



# THE CHANGING WELL-BEING OF THAI ELDERLY

An update from the 2011 Survey of Older Persons in Thailand



HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

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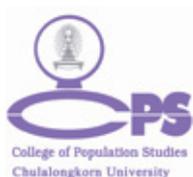
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# THE CHANGING WELL-BEING OF THAI ELDERLY

An update from the 2011 Survey of Older Persons in Thailand

By John Knodel, Vipin Prachuabmoh and Napaporn Chayovan





# Foreword

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At present, Thai society is confronting the process of population ageing. This population dynamic poses serious challenges for traditional family support, communities' ability to provide backup support for older persons and government policies. A series of national surveys of the older population together with related analyses and extensive studies by Thai and foreign researchers in the academic community provide important information for evidence-based policies and programs for improving the welfare of older persons.

The College of Population Studies (CPS), Chulalongkorn University has played an important role in accumulating empirical evidence that forms the body of knowledge on issues related to population ageing in Thailand for more than three decades. Currently, in addition to conducting academic studies, CPS also emphasizes its role as “the Pillar of Kingdom” on elderly issues concerning the older-aged population by monitoring and evaluating the performance of the execution of the Second National Plan for Older Persons (2002–2021) and providing a package of policy recommendations to the government.

As a continuation of the academic tradition of CPS, this report which is based on the latest national survey of the older persons conducted in 2011 by the National Statistical Office provides an up to date assessment of the situation of older persons in Thailand. I expect that the results presented in this report will serve as an important source to guide the policies and programs for the older persons in Thailand in the future. Last but not least, I would like to deliver my deepest gratitude to all the contributors involved in producing this report.

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As Thailand undergoes rapid population ageing, the impact on families and society at large are significant. Ageing is one of the most critical policy challenges facing Thailand and is receiving great attention by the government, the private sector, civil society and other players. Measures to respond to ageing are increasingly prominent in national development plans, including the current National Economic and Social Development Plan, and the recent review of the 2<sup>nd</sup> National Plan of Older Persons.

HelpAge International values our collaboration with the research team of Dr. John Knodel, Dr. Vipap Prachuabmoh and Dr. Napaporn Chayovan. Their study, laid out in the first six chapters, provides new insights on the rapidly changing situation of older people.

The final section of this report, “Reflections: Options for the future,” was written separately by HelpAge International. It draws on a broader range of evidence and the experience of HelpAge and other actors in ageing. Usa Khiewrord of HelpAge International led the development of this section in consultation with the Thai experts listed in the final section. HelpAge appreciates their thoughtful advice. However, the opinions in the final section are those of HelpAge International only and do not necessarily reflect the views of the authors or the experts consulted.

It is our hope that this publication will assist government and service providers to improve policies and programs that benefit Thailand's growing population of older people.

Eduardo Klien  
Regional Director, East Asia/Pacific  
HelpAge International



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# Executive summary

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Population ageing and the well-being of older persons are major emerging challenges for families, communities and government in Thailand as in much of Asia. The Thai government has been giving increasing attention to ageing issues as indicated by the adoption of the Second National Plan for Older Persons covering 2002-2021 and its prominence in the latest five-year National Economic and Social Development Plan. In addition, in 2009, the Old Age Allowance program was expanded into a universal social pension for persons 60 and older who lacked other pension coverage. Thailand is fortunate in having a series of national surveys of the older population that detail their situation and provide comprehensive information for evidence-based policies and programs to address these challenges. The present report draws heavily on the most recent national survey conducted by the National Statistical Office in 2011 but also incorporates results from earlier surveys to document trends. Although the 2011 survey covered persons 50 and older, 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 ageing 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 five-fold to over 8 million by 2010 or 13% of the total population. Future population ageing will occur more rapidly with the number of older persons projected to increase to over 20 million by 2040, at which point they will constitute over 30% of the population. Moreover, within the

next decade, 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 56% of persons 60 or older and 63% of those 80 or older. The 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 23% of women have a spouse compared to over 60% of men. The percentage of older persons that never marry has been increasing and is likely to continue to do so in the future, especially among women.

The average number of living children increases from 2.1 among persons aged 50-54 to 4.6 for those 80 and older reflecting the decline in fertility that began in the 1960s. In contrast the percent childless decreases rapidly with age from 10.6% for persons 50-54 to 4.5% for those 80 and older. Current low fertility levels ensure continued reductions in family size among the future generations of older people.



## Living arrangements

Living with one or more adult children is a long-standing practice among older age parents in Thailand and has traditionally been viewed as an essential way to meet their needs once they require support and assistance from others. Despite continuing widespread normative support for living with children, coresidence with children fell steadily from 77% to only 57% between 1986 and 2011 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%. Still, relatively few elderly parents are geographically isolated from all their children. As of 2011, only 19% have no child in the same village and only 11% have no child in the same province. Nevertheless, 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 doubled. By 2011, 9% of older persons lived alone and 17% lived only with their spouse. However, living independently does not necessarily mean geographical isolation from children (or other relatives). As of 2011, roughly 30% of elders who live alone or only with a spouse have a child living next door and about 50% have a child at least within the same locality.

Household size declined steadily from just over 5 persons in 1986 to 3.6 in 2011. Over two thirds of older persons live in multigenerational households, although between 1994 and 2011 living in three or more generation households decreased from 47% to 34% while living in one generation households increased from 19% to 31%.

About half of older persons live in households with at least one grandchild including 14% that live in 'skip generation' households (i.e. with grandchildren in the absence of their parents). However, skip generation households, especially those with young grandchildren, are declining.

## Sources of income and material well-being

According to the 2011 Survey of Older Persons, 38% of all respondents aged 60 or older reported that they worked during the previous week (50% of men and 29% of women). The percent that currently work declines steadily after age 50 for both men and women, with the relative gender difference more pronounced at more advanced ages.

The percent of persons 60 and older that worked in the previous year changed little between 1994 and 2002 but was noticeably higher in 2011. Regardless of the year, the percent that worked is substantially higher among rural compared to urban elderly. This likely reflects a greater tendency among persons in agriculture, especially if self-employed, to reduce working in stages rather than to switch from full activity to no activity all at once.

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 2011, there is a clear trend towards living in houses constructed with

better materials. Living in a dwelling unit with access to a sit toilet more than tripled from only 10% in 1994 to one third of older persons by 2011 while having piped water in the dwelling unit rose from just under a third in 1994 to over 80% by 2011.

By 2011 nearly every older person lives in a household with a television and over 90% 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 almost 90% in 2011 in a household with at least a cell phone (information on landlines phones is unavailable for 2011 but would raise the percentage even more). This change is particularly important as it increases the ability of older age parents to keep in contact with children living elsewhere as well as to call for assistance in emergencies.

Noticeable changes in sources of income have been taking place. Most striking is that over 80% of older persons received the government Old Age Allowance in 2011 compared to less than 25% in 2007 reflecting the government's vast expansion of this benefit in 2009. Almost 80% of older persons received at least some income in the past year from their children. Nevertheless, the share reporting children as their main source of income declined from 52% in 2007 to 40% in 2011. However, as discussed more fully below in the summary describing family support, this does not appear to signal a noticeable decline in the material contributions from children. At the same time, the portion reporting the Old Age Allowance as their main income source increased from 3% to 11%. Also, the percentage that cite work as their main income source increased by 6 percentage points likely reflecting the increased proportion of economically active older persons.

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 annual reported income of older people improved somewhat between 2007 and 2011. However, allowing for modest inflation between the surveys, income in terms of purchasing power likely changed little. Still over 60% of older people in 2011 report that their income was adequate and over 75% that they are satisfied with their financial status, both up modestly from 2007.

Women 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. Among unmarried older persons gender differences in incomes are modest. Also self-assessed economic situations differ little by gender. Elderly in rural areas report considerably lower incomes and view their economic situations as less favorable than those in urban areas.

## Family support and intergenerational relations

Informal systems of social and economic exchange within families are crucial for maintaining the well-being of older people in Thailand. As in preceding surveys, in 2011 children are the most common main source of income for older persons overall. However, the percentage increases sharply with age from 26% for persons 60-64 to 62% for persons 75 or older and by gender with 51% of women compared to 33% of men reporting children as their main income sources.

The decline in the percentage of older persons that cite children as their main income source does not appear to reflect a substantial decline

in support from children. Among older persons who have living children, the share that reported receiving any income from children declined only modestly and remains at over 80%. Moreover, the percentage that received at least 10,000 baht remained constant at 41% between 2007 and 2011 while the percentage that received larger amounts increased slightly. In addition, nonmonetary material support (i.e. food, goods and clothing) from non-coresident children also increased slightly between 2007 and 2011. The decline in children being cited by older persons as their main income source between 2007 and 2011 likely reflects instead increases in income from other sources, especially from the expanded Old Age Allowance program. Thus even though children continued to contribute income to parents, the amounts they provided were 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 between 2007 and 2011. This 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 98% live either with or next to a child or have at least monthly visits or phone calls. Only less than 1% had no contact and received no remittances from any of their children during the prior year.

