveys of Older Persons in Thailand.

age and also for grandchildren aged 10 or younger. Young grandchildren are of particular interest because they are young enough to still require considerable care and supervision from adults.

With an exception of the 2002 survey, there is a steady decline over time in the percentage of older Thais living with a grandchild. Over half of elderly coresided with a grandchild in 1994, while only 37% lived with one in 2017. Also, a substantial decline is evident in proportions of elderly coresiding with grandchildren aged 10 or younger which fell from 31% in 2007 to 20% within a decade. The decline in the presence of grandchildren in the households of older people reflects the sharp decline in fertility among their reproductive-age children over the recent past few decades as noted in Chapter 1.

Older persons care for grandchildren from coresident or non-coresident children or both. In the case of caring for grandchildren whose parents are absent, grandparents may share responsibility with others, typically aunts or uncles of the grandchildren. In other cases, the grandparents take full custodial care and thus responsibility for the upbringing of the grandchildren during their formative years. The situation may sometimes arise because the grandchild's parents have died. Nevertheless, by far the main cause leading to the absence of parents is the migration of adult children typically to find employment.

Situations in which only the grandparents and grandchildren live together in the absence of anyone else are often referred to as "skip generation" households, reflecting the absence of any middle generation members. While skip generation households can be defined in various ways, for this report, skip generation households are referred to those that contain no members other than grandparents and grandchildren.¹ The implication for an older person of having grandchildren whose parents are absent depends very much on the age of the grandchild. Very young grandchildren obviously are wholly or largely dependent on adults for taking care of them. In contrast, older grandchildren require less care and may assist the grandparents with the household chores or, if they are old enough to work, even help financially to support the household.

Table 3.7 presents the percentages of persons 60 and older that live with a grandchild according to the grandparents' age and area of residence in 2017. Three different circumstances are shown: living with any grandchild; living with grandchildren whose parents are absent (based on the situation of the youngest grandchild if more than one is present); and skip generation households. In addition, results are shown based on grandchildren of any age and only on grandchildren aged 10 or below. Living with any grandchild of any age shows little relation to the age of the grandparent but living with a young grandchild declines sharply with the age of the grandparent. This reflects that as grandparents age so do their grandchildren. Regardless of the age of the grandchild, rural elders are more likely to have a coresident grandchild than their urban counterparts.



¹ This is the strictest definition. Alternative definitions may consider skip generation households to include those with grandchildren whose parents are absent regardless if other members besides the grandparents are present.

Table 3.7 Percentages with any coresident grandchild, with a grandchild whose parents are absent, and living in a skip generation household by age of youngest grandchild in household, persons 60 and older, 2017

	Situation of coresident grandchildren		
	Any grandchild	Parents of youngest grandchild are absent	Skip generation household
Percent with a grandchild of any age			
Total	36.9	13.6	9.1
Age of grandparent			
60–69	36.0	15.2	10.6
70–79	38.1	12.9	8.2
80+	37.9	8.9	4.5
Area of residence			
Urban	31.9	10.2	6.0
Rural	40.3	16.0	11.3
Percent living with a grandchild 10 or younger			
Total	19.8	6.5	4.3
Age of grandparent			
60–69	24.0	8.6	5.9
70–79	16.4	4.5	2.9
80+	9.4	1.8	0.7
Area of residence			
Urban	16.4	4.6	2.5
Rural	22.1	7.8	5.6

Source: 2017 Survey of Older Persons in Thailand

Note: Skip generation households are defined as those with one or more grandchildren but no other members other than the respondent and spouse if currently married.

Based on information for the youngest coresident grandchild, overall 14% of older persons live with a grandchild whose parents are absent while only 9% live in skip generation households. Thus, in a substantial minority of households with grandchildren whose parents are absent there are other members as well. If only grandchildren aged 10 or younger are considered, the proportion of older persons living with grandchildren whose parents are absent or in skip generation households is reduced by more than half. Having a grandchild with absent parents as well as skip generation households both decline substantially as grandparents grow older. In addition, both of these situations are about twice as common

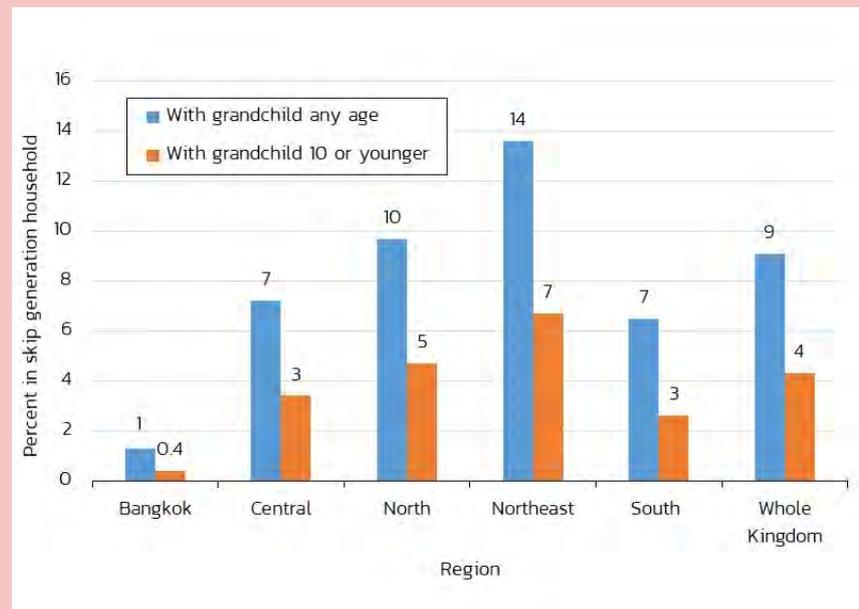
among rural than urban elderly. This likely suggests the higher levels of migration of rural than urban adult children seeking employment elsewhere where better employment opportunities are available.

Figure 3.4 presents the percentages of older persons that live in skip generation households by region, both regardless of the age of the grandchild as well as only those in which the youngest grandchild is 10 or younger. Skip generation households represent only a modest share of all households of older persons. Nationally, approximately 9% of persons 60 and older live in skip generation households regardless of age of grandchild and only 4%

live in such households with young grandchildren. Nevertheless, the prevalence varies substantially across region. Consistent with previous surveys, skip generation households are the least common in Bangkok and by far most common in the Northeast region reflecting the fact that migration of adult children of older people is greater in the Northeast than elsewhere in Thailand (Knodel, Prachuabmoh, & Chayovan, 2013).

Concerning future demographic trends, it is anticipated that the average number of children of older persons will decline over the next few decades as cohorts with fewer children enter older ages and those characterized by larger families die out. Moreover, the decreased number of adult children of the future cohorts of older people will themselves likely be characterized by smaller families. Together, these trends will result in substantially decreased availability of grandchildren thus lowering the prevalence of grandparental care among the older population. The combined impact on the extent of custodial care of grandchildren with absent parents is less certain. On the one hand, increased migration promotes leaving children behind. On the other hand, lower fertility reduces the numbers of grandchildren. Figure 3.5 presents the percentages of older persons in skip generation households with a grandchild of any age from 1994 to 2017. Results show that

Figure 3.4 Percentages in skip generation households with a grandchild any age and with a grandchild age 10 or younger by region, persons 60 and older, 2017



Source: 2017 Survey of Older Persons in Thailand

Note: Skip generation households are defined as those with one or more grandchildren but no other members other than the respondent and spouse if currently married.

Figure 3.5 Percentages in skip generation households with a grandchild any age, persons 60 and older, 1994, 2007, 2011, 2014, and 2017.



Sources: 1994, 2007, 2011, 2014, and 2017 Surveys of Older Persons in Thailand.

skip generation families increased noticeably between 1994 and 2007 but declined steadily from 2007 onwards. Apparently, the impact of fertility decline more than counteracted the increased migration of adult children. This decline in skip generation households is likely to continue in the future.

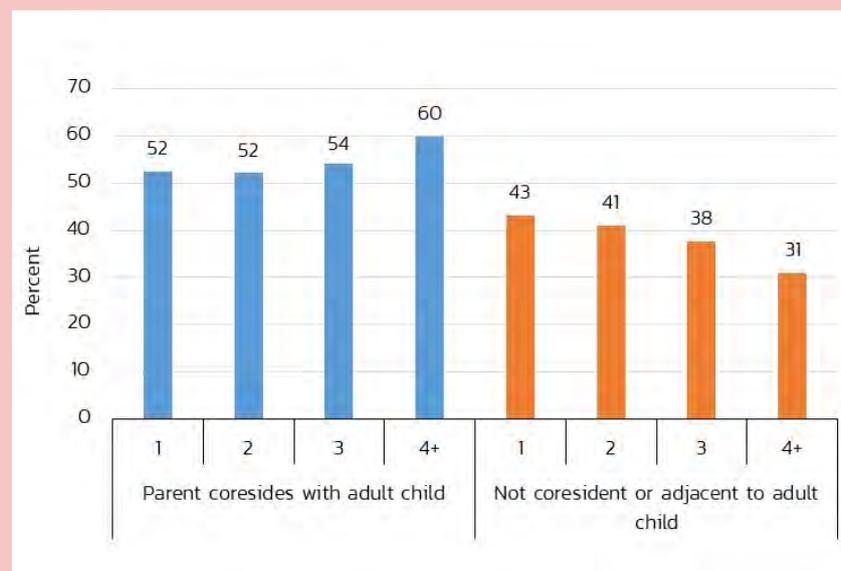
Family size and living arrangements

One important influence on living arrangements of future generations of older persons will be their progressively smaller family size. Figure 3.6 shows the association between the number of adult children of the current older-age population and two measures of living arrangements. Among older persons that have adult children, the percentage that coresides with one is distinctly higher for those with four or more adult children. A clear gradient association is apparent between the number of adult children and the percentage of older age parents that neither coreside with nor live adjacent to an adult child. Although 43% of older persons that have one child are in such a situation, this is a case for just 31% of those with four or more children.

Figure 3.7 examines the situation from the perspectives of adult children and indicates the association between chances that an individual adult child will coreside with a parent in relation to sibship size. It is clear that

the likelihood that an individual adult child will coreside declines sharply with sibship size. The difference is particularly pronounced between adult children who have no adult siblings and those who do.

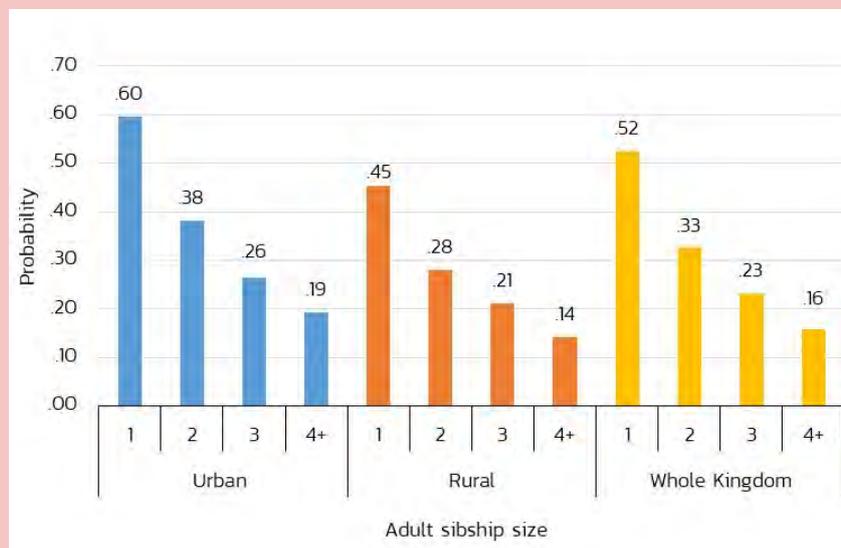
Figure 3.6 Percentage that coresides with an adult child and percentage that neither coresides nor lives adjacent to an adult child, by number of children, among parents 60 and older of adult children, 2017



Source: 2017 Survey of Older Persons in Thailand

Note: Adult children are defined as children aged 18 and over within the parents' household and all children who live outside of the parents' household.

Figure 3.7 Probability that an adult child will coreside with a parent by total number of adult children (sibship size), parents 60 and older, 2017



Source: 2017 Survey of Older Persons in Thailand

Note: Adult children are defined as children aged 18 and over within the parents' household and all children who live outside of the parents' household. The probability that a child coresides is expressed per adult child.

Nationally, slightly over half of adult children without adult siblings live with their parents. The probability is higher in urban areas than rural areas. At national level, the likelihood of an adult child living with their older age parents declines to only 16% among those from sibships with four or more adult children. Results suggest that children who are the only child are much more likely to remain in the household of the parent. When children decide

whether or not to move out of the household, they probably consider how their migration implicates the parents' living arrangements. The fact that the departure of an only adult child would result in the parents having no adult child living with them may cause parents to discourage their only adult child from leaving. Alternatively, the child may decide to remain in the household due to concerns about parents.





Chapter **4**

Sources of Support and
Material Well-being

Chapter highlights

- Overall, 38% of older persons worked during the prior 12 months according to the 2017 Survey of Older Persons in Thailand; this is a modest decrease from 2011 and 2014 but similar to the levels reported in the 1994 and 2002 surveys.
- The vast majority (86%) of persons 60 and older received the government Old Age Allowance in 2017, up from 85% in 2014 and 81% in 2011; these high levels reflect the transformation of the program in 2009 into almost universal social pension.
- Although almost 80% of older persons received some income from their children, only 35% reported children as their main source down from 37% in 2014; for 20% the Old Age Allowance was their main source of income in 2017, up modestly from 11% and 15% in 2011 and 2014 respectively.
- Despite the reduced percentage reporting children as their main income source, results shown in the next chapter indicate the percentages of elderly parents that received substantial amounts remained largely unchanged.
- Older women reported lower income levels than men but to a fair degree is limited to those who are currently married and hence who likely benefit from their spouses' higher income; self-assessed economic situations differ little by gender.
- Elderly in rural areas reported considerably lower incomes and viewed their economic situations less favorably than those in urban areas.
- Overall self-assessed economic situations of older persons improved steadily between 2007 and 2014 but declined slightly in 2017; by 2017, 56% of older people believed their income is adequate or better.
- Older people whose main source of income is from a pension or interest or from savings or rent assessed their economic situation most favorably; those who depend mainly on the old age allowance assessed their situation least favorably.
- Housing quality and the presence of modern appliances and motor vehicles as possessions in households in which older people live continue to steadily increase; by 2017 virtually all their households had a television, 95% had a refrigerator and 85% had some type of motor vehicle.
- Particularly striking is the rapid increase in the percentages of elderly who live in households with a telephone reaching nearly 95% by 2017, reflecting the increased availability of mobile phones; this greatly facilitates communication with migrant children as well as calling for help when needed.
- By 2017, one third of elderly Thais lived in households with internet connection up from only 9% in 2011.

Older persons' economic security and material well-being are among the most pressing issues related to population aging (UN, 2002; UNFPA & HelpAge International, 2012). Traditionally the well-being of older Thais including their material support has been largely the responsibility of their family, particularly adult children. Nevertheless, as described in Chapter 1, formal mechanisms of old-age social protection have been expanding in recent decades in Thailand. This includes the establishment of a social security system and the implementation of a modest but virtually universal social pension for persons once they reach age 60. Given rapid demographic transition, changing family structure, increased migration, how adequately the familial system of support, combined with expanding formal support, fulfils material needs of older Thais remains an open question.

This chapter assesses the current material well-being of older persons in Thailand. It examines a range of sources of material support including older persons' own economic activity and several indicators of their levels of material well-being with attention to how this has been changing over the last few decades. To assess the

material well-being of older persons, information on income, self-assessed economic situation, quality of housing, and the presence of various household possessions are examined. Each of these dimensions has certain limitations that require caution when interpreting results.

Economic activity

As indicated in Chapter 2, 35% of all respondents aged 60 and older reported that they worked during the previous week (46% of men and 26% of women). These figures exclude some persons that worked during the year but either stopped for good or are waiting for seasonal work. In order to examine trends in economic activities based on results from earlier surveys of older persons, it is preferable to examine the percentages that were engaged in work sometime during the previous 12 months. This avoids complications due to the fact that the surveys occurred at different times during the year and thus will be affected by the seasonality of some types of work, especially in the agricultural sector. This information is available from the 2017 surveys as well as the 1994, 2002, 2011, and 2014 surveys.

Table 4.1 Percentages that worked in past 12 months among persons 60 and older, 1994, 2007, 2011, 2014, and 2017

	1994	2002	2011	2014	2017
Total	38.5	37.7	42.7	40.5	37.6
Age					
60–64	58.1	58.6	66.0	64.2	60.8
65–69	43.9	39.6	49.6	48.7	45.3
70–74	20.3	23.4	29.2	27.8	24.0
75–79	11.5	14.5	18.4	17.5	14.9
80+	4.9	5.4	6.1	5.8	4.6
Gender					
Men	50.2	48.9	54.5	51.1	48.8
Women	29	28.2	33.4	31.7	28.5
Area of residence					
Urban	27.3	27.9	33.2	34.0	32.0
Rural	43.3	42.1	47.5	44.9	41.6

Source: 1994, 2002, 2011, 2014, and 2017 Surveys of Older Persons in Thailand

Table 4.1 presents percentages of persons 60 and older that worked in the past 12 months by age, gender, and area of residence. As anticipated, in comparison with the percentage that worked in the previous week based on the 2017 survey as presented in Chapter 2, the percentage that worked during the previous 12 months is slightly higher. Results show no consistent trends across the five surveys. In the overall percentages that reported working in the past 12 months, there is little difference between 1994 and 2002. The percentage is higher in 2011 and falls slightly by 2014. Still, the percentages that worked in the previous year in both 2011 and 2014 are higher than the equivalent percentages according to the two earlier surveys. This suggests that there might be an increase in economic activity among older persons over the two decades covered. Interpretation of these results requires caution in part because of differences in the questionnaire structures between the surveys.^{1,2} Nevertheless, the percentage that worked in the past year declined further from 41% in 2014 to 38% in 2017.³ Perhaps the modest decline is accounted for by the fact that the cohorts of older persons in more recent surveys were likely employed in the formal sector where mandatory retirement age (age 60) is imposed. This suggests that the Thai government's effort to promote productive aging (including remaining economically active beyond the mandatory retirement age) is somewhat limited.

Furthermore, Table 4.1 shows that the percentage of older persons working in 2017 declines rapidly with advancing age, that men are significantly more likely to work than women, and that rural elderly are more likely to work than their urban counterparts. The higher percentage of rural than urban older persons working likely reflects the higher tendency of rural persons to be engaged in agriculture. The fact that persons working in agriculture are mainly self-employed and not subject to externally imposed retirement ages permits them to continue working at reduced rates before ceasing work altogether. Thus, compared to those working in the formal sector, persons working in agriculture tend to reduce working hours gradually (in stages) rather than to switch from full activity to no activity all at once. Among persons 60 and older that worked during the past 12 months in 2017, the majority (nearly 60%) were engaged in agriculture (including fishing), a level far higher than among the younger working population (not shown).



¹ In both the 1994 and 2002 surveys, the question directly asked whether or not the person worked during the previous 12 months. In the 2011, 2014, and 2017, the question asked what type of work the person did during the previous 12 months with 'did not work' coded as a separate category.

² To some extent labor force participation rates based on the Labor Force Survey conducted by the National Statistical Office of Thailand are in line with the trend shown here. Labor force surveys occur several times a year. Based on the mean of the three seasonal rates available for 1994 and the four seasonal rates available each year for 2002, 2011, and 2014, the percentages in the labor force among persons 60 and older were 38.5, 34.7, 42.7, and 40.5 respectively. These rates, however, refer to the previous week and include persons that are not currently working but are seeking employment. Thus, they are not directly comparable to the percentages that worked in the previous 12 months that are shown in the table. Still they are consistent in indicating that a higher percentage of older persons were economically active in 2011 and 2014 than in 1994 and 2002.

³ The distribution of older-aged population by 5-year age group and sex is largely similar across the 2011, 2014, and 2017 surveys.