Not only do older-age parents receive considerable 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 2011. This may reflect 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.

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. According to the 2011 survey, over 90% reported doing one or more essential household chores at least sometimes and 65% do so regularly. Overall more than one fourth of persons 60 and older provide at least occasional care in their household for a grandchild under age 10 which in turn likely facilitates the ability of the grandchildren's parents to engage in economic activity.

Just over 15% of older persons 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

Health is a key concern for older people. The percentage of Thais 60 and older that assessed their health during the past week as good or very good declined modestly between 2007 and 2011 but the percentage that said their health is either poor or very poor declined considerably more. Thus although the results are somewhat mixed they point more to an improvement in overall health rather than a deterioration.

The percentage of older Thais that report they cannot see clearly declined between 2007 and 2011 especially in rural areas where the percentage indicating they can see clearly with glasses increased substantially.

Poor self-assessed health, illness during the past five years, not being able to see or hear clearly 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.

Over half of persons 60 and older reported they received a physical checkup during the past year. This varies little by age, gender or area of residence. However, older persons who participate in elderly clubs are noticeably more likely to have a checkup suggesting that clubs promote and may facilitate such check-ups.

Functional limitations and difficulties with self-care and other activities of daily living increase sharply with age. However, among all persons 60 and older, only 15% say they need assistance with activities of daily living. This increases relatively slowly with age until 75 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, only about half 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 receive 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 considerations

The well-being of Thai older persons continued to improve between 2007 and 2011 and the Thai government has made good progress in developing policies and a legal framework to support older persons. Although Thailand's demographic profile is rapidly changing, the fundamental traditions of society remain in place. Many Thais continue to work into old age, with or without earning a separate income. As has been traditionally the case, as older persons become less able to work and their health worsens, they rely largely on their families to provide material support and care. This assistance, however, is becoming more of a challenge, particularly for care and practical support for activities of daily living, as family sizes have reduced and younger people have migrated away from their home locality for work.

Therefore, despite the improving situation overall, in planning for the future it is important to keep in mind the major challenges looming as a result of demographic change. Moreover, even with the country's economic development, many older people in Thai society today remain highly vulnerable. This is particularly true with respect to the elderly living in rural areas compared to urban areas. The country therefore needs to continue preparing for the demographic and social change that will inevitably take place. A concluding chapter by HelpAge International proposes some options for future policy and programs. ■





# CHAPTER I:

## 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; the current 2013 population of over 8 million older persons is projected to increase to more than 20 million over the next three decades.
- The Thai population has already begun to age rapidly with the share aged 60 and older having reached 13% by 2013; it is projected to increase to almost a third of the total population three 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 primarily on the most recent national survey conducted by the National Statistical Office in 2011.
- Rapid population ageing and the well-being of older persons are receiving increasing attention by the Thai government and are prominent issues in the latest five-year National Economic and Social Development Plan.
- All Thai nationals, including the elderly, have access to free government health services.
- The number of older persons that will be covered by a pension will expand considerably in the future through the Social Security System and, assuming it is fully implemented, the National Savings Fund designed to cover informal sector workers.
- In 2009, the Old Age Allowance program was transformed into a virtually universal social pension for persons 60 and older who lacked other government pension coverage. Thus virtually all older Thais at present have at least some formal old age source of financial support even if only quite modest.

Population ageing and the increasing number of older persons present both challenges and opportunities for Thai society. To respond effectively requires information well beyond simply mapping the demographic contours of population ageing. A broad evidence-based understanding of the situation of the older population is essential for the development of effective policies and programs by the government as well as nongovernmental agencies. This in turn requires reliable, comprehensive, and up-to-date information relevant to older persons' needs as well as their potential to contribute to their families and communities.

Thailand is unusual in the region in having conducted a series of national surveys focused on older persons and documenting their social, economic and health situations. Two such surveys, including the first in 1986 and a subsequent one in 1995, were conducted by academic institutions.<sup>1</sup> The National Statistical Office (NSO) conducted the four government-sponsored surveys in 1994, 2002, 2007 and 2011. Future plans call for NSO to conduct additional surveys of older persons every 3 years. The goal of the present report is to provide a comprehensive profile of the situation of older persons in Thailand based primarily on the 2011 NSO survey. Although the survey covered persons aged 50 and older, most results in this report are limited persons aged 60 and older, as

this is the age range most commonly used when referring to the older age persons in Thailand. The survey is nationally representative and covered almost 63,000 respondents of whom 34,173 were aged 60 and over.<sup>2</sup> Selected results from the earlier surveys are also included in order to reveal the extent to which the situation has been changing over time.

Following this introductory chapter in which trends in population ageing in Thailand and government responses are briefly reviewed, 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.<sup>3</sup> The report concludes with a brief chapter that discusses options for the future.



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<sup>1</sup> The 1986 survey is entitled Socio-economic Consequences of the Ageing Population in Thailand (Chayovan, Wongsith and 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 and Knodel 1997).

<sup>2</sup> A description of the methodology of the survey is available elsewhere (NSO 2012). Overall, among persons age 60 and older covered in the survey, 68% provided interviews by themselves, 3% were assisted by another person and the remainder were provided by a proxy, who in the vast majority of such cases was another member of the household. Only questions on psychological well-being were skipped if a proxy provided the interview. Proxy interviews are necessary since eligible respondent 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 and thus excluding information about them even when provided by a proxy could bias results.

<sup>3</sup> Results presented in this report may differ somewhat from those in the nso report because when analyzing the data we attempted to reconcile minor inconsistencies in the data set when information is available for the same variable from more than one item in the questionnaire.

## Trends in population ageing in Thailand

Population ageing is already well underway in Thailand. The number of older persons in the Thai population has increased by five-fold since 1960. Moreover, the precipitous fall in birth rates since the late 1960s combined with increasing survival at older ages resulted in persons aged 60 and older doubling their share of the population from 5% to an estimated 13% at present (Knodel and Chayovan 2008). According to United Nations estimates, among the 10 ASEAN countries, only in the city state of Singapore is the percentage of older persons higher than in Thailand (United Nations 2011). Moreover, given that fertility remains well below the replacement level of 2 children per woman, population ageing in Thailand will become far more pronounced in the coming decades.

Recent population projections commissioned by the National Economic and Social Development Board (NESDB) 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 decades (see Table 1.1). According to these projections, the number of persons aged 60 and above, the common age range used to define the older population in Thailand, will increase almost two and a half times to 20.5 million three decades hence. The proportion that older persons will represent of the total population varies with the four alternative assumptions regarding future fertility trends. The NESDB projections assume four different fertility scenarios. These range from assuming that the current level of fertility of 1.62 children per woman will increase to 1.8 children per woman over the 3 decade span of the projections, to assuming that it will continue to fall to the extremely low level of 1.1 children per woman.<sup>4</sup> Regardless of which assumption is made, it is evident that the current 13% share of older persons in the total population will more than double over the next 3 decades. Based on the assumption of rising fertility, persons 60 and older will represent 31% of the population in 2040. In contrast, under the most extreme assumption of reduced fertility, 33% of the population will be 60 or over. Thus regardless of the fertility assumptions incorporated in these projections, approximately a third of Thailand's population will be aged 60 and over within three decades.

The NESDB projections also indicate that even under the

**Table 1.1** Population 60 and older according to official projections, 2010-2040

	2010	2015	2020	2026	2030	2035	2040
Number in 1000s	8,408	10,351	12,622	15,126	17,579	19,361	20,519
Ratio to 2010 number	1.00	1.23	1.50	1.80	2.09	2.30	2.44
<i>As % of total population assuming number of children per woman (TFR):<sup>(a)</sup></i>							
rises to 1.80 per woman	13.2	15.9	19.1	22.6	26.1	28.9	30.9
stays at 1.62 per woman	13.2	15.9	19.1	22.7	26.3	29.2	31.4
falls to 1.30 per woman	13.2	15.9	19.1	22.8	26.6	29.6	32.1
falls to 1.10 per woman	13.2	15.9	19.2	23.0	26.9	30.2	32.9

Source: Projections prepared for National Economic and Social Development Board for the 11th Socioeconomic Plan

<sup>4</sup>In all scenarios which involve fertility change, it is assumed to occur linearly during the three decades covered.

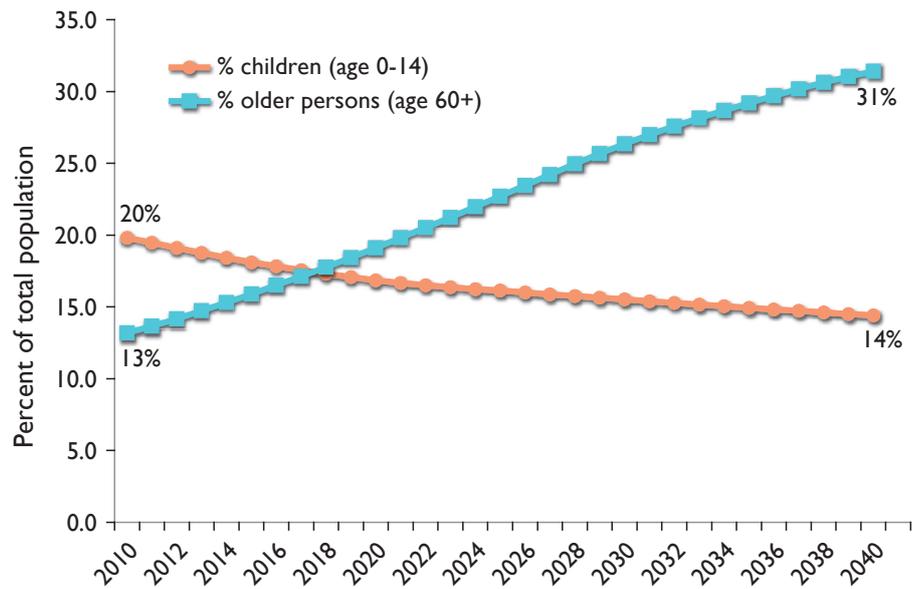
assumption of rising fertility, the share of the population that constitutes older persons will exceed that of children under the age of 15 for the first time in Thai history within the next decade (see Figure 1.1). Moreover within three decades, the projection indicates that by 2040 the share of older persons will be more than double the share of children. Of course there is no way to be certain about what the actual fertility trend will be in the future. It is possible that it will increase even beyond the level incorporated by the projection that assumes a rise to 1.8 children

per woman over the next 30 years. However, based on previous trends in Thailand and experience of other countries in the region that have low fertility, there is no compelling evidence so far that fertility levels would rise to much higher levels or even reach the replacement level of 2.1 children per woman. Indeed, current fertility expectations among adults in the early years of the reproductive span Thailand suggest that fertility will actually continue to fall (Knodel et al. 2013).

## Government responses to population ageing

The ageing of the population has not escaped the attention of the Thai government. Detailed descriptions of government policy and programs related to population ageing and older persons can be found elsewhere (Foundation of Thai Gerontology Research and Development

**Figure 1.1** Percentage of total population under age 15 and age 60 or older, 2010-2040



Note: Results shown are based on the assumption that fertility will remain constant at 1.62 between 2010 and 2040.

Source: Projections prepared for National Economic and Social Development Board for the 11<sup>th</sup> Socioeconomic Plan

Institute and College of Population Studies 2012; Jitaunkul and Wivatvanit 2009; Knodel and Chayovan 2008). In this section we briefly summarize the overall reaction and highlight several aspects that are particularly relevant to results reported in the subsequent chapters.

### Overall reaction

The fact that population ageing and the growing number of older persons are being taken very seriously by government planners is evident in a number of important developments. These include their increasing prominence in the last four National Economic and Social Development Plans. Explicit mention of older persons was first introduced in the 8<sup>th</sup> plan for 1997-2001. By the time of the formulation of the 11<sup>th</sup> plan for 2012-2016, population ageing became one of the central issues to be addressed with the plan recommending that population ageing be integrated into the main stream of the



national development agenda.<sup>5</sup> Also of considerable significance, a Second National Plan for Older Persons covering the period 2002-2021 was adopted in 2002 coinciding with the UN sponsored Second World Assembly on Ageing. The Plan's theme is "Productive ageing is a victory of society" and stresses the value of older persons as productive contributors to families and society (Jitapunkul and Chayovan, 2001).

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 Commission was also mandated to monitor the implementation of the Second Long-Term Plan. Based on recommendations stemming from the first assessment under this mandate, the plan was revised and received cabinet approval in 2009. 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, illegally exploited, or abandoned, assistance with funeral expenses, and privileges accorded to their children who look after them.

## Health services

Universal free health coverage at government facilities has been available in Thailand since 2007 for all Thai nationals regardless of age. This was preceded by very low cost universal health coverage in 2001. However, persons aged 60 and over had 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.

Considerable effort has been 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 have reached large numbers of older persons (Jenchantand 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, about 130,000 were treated and about 30,000 older persons received the cataract or eyelid surgery.<sup>6</sup> More recently in 2009 the Thai Red Cross in partnership with Top Charoen Optic Company began a five year 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.<sup>7</sup>

<sup>5</sup> This is clear from several presentations by Suwanee Khamen, deputy secretary general of the NESDB, concerning the population policy incorporated into the plan including keynote addresses at the side meeting at the Second Asian Population Association entitled "The New Draft of the Population Policy for Thailand", August 26, 2012, Bangkok and at the Asian Regional National Transfer Accounts Conference, 21 September 2012, Bangkok.

<sup>6</sup> See <http://www.redcross.or.th/news/information/25919> (accessed 04/02/2013)

<sup>7</sup> See <http://entertain.enjoyjam.net/forum/index.php?topic=20819.0;wap2> (accessed 22/01/2013)

## 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. The Health Development Strategic Plan for the Elderly (2008 – 2011) of the Ministry of Public Health spells out a strategy for dealing with this. It is based on the concept that the quality of life of older persons at more advanced ages can be best retained through a combination of assistance within their family and a supporting system of health care and social services within their own community. The plan emphasizes the need for the community and local administrative organizations to cooperate in implementing this plan including allocating a budget for the purpose. The components of the system include databases on older persons, good-quality elderly clubs, volunteers to provide home based care for older persons, preventive dental services, and a system to ensure care for those elderly who are home or bed bound (Foundation of Thai Gerontology Research and Development Institute and College of Population Studies 2012).

With respect to providing home based assistance for older persons, the Bureau of Empowerment for Older Persons of the Ministry of Social Development and Human Security (MSDHS) launched the Home Care Service Volunteers for the Elderly Program in 2002. Its objective is to establish a system of community-based care and protection for older persons especially for those without caregivers or who are underprivileged. After its initial start as a pilot program, it steadily expanded and is expected to attain full coverage in 2013. The latest statistics indicate that over 30,000 elderly home care volunteers had been enlisted who are responsible for over half a million older persons. The extent that services are actually provided and more importantly could be a realistic solution when personal care



is required on a sustained full time basis, however, remains an open question.

Long term institutional residences for the aged are considered only as a last resort by the Thai government as a way of dealing with elder care. Thus the number of government supported institutional homes for older persons is very small with only a few thousand residents. They are intended to offer care for the underprivileged, poor or abandoned older persons. In addition, the MSDHS runs 12 Social Welfare Development Centers for Older Persons which provide welfare shelter for deserted or destitute older persons or elderly who could not coreside with their families. In 2010, about 1,500 destitute elderly received care and shelter services from these centers (Foundation of Thai Gerontology Research and Development Institute and College of Population Studies 2012).

## Pensions and retirement benefits

Major expansion of government sponsored pension systems has also been taking place. Prior to the late 1990s, government measures providing economic security in old age covered only public sector employees. A major reform of this system was enacted in 1996 through the Government Gratuity and Pension Fund Act which transformed the pension scheme from defined benefits to a mandatory defined contri-

butions and benefits system. In 1999, the Old Age Pension was set up for central government employees 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. Thus the first pension payouts under this system will only start in 2014.

Self-employed and informal sector workers are permitted to subscribe for a monthly fee to Social Security on a voluntary basis. This includes an option to participate in the Old Age Pension Fund as one of the electable benefits but with only entitlement to receive a lump sum payment rather than a pension. It appears that few eligible persons have taken advantage of the option to voluntarily join Social Security. Thus in order to address the need for retirement benefit coverage for self-employed and informal sector workers, the National Savings Fund Act was passed in 2011. Both the person joining and the government would contribute to the fund and once members reach the age of 60, they would be entitled to receive a pension. Although the Office of the National Savings Fund has already been established, as of early 2013 recruitment of fund members had not yet occurred. The delay is mainly due to the fact that the fund was established under a prior government and the present government wishes to amend some aspects of the Act.