Sources of support

While important, work is but one of a number of possible sources of income for older-age Thais. Table 4.2 presents the percentage of persons 60 and above who received any income (regardless of the amount) during the past 12 months from a variety of potential sources between 1994 and 2017. Results show distinctly higher percentage of older persons reporting income from work in 2011 than in any of the three previous surveys. The percentage, however, falls to a level similar to earlier surveys in 2014 and declines further in 2017.⁴ Still, in all surveys, work as an income source is relatively common at around 40% throughout the last 25 years. Moreover, the results likely understate the extent that work is important as a source of income for older persons since responses presumably refer to the respondent's own work. If income from spouses' work is also taken into consideration, economic activity as a

source of income would be somewhat more common. For example, in 2017, an additional 13% of elderly do not claim work as an income source but report that their spouse is a source of their income.⁵

One of the most striking findings is the steady increase of older persons who reported income from the Old Age Allowance program, particularly between 2007 and 2011. In 2009 the government changed the Old Age Allowance from a means-tested program to a virtually universal social pension for anyone who did not receive other government pensions. The 2017 survey shows a further increase to 86% of elderly Thais reporting income from the allowance.

Prior to the 2009 expansion of the Old Age Allowance program, the most common source of income for older persons was their children. Despite the prevalence of social pension as an income source, close to above 80% of

Table 4.2 Sources of current income among persons 60 and older, 1994, 2002, 2007, 2011, 2014, and 2017

Percent receiving any income from the following sources	1994	2002	2007	2011	2014	2017
work	38.0	37.7	37.8	42.7	38.8	37.0
pension ^(a)	4.1	4.3	5.4	7.5	6.3	6.8
old age allowance	0.5	3.0	24.4	81.4	84.9	85.5
interest/savings/property	17.1	18.0	31.7	35.7	n.a. ^(d)	41.9
spouse	21.4	17.4	23.3	21.4	25.2	26.1
children	84.5	77.2	82.7	78.5	78.9	79.0
relatives ^(b)	11.4	6.9	11	8.9	10.0	11.3
Other ^(c)	8.8	2.6	1.5	2.5	1.6	1.9

Source: 1994, 2002, 2011, 2014, and 2017 Surveys of Older Persons in Thailand

^(a) 2007, 2011, 2014, and 2017 pension includes lump sum payments on retirement

^(b) For 1994 and 2002 relatives combines categories siblings and other relatives; for 2007, 2011, 2014 and 2017 the category relatives combines categories parents, siblings and other relatives.

^(c) For 2014 and 2017, other income includes social security payments.

^(d) For 2014, there appears to be a problem with respect to this item as it indicates that 75% had income from this source which is inexplicable given that there is no obvious reason why the percentage should increase so radically.

⁴ This observation further confirms that caution is needed in interpreting the levels of economic activity among older Thais. Nevertheless, the distinctively higher percentage reporting work as a source of income in the 2011 survey is consistent with the higher percentage reporting work in the past year in 2011 compared to the other surveys.

⁵ While all of these cases refer to spouse's work, it is quite possible that this could include spousal assets as well.

Table 4.3 Sources of income during the previous 12 months by age, gender and area of residence, persons 60 and older, 2017

Percent receiving any income from the following sources	Age		Gender		Type of area	
	60–69	70+	Men	Women	Urban	Rural
work	53.3	15.0	48.5	27.6	31.5	40.8
pension ^(a)	7.5	5.8	9.5	4.5	11.1	3.7
old age allowance	81.0	91.6	82.1	88.4	80.4	89.1
interest/ savings/ property	44.5	38.4	44.1	40.1	45.4	39.4
spouse	33.9	15.6	27.5	24.9	23.9	27.6
children	73.8	86.0	76.4	81.2	74.8	81.9
relatives ^(b)	10.6	12.2	9.1	13.0	10.6	11.7
other	2.4	1.2	2.2	1.6	2.6	1.3

Source: 2017 Survey of Older Persons in Thailand

^(a) Pension includes lump sum payments on retirement.

^(b) Relatives include parents, siblings and other relatives.

respondents in all the surveys reported income from children during the past 12 months. In 2011, 2014, and 2017, the percentage that reported some income from children remains high but somewhat lower than the percentage that reported receiving a government old age allowance. It is important to recognize that the question refers to income and thus presumably only to cash. Thus, the results do not refer to material support from children in the broader sense which would include in-kind material support.

The percentage that reported income from interest, savings, or property increases steadily across the surveys reaching 42% by 2017. The increase likely reflects the growth and changing nature of the Thai economy both of which likely enable more people to save money or to make financial investments. The percentage reporting pension as an income source steadily increases through 2011, although it remains low at just 8% and declines slightly to 6% in 2014 and 7% in 2017.

Furthermore, Table 4.3 shows that based on the 2017 survey persons aged 70 and older are much less likely to cite work as an income source than those in their 60s. The decline in

economic activity with age, together with increased widowhood with age, likely accounts for the lower percentage of persons 70 and above reporting their spouse as an income source, compared to younger elderly. Furthermore, persons 70 and older are more likely to report the government old age allowance (92%) and children (86%) as income sources. The differences are, nevertheless, modest. Even among those in their 60s, nearly three quarters reported income from children and over four fifths reported receiving the old age allowance.

More older men than women reported their own work as an income source – a pattern consistent with the higher levels of economic activity among elderly men than women. Women are modestly more likely than men to say children and relatives as well as the old age allowance as income sources. Men are slightly more likely to report spouse as an income source. This is possibly because men are far less likely than women to be widowed and thus much more likely to have a spouse available as a possible source of income. When the analysis is limited to older persons that are currently married, however, women are considerably more likely than men to report a spouse as a source of income (52% vs. 34%,

not shown in table), reflecting the higher level of economic activity among men and to a lesser extent the greater share of men that received pensions.

Rural elders are considerably more likely to report work as a source of income, reflecting that self-employed persons and especially those engaged in agriculture tend to remain economically active longer into older ages. Urban older persons are much more likely than their rural counterparts to cite pensions as a source of income. This contrast undoubtedly reflects differences in lifetime occupational histories with urban elderly more likely than those in rural areas to have had jobs in the formal sector including government positions. Still, even for urban elders only a modest 11% received pensions. In contrast, rural elders are more likely to report old age allowance as an income source. This likely reflects the fact that more urban than rural older persons receive government pension which makes them ineligible for the old age allowance. In addition, among those eligible for the scheme, rural elderly may have a greater incentive to claim their benefit due to their less favorable economic situation.

Nearly all elderly Thais receive income from one or more sources and on average have three income sources. Nevertheless, these sources may vary considerably in their importance. For example, although children are a very pervasive source of cash income, their contributions in some cases may be symbolic rather than a meaningful contribution to overall income of elderly parents. In addition, much of the support that children provide is in kind and not directly in cash, especially if they coreside with their elderly parents. While information on how much income was received from each source is unavailable in the surveys, respondents were asked to indicate their main source of income. Table 4.4 examines the main source of income reported by older Thais between 1994 and 2017.

For all surveys, children are most commonly reported as older persons' main source of income. However, the percentage declines steadily over the last 25 years with a particularly substantial drop between 2007 and 2011 and a further yet less drastic decline in subsequent years. By 2017, about 35% of elderly Thais reported children as the main source of income. Equally noteworthy is the substantial increase from 3%

Table 4.4 Main source of current income, persons 60 and older, 1994, 2007, 2011, 2014, and 2017

Main income source (percent distribution)	1994	2007	2011	2014	2017
work	31.5	28.9	35.1	33.8	30.9
pension ^(a)	4.0	4.4	6.0	4.8	5.9
old age allowance	0.0	2.8	11.4	14.9	19.9
interest/savings/rent	1.7	2.9	2.6	3.8	2.3
spouse	4.6	6.1	3.1	4.3	4.5
children	54.1	52.3	40.1	36.8	34.9
relatives ^(b)	2.4	2.3	1.5	1.4	1.3
other	1.7	0.5	0.2	0.2	0.2
total	100	100	100	100	100

Source: 1994, 2007, 2011, 2014, and 2017 Surveys of Older Persons in Thailand

^(a) 2007, 2011, 2014 and 2017 include lump sum payments on retirement

^(b) The category relatives for 2007, 2011, 2014, and 2017 combines categories for parents, siblings and other relatives; for 1994 the category relatives combines categories siblings and other relatives as there was no separate category for parents who are presumably subsumed under other relatives.

to 11% between 2007 and 2011 and the further rise in 2017 to 20% in the share that reported the old age allowance as their primary income source. This undoubtedly reflects the change to almost universal coverage in 2009. In addition, the proportion citing work as their main source of income is highest in 2011 consistent with the highest percentages in 2011 that reported having worked during the past year. In 2017, nearly one third of older persons cited work as the primary income source. Throughout the periods examined, pensions from employment serve as a main source of income for a relatively low percentage of persons 60 and older (6% in 2017).

A decline in children as the main source of support occurs, even though the vast majority of older persons in all surveys reported some income from children during the prior year with a decrease of only a few percentage points between 2007 and 2011 and no decline between 2011 and 2017 (Table 4.2). Moreover, as discussed in greater details in Chapter 5, among those who have at least one child the percentage in 2017 that received at least moderate or substantial amounts of money from children differ only modestly from 2007 and 2011. Thus, it does not appear that the decline in children as the *main* source of income signifies a significant decline in monetary support from children. Instead, the results suggest that support from other sources, especially the old age allowance, is rising and in some cases, hence overtaking children as their largest income source even though children still provide income.

It may seem surprising that one fifth of the elderly reported their old age allowance as their main source of income given that the

allowance is quite modest (equivalent of US\$20-US\$30 per month). However, the amount of money from the allowance can be substantial for people who are extremely poor. It also can be a significant share of their cash income for those that coreside with adult children who cover household expenses for them, thus obviating the need to give their aging parents monetary support.⁶

As Table 4.5 shows, there are considerable age, gender and residence area differences in relation to older persons' main source of income. Approximately 45% of persons in their 60s compared to only 12% of those 70 or older cited work as their main income source. In contrast, nearly half of those 70 and older (46%) compared to just over a quarter of persons in their 60s cited children as their primary income source. Persons 70 or older are also considerably more likely than younger elderly to report that they depend mainly on the government allowance (31% vs. 12%). Given that persons over 70 are more likely to live with children, they may have less need for cash as their household expenses are presumably covered by others in the household. Thus, even though they are more likely to report the allowance as their main income source, this does not necessarily mean it is their main source of broader material support.

For men, work is clearly their most common main source of income, while for women children are their main income source. Still, children are the main source of income for just under 30% of men and for about 40% of women. Men are twice as likely as women to report pensions as their main source of income (8% vs. 4%) although for neither are pensions typical as the main income source. In contrast, more

⁶ Some indirect evidence from the 2017 survey supports these potential explanation. Only 34% of those who cite the old age allowance as their main source of income reported their income is regularly adequate compared to 62% of those who report other main sources for their income. This suggests that those whose main income source is the allowance are more likely to be quite poor. In addition, those that reported the allowance as their main source of income and have at least one child are somewhat more likely to live with a married child than other elderly (32% vs. 26%). Presumably older persons living with married children are likely to have many of their expenses covered by these children even if they do not receive money directly from them.

Table 4.5 Main source of current income among persons 60 by age, gender and area of residence, 2017

Main income source (percent distribution)	Age		Gender		Type of area	
	60–69	70+	Men	Women	Urban	Rural
work	45.3	11.5	41.9	22.0	27.6	33.2
pension ^(a)	6.4	5.2	8.3	3.9	9.9	3.1
old age allowance	11.6	31.0	16.6	22.6	15.2	23.2
interest/savings/rent	2.4	2.1	2.2	2.3	3.8	1.2
spouse	6.3	2.2	2.5	6.2	5.1	4.1
children	26.4	46.3	27.6	40.9	36.1	34.0
relatives ^(b)	1.3	1.4	0.7	1.9	1.9	0.9
other	0.2	0.2	0.2	0.2	0.3	0.1
total	100	100	100	100	100	100

Source: 2017 Survey of Older Persons in Thailand

^(a) Pension includes lump sum payments on retirement.

^(b) Relatives include parents, siblings and other relatives.

women than men reported the old age allowance (23% vs. 17%) and spouses (6% vs. 3%) as the main source of their income.

Furthermore, for urban elderly, children are the most typical main source of income followed by work. In contrast, for rural elderly work and children are almost equally common as the main income source. With respect to formal forms of support as the main source of income, urban elderly are far more likely than rural elderly to report pensions (10% vs. 3%), while rural elderly are more likely to report the old age allowance (23% vs. 15%).



Income levels and adequacy

Respondents were asked to estimate their average annual personal income. Caution is needed when interpreting the results as many elderly coreside with adult children or other younger-generation adult members who take main responsibility for household material support. In these circumstances, the direct income of the elderly members may be of less importance for their material well-being than the income of other members of the household. Figure 4.1 summarizes the distribution of income among persons aged 60 and older according to the 2007, 2011, 2014, and 2017 Surveys of Older Persons.

The percent of older persons in two lowest income categories is considerably lower in 2017 compared to 2007 and 2011. Meanwhile, the percent in the three highest income categories is higher in 2017 compared to the two earlier surveys (2007, 2011) but modestly lower than in 2014. Given that annual inflation was quite modest averaging between 2% and 4% during 2011–2017, it appears that there was likely some improvement on average in terms of purchasing power of older persons during the intervening years.⁷

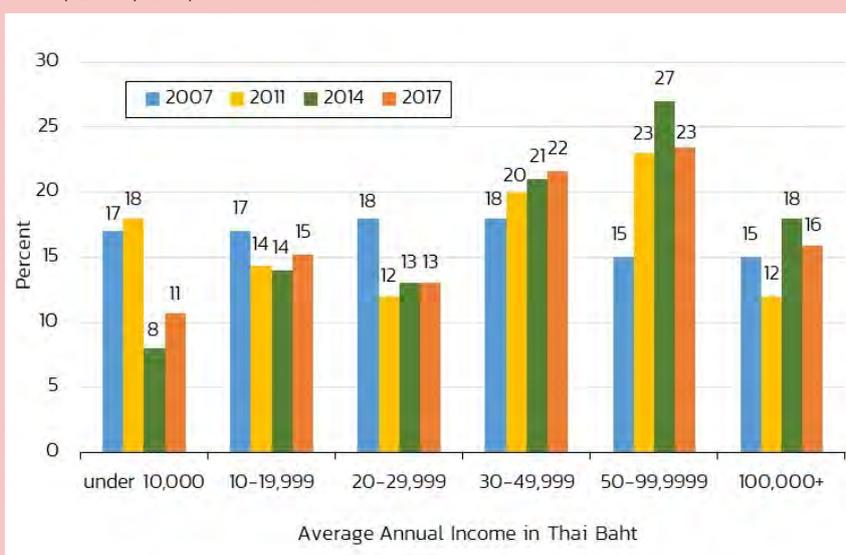
⁷ See <http://data.worldbank.org/indicator/NY.GDP.DEFL.KD.ZG> (accessed 02/01/2019)

As Table 4.6 shows, the income distributions in 2017 differ according to age, gender and area of residence. Persons in their 60s, men and urban residents are more concentrated in the higher income categories than are persons aged 70 and older, women and rural residents respectively. Interpreting the gender differences is complicated because spouses are likely to share benefits from each other's incomes. Not shown in the table is the fact that the lower income associated with women is mainly attributable to those who are currently married.

For example, the percentages of not currently married men and women in the two lowest income categories are very similar (33% vs. 34%). Also among those not currently married, men are modestly more likely than women to be in the highest two income categories (32% vs. 29%) which is considerably less than the difference among currently married men and women (50% vs. 38%). In addition, as shown in Table 4.7,

men and women differ only slightly in their self-assessment of their income adequacy. Thus, the gender differences shown in Table 4.6 for all older men and women need to be interpreted cautiously. Nevertheless, sharp urban-rural differences in the distribution of income are not subject to equivalent reservations and undoubtedly suggest considerably lower economic well-being among rural elderly.

Figure 4.1 Percent distribution of income during past year, persons 60 and older, 2007, 2011, 2014 and 2017



Source: 2007, 2011, 2014, and 2017 Surveys of Older Persons in Thailand
 Note: At the time of the surveys US\$1 ranged in value from about 32 to 33 baht.

Table 4.6 Average annual income by age, gender and area of residence, persons 60 and older, 2017

Income in past year (percent distribution)	Age		Gender		Type of area	
	60-69	70+	Men	Women	Urban	Rural
under 10,000	7.6	14.9	8.5	12.5	8.5	12.3
10,000-19,999	10.5	21.6	13.1	17.0	11.7	17.7
20,000-29,999	10.7	16.2	11.3	14.4	10.9	14.5
30,000-49,999	22.1	20.9	20.1	22.8	20.3	22.6
50,000-99,999	28.2	17.0	25.1	22.1	25.4	22.1
100,000+	20.8	9.4	21.8	11.2	23.3	10.8
total	100	100	100	100	100	100

Source: 2017 Survey of Older Persons in Thailand
 Note: At the time of the survey US\$1 ranged in value from about 32 to 33 baht.

The 2007, 2011, 2014, and 2017 Surveys of Older Persons included a question asking respondents to assess whether their overall income was adequate. The results are presented in Figure 4.2. Assessments of income adequacy improve during the first three surveys and drop modestly in the most recent survey. The percentages saying that their income is adequate or better increase from 58% to 64% between 2007 and 2014 but decrease to

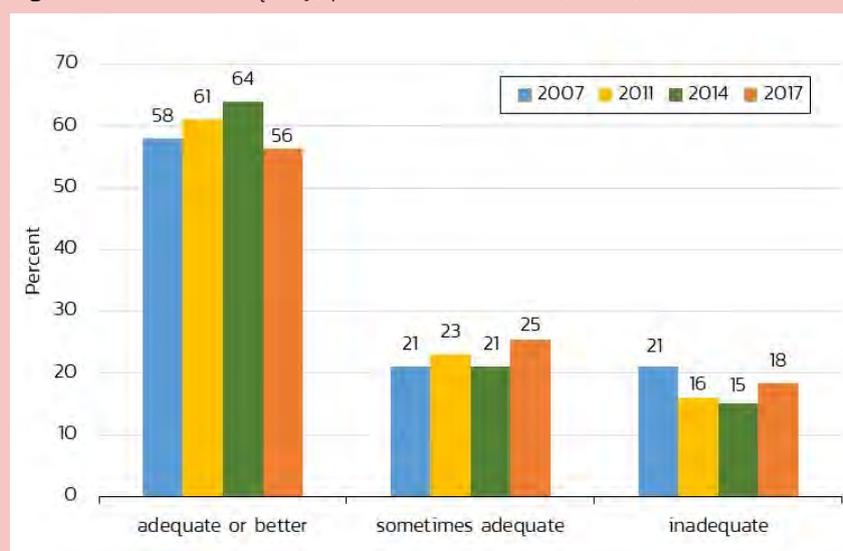
56% in 2017. Consistently, those saying that their income was inadequate decline from 21% to 15% during 2007–2014 only to rise to 18% in 2017. Additionally, proportion of elderly who indicated that their income is only sometimes adequate is higher in 2017 than in previous surveys. Perhaps the modest downward trend in self-assessed income adequacy between 2014 and 2017 reflects an increase in inflation rates from 1.4% in 2014 to 2.3% in 2017, negatively affecting how older persons perceive their purchasing power.

As Table 4.7 shows respondents' self-assessed economic situation in 2017 differs little by age or gender but moderately by place of residence. Overall, there is very little difference in self-reported income adequacy between persons in their 60s and those 70 and older or between men and women. Urban elderly,

however, provided more positive assessments with respect to income adequacy compared to their rural counterparts. The lack of gender differences in self-assessed economic well-being underscores the need for caution as discussed earlier in connection with interpreting results showing that women reported lower income than men.