## Old Age Allowance

Perhaps the most significant recent development has been the transformation of the Old Age Allowance (OAA) program into 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 multiple rates were introduced as well. These are progressive 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 pensions are considered together, virtually all older Thais at present have at least some formal old age source of financial support even if only quite modest.

## Elderly Associations

To promote active ageing, 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 National Senior Citizen Council. In 2012, there were over 23,000 registered senior citizen clubs with a total of 1.6 million members. Most are located in state health facilities, mainly district health offices and sub-district health stations. Nearly all sub-districts in Thailand have an elderly club. ■



## CHAPTER 2: Social and demographic characteristics

# Chapter highlights

- Women make up a disproportionate share of the older age population representing 56% of persons 60 or older and 63% of those 80 or older.
- Most men 60 and older are married and live with their spouse 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.
- The percentage of older persons that remain single (i.e. never marry) has been increasing and is likely to continue to do so in the future, especially among women.
- The average number of living children increases from 2.1 for persons aged 50-54 to 4.6 for those 80 and older reflecting the decline in fertility that began in the 1960s; in contrast the percent without living children decreases rapidly with age from 10.6% for persons 50-54 to 4.5% for those 80 and older.
- Almost 90% of persons 60 and older have no more than a basic primary education, although educational levels of older persons are improving over time.
- Older women have considerably less education than older men but this gender gap in education is on the decline.
- As with the general population, the vast majority of older Thais profess Buddhism as their religion; Muslims are the second largest group but constitute only a small fraction of the overall population of older Thais although they represent more than one fifth of older persons in the southern region.

A worthwhile start to understanding older persons' potential to contribute to their families and communities is to examine their social and demographic characteristics and how they are changing. In this chapter we examine the gender distribution, marital status, number of living children, educational attainment and religious affiliation among older Thais.

## Gender distribution

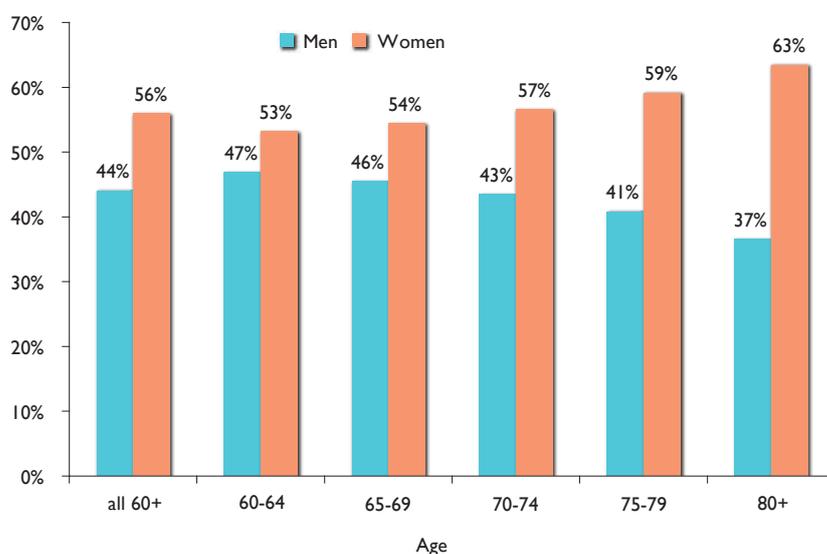
Although more males are born than females, the almost universal advantage women have over men with respect to mortality results in more women than men surviving to older ages. Thus older populations are typically disproportionately female. Moreover, since the female mortality advantage continues through older ages, the predominance of women tends to increase with age. This predominance of women among older persons is sometimes referred to as the “feminization of the ageing”. Thailand is no exception. Figure 2.1 provides an overview of the share of women within the older population of Thailand at different ages according to the 2011 Survey of Older Persons. Overall, women constituted 56% of the total Thai population 60 and older. According to the NESDB projections cited in the previous chapter, the share of the population 60 and older that will be women will be slightly higher at 57% by 2040.

The excess of older women over older men is increasingly pronounced with age within the older age span. Thus women constitute almost 63% of the population aged 80 and over compared to 53% among persons aged 60-64. Given that older women tend to have more health problems than men as discussed in

chapter 6 of this report, the predominance of women among the older age population adds to the challenge that the rapid increase projected in the numbers of older persons discussed in the previous chapter poses for provision of adequate health care.

Although women constitute the majority of the older population, it is important to keep in mind that although a minority, men still make up a substantial share of elderly in Thailand and elsewhere. This tends to be overlooked in numerous discussions of population ageing which typically emphasize the feminization of ageing and as a result focus mainly on the vulnerabilities of women when considering gender specific needs of older persons (Knodel and Ofstedal 2003). Given that the share of the older population that are men is projected to change only slightly in Thailand, the rapid increase in the number of older persons in the coming decades will involve large increases in the numbers of both older men and women with both virtually certain to more than double in the next four decades. Attention to a balanced consideration of gender-specific vulnerabilities of both men and women is thus

**Figure 2.1** Gender distribution among persons 60 and older by age group, 2011



Source: 2011 Survey of Older Persons in Thailand.

necessary if the needs of the burgeoning elderly population are to be adequately met (UNFPA and HelpAge 2012).

## Marital status

An older person's marital status has important implications for their well-being. Spouses can provide material, social and emotional support as well as personal care during times of illness or frailty. Thus living with a spouse typically has advantages for older persons. Only 4% of persons aged 60 and over never married while fully 60% remain currently married (Table 2.1). Of those no longer married, by far most are widowed. The vast majority of those currently married live with their spouse. Still almost 5% of married persons reported that they lived separately from their spouse.

Pronounced age and gender differences in marital status are apparent. The percentage currently married declines sharply with age while the percentage widowed increases commensurately reflecting the increasing toll of mortality

in dissolving marriages and declining chances of remarriage with advancing age. In addition, the percentage that is married but living apart increases with age. In contrast, although very low at all ages, the percentage divorced or separated declines with age. This suggests that a share of those in the more advanced ages might in effect be permanently separated but report themselves instead as married but living apart.

Gender differences in marital status are also sharply pronounced. While almost 80% of elderly men are currently married and live with their spouse only 45% of elderly women are in the equivalent situation. In addition, elderly women are more likely to live separately from their spouses than elderly men. Differences in marital status distributions between urban and rural older persons are modest although the proportion that are married and live together is somewhat higher among rural elderly.

Over recent decades in Thailand there has been a trend towards higher proportions of adults remaining unmarried during their lifetime

(Jones 2008). To some extent this is evident in the higher proportions single (i.e. never married) among age groups given that those at younger ages within the elderly age span more recently passed through the prime ages when marriage occurs than those at older ages. Evidence that the proportions never married among persons 60 and older in the future will increase is suggested by results for the age group 50-59 (not included in Table 2.1). Among this age

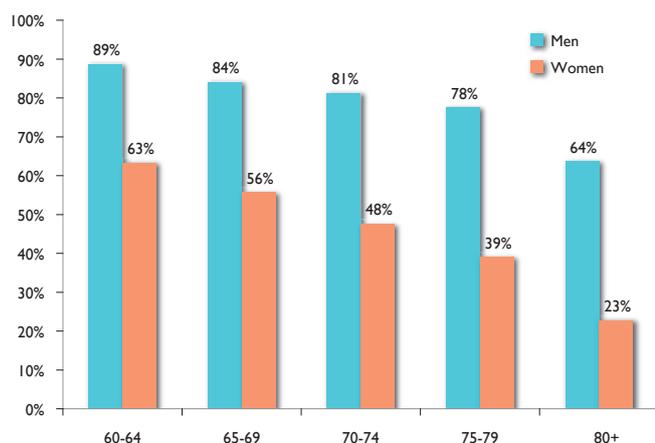
**Table 2.1** Marital status distribution by age, gender and area of residence, 2011

	Single	Married live together	Married live apart	Widowed	Divorced/separated	Total
Total	3.9	60.0	4.7	28.8	2.6	100
<i>Age</i>						
60-64	4.7	71.6	3.6	16.1	3.9	100
65-69	4.3	64.4	4.3	24.3	2.7	100
70-74	3.6	57.3	5.0	32.1	2.1	100
75-79	2.4	49.4	5.4	41.4	1.4	100
80+	2.4	30.5	7.3	58.8	1.0	100
<i>Gender</i>						
Male	2.1	79.4	3.3	13.1	2.1	100
Female	5.3	44.7	5.7	41.2	3.0	100
<i>Area of residence</i>						
Urban	6.4	55.7	5.0	29.1	3.8	100
Rural	2.6	62.2	4.5	28.6	2.0	100

Source: 2011 Survey of Older Persons in Thailand

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

**Figure 2.2** Percentage currently married by age and gender, 2011



Source: 2011 Survey of Older Persons in Thailand.  
 Note: Currently married also includes those who live apart from their spouse (see Table 3.2).

group 6% overall have never married, a level higher than even the 60-64 age group. In addition among those 50-59, 8% of women and 4% of men have never married indicating that the increases in the proportion never married in the future will be more pronounced for women.

Figure 2.2 highlights the gender differences in the percent currently married. Even among the persons in their early sixties a substantial difference is apparent with almost 90% of men being currently married compared to only 63% of women. However, the gender gap increases successively with age. Thus the gender gap in marriage is most pronounced among the elderly aged 80 and older, with only 23% of women having a current surviving spouse compared to over 60% of men.

## Number of living children

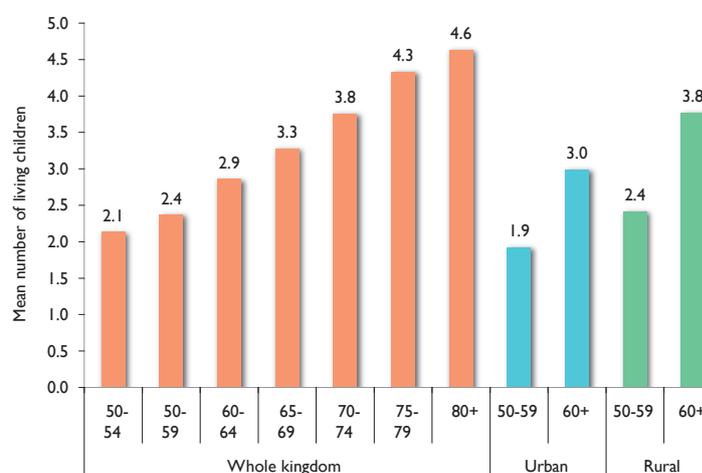
As documented subsequently in this report, adult children remain important providers of material support as well as other forms of assistance to their older-age parents. At the same time, family sizes of future older persons are destined to be smaller. Also older persons who

have no children must rely on others for these forms of assistance. Previous research as well as findings presented later in this report suggest that coresidence with children as well as the likelihood and amount of support from non-coresident children depends in part on the number of children available to provide such support.

Figure 2.3 indicates the mean number of living children according to respondents' age and area of residence. Note that step and adopted children as well as own biological children are included in the counts of living children. Since the 2011 Survey of Older Persons included persons aged 50-59, results for this age group are also provided in order to represent persons who will be entering the elderly ages during the coming decade.

The steady rise in number of living children with each successive five-year age group is a clear reflection of the past history of fertility decline in Thailand. Thus, persons aged 50-54 average less than half the number of children compared to that of persons 80 or older. The fact that fertility decline began somewhat later among residents in rural areas is reflected in their modestly larger average number of children

**Figure 2.3** Mean number of living children by age and residence of respondent, 2011



Source: 2011 Survey of Older Persons in Thailand  
 Note: Numbers of children include adopted and step children in addition to own biological children.

compared to urban residents. Nevertheless, it is clear that the past history of fertility decline will sharply affect family sizes of both rural and urban elderly in the coming years.

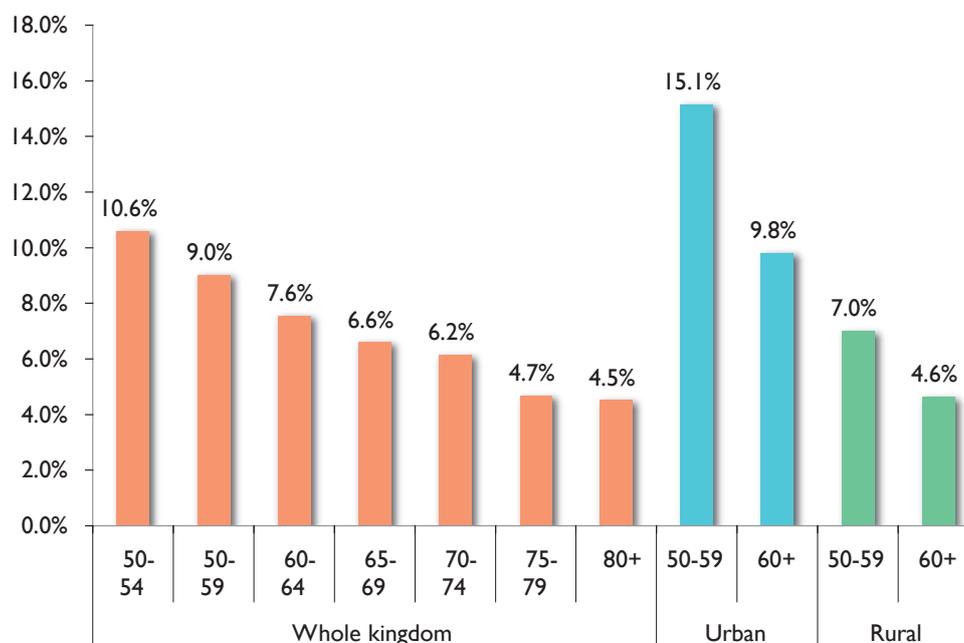
Not only is the average number of children declining among persons entering the older-age span but so are the percentages that have no children at all. As Figure 2.4 shows, percent childless shows the reverse relationship with age as the average number of children. Just over 10% of persons aged 50-54 report having no children compared to less than 5% of those 80 and older. The lower fertility that has characterized persons in urban areas compared to rural ones is also evident in the higher urban percentages that are childless. However, it is also evident that in the coming years the percentage that is childless will increase among older persons in both urban and rural areas.

These trends towards smaller families and higher levels of childlessness among future generations of older persons are almost certain to continue for at least some decades into the future. The fact that fertility has fallen to quite low levels during recent years virtually ensures further reductions in family sizes among the future elderly. Moreover, other research indicates that many young adults expect to have no children and among those who expect children, most expect to have very few (Knodel et al. 2013).

## Educational attainment

The level of education has important implications for the well-being of older persons. It is closely correlated with the ability to read and write fluently and thus affects substantially the ability of older persons to access important information that influences many aspects of their lives. It also affects the manner in which they can

**Figure 2.4** Percentage childless by age and residence of respondent, 2011



Source: 2011 Survey of Older Persons in Thailand

Note: Childless refers to persons with no adopted, step or own biological children.

relate to others in the community including government officials.

Table 2.2 provides an overview of the current educational distribution of older Thais. Substantial differences are apparent according to age, gender and area of residence. The distribution progressively shifts towards lower levels of educational attainment with each successive age group. This pattern reflects the expansion of the educational system and the concomitant secular trend towards compulsory basic schooling at the time these elders were of school age (Wongsith and Knodel 1989). The percent with no formal education increases from 6% among those aged 60-64 to over a fourth among those 80 and older. This is matched by a steady decline with age in the percentage that completed basic primary school. The results also demonstrate that most people who entered primary school completed the basic compulsory level of four years that prevailed at the time, but only a small proportion continued on to secondary or higher levels.

Urban elderly are better educated than their rural counterparts. Although differences in the proportion with no education or with less than primary education are relatively modest, urban older persons are substantially more likely than their rural counterparts to have gone beyond the basic primary level and especially to have

**Table 2.2.** Educational attainment among persons 60 and older by age, gender and area of residence, 2011

Percent distribution							
	None	Less than grade 4	Basic primary	Any lower secondary	Any upper secondary	Above secondary	Total
<i>Total</i>	11.8	4.7	72.7	3.0	2.9	4.9	100
<i>Age</i>							
60-64	6.4	2.5	77.5	4.0	3.5	6.1	100
65-69	9.7	4.0	73.5	3.6	3.8	5.4	100
70-74	12.8	6.0	72.2	2.1	2.3	4.7	100
75-79	16.8	8.2	69.0	1.7	1.5	2.8	100
80+	26.9	6.8	60.7	1.7	1.5	2.4	100
<i>Gender</i>							
Male	7.1	3.7	74.1	4.4	4.5	6.2	100
Female	15.5	5.5	71.5	1.9	1.6	3.8	100
<i>Area</i>							
Urban	9.6	4.0	62.8	5.8	5.7	12.2	100
Rural	13.0	5.1	77.7	1.6	1.5	1.2	100

Source: 2011 Survey of Older Persons in Thailand

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

received an education beyond the secondary level. The current area of residence does not necessarily reflect where the older persons lived when they were school age but there is likely to be a reasonable correspondence. Thus the currently observed difference between educational levels with respect to area of residence is likely related to better access to schooling including even at the primary level in urban than rural areas at the time when current older persons were school age. Gender differences are also pronounced. Men received more formal education than women as indicated by the lower percent of men with no schooling and the higher percentage that progressed beyond the primary level.