Table 4.8 shows that an older person's main source of income is closely associated to their assessment of economic situations. Persons who reported that their main source of income are pensions or interest, savings or rent are distinctly more likely to indicate that their income is at least adequate than other respondents. In sharp contrast, those who indicated the government old age allowance as their main income source are by far the least likely to report their income is adequate

Figure 4.2 Income adequacy, persons 60 and older, 2007, 2011, 2014 and 2017



Source: 2007, 2011, 2014 and 2017 Surveys of Older Persons in Thailand

Table 4.7 Income adequacy by age, gender and area of residence, persons 60 and older, 2017

Adequacy of income	Total	Age		Gender		Type of area	
		60–69	70+	Men	Women	Urban	Rural
adequate or better	56.3	54.8	58.3	56.7	56.0	61.6	52.6
sometimes adequate	25.4	27.2	23.0	25.8	25.0	22.4	27.5
inadequate	18.3	18.0	18.7	17.5	19.0	16.1	19.8
total	100%	100%	100%	100%	100%	100%	100%

Source: 2017 Survey of Older Persons in Thailand

Table 4.8 Income adequacy by main source of income, persons 60 and older, 2017

Adequacy of income	Work	Pension ^(a)	Old age allowance	Interest/savings/property	Spouse	Children	Relatives ^(b)	Other ^(c)
more than adequate	7.0	24.6	1.3	8.7	4.3	4.1	0.5	12.9
adequate	49.0	66.6	32.5	67.3	54.1	58.5	43.7	48.2
sometimes adequate	29.4	5.9	27.5	15.2	27.0	24.2	33.2	23.5
inadequate	14.7	2.9	38.7	8.7	14.6	13.3	22.6	15.3
total	100%	100%	100%	100%	100%	100%	100%	100%

Source: 2017 Survey of Older Persons in Thailand

(a) Includes lump sum payments on retirement

(b) Relatives include parents, siblings and other relatives.

(c) Includes social security and other sources.

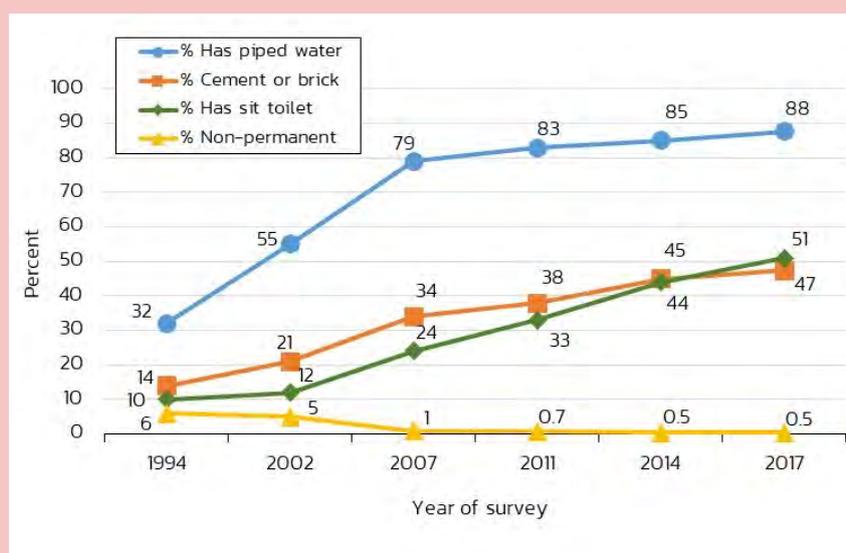
and by far the most common to say that it is consistently inadequate. About 63% of elderly whose main source of income is children assessed their income to be adequate or better, compared to 58% and 56% among those who cited spouse and work as their primary income sources respectively.

living in dwellings made of reused or non-permanent material was only 6% in 1994, it has steadily decreased to only 1% by 2007 and is virtually negligible by 2017. At the same time the percentage living in households made of cement or brick has increased from only 14% in 1994 to 47% by 2017. Living in a dwelling unit with access to a sit toilet has increased

Housing quality and household possessions

The quality of a person's housing is not only important for their comfort but is also a reflection of their economic status. Information was collected in all six Surveys of Older Persons conducted between 1994 and 2017 regarding the construction material of the dwelling unit, whether it has a sit toilet and whether or not it has piped water into the dwelling. A clear trend is evident in Figure 4.3 towards elderly Thais living in better constructed houses. Although the percentage

Figure 4.3 Characteristics of dwelling units of persons 60 and older, 1994, 2002, 2007, 2011, 2014 and 2017



Source: 1994, 2002, 2007, 2011, 2014, and 2017 Surveys of Older Persons in Thailand

Note: Dwellings of non-permanent material include houses of reused material. Calculations of percentages living in non-permanent housing and in cement or brick housing are based on denominators that exclude a small number who live in single rooms or undetermined dwellings. Sit toilets refer to ones with toilet bowls regardless of whether they have mechanical flushing.

Table 4.9 Indicators of housing quality by age, gender and area of residence, persons 60 and older, 2017

	% in dwellings made of		% in a dwelling with a sit toilet	% in a dwelling with piped water inside house
	non-permanent or reused material	cement or brick		
Total	0.5	47.4	51.0	87.8
Age				
60-69	0.5	49.5	49.4	88.0
70+	0.5	44.5	53.1	87.4
Gender				
men	0.5	46.8	49.1	87.2
women	0.5	47.9	52.6	88.2
Area of residence				
urban	0.3	59.4	67.4	93.6
rural	0.6	39.0	39.5	83.6

Source: 2017 Survey of Older Persons in Thailand

by fivefold from only 10% in 1994 to 51% of older persons by 2017. Finally, one of the most dramatic changes has been with respect to having piped water in the dwelling unit rising from just under a third in 1994 to 88% by 2017.

As Table 4.9 shows, the various measures of housing quality differ only modestly between persons in their 60s and those aged 70 or older or between older men and women. However, results show a pronounced difference between rural and urban elderly with those in rural areas considerably less likely to live in housing with better quality features. Thus, the pattern of differences with respect to housing quality parallels the pattern found concerning self-assessed economic well-being. Not shown in the table is that both urban and rural elderly have experienced improvements in housing quality even though differences in the extent of housing quality remain.

Household possessions are also a good indicator of economic well-being. In situations whereby older persons coreside with other household members including their adult children, specific possessions often belong to the other members

or to the household overall rather than to the elderly persons themselves. Nevertheless, the possessions reflect the overall wealth status of the household. The older person typically benefits from these possessions even if they are not personally theirs.



Table 4.10 Percentage living in households with various household possessions, persons 60 and older, 1986, 1994, 2007, 2011, 2014, and 2017

	1986	1994	2007	2011	2014	2017
Television	47.7	83.7	95.7	98.6	98.1	97.8
Video/DVD	--	17.3	63.0	66.2	60.3	37.7
Refrigerator	24.5	52.5	87.4	92.5	94.0	95.4
Phone ^(a)	--	15.4	76.0	88.8	92.0	93.4
Air conditioner	1.4	7.0	16.0	18.2	25.2	29.3
Washing machine	--	14.7	48.0	60.5	71.7	74.1
Computer	n.a.	n.a.	17.1	22.5	26.2	21.3
Motorcycle	27.8	45.9	67.2	74.6	77.1	78.0
Car/truck/van	7.1	16.7	30.9	34.5	42.4	44.7
Any motor vehicle ^(b)	31.2	52.4	75.4	81.5	83.6	84.4

Sources: 1986 Survey of Socio-economic Consequences of Aging of the Population in Thailand; 1994, 2007, 2011, 2014, and 2017 Surveys of Older Persons in Thailand

^(a) Refers to either a landline or mobile phones in 1994 and 2007 but only to mobile phones in 2011, 2014, and 2017

^(b) Motorcycle, car, truck or van

Table 4.10 shows the percentage of older Thais that lived in households with various household possessions based on surveys spanning three decades from 1986 to 2017. Results reveal a substantial increase in household possessions of older persons in Thailand. Televisions have become virtually universal. Just a quarter of elders in 1986 lived in a household with a refrigerator but by 2017 this increased to 95%. Likewise, significant increases have also occurred in the percentage of older people who lived in households with a washing machine with nearly three quarters of persons 60 and older in 2017 having one in their household. The much more frequent availability within a household of such appliances makes carrying out household chores considerably more convenient. Moreover, nearly 85% of older people lived in households with some form of vehicular transportation, up from less than a third in 1986. Although the vehicles may belong to another member of the household it is highly likely that older-age members would be provided transportation when in need.

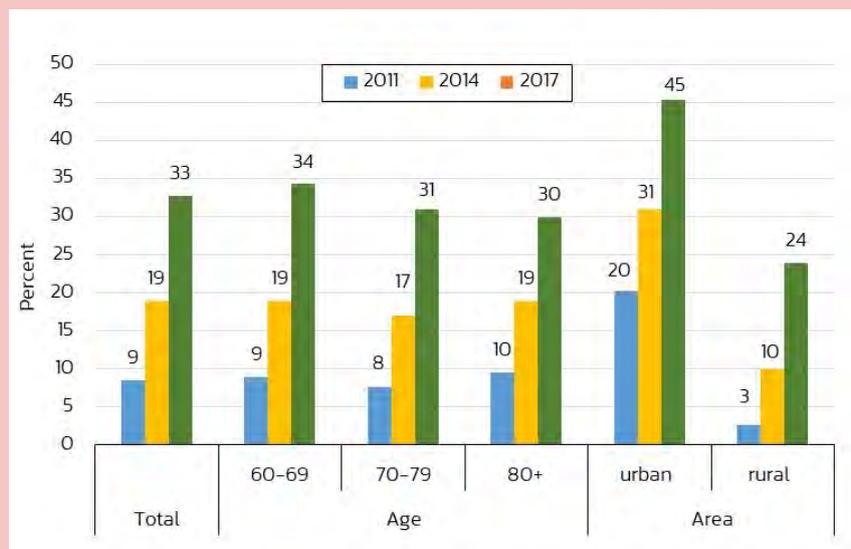
One striking change with particularly important implications for older persons is the considerable increase in availability of telephones. The 1986

survey did not ask about the presence of telephones because it was so rare for a household to have one at that time. In 1994 only 15% of older persons lived in households with a telephone but by 2017 nearly 95% lived in a household that had at least a mobile phone. The 2011 and 2014 surveys did not ask about landline phones. Thus, it is not possible to determine the percentage of older persons in a household with any type of phone but it would be undoubtedly even higher than those shown in the table. While in many cases the mobile phone may not belong to the elderly themselves, they would still likely have potential use of the phones of other household members. Thus, most elderly would be able to use a phone not only in urgent situations such as health emergencies but also for communication with their children, family members, and friends living elsewhere. As discussed in the subsequent chapter, the spread of telephones and particularly mobile phones has radically altered the ability of older persons to keep contact with their migrant children.

Furthermore, results in Table 4.10 indicate an increasing proportion of older persons living in households that have a computer between

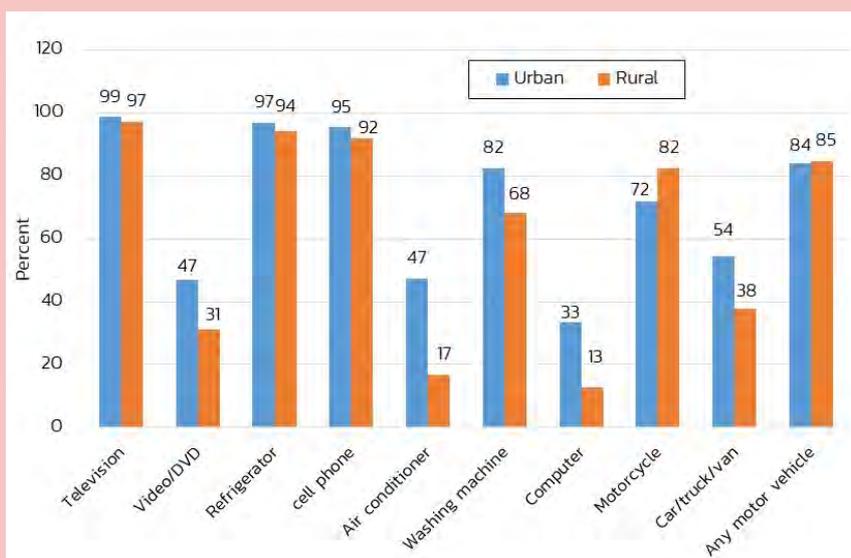
2007 and 2014 followed by a modest decline to 21% in 2017. This does not reflect the decline in material well-being of Thai households but rather the replacement of computer (desktop and laptop computers) by handheld tablets and smart phones. As shown in Figure 4.4, the percentage of older Thais living in households with internet connection increases more than threefold from 9% in 2011 to 33% in 2017. Internet connection has become more common among persons in their 60s and those in urban areas compared to elderly in their 70s or older and rural populations. The internet technology likely provides older persons opportunities for additional ways to communicate with adult children who live elsewhere as well as to greatly expand the ability to gain information quickly on a range of issues of importance to older persons either by the elderly themselves or for them by younger household members.

Figure 4.4 Percentages with internet in the household, persons 60 and older, 2011, 2014 and 2017



Source: 2011, 2014, and 2017 Surveys of Older Persons in Thailand

Figure 4.5 Percentages living in households with various household possessions by area of residence, persons 60 and older, 2017



Source: 2017 Surveys of Older Persons in Thailand

As Figure 4.5 shows, elderly in rural areas are not far behind those in urban areas with respect to a number of household possessions. Televisions are virtually universal regardless of place of residence and rural households of older persons only lag slightly behind urban households with respect to refrigerators and mobile phones. However, there are considerable differences with respect to other household possessions. Rural households are particularly unlikely to have an air conditioner or computer compared to urban households but also less likely to have a washing machine or video player.

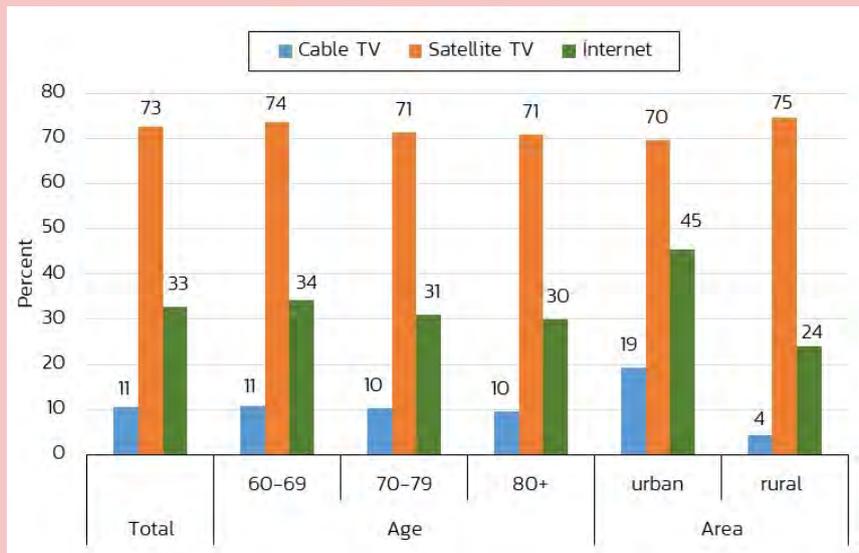
With respect to the presence of means of vehicular transportation, over 80% of both urban and rural elderly live in households with at least some motor vehicle. But rural elderly are more likely to live in households with a motorcycle but less likely to live in households with a car, truck or van. This undoubtedly reflects the fact that motorcycles are considerably less expensive and hence more affordable than four-wheeled vehicles. Since urban households are better off economically, they are better situated financially to buy a four-wheel vehicle and thus in less need of a motorcycle.

Finally, the 2017 survey included questions asking about the presence of satellite and cable TV and access to the internet within the household. Results are shown in Figure 4.6.

Satellite TV is quite common with over 70% of persons 60 and older living in households with access. This differs very little by age or area of residence of the respondent. Cable TV is much less common with only 11% of households of older persons being connected to

it. This differs little by age of respondent but is much more common in urban areas where nearly a fifth of households with persons 60 and older have cable TV while in rural areas only 4% do. The urban-rural difference is undoubtedly accounted for by the fact that satellite TV only entails a one-time installation cost but has no subsequent monthly fees whereas access to the cable TV requires paying monthly subscription fees. Thus, cable TV is undoubtedly more affordable for urban elderly than rural elderly.

Figure 4.6 Percentages with satellite television, cable television and internet in the household, persons 60 and older, 2017



Source: 2017 Surveys of Older Persons in Thailand

About one third of persons 60 and older live in households with internet access and this varies little by age of respondent. However as in the case of cable TV, there is a very large difference between urban and rural elderly. About 45% of older persons in urban areas live in households with internet access but only 25% of those in rural areas have a connection available in their home.



Chapter **5**

Family Support and
Intergenerational Relations

Chapter highlights

- *The large majority (86%) of older persons in 2017 who have living children received some money from the children although the percentage that reported children as their main source of support was slightly lower than in 2014.*
- *Considerably lower percentages of older persons received moderate or substantial amounts of monetary support from children in the past 12 months in 2017 compared to 2014 but only modestly different from 2011 or 2007 indicating that meaningful financial support from children has returned to earlier levels.*
- *Nonmonetary material support (i.e., food, goods and clothing) from non-coresident children in the past 12 months remained at levels similar to 2014.*
- *Rural and urban elderly who have children are similar in terms of the percentages that receive any income from children and for whom children are the main source of their income although rural parents are less likely to receive large amounts.*
- *The percentages of parents receiving monetary support from children differs little by the location of their nearest child but regular receipt of food from non-coresident children declines sharply the further away is the nearest child.*
- *Social contact with non-coresident children in the form of visits and phone calls steadily increased between 2007 and 2014 but leveled off by 2017; the earlier increase likely reflects the expanding transportation system and the spread of mobile phones.*
- *Given that monetary and nonmonetary material support from children remains high and that social contact with children living away has increased, it appears that filial support for parents in old age remains strong.*
- *Very few older parents are deserted by all their children; 99% live either with or next to a child or have at least monthly visits or phone calls from at least one; only half a percentage in 2017 had no contact and no remittances from any of their children in the prior 12 months.*
- *Only a minority of older-age parents provided money to their children during the past year; the percent that did so increased between 2007 and 2014 but declined in 2017.*
- *Grandparents are often the main carers of coresident grandchildren with absent parents, but the grandchildren's parents usually provide main financial support.*

In Thailand, as in the rest of Southeast Asia and much of the developing world, informal systems of social and economic exchange within the family are crucial for ensuring the well-being of the older-age population (UNFPA & HelpAge International, 2012). Of particular importance are intergenerational exchanges of material and social support between elderly parents and their adult children as well as personal services provided by one generation to the other. This chapter examines the nature and extent of intergenerational exchanges of material support, social contact and care of grandchildren whose parents are absent. Provision of personal care is treated in the following chapter that deals with matters related to health of older persons.

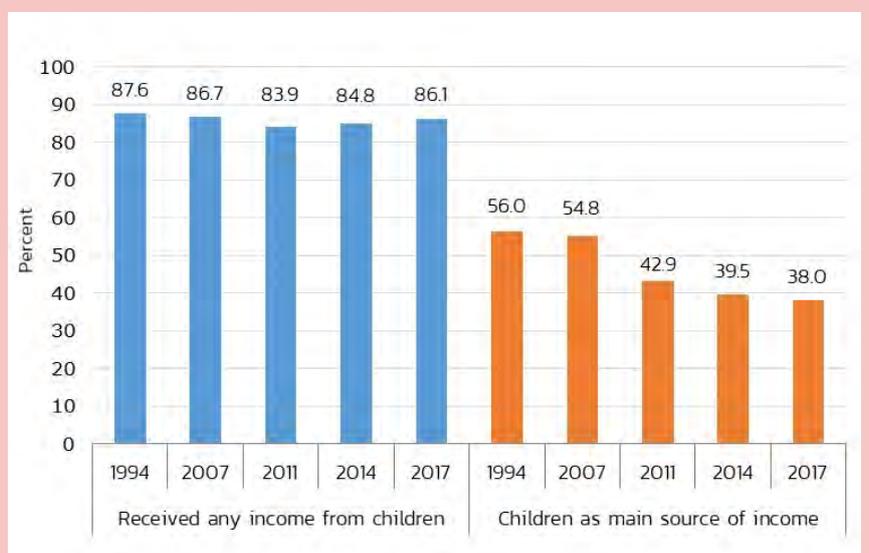
Material support

Adult children can be important sources of financial and other types of material support to elderly parents through the provision of money, food, and goods. As indicated in the previous chapter, a large majority of older persons cite children as a source of income and many cite their children as their main income source. Figure 5.1 compares results from five Surveys of Older Persons in Thailand covering the period between 1994 and 2017 with respect to children as a source of income for elderly parents. Since only older persons with living children can receive income from children, results are limited to respondents who have at least one living child. In all the surveys well over 80% of aged parents reported that they received income in the prior year from children. While there was a slight decline between 1994 and 2011, this did not carry through to 2017.