The educational system in Thailand was only at a fairly initial phase of expansion at the time the current elderly generation, especially those in the oldest age groups, were school age. Moreover it has continued to be expanded right through to

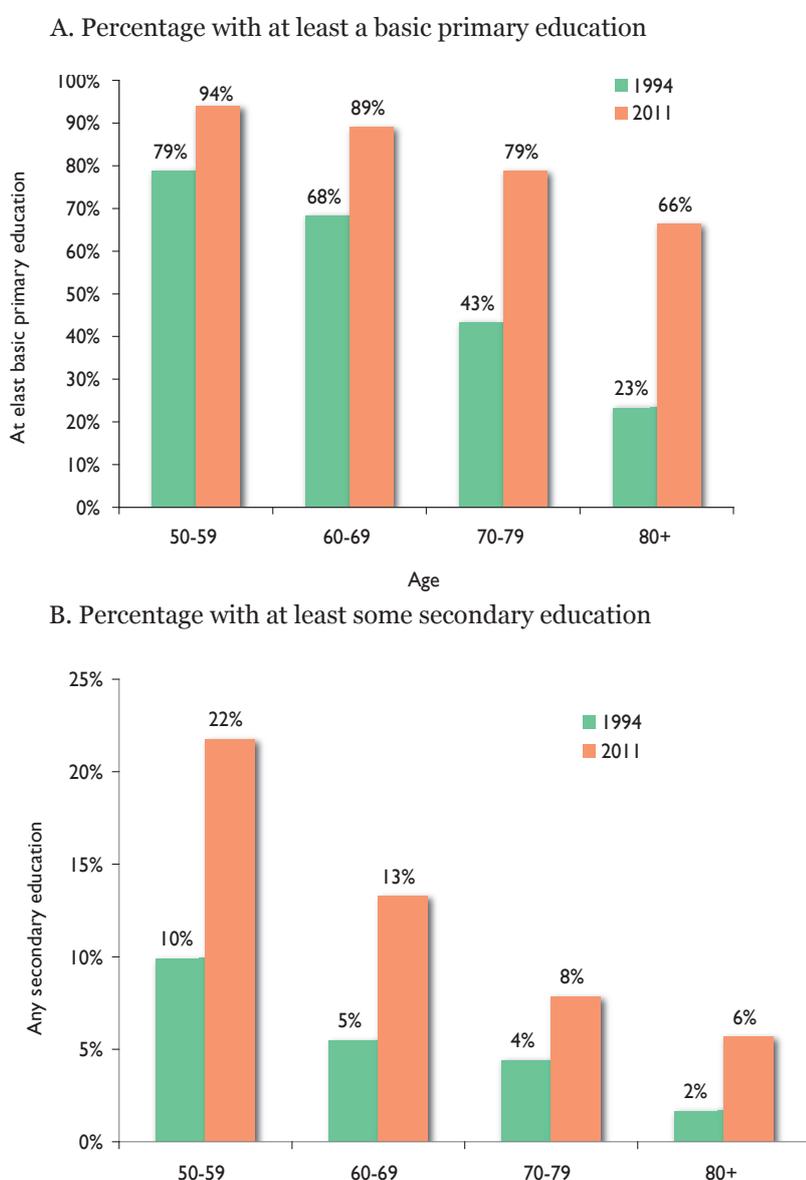
the present. Thus steady improvements in the level of education characterizing future generations of elderly are ensured. This will occur as persons who currently make up a particular age group are replaced by persons who are currently younger as time passes. Hence the level of education of any specific age group within the elderly age span will become progressively higher over time. Figure 2.5 clearly illustrates the association of higher levels of education with younger

age and compares the levels of education of fixed age groups among persons aged 50 and older according to the 1994 and 2011 Surveys of Older Persons in Thailand.

As panel A shows, the percent with at least a basic primary education in equivalent age groups in the two surveys are substantially higher in 2011 than in 1994. This is particularly pronounced among the older-age groups since they were school age when primary education was at

a crucial period of expansion. As panel B shows, the proportion who received at least some secondary education is also substantially higher in 2011 than 1994 for each equivalent age group. However, unlike the change evident in basic primary education, the difference is more pronounced among those in the younger age groups than those in the older ones. This reflects the fact that among the younger age groups primary education was already very common when they were school age but secondary education was at a critical stage of expansion.

**Figure 2.5** Educational attainment by age, 1994 and 2011



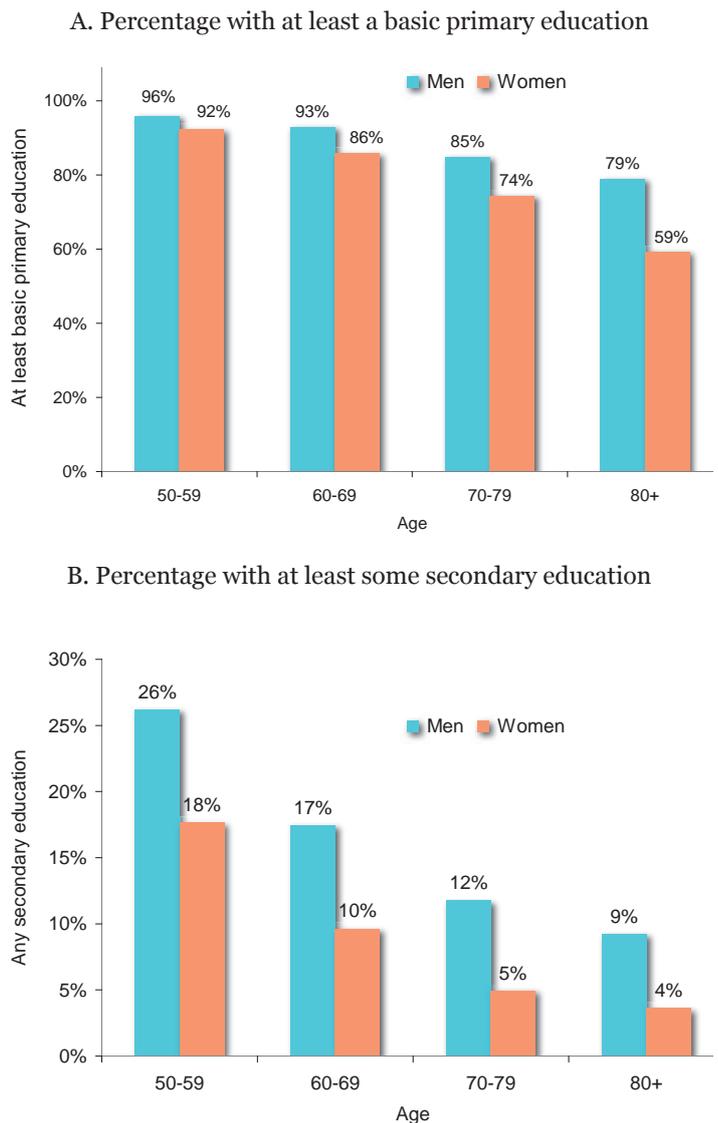
Sources: 1994 and 2011 Surveys of Older Persons in Thailand.  
 Note: Basic primary education refers to completing at least grade 4; any secondary education refers to at least starting the lower secondary level.

Figure 2.6 highlights gender differences among the various age groups in 2011 with respect to attaining at least a basic primary education of four years of schooling and of attaining at least some secondary education. Although women are less likely to have received a basic primary education regardless of age group, the difference is far more pronounced among the older-age groups than among those in their 50s (panel A). This reflects the fact that by the time those in their 50s were school age

primary education was almost universal in Thailand. The percentage who received at least some secondary education is higher for men than women regardless of age group although younger ages are associated with higher percentages for both (panel B). However, there is less closure in the gender difference associated with younger ages than in the case of primary education. This reflects the fact that secondary education was still at an intermediate stage of expansion at the time even when those in their 50s were school age.

Although it will take some time, the gender gap in education among older-age Thais will not only close but actually reverse. This will occur because in recent years, while progression to secondary education is close to universal among young adults, women are now substantially more likely to progress to the higher levels of education than are men (NESDB 2012).

**Figure 2.6** Educational attainment by gender and age, 2011



Source: 2011 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.



## Religious affiliation

Religion is clearly an important aspect of life for most older Thais. It has long been recognized that at least among the Buddhist majority with advancing age both men and women turn increasingly to religious activities (Cowgill 1968). More recent research confirms that “preparing the spirit” is still a very significant aspect of preparing for old age among Thais (Rattanamongkolgul, Sritanyarat and Manderson 2012). According to the 2011 Opinion Survey on Knowledge and Attitudes Regarding Elderly Persons conducted by the National Statistical Office, 80% of Thais aged 50-59 said they had at least thought about studying dharma and doing religious activities when they were older. Indeed, the concept of filial support is deeply rooted in the religious culture of Thailand (Engelmajert and Izuhara 2010).

Table 2.3 indicates that 95% of the older Thais profess Buddhism as their religion. Islam is the second-largest religion but only accounts for 3.5% of older persons overall with virtually all of the remainder being Christians. Although there are small communities of Indians who identify themselves as Hindus as well as older generation Chinese who consider themselves primarily as Confucians, virtually none were picked up in the survey.<sup>8</sup> Although Muslims constitute only a small percentage of the total population of older persons, they are a substantial minority in the south of Thailand and are particularly concentrated in southern most provinces (not shown in table). At the same time extremely few Muslims live in either the North or Northeast regions of the country. ■

**Table 2.3** Distribution of persons 60 and older by religion and region, 2011

	Buddhist	Muslim	Christian	Total
Total	94.8	3.5	1.7	100
Bangkok	94.4	3.6	2.1	100
Central excluding Bangkok	97.5	1.1	1.4	100
North	97.9	0.2	1.9	100
Northeast	98.3	0.1	1.6	100
South	75.8	22.2	1.9	100

Source: 2011 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.

<sup>8</sup> Out of the more than 34,000 respondents 60 and older, only 12 indicated their religion was other than the three shown in the table.



## CHAPTER 3: Living arrangements

# Chapter highlights

- Living arrangements of older persons are changing; coresidence with children has steadily declined over the last quarter-century while living alone or only with spouse has increased.
- Despite these changes, a majority of older persons (57%) live with a child and only 9% live in single person households; among persons with a living child, over two thirds (68%) either live with or adjacent to a child.
- Household size declined steadily from just over 5 in 1986 to 3.6 in 2011.
- Over two thirds of older persons live in multigenerational households although living in three or more generation households has decreased substantially from 47% in 1994 to 34% in 2011.
- Among older persons who live with a married child it is considerably more common to live with a married daughter than a married son.
- Persons who live alone or only with a spouse are modestly more likely than other older persons to report that their income is adequate and that they are satisfied financially, with the exception of those that have no living children.
- Among elderly who live alone and those living only with a spouse, approximately 30% have a child living next door and approximately half have a child living at least within the same locality.
- During recent years, increased migration has led to greater 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.
- Relatively few older persons are geographically isolated from all their children; only 19% of elderly parents have no child in the same village and only 11% have no child in the same province.
- About half of older persons live in households with at least one grandchild including 14% that live in 'skip generation' households (i.e. with grandchildren in the absence of their parents); skip generation households, especially those with young grandchildren, are declining.
- 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 in coresidence.

Despite expanding government and private sector mechanisms of support and care in Thailand, the traditional reliance on family in old age remains predominant as documented in subsequent chapters of this report. The social and economic intergenerational exchanges that constitute this informal system of support and services within the family are closely intertwined with living arrangements and the location of family members, especially adult children (Knodel et al. 2010). Thus documenting how living arrangements are changing and how older persons and their families are adapting to these changes is critical to understanding the well-being of older persons.

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. In addition, others at greater distances, especially adult children, can also play roles that significantly contribute to an elderly person's well-being (Knodel and Saengtienchai 1999; Knodel et al. 2010). At the same time, older parents often facilitate their children's ability to earn a livelihood by providing care to grandchildren including to those whose own parents may reside elsewhere. The present chapter explores living arrangements with particular attention to the location of children and grandchildren.

## Household composition

Coresidence with one or more adult children, typically in a stem family configuration, is a long standing tradition in Thailand and in the past has been viewed as an essential way for families to meet the needs of older dependent members. Extensive qualitative research documents that older Thais themselves often view

living arrangements that permit frequent access between the two generations as crucial to their own well-being (Knodel, Saengtienchai and Sittitrai 1995). In contrast, living alone is usually viewed as a disadvantage for several reasons. Not only is it likely to be associated with less frequent interpersonal interactions, and hence feelings of loneliness, but there is also a greater chance that urgent needs for assistance, such as created by an acute health crisis or accident, will go unnoticed longer than if others are present in the household. In some cases, living alone may even signify desertion by others. Although living only with a spouse also signifies the absence of adult children or other younger generation kin in the household, it is generally viewed as less problematic than living alone since a spouse can be a principal source of emotional and material support and personal care during illness or frailty. Coresidence can benefit both generations but the balance typically shifts over the life course until eventually parents reach ages in which their contributions are diminished and they become largely dependent on others for care and support.

Given the central role that residing with children has traditionally played in the context of family support in Thailand, trends in coresidence are of particular interest. As noted in the previous chapter, although the share of persons 60 or older that are childless is increasing, they still represent a small minority and thus limit coresidence only to a modest extent. Table 3.1 reveals a clear decline in coresidence with children during the last two and a half decades with the overall percent of persons 60 and above who live in the same household with a child falling from 77% in 1986 to only 56.5% by 2011. All of the surveys indicate higher levels of urban coresidence than rural, but declines are evident among both urban and rural older persons. Also

**Table 3.1** Selected measures of living arrangements of persons 60 and older, 1986 to 2011

	Household size (mean)	% coresident with a child	% live alone	% live only with spouse	% live alone or with spouse only
<i>All elderly</i>					
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
<i>Urban elderly</i>					
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
<i>Rural elderly</i>					
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

Sources: 1986 Survey of Socio-economic Consequences of Ageing of the Population in Thailand; 1994, 2002, 2007 and 2011 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.

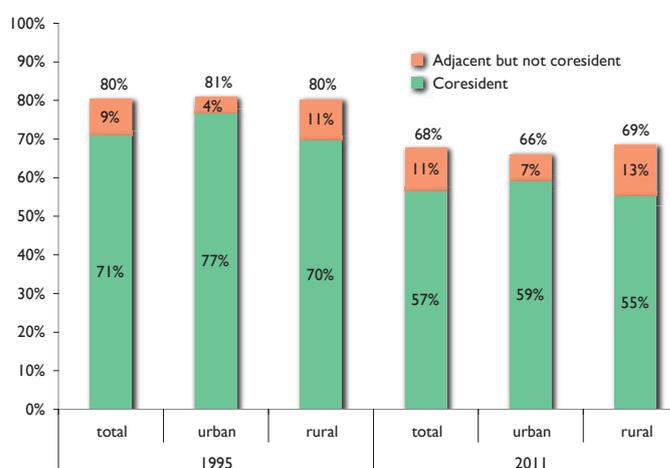
of interest is the proportion of older people that live independently of others, either alone or with only a spouse. Both the percent of persons aged 60 and above who live alone and, even more so, the percent that live only with a spouse increased steadily during the past two and a half decades. Together, these measures indicate that by 2011 over one fourth of Thais over 60 live independently, up from only 11% in just 25 years.

Previous studies have found that situations in which elderly parents and their children live very close to each other but in separate dwellings, an arrangement that can meet many of the same needs as coresidence, are not unusual in Thailand (Cowgill, 1972; Knodel and Saengtienchai 1999). Figure 3.1 indicates the percent

of persons in 1995 and 2011 that lived either with or adjacent to a child. The latter situation is more common in rural than urban areas. This difference undoubtedly reflects the greater availability of land in rural than urban areas to build separate housing for adult children nearby the parental home. Thus when this broader measure of living arrangements in relation to children is used, the urban-rural difference disappears or even slightly reverses. At the same time, as with coresidence, the percent that coreside or live adjacent to a child declines considerably between the two surveys regardless of area of residence. Nevertheless, even by 2011, at least two thirds of both rural and urban Thais still reside with or next to a child.

Older persons who live alone or live only with a spouse are often portrayed in the Thai mass media as being in particularly unfavorable circumstances compared to other elderly. The percentage of those living alone sometime seven serves as a basis for estimates of elderly who need assistance from government agencies. Thus the increasing percentages of older persons in these

**Figure 3.1** Percentage of persons 60 and older that coreside with or live adjacent to at least one child, 1995 and 2011



Sources: 1995 Survey of Welfare of the Elderly in Thailand; 2011 Survey of Older Persons in Thailand

Note: In 2011, living adjacent includes living very nearby.

situations are potentially of concern. Table 3.2 examines whether these elderly are worse off than others. Two indicators of the economic situation as self-assessed by respondents are shown. The first is the percentage that report their income is adequate, and the second the percentage that are satisfied with their financial situation. To indicate how a particular group compares to the overall population, a ratio is provided that compares the percentages with adequate income or financial satisfaction within each category with the percentages for all older persons. A ratio of above one indicates that those in the specific living arrangement category are more likely to report adequate income or financial satisfaction than older persons in general while ratios below one indicate the opposite.