A much more pronounced decline is evident in the share of older persons that cite children as their main source of income following 2007.

As noted in the previous chapter, while the sharp reduction in the proportion of older people who mainly depend on filial financial support following 2007 represents a major shift in the distribution of main sources of support, it does not necessarily signify a reduction in filial support in Thailand. As Figure 5.2 shows, the percentage of older-age parents that received substantial amounts of money from their children did not decline but remained at least stable between 2007 and 2011 and then noticeably increased by 2014. For example, in both 2007 and 2011, 41% of parents 60 or older received at least 10,000 baht from their children in the prior 12 months. By 2014 the share that reported receiving this amount grew to over half (52%) but then declined by 2017 to levels only modestly different than from 2007 and 2011. Although the percentages receiving the relatively large amounts of at least 30,000 baht or at least 50,000 baht are substantially lower, they also increased between 2007 and 2014 but fell in 2017 to levels that are only modestly different from those prior to 2014. Even allowing for inflation, these changes at

Figure 5.1 Percentages that reported children provided income during the prior year, persons 60 and older who have at least one living child, 1994, 2007, 2011, 2014, and 2017

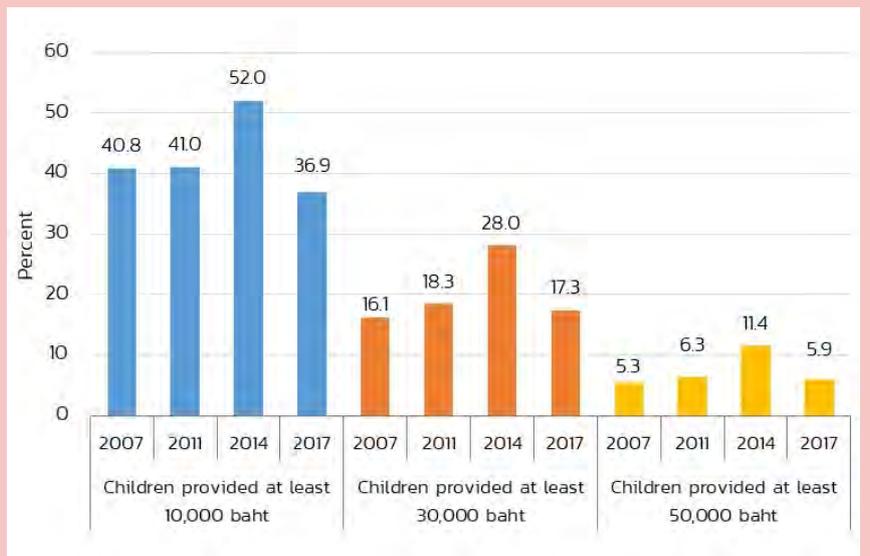


Source: 1994, 2007, 2011, 2014 and 2017 Surveys of Older Persons in Thailand

a minimum suggest that substantial financial support from children has remained rather high.

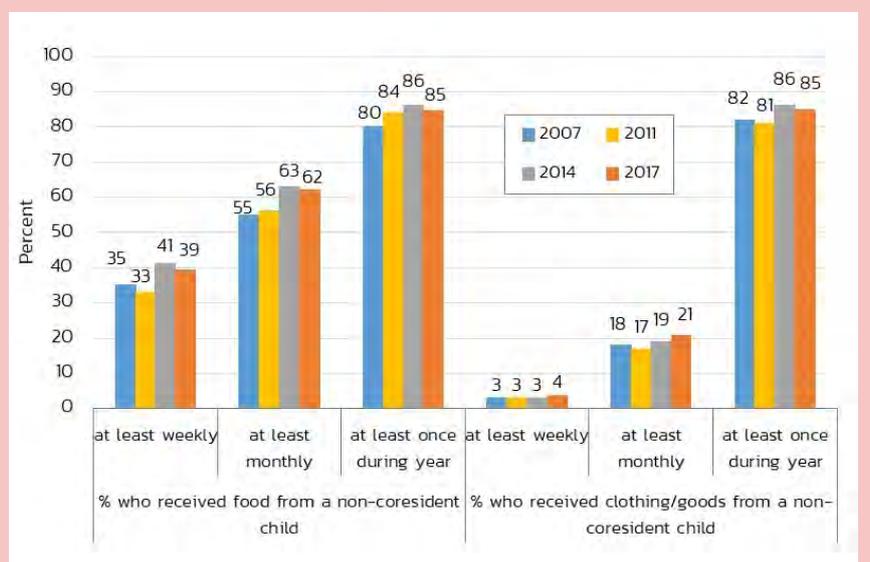
Further evidence of sustained material support from adult children is provided by information on receipt of nonmonetary forms of support. The same four surveys that provided information on the amount of monetary support also asked the frequency of receiving food as well as clothing or goods from non-coresident children during the prior year among older persons who had at least one child living outside the household. The focus on non-coresident children with regards to nonmonetary material support presumably stems from the fact that members of the same household typically share meals and amenities thus posing difficulties in interpreting exchanges within the same household, particularly with respect to food and goods. Results summarized in Figure 5.3 show that the percentages that received food during the past year from at least one non-coresident child increased modestly over the period covered. By 2017 approximately two fifths received food at least weekly and just over 60% received food at least monthly from one or more non-coresident children. Moreover, the vast majority received food at least once during the past year with a slight increase evident across the surveys.

Figure 5.2 Percentages who received income from children during prior year by total amount received, persons aged 60 and older who have at least one living child, 2007, 2011, 2014 and 2017



Sources: 2007, 2011, 2014 and 2017 Surveys of Older Persons in Thailand
 Note: At the time of the surveys US\$1 ranged in value from about 30 to 33 baht.

Figure 5.3 Percentages who received food and who received clothes/goods from a non-coresident child during the prior year by frequency of receipt, among persons 60 years and older who have at least one non-coresident child, 2007, 2011, 2014, and 2017



Source: 2007, 2011, 2014 and 2017 Surveys of Older Persons in Thailand

Material support also includes the provision of goods or clothing. While such items are provided less frequently during the year than is food, over 80% of parents of non-coresident children received clothing or goods at least once during the year from at least one non-coresident child according to all four surveys.

In addition, the proportions who received such material support more frequently than once a year remained stable across the surveys.

It should be noted that in some cases the provision of food or gifts of clothing or goods from non-coresident children may be made during occasional visits and can be more of symbolic value than meaningful material support. Providing such support is almost a given during the traditional visit to parents during the Thai New Year holiday of Songkran in mid-April even if in small amounts. Provision of modest amounts of cash during such visits is also common at least as a symbolic gesture and thus helps explain the very high percentage of parents that report receiving some money as well as food and clothing or goods at least once during the past year.

As Table 5.1 shows, the percentage of older-age parents in 2017 that received any income from children during the past 12 months, whether coresident or not, increases with the age of the parent, rising from 79% for those in their

early 60s to just over 90% for those 70 and older. Substantially sharper increases with age are apparent with respect to the percentage of parents reporting children as their main source of income, accounting for only slightly under a fourth of parents aged 60-64 but reaching slightly over 50% for those 75 and older. The percentage that received significant amounts of money, however, does not consistently increase with age.

Gender also shows an association with receipt of income from children during the past 12 months. Overall women are more likely to report receipt of any income from their children and substantially more likely to report children as their main source of income. They also are somewhat more likely than men to report significant amounts of income from children. There is little difference in the percentages of urban and rural older parents that report receiving any income but rural parents are somewhat less likely to report children as their main income source. More pronounced differences favoring urban over rural older-age parents

Table 5.1 Percentage receiving income from children during past year among persons 60 and older with at least one child by age, gender and area of residence, 2017

	Any income from children	Children as main source of income	Children provide 10,000+ Baht	Children provide 30,000+ Baht	Children provide 50,000+ Baht
Total	86.1	38.0	36.9	17.3	5.9
Age					
60-64	79.3	24.6	34.1	16.0	5.7
65-69	84.8	35.3	37.3	17.7	5.6
70-74	90.3	46.3	39.8	18.2	6.1
75+	92.9	51.5	38.2	18.1	6.2
Gender					
men	81.3	29.3	33.4	14.8	5.0
women	90.2	45.4	39.9	19.5	6.6
Area of residence					
urban	84.1	40.5	40.0	20.8	8.4
rural	87.4	36.4	34.9	15.0	4.2

Source: 2017 Survey of Older Persons in Thailand

Note: At the time of the survey US\$1 equaled about 32-33 baht

are evident in terms of receiving significant amounts of income from their children especially the larger amounts shown.

Table 5.2 examines monetary support during the past 12 months from children based on the 2017 survey in relation to characteristics of the older-age parents and with attention to whether the support comes from coresident or non-coresident children. It also includes results

concerning receipt of non-monetary support from non-coresident children. Results are limited to parents who have at least one child of the relevant type.

A majority (almost two thirds) of parents coresiding with children received money during the past year from children in the household with almost a third receiving at least 5000 baht and a fifth receiving at least 10,000 baht

Table 5.2 Material support received from coresident and non-coresident children during the past year among persons 60 and older with at least one child of the specified type, 2017

	Total	Age		Gender		Type of area	
		60-69	70+	Men	Women	Urban	Rural
Among parents with at least one coresident child							
% who received money from a coresident child							
any money	64.7	59.8	70.3	58.3	69.7	67.3	62.7
at least 1000 Baht	58.1	54.2	62.5	52.8	62.2	63.1	54.2
at least 5000 Baht	32.5	31.3	34.0	28.9	35.4	38.9	27.7
at least 10,000 Baht	20.4	19.9	20.9	17.9	22.3	25.8	16.3
at least 30,000 Baht	6.5	6.5	6.4	5.7	7.1	9.9	3.9
at least 50,000 Baht	2.4	2.3	2.4	2.1	2.6	4.1	1.0
Among parents with at least one non-coresident child							
% who received money from a non-coresident child							
any money	79.3	75.3	84.2	75.1	82.9	77.0	80.7
at least 1000 Baht	75.5	72.1	79.5	71.5	78.8	74.5	76.1
at least 5000 Baht	48.8	48.0	49.8	45.8	51.4	51.1	47.5
at least 10,000 Baht	33.3	33.1	33.7	30.9	35.4	35.9	31.9
at least 30,000 Baht	13.7	14.2	13.2	12.0	15.2	16.7	12.0
at least 50,000 Baht	5.0	5.2	4.9	4.4	5.5	7.1	3.8
% who received food from a non-coresident child							
daily or almost daily	20.8	14.8	28.1	18.6	22.7	19.1	21.9
at least weekly	39.4	32.1	48.1	36.6	41.6	38.6	39.8
at least monthly	62.1	55.8	69.7	59.7	64.2	63.4	61.4
at least once during year	84.5	82.0	87.6	83.2	85.7	82.8	85.6
% who received clothing/goods from a non-coresident child							
at least weekly	3.8	2.9	4.8	3.3	4.1	4.4	3.4
at least monthly	20.7	18.1	23.9	19.3	21.9	24.1	18.7
at least once during year	84.8	82.7	87.2	83.5	85.9	83.5	85.5

Source: 2017 Survey of Older Persons in Thailand

Note: At the time of the survey US\$1 equaled about 32-33 baht

in total. Receipt of larger amounts is considerably less common with only 2% receiving at least 50,000 baht from a coresident child. Among parents with at least one non-coresident child, the percentages receiving money of the various amounts shown are noticeably higher than found in the case of money provided by coresident children. This difference, however, ignores the likelihood that many coresident children are supporting the parent within the household but not with direct provision of cash. It also likely reflects the fact that some non-coresident children migrated to find employment in places where they can earn increased amounts of money. In some cases, however, the financial support provided to parents by non-coresident children may be largely to cover expenses for the remitter's children who live with the grandparents and thus not necessarily contribute to the older-age parents' own welfare.

Compared to younger elderly, older parents aged 70 and above are somewhat more likely to receive money of modest amounts both from coresident and non-coresident children but there is little difference by age with respect to larger amounts. Mothers are more likely than fathers to receive money from coresident as well as non-coresident children regardless of the amount considered. Also, urban older-age parents are somewhat more likely than their rural counterparts to receive money from coresident children regardless of the amount. However, with respect to money from non-coresident children, urban parents are only more likely to receive larger amounts with little difference evident with respect to the more modest amounts.

Receipt of food from non-coresident children at least occasionally is very common. Among elderly that have non-coresident children 85% indicated that they received some food at least once during the past year. In many cases this is provided during occasional visits and is largely of symbolic value rather than constituting meaningful material support. At the same time

two fifths reported at least weekly provision of food and one fifth received food on a daily or almost daily basis. Receipt of food, especially on a daily, weekly or monthly basis, is associated with increased age of parents and is modestly more common among elderly women than men and among rural compared to urban older persons.

Receipt of clothing or goods by older age parents with non-coresident children at least occasionally is also very common but on a far less frequent basis compared to receipt of food. As with food, such gifts can often be more symbolic than of substantial material value. Older compared to younger elderly and women compared to men are modestly more likely to receive such help. Urban-rural differences in receipt of clothes and goods are also modest and depend on the particular frequency being considered.

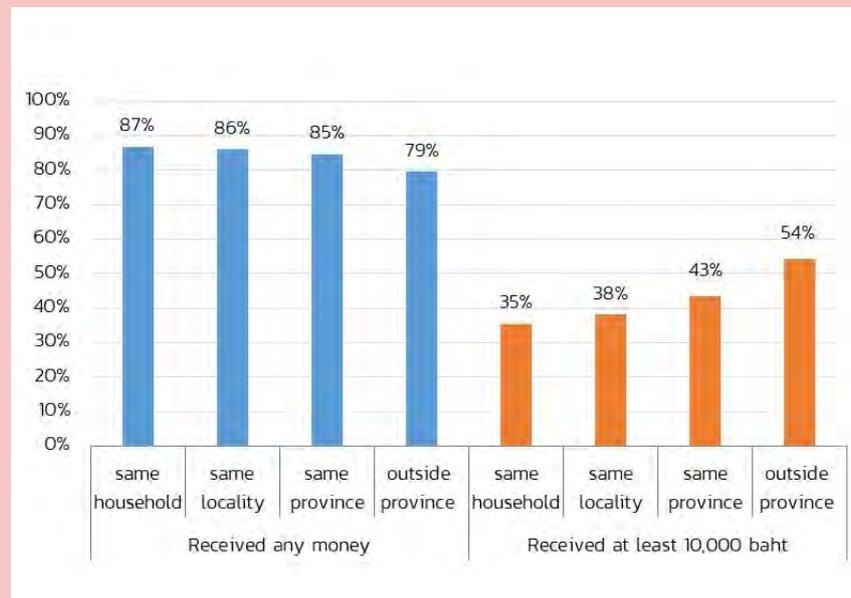


Figure 5.4 examines the association of material support during the prior year from children in relation to location of the nearest child. The top panel shows that receiving any money is largely unrelated to the location of the nearest child. Receiving a substantial amount, defined as at least 10,000, however increases with the distance at which the child is located. Thus, monetary support does not appear to be jeopardized by the absence of children. Note, however, that the survey question does not specify which children provide money adding some uncertainty to the interpretation of the results. Thus, for parents who live with co-resident children the money might be provided by a non-co-resident child. In addition, for categories of non-co-resident children, the nearest one is not necessarily the one providing the money. This may explain why the current findings do not appear to confirm results from earlier research designed specifically address this issue and that shows that children who move further away, especially if they live in a different province or in Bangkok, are more likely to provide substantial amounts of money to their elderly parents in rural or peri-urban areas than are children who live nearer (Knodel, Kespichayawattana, Wiwatwanich, & Saengtienchai, 2010).

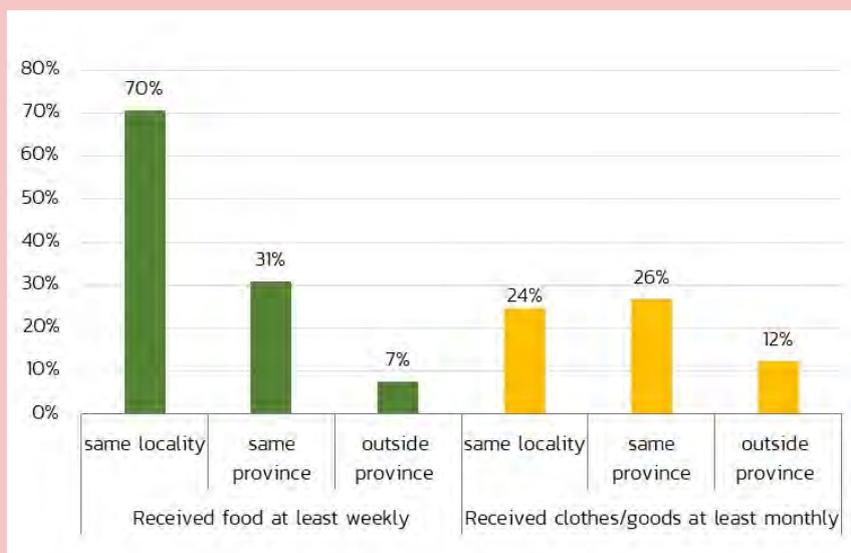
A very different pattern is associated with regular receipt of non-monetary material support

Figure 5.4 Material support from children to parents 60 years and older during prior year by location of nearest child, 2017

A. Percentages of all parents 60 or older who received monetary support from children



B. Percentages of parents 60 or older who received non-monetary support from non-co-resident children



Source: 2017 Survey of Older Persons in Thailand

Note: Same locality refers to same village or municipal area.

in the form of either food or clothes and goods. As noted above, information on these types of support was asked only for non-co-resident children. As the bottom panel of Figure 5.4 shows, proximity is clearly associated with regular receipt of food and to some extent with regular receipt of clothes or goods. Presumably regular exchange of food or other goods needed for daily living is only practical when the two parties live relatively close.

Table 5.3 Percentages receiving income during past year from children by number of adult children, parents 60 and older of adult children, 2017

	Number of adult children			
	1	2	3	4+
% reporting children as a source of income	74.1	83.8	88.5	92.0
% reporting children as main source of income	32.0	32.5	37.6	46.1
% who received at least 10,000 baht from children (either coresident or non-coresident)	27.0	36.3	39.6	39.9
% who received at least 30,000 baht from children (either coresident or non-coresident)	11.2	17.3	18.7	19.0

Source: 2017 Survey of Older Persons in Thailand

Notes: Adult children are defined as children age 18 and over within the parents' household and all children who live outside of the parents' household.

At the time of the survey US\$1 equaled about 32-33 baht.

As noted in Chapter 2, the past history of fertility decline in Thailand is leading to progressively smaller family sizes among the elderly and this will continue for the foreseeable future. Thus, it is of interest to see if among the current elderly the number of children is related to the probability of receiving financial support from children. Table 5.3 shows the percentage of older persons with adult children that received various types of financial support according to the number of their adult children. The percentages that report children as a source of income and as their main income source clearly increase with the number of adult children. However, with respect to the percentages of those that receive at least 10,000 baht and at least 30,000 baht, the main difference is between those with only a one adult child and those with more than one.

Note that this is a cross-sectional measure and that other confounding influences have not been taken into account. Thus, this does not necessarily mean that declining family sizes and particularly the increasing frequency of reproductive aged persons in Thailand to have one child families will lead to less filial financial support. Nevertheless, the possibility needs to be given serious consideration.

Social support

For most parents, contact with children who move out of the household can contribute to their social and emotional well-being. This is especially the case if they do not have children living with them or nearby. The migration of children reduces opportunities for face-to-face interactions and thus can undermine inter-generational social support if contact is not maintained through other means of contact. In recent years, the dramatic increase in access to telephones, especially mobile phones, has greatly expanded the ability to keep in contact with migrant children. In addition, transportation system improvements likely facilitate visits.

Figure 5.5 summarizes exchanges of social support between parents and non-coresident children in terms of visits and telephone calls during the past year comparing results from the 2007, 2011, 2014 and 2017 Surveys of Older Persons in Thailand.¹ Results are shown both for all parents with non-coresident children as well as separately for those parents whose children all live outside the parents' own locality. Presumably children within the parents' locality are less likely to need to phone parents to speak with them. Visits and phone calls

¹ The survey question asks about visits and phone calls from all non-coresident children collectively. Thus, the frequency reported does not necessarily refer to any particular child if the respondent has multiple non-coresident children.

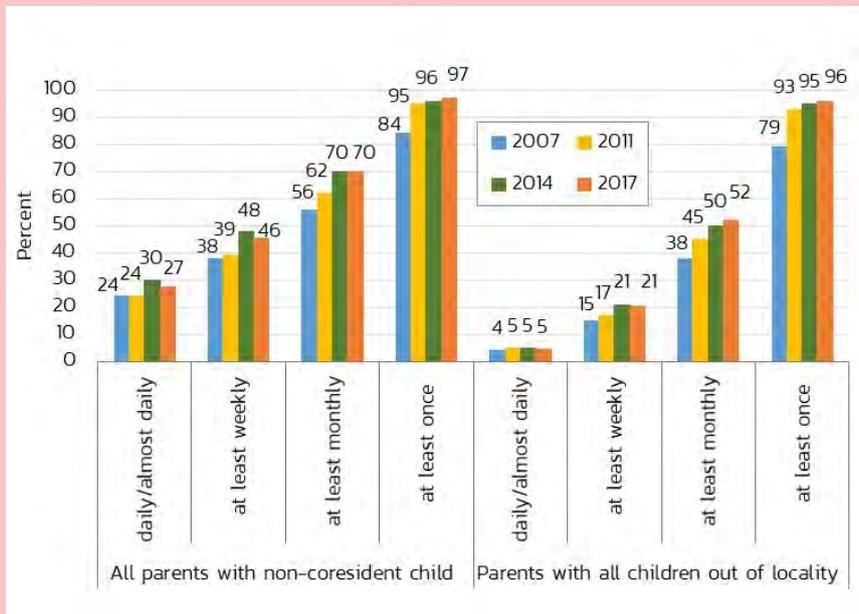
presumably include ones in either direction. At least with respect to visits, previous research indicates that it is far more common for Thai adult children to visit parents than the reverse (Chayovan & Knodel, 1997; Knodel & Saengtienchai, 2007).

The results in panel A indicate that it is relatively rare for elderly parents with non-coresident children not to see any of them during the year. This is also true for those parents who have no children living in their locality. Moreover, having visits with children by and large increased over the four surveys regardless of the frequency of visits being considered. This very likely reflects improvements in the means of transportation that have been occurring in terms of expanding road networks and means of transportation including the now omnipresent private run vans that compete with and supplement normal bus services. Among all parents with non-coresident children, seeing a non-coresident child at least monthly increased substantially from 56% to 70% between 2007 and 2017. Moreover, in 2014 and 2017, almost half see a non-coresident child weekly and 30% and 27% respectively see one on a daily or almost daily basis. The high proportion that see non-coresident children relatively frequently reflects the sizeable share of children who move out of the parental household but remain in the same locality and in many cases

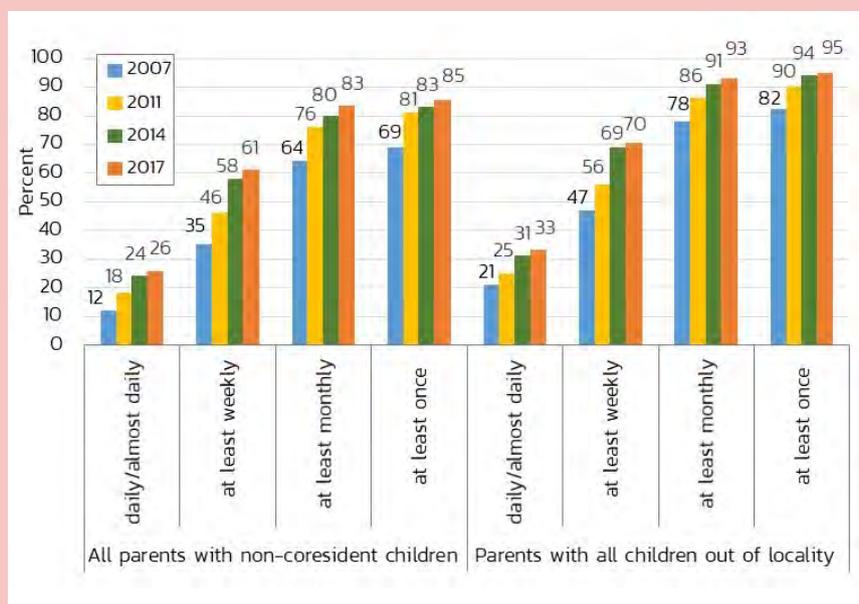
very nearby. When only parents whose children all live outside their locality are considered, it is clear that it is still very common for at least an occasional visit to occur during the year. Moreover, fully half see a child at least monthly although not surprisingly weekly or more frequent visits are far less common.

Figure 5.5 Contact with non-coresident children during past year, parents 60 and older who have at least one non-coresident child 2007, 2011, 2014 and 2017

A. Percentage according to frequency of visits with at least one non-coresident child, all parents 60 or older



B. Percentage according to frequency of phone contacts with at least one non-coresident child, all parents 60 or older



Sources: 2007, 2011, 2014 and 2017 Surveys of Older Persons in Thailand
Note: Same locality refers to same village or municipal area.

As the results in panel B indicate, telephone contact between parents and non-coresident children is also frequent, especially in the case of parents whose children are all living outside their locality. Moreover, telephone contact distinctly increased over the period covered by the surveys. This likely reflects the increasing proportion of older persons and their adult children who have a mobile phone or access to one. Thus by 2017 the vast majority of parents (93%) whose children all live outside the locality had at least monthly telephone contact and 70% had at least weekly phone contact. The increase in social contact in terms of visits and phone calls between 2007 and 2017 provides yet another indication that intergenerational solidarity is not deteriorating despite the fact that older persons are less likely to report children as their main source of income.

As results in Table 5.4 show, older compared to younger elderly parents experience more frequent visits from children. There is only a modest difference between elderly men and women with the latter reporting slightly more

frequent visits. Differences in the frequency of visits for urban and rural residents do not follow a consistent pattern. Younger elderly have more frequent phone contact than older elderly perhaps reflecting differences in familiarity with use of mobile phones or differences in difficulty in hearing. Gender differences are minimal in phone contact frequency but urban elderly have more frequent phone contact than their rural counterparts. This may reflect a greater familiarity with the use of mobile phones among urban elderly. Only 8% of older age parents with non-coresident children report having any online contact such as through email, messaging or chats over the internet with them. While quite low this represents an increase from only 1% reporting such contact in 2011 (not shown in table). According to the 2017 survey, there are differences by age, gender and area of residence in this respect. Although gender differences are modest, younger elderly and those in urban areas are considerably more likely than their older and rural counterparts to have had online contact with non-coresident children during the past year.

Table 5.4 Contact between parents and non-coresident children during past year, persons 60 and older, 2017

Among elderly parents with at least one non-coresident child, % who during past year that had:	Total	Age		Gender		Type of area	
		60–69	70+	Men	Women	Urban	Rural
Visits with at least one							
daily or almost daily	27.5	22.2	33.7	25.2	29.3	24.7	29.1
at least weekly	45.6	39.7	52.7	43.2	47.5	45.5	45.6
at least monthly	70.1	65.6	75.5	68.5	71.5	74.1	67.8
at least once during year	97.4	97.4	97.5	97.5	97.4	97.5	97.4
Phone contact with at least one							
daily or almost daily	25.9	29.5	21.6	26.2	25.6	30.8	23.0
at least weekly	60.9	67.0	53.6	62.0	60.0	67.0	57.3
at least monthly	83.4	89.3	76.4	85.0	82.1	87.0	81.3
at least once during year	85.6	91.0	79.1	87.2	84.2	88.6	83.8
Online communications							
any during year	8.1	10.8	4.8	9.1	7.2	13.8	4.7

Source: 2017 Survey of Older Persons in Thailand

Desertion by children

One of the most pressing issues in discussions of population aging, particularly those associated with development, is the extent to which social and economic changes are undermining traditional sources of support for older persons, particularly filial support. Migration of adult children, especially from rural areas, is one aspect of the development process that is often singled out as threatening the well-being of parents left behind. Concern that parents are being deserted by their children is not only frequently expressed in the mass media in Thailand but also mentioned in the Madrid International Plan of Action on Aging (UN, 2002). Most evidence provided when raising alarm concerning this issue is only anecdotal. In contrast, the Surveys of Older Persons in Thailand provide representative data for assessing how commonly Thai elderly parents are deserted by their children.

Desertion of older-age parents by children can be defined in numerous ways. While there is no standard definition, desertion is often thought of in terms of adult children neither keeping in contact with their elderly parents nor providing support or services, i.e. virtually abandoning them. In this report, the extent of desertion is defined primarily in terms of social contact with any child. Although the quality of contact can vary, the data do not permit assessing the nature of the interactions. Moreover, data in the surveys do not permit determination of cases in which some but not all children of an older person deserted their parents.

Results based on the four surveys are presented in Table 5.5 in terms of a cumulative measure of social contact with children among persons 60 and older who have at least one living child. In all four surveys shown, although

declining somewhat, two-thirds of older persons in 2017 with at least one child coreside with or live adjacent to a child. Thus, they can be considered to have daily contact with children and clearly are not deserted. Those who only have children that live outside their household are categorized by the frequency of visits and those that live outside the immediate vicinity are also categorized by phone calls as well as visits with children.² When all parents are considered, approximately 90% in the surveys had at least weekly contact with a child within the past 12 months and 97–99% had at least monthly contact.

Table 5.5 also presents summary indicators which represent infrequent contact in order to assess the extent some elderly parents can be considered deserted by all their children. The percentages that had less than monthly contact with any child is very low declining from 3% of persons 60 and older in 2007 to only 1.4% in 2017. Moreover, the percentages that had no contact during the prior year fell from just over 1% in 2007 to only half of one percent by 2017. Among those with infrequent or no contact, some nevertheless received remittances including sizable amounts in some cases. When remittances are also taken into consideration, only 1% in all four surveys have



² E-mail contact, which is extremely rare, and letters for which there is no information in the surveys are not taken into account but would seem to be unlikely to alter the results.

Table 5.5 Cumulative measure of contact with children and summary indicators of isolation from children during past year, parents 60 and older with at least one living child, 2007, 2011, 2014 and 2017

	2007	2011	2014	2017
Cumulative percent				
Coresides or lives adjacent to a child	74.8	72.3	70.1	67.4
At least almost daily visits or phone calls	82.0	81.5	82.0	80.2
At least weekly visits or phone calls	89.2	90.4	92.7	92.1
At least monthly visits or phone calls	96.7	97.6	98.4	98.6
At least one visit or phone call	98.7	99.1	99.3	99.5
Summary indicators				
% with less than monthly contact	3.3	2.4	1.5	1.4
% with less than monthly contact and under 10,000 baht remittances	2.5	1.8	1.2	1.2
% with less than monthly contact and no remittances	1.0	0.9	0.9	0.8
% with no contact during year	1.3	0.9	0.6	0.5
% with no contact and no remittances	0.5	0.5	0.5	0.5

Sources: 2007, 2011, 2014 and 2017 Surveys of Older Persons in Thailand

Note: Contact is based on coresidence, adjacent living and visits or phone calls with any child.

less than monthly contact and receive no remittances. Moreover, the percentage with less than monthly contact and receiving less than 10,000 baht in remittances accounts for only 1% of older persons with children in 2017. Finally, only a tiny fraction (0.5%) in all four years had no contact and no remittances at all and thus appear to be truly abandoned by their children. Although quite small, this group is particularly prone to hardships compared to other older persons and should not be overlooked just because their numbers are small.

One reason for the very low levels of desertion is that most older-age parents live with or adjacent to a child and, if not, at least have a child within the same village or province. According to the 2011 survey, only slightly over 10% of parents aged 60 and over had all their children living outside their province (Knodel et al., 2013)³. If migration is leading to desertion of parents, this should be most

evident among this group. Results from the 2011 survey, not shown in Table 5.5, indicate that only 10% of parents whose children are all out of the province neither had monthly contact with a child nor received at least 10,000 baht from one during the past year. Moreover, only 5% had no contact during the prior year and 3% neither had contact nor received any monetary support. Thus, even among parents whose children all are outside their province, the vast majority either had social contact, received support or both from at least one child and thus appear not to be abandoned.

While the above analysis reveals that few older-age parents have lost contact with all their children, it does not address the extent to which they receive sufficient attention from their children. As results presented in the following chapter reveal, some who say they need assistance with daily living activities indicate that no one assists them. The results

³ Unfortunately, the question about having children outside the province was dropped for the 2017 survey.

presented above, however, do contradict mass media accounts that give the impression that abandonment of older persons is not unusual especially in rural areas from which children migrate away leaving their parents totally on their own (see e.g. Charasdamrong, 1992). Short TV programs that feature persons in troubled situations include examples of deserted older persons further reinforcing this impression. Reference to such a program was often made in interviews conducted in a recent research study that focused on the future of family care for elderly in Thailand (Knodel et al., 2013).

It is also important to recognize that the minority of childless older persons might be more vulnerable to the risk of desertion or neglect by their family members. Unfortunately, the 2017 Survey of Older Persons does not include adequate information to assess this. Still, as noted in Chapter 3, childless persons who live alone are modestly less likely to report that their income is adequate. Although not having adequate income or financial security does not necessarily imply desertion or neglect by other family members, it does underscore the need for research that examines the full range of vulnerabilities among childless elderly.

Contributions of older-age parents

Intergenerational exchanges flow in both directions (Teerawichitchainan, et al., 2018). Most research on older persons focuses mainly on support and services provided by children to their aging parents. Some attention has also been paid to the role that older-age persons provide as caretakers for their grandchildren. Attention to a broader array of contributions is less common. The 2017 Survey of Older Persons in Thailand provides evidence concerning financial assistance as well as care for grandchildren whose parents are absent. A more comprehensive discussion of contributions of

older persons is available from the 2011 survey which included information on assistance provided by respondents with household chores and more detailed information about grandchild care (Knodel et al., 2013).⁴

Financial assistance. Overall, the flow of money from parents to adult children is far less common than the flow of financial assistance in the opposite direction. As Figure 5.6 shows, only 17% of parents in 2017 provided any money to coresident children during the prior 12 months and only 8% provided money to one or more non-coresident children. Moreover, the percentages that provided substantial amounts are considerably lower. However, it is noteworthy the percentages of parents that reported the provision of financial assistance to coresident as well as non-coresident during the prior year increased between 2007 and 2014, regardless of the amount of money being considered and then receded in 2017. The difference between 2007 and 2011 is particularly prominent with respect to providing money to coresident children. Quite possibly this increase in parental financial assistance reflects the expansion of the Old Age Allowance program. Some of the expanded number of older persons receiving the allowance may well have shared the cash received with other members of their household. This could also influence the amount of money available to provide children who live elsewhere although apparently to a lesser extent. A similar explanation, however, cannot explain the increased provision of money to both the coresident and non-coresident children between 2011 and 2014.

As Table 5.6 shows, providing financial aid by older-age parents in 2017 to their children during the prior year and especially in larger amounts was considerably more likely among persons in their 60s than those 70 or older. Likewise, men were more likely than women to provide financial aid to children. These age

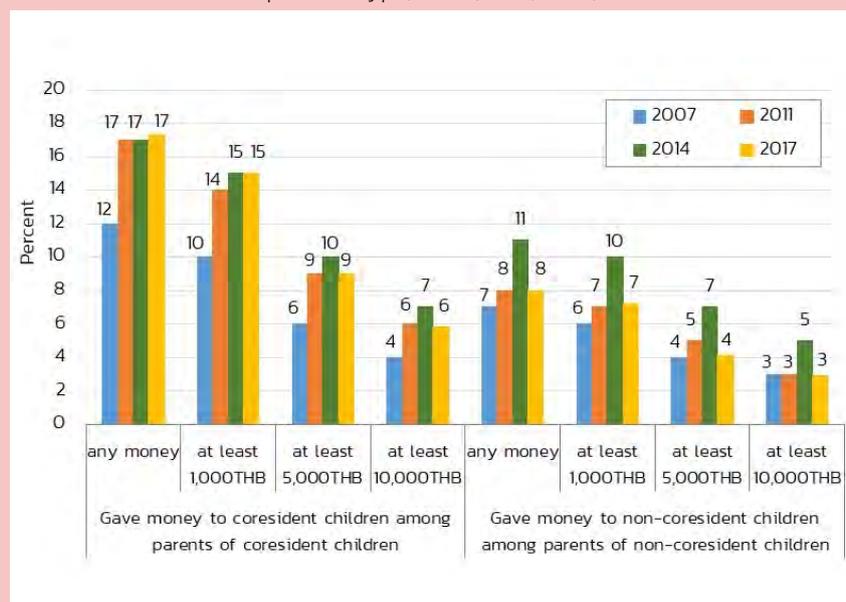
⁴ Unfortunately, these items were dropped from the 2014 and 2017 surveys.

and gender differences are evident regardless of the amount of money being considered or whether the children were coresident or not and correspond to age and gender differences in being economically active. As discussed in Chapter 4, older persons in their 60s are more likely to be working and thus have their own income than those at more advanced ages. Also, older men in general are more likely to be economically active than are women. Although urban and rural parents differ little in the percentage that provided at least some money to their children, urban parents

are more likely to provide larger amounts. This difference likely reflects their higher incomes

in general compared to their rural counterparts.

Figure 5.6 Percentages that provided money to coresident and non-coresident children during the prior year, persons 60 and older who have at least one child of the specified type, 2007, 2011, 2014, and 2017



Source: 2007, 2011, 2014 and 2017 Surveys of Older Persons in Thailand
 Note: Amounts are in Thai baht. At the time of the surveys US\$1 equaled about 32–33 baht.

Table 5.6 Percentages providing money to coresident and non-coresident children during the past year, persons 60 or older with at least one child of the specified type, 2017

	Total	Age		Gender		Type of area	
		60–69	70+	Men	Women	Urban	Rural
Gave money to coresident children among parents with at least one coresident child							
any money	17.3	22.1	11.9	21.2	14.3	16.9	17.6
at least 1000 Baht	15.0	19.6	9.7	18.9	11.9	15.4	14.7
at least 5000 Baht	9.0	12.2	5.3	12.5	6.2	9.5	8.6
at least 10,000 Baht	5.8	8.2	3.1	8.7	3.6	6.5	5.3
at least 30,000 Baht	2.7	4.0	1.1	4.3	1.4	3.4	2.2
at least 50,000 Baht	1.5	2.2	0.6	2.4	0.7	2.1	1.0
Gave money to non-coresident children among parents with at least one non-coresident child							
any money	8.0	9.6	6.1	8.9	7.2	8.0	8.0
at least 1000 Baht	7.2	8.8	5.3	8.3	6.3	7.4	7.1
at least 5000 Baht	4.1	5.2	2.8	5.1	3.3	4.7	3.8
at least 10,000 Baht	2.9	3.8	1.9	3.7	2.3	3.5	2.6
at least 30,000 Baht	1.6	2.1	0.9	2.1	1.1	2.0	1.3
at least 50,000 Baht	0.9	1.3	0.5	1.3	0.6	1.2	0.7

Source: 2017 Survey of Older Persons in Thailand

Table 5.7 Main carer and main provider of financial support for youngest coresident grandchild with absent parents, persons 60 and older, 2017

	Total	Age		Gender		Type of area	
		60–69	70+	Men	Women	Urban	Rural
Among all older persons							
% with a coresident grandchild with an absent parent ^(a)	13.6	15.2	11.6	13.4	13.8	10.2	16.0
Among older persons who have a grandchild in the household whose parents are absent							
Main carer for the grandchild (% distribution) ^(a)							
self	38.1	43.6	28.4	23.5	49.7	36.8	38.7
spouse	13.7	16.2	9.5	27.7	2.7	12.3	14.4
both self and spouse	23.8	27.8	16.7	31.5	17.7	21.0	25.0
Other ^(b)	24.3	12.4	45.3	17.3	29.9	29.9	21.8
total	100	100	100	100	100	100	100
Main provider of financial support for grandchild (% distribution) ^(c)							
grandparents	17.6	20.1	13.2	20.3	15.4	17.2	17.8
parents of grandchild	71.6	76.0	64.0	72.8	70.8	70.6	72.1
other including self support ^(d)	10.8	3.9	22.8	6.9	13.8	12.3	10.1
total	100	100	100	100	100	100	100

Source: 2017 Survey of Older Persons in Thailand

^(a) Includes grandchildren whose parents are deceased.

^(b) Includes none (i.e. grandchild takes care of self).

^(c) Excludes grandchildren whose parents are deceased.

^(d) Self support refers to grandchildren that support selves.

Grandchild care. One of the most important services that older persons can provide both to coresident and non-coresident children is assistance with the care of grandchildren. This can greatly facilitate the ability of the grandchildren's parents to engage in economic activity especially outside the home. Such assistance could involve day care in the case of adult children who coreside or live in the same locality or custodial care when the adult children migrate to more distant locations and leave their young dependent children with the grandparents. However, the 2017 survey only included a set of questions directed to respondents who had a grandchild living with them. Also, the questions referred only to the youngest grandchild if more than one did not have a parent present. The information solicited concerned who was the main caregiver and

who provided main financial support for the grandchild. Results are provided in Table 5.7.

Overall 14% of persons aged 60 and older had at least one youngest coresident grandchild with absent parents. In 1.4% of these cases, the grandchild's parents were absent because they died. In all the rest the parents were alive but living elsewhere (not shown in table). A substantial majority of cases covered are skip generation households as defined earlier but in some cases, other persons besides the parent of the grandchild or other grandchildren are also present.

In just over three fourths of the cases, one or both grandparents are the main persons taking care of the grandchild but in only less than a fifth of the cases are the grandparents the

primary providers of financial support for the grandchild. Instead, in 72% of the cases the parents of the grandchild take responsibility for their children's financial support. This undoubtedly reflects an ability to send remittances by adult children who migrated and found employment elsewhere. It is also consistent with the finding that older persons living with a grandchild whose parents are absent receive considerably larger remittances from non-coresident children. For example, they are more likely to receive 10,000 baht or greater amount during the past 12 months from non-coresident children than are older persons that do not have a grandchild with absent parents in their household (44% versus 31% - not shown in the table).

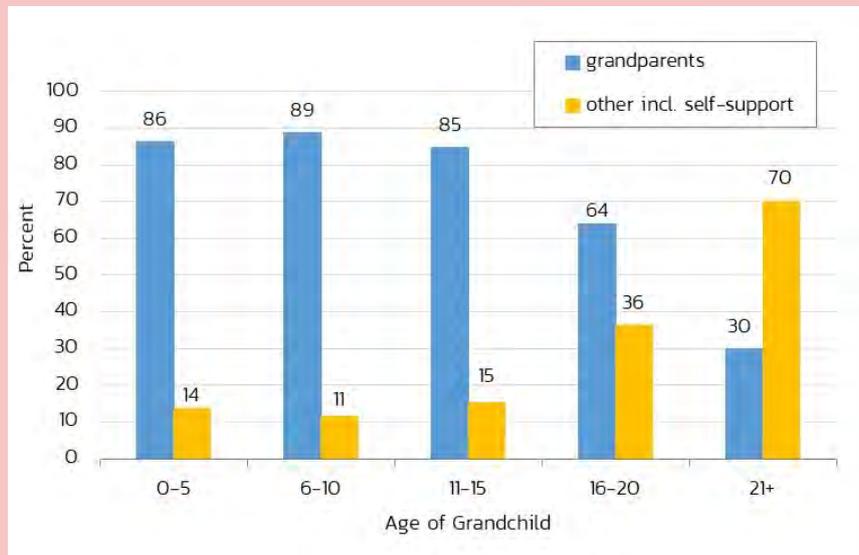
Figure 5.7 illustrates that the age of the grandchild whose parents are absent has implications for the care taking responsibility of the grandparents as well as who is responsible for their financial support. Panel A

shows who the main caregiver is. In essentially 90% of the cases where the grandchild in question is age 10 or younger and in 85% of the cases where the child is age 11 to 15 the grandparents are mainly responsible for providing care. However, this declines substantially for grandchildren who are older, many of them more or less take care of themselves.

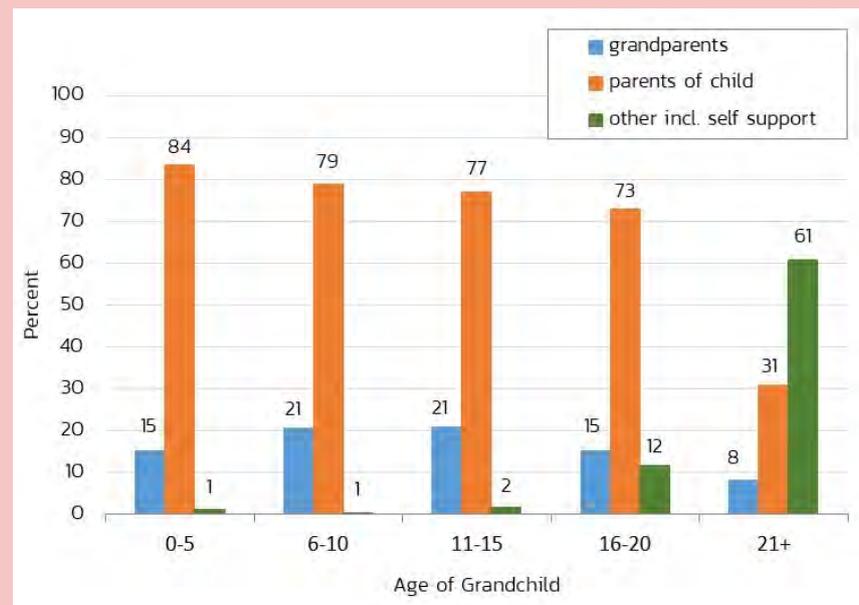
Panel B indicates who provides main financial support of the grandchild in question according to the age of the grandchild. A substantial

Figure 5.7 Main carer and main provider of financial support for youngest coresident grandchild with absent parents by age of grandchild, persons 60 and older, 2017

A. Main carer



B. Main provider of financial support



Source: 2017 Survey of Older Persons in Thailand

majority of the grandchildren who are age 20 or younger are primarily supported financially by their absent parents. However, for those who are age 21 or older, over 60% are supported by themselves or someone other than either the parents or the grandparents. In brief these results confirm the importance of the age of grandchildren that are left behind by migrating adult children in the older persons' households in terms of the level of grandparents' involvement with them.



Chapter **6**

Health Status

Chapter highlights

- *The percentages of older-age Thais that assess their health as very good is quite low in all the years but declines between 2011 and 2017 but the combined percentages that say their health is either poor or very poor are lower in 2011, 2014 and 2017 than in 2007.*
- *The percentages that report good health in 2017 declines steadily with age and the percentages reporting poor or very poor health steadily increase with age.*
- *The percentages of older-age Thais that report they cannot see clearly is lower in 2014 and 2017 than in 2007 and 2011 while those indicating they can see clearly with glasses increased notably especially in rural areas.*
- *Poor self-assessed health, poor vision and hearing as well as incontinence all increase with age and in 2017 are reported more frequently by women than men but are rather modest except for vision and incontinence.*
- *About a third of persons 60 and older report having received a physical checkup during the past 12 months; this varies little by age and gender but is higher in rural than urban areas.*
- *Just over half of persons received home visits during the past 12 months from either health personnel or volunteers for the elderly or both.*
- *Functional limitations and difficulties with self-care and other activities of daily living increase sharply with age; overall 37% experience at least one such difficulty.*
- *Among all persons 60 and older, only 8% say they desire or need assistance with activities of daily living; at the same time 14% of all older Thais say they receive such assistance.*
- *Among older persons that indicated they need or desire assistance, two thirds report that someone provides it while among those that did not indicate a need or desire for assistance 9% received such help.*
- *The percentages that receive personal assistance increase sharply with the combined number of functional limitations or difficulties with activities of daily living especially among those that have more than 5 difficulties.*
- *Overall, among older Thais that receive assistance with activities of daily living, their children are by far the most common providers. Spouses are the next most common.*
- *Thais rarely receive personal care from a paid non-relative as their main provider and those that do are mainly in urban areas.*
- *Women are considerably more likely than men to be the main provider of personal assistance; daughters outnumber sons and wives outnumber husbands among older married persons in providing assistance.*
- *Psychological well-being decreases with age and is higher for elderly men than for women and for urban than rural elderly.*

The concept of well-being incorporates many different dimensions but perhaps none is of greater concern to older persons than their health status. Biological processes ensure not only that the risk of mortality increases with older ages but also the likelihood of experiencing functional limitations and chronic illnesses with implications for both physical and psychological well-being. Beyond the impact for individual older persons, age-related health problems translate at the societal level into demand for medical services from the formal health care system. In addition, they create need for personal caregiving at the level of the family and community. At the same time, advancing medical technologies and changing environments in which people carry out their lives are constantly altering the impact that the increasing frailty and other physical health problems associated with age have on individuals and societies over time and across settings. In this chapter, we examine self-assessed health, the prevalence of selected health problems, functional limitations, difficulty with self-care and other activities of daily living, the need and provision of personal care, and psychological health.¹

Self-assessed health

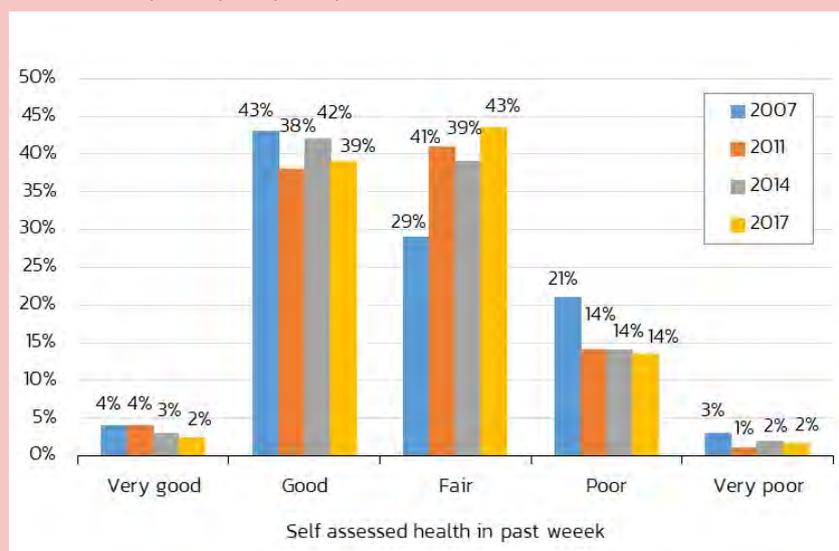
Attempts to obtain objective measures of health (e.g., biomarkers) are outside the scope of the Surveys of Older Persons in Thailand. However, a number of subjective questions provide considerable information to assess the health of the respondents. One such question that has been shown to yield responses that relate well to other more objective measures

and predicts mortality asks respondents to assess their own general health during the recent past (Bopp, Braun, Gutzwiller, & Faeh, 2012). A comparison of results with those from the 2007, 2011, 2014 and 2017 surveys is presented in Figure 6.1.

In each survey respondents were recorded as falling into one of five categories ranging from very good health to very poor health. Only small minorities fell in the two extreme categories. The most striking difference across the surveys is the substantial increase in the three later surveys compared to the 2007 survey in the proportion that fall in the middle category and the lower percentages saying that their health is poor. However, there is no consistent increase in the combined percentages that say that their health is good or very good. Although the results are somewhat mixed, they point more to an improvement in overall health than a deterioration.

Not surprisingly, as Figure 6.2 shows based on the 2017 survey, the percentages that rate their general health as good or very good decline

Figure 6.1 Percent distribution of self-assessed health in past week, persons 60 and older, 2007, 2011, 2014, and 2017



Sources: 2007, 2011, 2014, and 2017 Surveys of Older Persons in Thailand

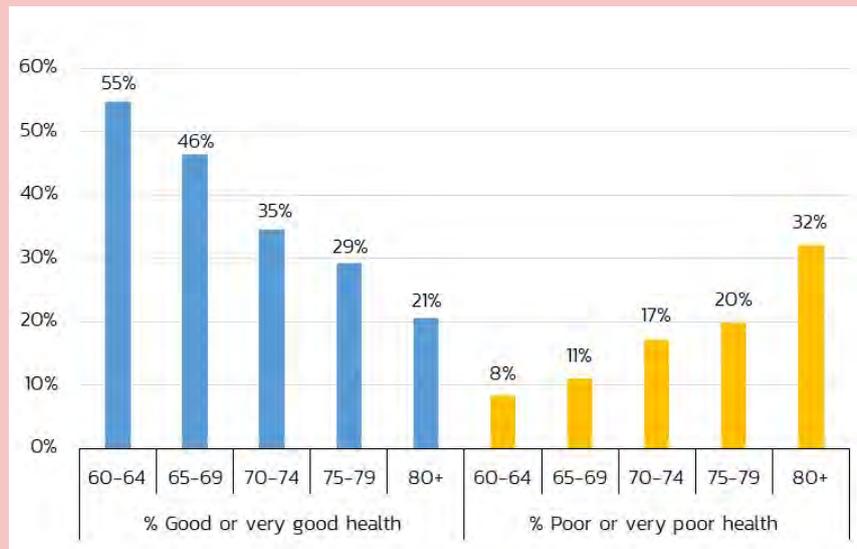
¹ Although we refer to the information provided as “self-assessed”, some information comes from proxy or assisted interviews as discussed in Chapter 1. One exception is with respect to the question regarding psychological well-being for which the relevant question was not asked if the interview was provided by a proxy.

sharply with age while the percentages that indicate their health is poor or very poor increase sharply with age. For example, persons 60–64 are close to three times as likely to say that their health is good or very good compared to those 80 and older (55% versus 21%). An even larger proportionate age difference is apparent in the percentages that indicate their health is poor or very poor. Those aged 80 and older are four times as likely as those aged 60–64 to fall in this category. Nevertheless, the percentages who report their health as good or very good exceed the percentages that indicate their health is poor or very poor for every age group except for those 80 and older.

Health problems

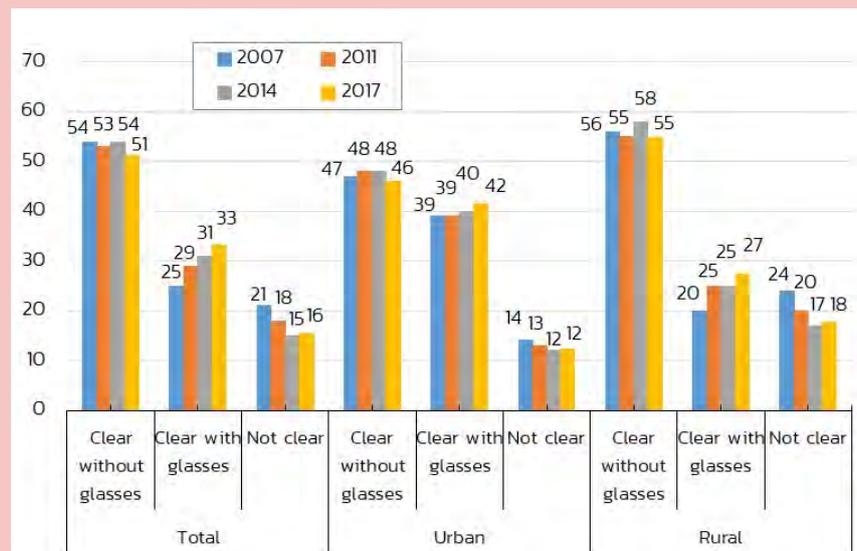
Respondents were asked to assess their vision. As Figure 6.3 shows, between 2007 and 2014, the percentages of persons 60 and older indicating they cannot see clearly declined, particularly among those in rural areas. A slight increase in percentages that reported unclear vision occurred between 2014 and 2017. The improved vision, nevertheless, is attributable to increased

Figure 6.2 Percentages reporting good and poor self-assessed health in the past week by age, 2017



Source: 2017 Survey of Older Persons in Thailand

Figure 6.3 Quality of vision by area of residence, persons 60 and older, 2007, 2011, 2014 and 2017



Sources: 2007, 2011, 2014 and 2017 Surveys of Older Persons in Thailand

percentages that can see clearly with glasses rather than the percentage that can see clearly without glasses.

Table 6.1 Health problems by age, gender, and area of residence, persons 60 and older, 2017

	Total	Age			Gender		Type of area	
		60-69	70-79	80+	Men	Women	Urban	Rural
% in poor or very poor health	15.1	9.5	18.3	32.1	13.3	16.6	14.2	15.8
Vision (% distribution)								
sees clearly without glasses	51.2	58.3	45.1	34.6	52.6	50.2	46.1	54.9
sees clearly with glasses	33.2	33.7	34.7	28.3	35.0	31.8	41.6	27.4
does not see clearly	15.2	7.9	19.9	35.9	12.1	17.7	12.1	17.4
blind	0.3	0.1	0.3	1.1	0.3	0.3	0.2	0.4
Total	100	100	100	100	100	100	100	100
Hearing (% distribution)								
hears clearly without aid	84.7	92.9	80.7	58.4	86.0	83.6	86.0	83.7
hears clearly with hearing aid	2.4	2.0	2.6	3.8	2.3	2.5	2.6	2.3
does not hear clearly	12.7	5.0	16.4	37.0	11.4	13.7	11.2	13.7
deaf	0.3	0.1	0.3	0.8	0.2	0.3	0.2	0.3
Total	100	100	100	100	100	100	100	100
% who fell in the last six months	6.6	5.6	7.9	8.1	5.3	7.7	6.0	7.0
% with problem controlling urination	17.6	10.1	22.5	38.6	13.8	20.7	17.2	17.9
% with problem controlling defecation	13.4	7.7	17.4	28.8	11.3	15.1	13.3	13.4
% with any incontinence problem	18.1	10.6	23.2	39.1	14.4	21.2	17.7	18.4

Source: 2017 Survey of Older Persons in Thailand

Table 6.1 summarizes relevant information on a number of health problems among older-age Thais as assessed in 2017 according to age, gender and area of residence. Clearly increasing age is associated with worsening of health regardless of the measure considered. The percent that reported their general health as poor or very poor increases by age as described above. In addition, problems with vision or hearing, having experienced a fall in the last six months, and having problems with incontinence all increase with age. Although being totally blind or totally deaf overall is only a fraction of 1%, both conditions approach or exceed 1% among persons 80 and older.

In addition to the consistent relationship between age and difficulties with health, all the health problems shown in the table are more likely to be reported by women than by men. Thus, women are more likely to rate their health as poor or very poor, to report that they do not see or hear clearly, to report a fall in the last six months and to report problems with incontinence. In assessing the gender differences, it is important to note that the health problems are self-reported and that it is possible that women are more sensitive to their health and less hesitant to recognize or admit that they have a problem than are men. This is not to deny that there may be genuine

health disadvantages that older women suffer, e.g. as a legacy from their reproductive role and other biological factors, but it is also important to acknowledge that cultural differences in self presentation between men and women could also play a role. For example, it is possible that the sick role may be more socially acceptable for women than for men (Nathanson, 1977). It is also important to recognize that men suffer the ultimate health disadvantage, namely a higher risk of dying at every age including at older ages. According to WHO 2018 estimates, life expectancy at age 60 is 3.2 years shorter for Thai men than for Thai women.

All of the health measures in the table also point to rural older persons having worse health than urban elderly. Older persons in rural areas are somewhat more likely than those in urban areas to indicate that they are in poor or very poor health, do not see or hear clearly, experienced a fall in the last six months, and suffer incontinence.

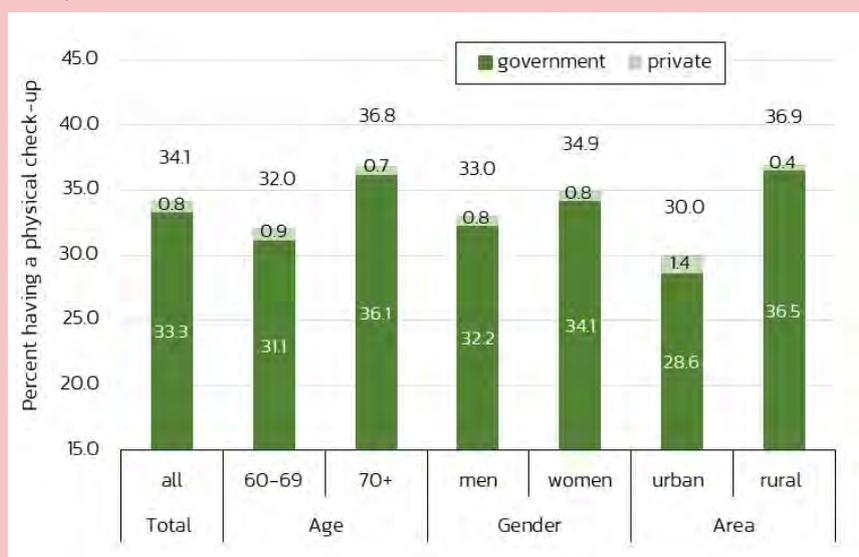
Health services

Although the value of obtaining frequent general physical checkups is under some debate, most medical professionals recommend having one annually especially for older persons. The 2017 survey included a set of questions about receipt of various health services (for free of charge or for a nominal fee) and whether the services were from the government or private sectors. A general health checkup was included as one of the services. Results on differences in the receipt

of physical checkup by age, gender, and residence location are shown in Figure 6.4. In total just over a third of Thais 60 or older reported that they had a checkup in the previous year. The percentage is substantially lower than indicated in the 2014 Survey of Older Persons (34% versus 52%). As indicated by the 2017 survey, health examination varies modestly by age and gender but somewhat more so by area of residence. Moreover, percentage being examined is lower than in 2014 in each of the categories (not shown in figure).

A total of 33% of older persons said they had received a physical checkup in the past year from the government compared to only 1% who reported private hospitals or clinics as the provider. Physical checkups are not one of the health services that are provided free under government healthcare coverage² Still the overwhelming predominance of the government health service as the provider is not surprising. Such checkups are typically heavily subsidized and thus likely considerably less expensive when provided by the government compared to private sources and may also be convenient

Figure 6.4 Percentages that had a general physical check-up (free of charge or with small fees) in past 12 months (not due to illness), persons 60 or older, 2017



Source: 2017 Survey of Older Persons in Thailand

² <http://www.eos-intelligence.com/perspectives/?p=1208> (accessed 02/04/2019)

to access when going for other government health services that are provided at no cost. Caution is called for when interpreting the results to the general question about a physical checkup. It is possible that some respondents may be reporting exams they received in connection with a particular health problem rather than simply for a physical checkup.

Most government health services are provided free or at very low cost. Thus, it is interesting to look at the extent to which such services have been utilized by older persons during the past year. Table 6.2 indicates the percentages of persons 60 and older that reported receiving various health related services free or at very low cost during the past 12 months according to age, gender and area of residence.

Home visits were the most common service received during the past year with slightly over half (52%) of respondents indicating that they had received a home visit either from health personnel or from the Home Care

Service Volunteers for the Elderly program. The prevalence of visits from each source increases with the age of the respondent. There is little difference however with respect to gender but home visits of all types are distinctively more common for rural than urban elderly. Receiving community assistance is also quite a common service and likely reflects the increased emphasis on community-based approaches to assist the elderly population.

Physical checkups not associated with an illness are also fairly common being reported by over a third (34%) of respondents. Other services asked about were vaccinations, dentures, eyeglasses, and treatment, and provision of wheelchairs. Vaccinations were reported by 23% of the respondents but noticeably lower percentages reported receiving any of the remaining services shown. Respondents aged 60–69 reported less frequent receipt of the services than did those who are older although there is no consistent difference between respondents in their 70s and those 80 or older.

Table 6.2 Percentages receiving selected government health related services in past 12 months by age, gender and area of residence, persons 60 and older, 2017

	Total	Age			Gender		Type of area	
		60–69	70–79	80+	Men	Women	Urban	Rural
Vaccinations	22.7	20.7	25.5	25.0	20.7	24.3	19.9	24.6
Dentures	5.0	3.9	6.2	6.9	4.5	5.3	5.1	4.9
Eyeglasses	5.3	4.4	6.2	7.2	5.1	5.5	5.0	5.5
Eye treatment	4.0	2.7	5.3	6.5	3.6	4.3	3.5	4.3
Wheelchair	2.2	1.3	2.4	5.5	1.8	2.4	2.1	2.2
Physical checkup	34.1	32.0	37.0	36.5	33.0	34.9	29.9	37.0
Community assistance	28.9	26.7	30.8	33.8	28.2	29.4	22.0	33.7
Home visits								
From health personnel	30.7	27.6	33.0	38.8	29.7	31.6	22.9	36.2
From volunteer for elderly	18.0	16.1	19.5	22.5	17.5	18.3	13.0	21.4
From village health volunteers and elderly caregivers	41.3	38.3	44.2	47.8	39.7	42.6	28.7	50.2
From any of the above	52.2	48.1	56.3	60.6	50.8	53.4	37.8	62.3

Source: 2017 Survey of Older Persons in Thailand

Gender differences are rather minor as are differences between urban and rural older persons. However, while quite modest, the very minor differences for most show higher levels of receipt among rural than urban older persons.

Functional health

One serious consequence of declining health and increased frailty associated with aging is greater difficulty of physical movement often

referred to as functional limitations. In addition, aging is also associated with increased difficulty in carrying out basic self-care tasks, known as activities of daily living (ADLs), as well as tasks that let an individual carry on with life independently referred to as instrumental activities of daily living (IADLs). Unlike ADLs, IADLs can be delegated to someone else and thus, are not uniformly carried out by everyone themselves. In addition, some IADLs relate to functioning within a community rather than

Table 6.3 Functional limitations, difficulty with activities of daily living (ADLs) and difficulty with instrumental activities of daily living (IADLs) by age, gender and area of residence, persons 60 or older, 2017

	Total	Age			Gender		Type of area	
		60-69	70-79	80+	Men	Women	Urban	Rural
% with functional difficulties								
Lifting 5 kilograms	28.6	15.9	38.6	67.2	20.0	36.0	29.1	28.2
Squatting	19.1	10.0	25.0	46.8	14.0	23.4	20.0	18.6
Walking 200-300 meters	15.7	6.6	20.3	46.4	11.2	19.5	14.7	16.4
Climbing 2 or 3 stairs	14.3	6.0	17.9	43.4	10.3	17.5	13.7	14.7
Any functional difficulty	33.4	19.8	45.5	73.9	24.4	41.3	34.1	33.0
% with ADL difficulties								
Get up from lying down	5.4	2.3	5.8	17.3	4.4	6.2	5.8	5.1
Using toilet	4.0	1.5	3.7	15.5	3.2	4.7	4.2	3.9
Bathing	3.8	1.5	3.3	15.0	3.1	4.4	4.2	3.6
Dressing	3.4	1.4	2.9	12.7	2.8	3.8	3.7	3.1
Wash face/brush teeth	2.7	1.1	2.4	9.9	2.1	3.1	2.7	2.6
Putting on shoes	3.2	1.4	2.8	11.9	2.8	3.6	3.4	3.1
Grooming self	2.9	1.3	2.6	10.4	2.7	3.1	3.0	2.8
Eating	2.8	1.1	2.7	10.0	2.3	3.2	2.9	2.8
Any ADL difficulty	7.6	3.4	7.9	24.5	6.3	8.6	7.8	7.4
% with IADL difficulties								
Take bus or boat on own	23.4	9.9	33.0	67.9	16.7	29.2	21.6	24.7
Counting change	7.2	2.5	8.3	25.5	5.7	8.4	6.2	7.9
Taking medicines	8.7	2.9	9.8	31.2	6.9	10.2	7.9	9.3
Any IADL difficulty	24.6	10.9	35.0	69.3	17.8	30.4	22.4	26.2
% with any functional, ADL or IADL difficulty listed above	36.8	22.4	51.4	79.8	27.6	45.0	36.0	37.4

Source: 2017 Survey of Older Persons in Thailand

Note: Persons with functional, ADL or IADL difficulties include those who cannot do the task at all and those who can do it only with someone else's assistance or with an aid.

only within the home. As functional limitations and ADL and IADL difficulties increase, the need for assistance by caregivers becomes increasingly necessary.

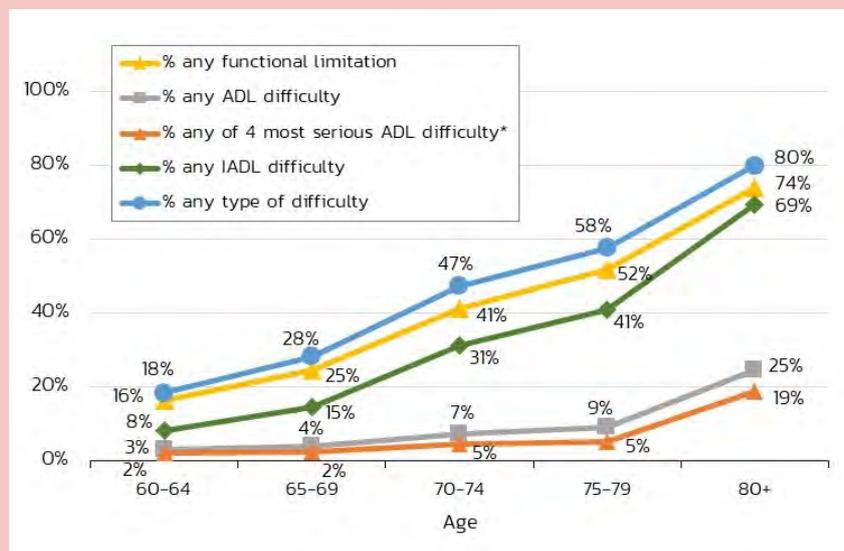
The 2017 Survey of Older Persons included questions about four potential functional limitations as well as potential difficulties with eight ADLs and three IADLs. For each, respondents were asked if they could do the task by themselves and replies were recorded in three categories: cannot do at all, can do but with someone helping or with a physical aid, and can do without assistance. Table 6.3 summarizes the results.

Overall a third (33%) reported having at least one of four functional limitations, only 8% reported having at least one difficulty with ADLs and a fourth (25%) reported at least one IADL difficulty. With respect to the functional limitations, 29% indicated they had difficulty lifting 5 kilograms by themselves. Considerably fewer indicated they had difficulty with walking 200–300 meters (16%), squatting (19%), or climbing two or three stairs (14%). The most common ADL difficulty was getting up from lying down (5%) followed by using a toilet and bathing with which only 4% indicated having difficulty. Thus, the vast majority of older persons do not appear to need help with these basic self-care tasks. However, with respect to IADLs, just under a fourth indicated they have difficulty using transportation but only 7% reported trouble counting change and 9% taking medicines by themselves. When the full set of functional limitations, ADLs and IADLs are considered together, over one-third (37%) of older persons have difficulty with at least one.

Clearly age and gender are associated with functional limitations as well as difficulties with ADLs and IADLs. Persons 70 and older are far more likely to have any of these difficulties than are persons in their 60s. In addition, women are more likely to express difficulties than are men with every task. Differentials by area of residence are far less pronounced and not consistently in one direction.

Figure 6.5 shows in more detail the step increase with age in having functional limitations and difficulties with ADLs and IADLs. Thus, while just under one fifth of persons aged 60–64 have difficulty with any of the tasks, this increases steadily with age reaching 80% among those 80 and older. Very parallel steep rises are apparent in both functional limitations and IADL difficulties but ADL difficulties show much more minor increases with less than 10% reporting such difficulties prior to age 80. Nevertheless, among those 80 and older one fourth (25%) has difficulty with at least one ADL.

Figure 6.5 Percentages with functional limitations, difficulty with activities of daily living (ADLs) and difficulty with instrumental activities of daily living (IADLs) by age, persons 60 and older, 2017



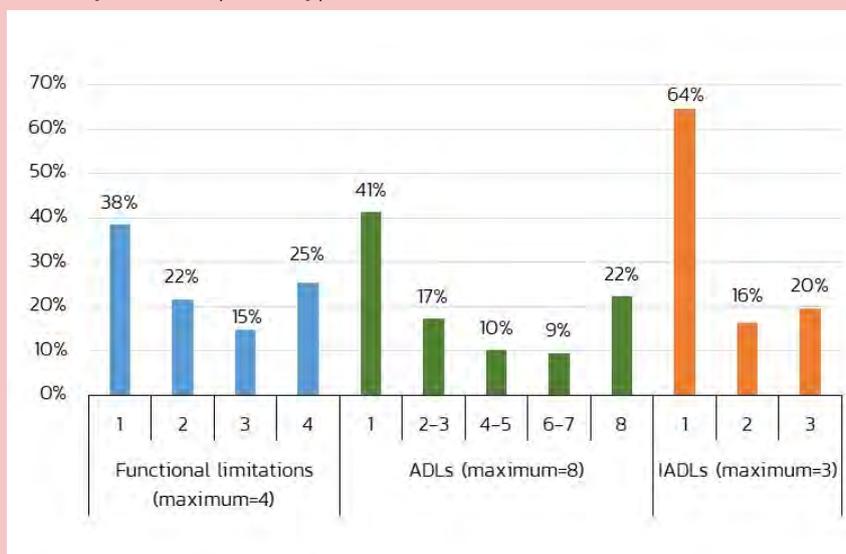
Source: 2017 Survey of Older Persons in Thailand
 Note: *The four most serious ADL difficulty includes an inability to eat, dress, bathe and use the toilet independently.

The percent distribution of older persons with respect to the number of functional limitations and difficulties with ADLs and IADLs is shown in Figure 6.6 for persons who have at least one such difficulty of each specific type. Well over a third (38%) of those who suffer from functional limitations has only one; at the same time a fourth has all four limitations. Among the small proportion of older persons who have difficulties with ADLs, the share at the two extremes (having only one or having

all eight) is very similar to the frequencies experienced with functional limitations. The most common number of ADL difficulties is only one (41%) and the second most common frequency is eight (22%). Finally, with respect

to IADLs, over 60% of those that had any expressed difficulty with only one of the three although one fifth indicated difficulty with all three tasks.

Figure 6.6 Percent distribution of the number of functional limitations, difficulties with activities of daily living (ADLs) and difficulties with instrumental activities of daily living (IADLs), persons 60 and older with at least one disability of each specific type, 2017



Source: 2017 Survey of Older Persons in Thailand



Table 6.4 Percentages reporting need or desire for assistance with daily living activities and percentage reporting receiving assistance by age, gender and area of residence, persons 60 and older, 2017

	Among all		Among those reporting a need/desire for assistance		Among those reporting no need/desire for assistance	
	% reporting need/desire for assistance	% reporting receiving assistance	% receiving assistance	% not receiving assistance	% receiving assistance	% not receiving assistance
Total	8.3	14.0	66.1	33.9	9.3	90.7
Age						
60–64	3.9	7.6	43.3	56.7	6.2	93.8
65–69	4.9	8.8	46.0	54.0	6.9	93.1
70–74	7.7	14.3	61.8	38.2	10.3	89.7
75–79	8.9	16.0	60.5	39.5	11.6	88.4
80+	25.5	36.5	84.8	15.2	20.1	79.9
Gender						
men	7.0	12.6	63.3	36.7	8.8	91.2
women	9.4	15.2	67.8	32.2	9.7	90.3
Area						
urban	8.1	14.7	72.5	27.5	9.7	90.3
rural	8.5	13.5	61.8	38.2	9.0	91.0

Source: 2017 Survey of Older Persons in Thailand

Need and provision of personal assistance

Respondents in the 2017 survey were asked if they want or need someone to help them with their daily living activities and who the main person was that provided such assistance. The meaning of the Thai term used in the question (*tongkarn*) embraces both wanting and needing, and thus positive responses cannot be simply considered as implying a need but rather either a need or a desire for personal assistance or some combination of the two. Table 6.4 summarizes the results.

Overall only 8% of persons 60 and older indicated that they wanted or needed someone to assist them with their daily living activities. This increases relatively slowly with age until 75 and then more sharply thereafter constituting one fourth of those 80 or older. The fact that the large majority of older persons indicated

that they do not want or need personal assistance underscores the fact that such assistance is only needed by a minority of persons 60 and older at any particular time. The increased percentages that want or need assistance with advancing age shows that serious needs for personal assistance tend to be concentrated at advanced ages and for only a limited period of time within the old age span. Women are modestly more likely to report a need or desire for assistance but there is little difference between urban and rural older people in this respect.

Overall, 14% of persons 60 and older reported that they received assistance with their daily living activities. The percentage reporting that someone provided personal assistance follows a similar age pattern to desiring or needing such assistance. The increase with advanced age is a bit sharper than in the case of self-declared need for assistance with over one

third of those 80 and older indicating that they had assistance. Women and urban elderly are somewhat more likely to say they received assistance in daily living activities than men or rural elderly but the differences are relatively modest.

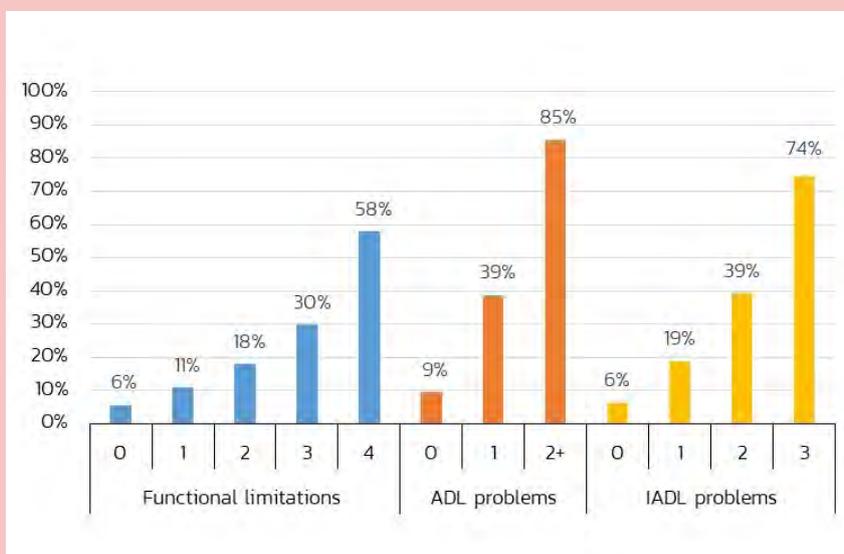
As Table 6.4 also shows, two thirds of the persons who reported wanting or needing assistance reported that someone assisted them. In contrast, only 9% of those who indicated they did not desire or need someone to help them reported that they nevertheless received assistance. The percentages that received assistance among those that indicated they needed assistance increases steadily with age rising from 43% for those aged 60–64 to 85% of those aged 80 and over. Likewise the percentage that indicated they received assistance even though they indicated they did not need assistance rises with age from 9% among those aged 60–64 to 20% of those aged 80 and older. Gender differences are small with respect to receiving assistance whether or not they wanted or needed it. However, urban older persons were more likely to receive personal assistance if they said they wanted or needed help in daily living activities but only slightly more likely to receive assistance than their rural counterparts when they said they did not want or need assistance.

Presumably having a functional limitation or one or more ADL or IADL difficulties suggests a need for some assistance. Figure 6.7 shows the percentages that have at least one person that provides assistance according to the number of functional limitations, ADL problems and IADL problems reported by the respondent. Clearly the likelihood of receiving assistance increases

with the number of such difficulties. Those with ADL difficulties are likely to be most in need of assistance. Over one third with just one ADL problem and 85% of those with two or more ADL problems receive assistance. Moreover, 58% of those with all four functional limitations and 74% of those with all three IADL problems report receiving assistance.

The fact that increased need for personal assistance with daily activities is closely associated with increased chances of receiving it is evident from Figure 6.8. Only 5% of those with no functional limitations or ADL or IADL difficulties report receiving assistance. The percentages receiving assistance steadily increase with each additional problem experienced reaching 92% for those with nine or more problems. Overall the results suggest that older persons who need but do not receive assistance with daily activities tend to be those who have fewer problems and thus lesser need for assistance, at least as measured by the combined number of problems they report. At the same time, most of those with a very serious need for assistance as indicated by having a substantial number of difficulties are likely to have someone to provide it.

Figure 6.7 Percentages that have at least one provider of assistance with daily living activities by the number of functional limitations, difficulties with activities of daily living (ADLs) and difficulties with instrumental activities of daily living (IADLs), persons 60 and older, 2017



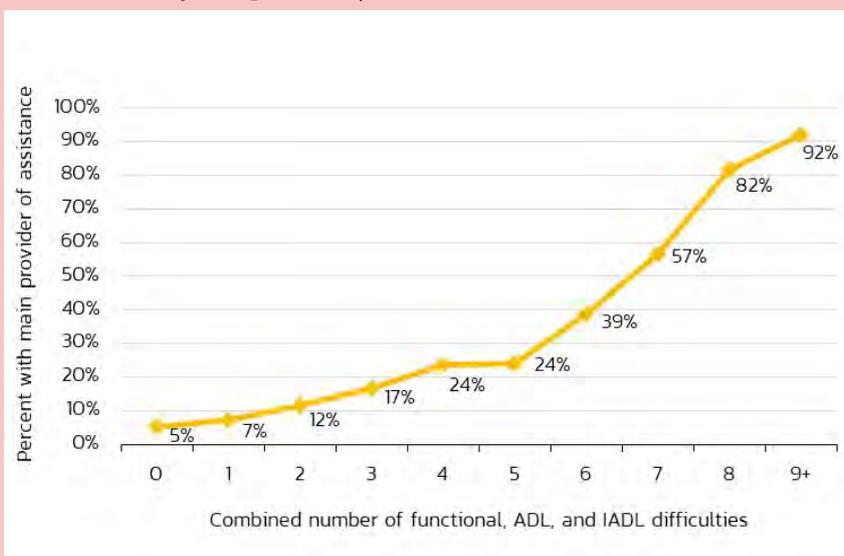
Source: 2017 Survey of Older Persons in Thailand

Respondents that received assistance were asked who the main person was that provided it. As results in Table 6.5 show, among all persons who received assistance, children or children in law are by far the most common main providers accounting for modestly under 60%. Among this group, daughters are by far the most dominant and alone account for 40% of main caregivers. Spouses come in second place constituting 32% of main caregivers. Overall, almost 90% of older persons that receive assistance in their

daily living activities receive it from a child, child in law or a spouse. Other relatives and

paid carers are relatively uncommon as main assistance providers.

Figure 6.8 Percentages that have at least one provider of assistance with daily living activities by the total combined number of functional limitations, difficulties with activities of daily living (ADLs) and difficulties with instrumental activities of daily living (IADLs), persons 60 and older, 2017



Source: 2017 Survey of Older Persons in Thailand
 Note: See Table 6.3 for list of functional limitations, ADLs and IADLs

Table 6.5 Percent distribution of main providers of assistance with daily living activities by age, gender and marital status, persons 60 and older who have assistance for daily activities, 2017

	Total	Age			Gender		Type of area	
		60-69	70-79	80+	Men	Women	Urban	Rural
All								
spouse	31.9	57.1	30.3	9.6	53.9	17.0	31.5	32.2
son	12.9	9.9	14.7	14.2	9.6	15.1	13.8	12.2
daughter	40.4	22.8	39.5	57.7	28.7	48.3	38.1	42.1
son/daughter in law	3.9	1.1	3.9	6.4	2.0	5.1	3.7	4.0
grandchild	3.9	2.2	4.8	4.8	2.2	5.1	3.8	4.0
sibling	5.8	6.4	6.1	4.9	3.0	7.7	7.4	4.6
paid/professional carer	0.4	0.2	0.2	0.8	0.1	0.6	0.6	0.2
servant/employee	0.4	0.1	0.3	0.9	0.1	0.6	0.8	0.2
other	0.4	0.2	0.2	0.6	0.3	0.4	0.4	0.4
total	100	100	100	100	100	100	100	100

Source: 2017 Survey of Older Persons in Thailand
 Note: Paid carer/professional includes paid caregivers, nurses and assistant nurses. Other includes parents, friends and neighbors.

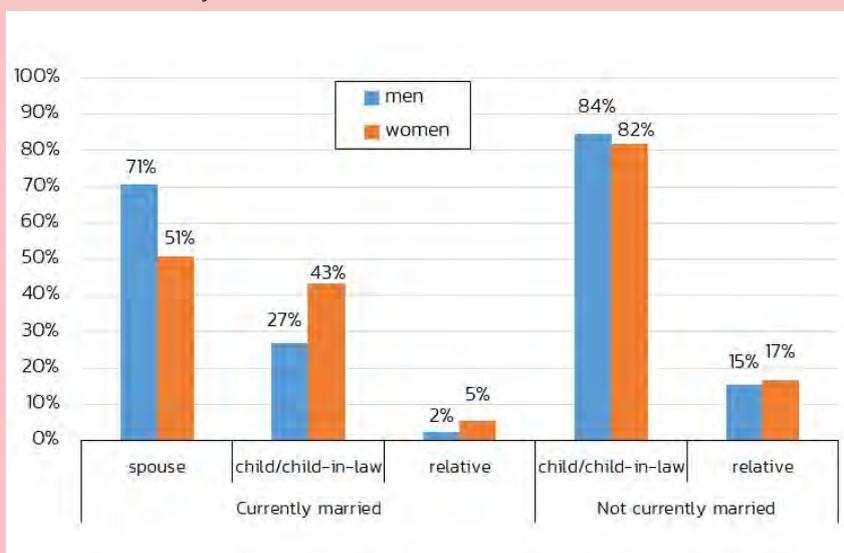
Substantial differences in who is the main provider of assistance are evident according to age and gender of the recipient. Spouses are far more commonly cited by men than by women. One factor contributing to this is the fact that men are much more likely to be married than are women who are considerably more likely to be widowed than men as discussed in Chapter 2. Spouses are far more likely to be the main provider of assistance among persons in their 60s than those 70 and older reflecting the far higher percentage that are currently married among persons in their 60s. In contrast, children are far more likely to be the main providers for persons 70 and older who received assistance than those in their 60s. They are also considerably more likely to be the main providers of assistance for women reflecting both the higher percentage of women that are widowed as well as the lesser role of husbands compared to wives providing assistance for spouses.

Differences with respect to area of residence are fairly minor. Although having a sibling as main person providing assistance with daily living activities is overall not common, it is still almost twice as common in urban than rural areas. This may well reflect the higher percentages of urban elderly that are never married and thus have no spouses and are unlikely to have any children. Urban elderly are also more likely than their rural counterparts to cite nonfamily members as main providers of assistance. For example, 2% of urban elderly that receive assistance cite either a paid/professional carer or a servant/employee as the main provider of assistance.

Figure 6.9 presents the percentage of main providers of assistance in daily living activities among persons that received such assistance disaggregated by gender as well as marital status. This permits better assessment of the extent to which spouses play a role since spousal assistance can only occur among persons that are currently married.

The percentage of older persons that cite their spouse as provider of main personal assistance is considerably higher when consideration is limited to currently married older persons. Nevertheless, children or children in law are still common as main assistance providers even for currently married older persons including men. Still, among the currently married, the percentage of cases in which a spouse is the main personal assistance provider for men considerably exceeds the percentage constituted by children or children in law. For currently married women, spouses are considerably less frequently cited as the main assistance provider than for men but still exceed children or children in law. Although the difference between currently married women and men is still substantial, it is considerably more moderate than for all older persons as indicated in the previous table.

Figure 6.9 Percentages with specific types of persons providing main assistance by marital status and gender, persons 60 and older who have assistance for daily activities, 2017



Source: 2017 Survey of Older Persons in Thailand

Among older persons that are not currently married and that receive personal assistance, children or children in law are overwhelmingly the main providers of personal assistance for both men and women. Still, the percentage of other relatives as main assistance providers is not negligible.

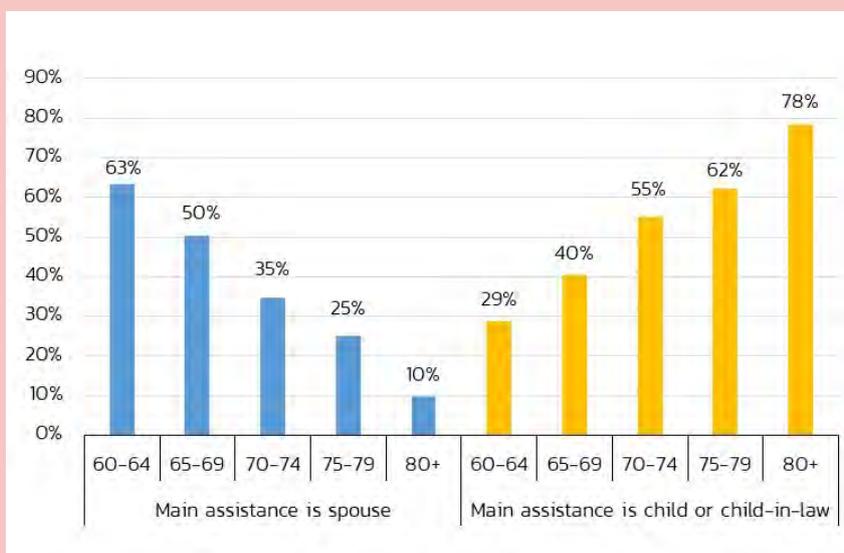
Although it is assumed that the private sector including both private nursing homes and paid home caregivers is increasing in major urban areas, there is little systematic evidence to document this (Kespichayawattana & Jitapunkul, 2009). The fact that the 2017 Survey of Older Persons finds that paid caregivers or helpers represent such a small percentage of those reported to provide personal assistance raises questions concerning the extent to which they can serve as a viable alternative or supplement to filial care. This is particularly an issue in light of the fact that future generations of older persons will have fewer and more geographically dispersed children thus posing a serious challenge to their continued role as the dominant source of personal assistance.

Other research indicates that a clear normative preference for a family member, especially an adult child, to provide personal care when needed is still very widespread (Knodel et al., 2013). At the same time attitudes towards paid carers depend in part on the nature of their role. A paid caregiver that fills in when a coresident adult child is at work or assists when the child is present is more acceptable than employing a paid caregiver as a full-time replacement for a child that lives elsewhere. An additional

concern is the expense of having a paid caregiver which for many older persons in Thailand and their families is unaffordable. Limited availability of such services and issues concerning their quality may also detract from their prevalence.

Given the predominance of children or children in law together with spouses as providers of assistance with daily living activities, Figure 6.10 examines how the role of the two groups varies according to age of the elderly recipient. The role of spouse as main provider declines steadily with advancing age from 63% for persons aged 60–64 down to only 10% for persons aged 80 and over. A key factor in this decline is the fact that the percentages of older persons who are currently married fall sharply with age and so does the availability of a spouse as a potential provider of personal assistance. The opposite pattern is apparent with respect to situations in which the main provider is a child or child in law. Even for those in the 60–64 age group over a fourth cite children or children in law as their main personal assistance providers and this rises to 78% for those aged 80 and older.

Figure 6.10 Percentages whose main provider of assistance with daily living activities is a spouse or is a child or child in law, persons age 60 and over who have assistance for daily activities, 2017



Source: 2017 Survey of Older Persons in Thailand

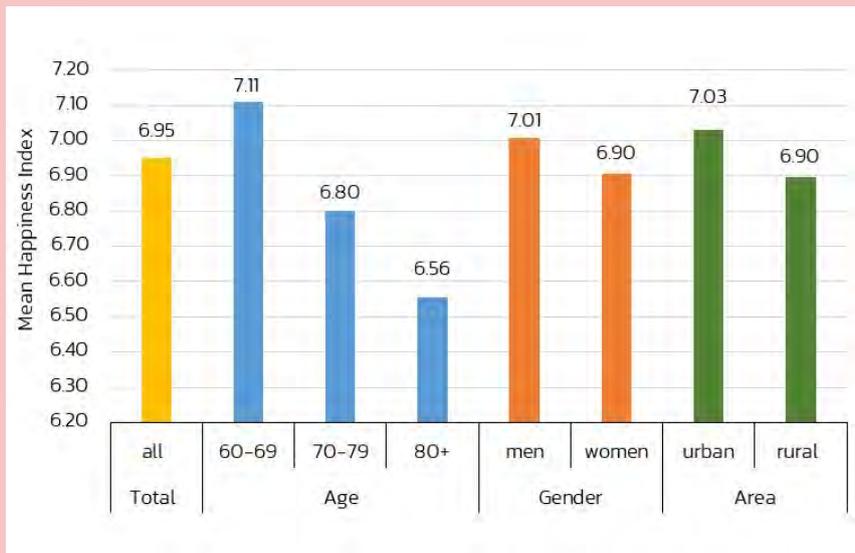
Psychological health

To measure psychological health respondents were asked to rate their level of happiness during the past three months on a scale from 0 to 10 with higher numbers signifying greater happiness. The question was only asked to respondents who were answering the survey themselves and thus omitted responses by proxies. Results presented in Figure 6.11 show the mean assessed happiness score from the 2017 survey. The happiness score declines

with age, is lower for women than for men, and lower for rural than urban older persons.

The series of more specific questions concerning particular aspects of psychological well-being that were included in previous surveys were omitted in the 2014 and 2017 surveys. The 2011 survey, however, included the specific questions

Figure 6.11 Mean happiness score by age, gender and area of residence, persons 60 and older, 2017



Source: 2017 Survey of Older Persons in Thailand

Note: Results exclude proxy interviews. Happiness is rated on a 0-10 scale with 0 very unhappy and 10 very happy.

about different aspects of psychological well-being and also asked respondents to rate themselves using the same happiness score that is included in the 2017 survey. Comparison of the mean happiness scores with the specific items in the 2011 survey showed reasonable correspondence thus adding credence to the results (Knodel et al., 2013).





Chapter

7

Policy Options
for the Future

Policy Options for the Future

With contribution from the Department of Older Persons, Ministry of Social Development and Human Security

Thailand is experiencing rapid population aging and increasing demands for old-age care and support. As this report demonstrates, the number and proportion of older population in Thailand will more than double by mid-century. At the same time, proportions of older persons coresiding with adult children have been steadily declining over the past 20 years as a result of Thailand's rapid fertility decline and increased migration from rural to urban areas. Limited kin availability has led to widespread concerns that the well-being of future elderly will be adversely affected. Nevertheless, such alarmist view is not necessarily warranted. Future cohorts of older Thais will be better educated. Thus, they are likely to be better equipped to use technology to help themselves as they get older (e.g., getting access to healthcare information). Furthermore, as pointed out in this report, a sizeable proportion of older Thais continue to work into old age. They are increasingly more likely to rely on themselves financially and less likely to rely on their adult children as the primary income source.

Despite Thailand's political instability and resource constraints over the past two decades, challenges and opportunities posed by population aging have received considerable attention from the Thai government. Since 2014 when the previous Survey of Older Persons was conducted, new policies (e.g., community-based long-term care scheme and National Saving Fund) have been initiated, while a number of existing schemes (e.g., Old Age Allowance) continued to receive support from the government. In formulating as well as planning policies for the future, it is important for policy makers to be mindful of the ongoing demographic, socio-economic, and technological changes. Follows are future policy options for the state proposed by the Department of Older Persons.

Government administration

- Serious effort should be put forth by the government to integrate and streamline existing programs and services related to older persons. At present, several programs (e.g., community-based long-term care assistance) are carried out independently by various government agencies. Coordination within and across ministries is clearly needed to reduce redundancies and to maximize available resources. A focal government agency should be designated to coordinate all government portfolios related to the welfare of older persons in Thailand.
- Attention should be devoted by the government to encourage investment and participation from the private sector and civil society in developing programs targeting the well-being of older persons. At the beginning, this can be done by expanding the existing public-private partnership scheme in developing retirement homes and facilities that cater to older persons with a variety of needs and preferences.
- Local government bodies (e.g., subdistrict administrative organizations) should be empowered to develop and take ownership of social service programs that address the needs of older persons in their local communities. As a result of decentralization since 1999, local authorities throughout Thailand have become a major provider of public social services including those related to older persons. While some efforts have been made by the central government to encourage local planners to pay attention to aging issues, many communities have yet to come up with a comprehensive plan for population aging. The efforts by the

government to educate as well as to provide resources for local government bodies should be continued.

- A comprehensive database on older persons, particularly those with long-term care needs, should be set up. The government should also create an online platform for stakeholders to share and exchange information related to relevant research findings, new technology and innovation, and program evaluation results. Policy planners at both central and local governments should be encouraged to use empirical evidence to guide their decision making related to the welfare of older persons.
- The government should promote and fund research on innovative technologies that address active aging and aging in place. Special attention should be given to encouraging research and innovation that can utilize local resources and are affordable and accessible by older people in their local areas. To achieve this, local authorities should be encouraged to partner with the private sector and academics.

Laws and regulations

- The government is encouraged to regularly and systematically review the 2003 Older Persons Act and its subsidiary legislation, as well as all other laws relevant to older persons. The latest review was done in 2010. Regular review is needed to ensure that the law sufficiently facilitates the administration and provision of welfare and social protection for older persons in rapidly changing societal contexts. Other government agencies within line ministries should also be encouraged to participate in the review.

Employment opportunities

- While the government has already introduced several measures since 2017 to promote post-retirement employment in the formal sector, further actions are required to ensure that the current incentive scheme (e.g., tax exemption¹) works effectively. For instance, the government should review existing rules and regulations related to hiring of older workers. Companies should be encouraged not only to hire those who had previously worked with them but to also create job opportunities for other qualified older workers. The review should be done in tandem with the revision of the Labor Standard Law to accommodate more flexible work arrangements that are suitable for the health status of older-age workers, including those with disability.
- In addition to promoting post-retirement employment in the formal sector, the government should create more income-generating opportunities for older persons in the informal sector or for those who prefer to be self-employed. For example, an educational program that provides financial, legal, and technology advice should be made available for older persons interested in entrepreneurship.

Healthcare and social protection

- The government has shown its commitment to improving long-term care services for older persons. This is demonstrated by the inclusion of plans to develop an intermediate care system in community health facilities. Furthermore, the government has incorporated a preventive long-term care surveillance system targeting the youngest group of older persons (i.e., persons aged 45–69) into the 2019 Strategic Plan of the Ministry of

¹ Under the 2017 incentive scheme, companies that hire persons aged 60 or over can claim a corporate income tax exemption equal to 100% of the amount of the expenditure paid for hiring the senior employees, but not exceeding 15,000 baht per person monthly.

Public Health. As for the next step, these plans should be promptly translated into action together with a close monitoring and evaluation scheme to ensure their effectiveness.

- Providing safe and accessible public facilities is one of the important social protection measures to ensure freedom of movement among older persons and persons with disability. The government should initiate plans and allocate resources for regular inspection and maintenance of public facilities to ensure that they are in good condition and accessible to all. Public facilities should be designed or renovated in compliance with universal design approach and the Age-Friendly community program of the World Health Organization.
- Since unsafe and inappropriately designed housing can increase risks of falls and injuries among older persons, the government is encouraged to continue its effort in promoting and increasing resources for housing modifications. Community-level inspections of housing conditions should be carried out at least annually to help identify older persons whose residences are in need of modification. Greater options of mortgages for home modification should be made available to older persons and their families by both government and private banks.

- To address the shortage of caregivers, the government has implemented a time-banking system in pilot areas in 2018 and has a plan to scale up this system nationwide in 2019. To ensure the success of the system, the government is encouraged to identify and adapt the time-exchange model to best fit the Thai context. Policy makers are encouraged to learn from other countries' time-banking systems, including both their successes and challenges.
- The government should increase public awareness regarding the preparation for old age. The public should have access to information about how to financially and socially plan for old age.
- Priority should also be given to addressing ageism. Despite having explicit laws against age discrimination, it is common in the media and in employment practices that older Thais are still portrayed with negative stereotypes. The government is encouraged to take more action to promote better understanding of old age as well as to actively enforce the laws against age discrimination.

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HelpAge International
Asia Pacific Regional Office

6 Soi 17, Nimmanhaemin Rd., Suthep,
Muang, Chiang Mai 50200, Thailand

Tel.: +66 53 225 400
Fax: +66 53 225 441
hai@helpageasia.org
www.helpage.org
www.AgeingAsia.org