In the case of both self-assessed measures of economic well-being, the ratios indicate that

persons who live alone or with only a spouse are more likely to report adequate income and financial satisfaction than older persons overall. Nevertheless the subcategory of persons with no children among both those that live alone and those that live only with a spouse are distinctly less likely to indicate that they have adequate income or are satisfied with their financial situation. Thus this group appears to fare considerably worse in terms of their economic situation and may merit special attention in government programs to improve the material well-being of older age Thais. Interestingly among those that have children, whether a child lives next door to them or not has little association with these measures of self-assessed economic well-being.

The trend in declining coresidence with children is resulting in a considerable shift in the generational composition of households of

**Table 3.2** Percentage that indicate their income is adequate and are satisfied with their financial situation, by living arrangements among persons who live alone or only with a spouse, 2011

	Has adequate income		Is satisfied with financial situation	
	Percent	Ratio to average of all older persons	Mean	Ratio to average of all older persons
All persons 60 and older	61.3	1.00	76.8	1.00
<i>Persons living alone</i>				
total	62.3	1.02	77.2	1.00
has child living next door	64.4	1.05	79.7	1.04
has children but none adjacent	63.2	1.03	77.5	1.01
has no children	55.6	0.91	70.9	0.92
<i>Persons living with spouse only</i>				
total	65.5	1.07	79.7	1.04
has child living next door	65.2	1.06	80.4	1.05
has children but none adjacent	66.3	1.08	80.1	1.04
has no children	57.0	0.93	71.0	0.92

Source: 2011 Survey of Older Persons in Thailand

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

older persons. As Figure 3.2 shows, the percent of persons in one generation households has increased considerably between 1994 and 2011 while the percent in three or more generation households has decreased considerably. These trends are similar in both urban and rural areas. 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.

A summary of current household composition of older persons according to age, gender, and area of residence is provided in Table 3.3. The top panel refers to all persons aged 60 and over. Since the traditional norm in Thai society is to eventually live with one married child in a stem family configuration, the percentage living

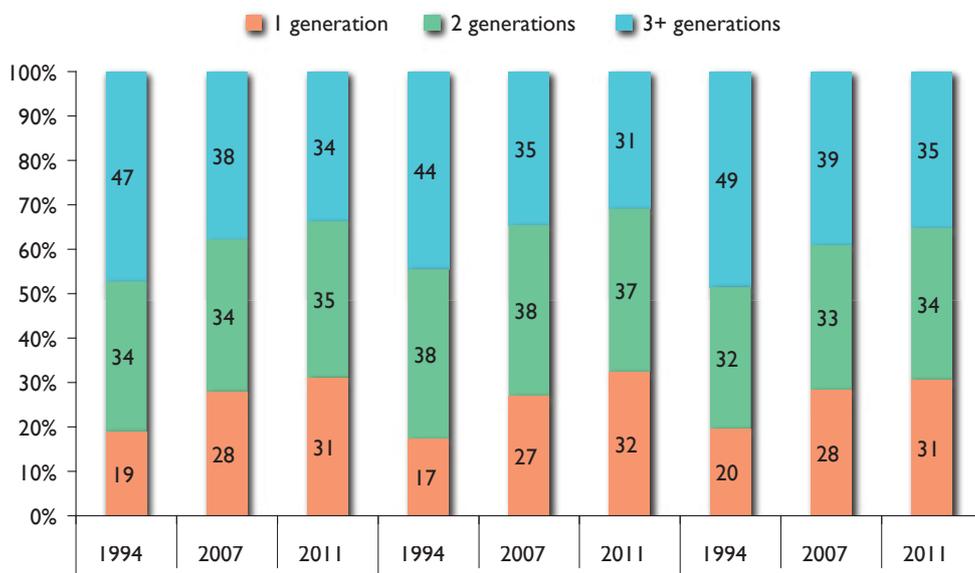
with at least one ever married child or child in law is shown separately. More than half of elderly live with at least one married child or child in law and this is higher among persons 70 or older than those in their 60s. Persons aged 70 and older are also somewhat more likely to live alone but somewhat less likely to live only with a spouse than those who are in their 60s. This undoubtedly reflects the greater chance of the older elderly being widowed compared to younger elderly. Older elderly are also more likely to live with a married child 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. Those 70 and older are also more likely to coreside with a child or to either live with or next to a child.

Several differences are also apparent in the living arrangements of older men and women. Women

are more likely to live alone and less likely to live only with a spouse than are men, reflecting the higher levels of widowhood among women. Women are slightly more likely than men to live with married children or children in law. There is virtually no difference between urban and rural elderly in the percent that live alone and only slightly more rural than urban elderly live only with a spouse.

The bottom panel of Table 3.3 indicates the percent of persons aged 60 and over who live

**Figure 3.2** Percent distributions of generational composition of households of persons 60 and older, 1994, 2007 and 2011



Source: 2011 Survey 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.

with different types of children among those who have living children. Given that most children of older persons are already adults, the percent of elderly Thais who live with a child of at least 18 years of age is only slightly lower than the percent that live with any child. Coresidence with at least one married child is more common than with at least one child who was still single although the difference is less pronounced among younger than older elderly. Overall, coresidence with single children differs with respect to the gender of the child as indicated by the ratio of the percent that live with single daughters to the percent that live with single sons. Overall older persons are more likely to live with single sons than single daughters likely reflecting the later

age that sons compared to daughters marry and leave the household. However, the imbalance between coresident single daughters and single sons is limited to rural elderly. In contrast, there is a substantially greater likelihood of living with a married daughter than a married son. This reflects a well-known matrilineal tendency among ethnic Thais, especially those in the Northeast and Upper North (Knodel, Chayovan and Siriboon 1992). This tendency, however, is far weaker in urban than rural areas, undoubtedly reflecting the far greater proportions of the urban population that is of Chinese or mixed Thai-Chinese ethnicity and their typical preference for residing with a married son.

**Table 3.3** Select measures of household composition of persons 60 and older by age, gender and area of residence, 2011

	Total	Age		Gender		Area	
		60-69	70+	Men	Women	Urban	Rural
<i>Among all persons 60 and older</i>							
% distribution of with whom they live							
Alone	8.6	7.6	10.0	6.3	10.4	8.5	8.6
Spouse only	17.1	18.5	15.3	22.5	12.9	15.4	18.0
With at least one child	56.5	53.3	60.9	54.5	58.1	59.2	55.2
Other arrangement	17.8	20.7	13.8	16.7	18.6	16.9	18.2
Total percent	100	100	100	100	100	100	100
% with child or child in law	57.1	53.9	61.5	55.0	58.7	59.7	55.7
% living with or next to a child	67.7	63.0	74.0	65.8	69.1	66.0	68.5
<i>Among persons 60 and older who have children</i>							
% living with							
any child	59.8	57.0	63.5	56.6	62.3	65.1	57.2
any child age 18+	58.6	55.4	63.0	54.8	61.8	63.9	56.1
any single child	25.2	27.7	21.9	27.5	23.3	34.5	20.7
any single son	16.0	18.8	12.1	18.0	14.3	19.4	14.3
any single daughter	12.3	12.5	11.9	13.3	11.4	20.5	8.3
any married child	40.5	35.2	47.5	34.9	45.0	38.1	41.6
any married son	15.8	14.5	17.5	14.3	17.0	16.2	15.6
any married daughter	26.7	22.7	32.0	22.3	30.2	23.8	28.0
Ratio living with							
single daughter/single son	0.77	0.66	0.98	0.74	0.80	1.05	0.58
married daughter/ married son	1.69	1.56	1.83	1.55	1.78	1.47	1.80

Source: 2011 Survey of Older Persons in Thailand

## Location of children

Living independently does not necessarily mean geographical isolation from children (or other relatives) that may live nearby. Results from the 2011 survey presented in Table 3.4 show that roughly 30% of both elders who live alone and those who live only with a spouse have a child living next door and about half have a child living locally, either next door or elsewhere in the same village or municipality. Of course in some cases independent living among the elderly is

the result of being childless, especially for those who live alone among whom 16% have no living children. Taken together, 38% of those who live alone have no child within the same province either due to being childless or separation by substantial geographical distance. The equivalent proportion of married elders living only with a spouse who have no children living in their province is less but still is close to one third.

Figure 3.3 examines the current situation with respect to where the nearest child lives for all

older persons who have at least one living child. Only slightly over 10% have no child in the same province in which they live and just over four fifths have a child at least within the same village. Thus among older-age parents, only a relatively modest proportion are geographically separated by substantial distances from all of their children with only 11% having no child at least within their province and almost none having all their children living outside the country.

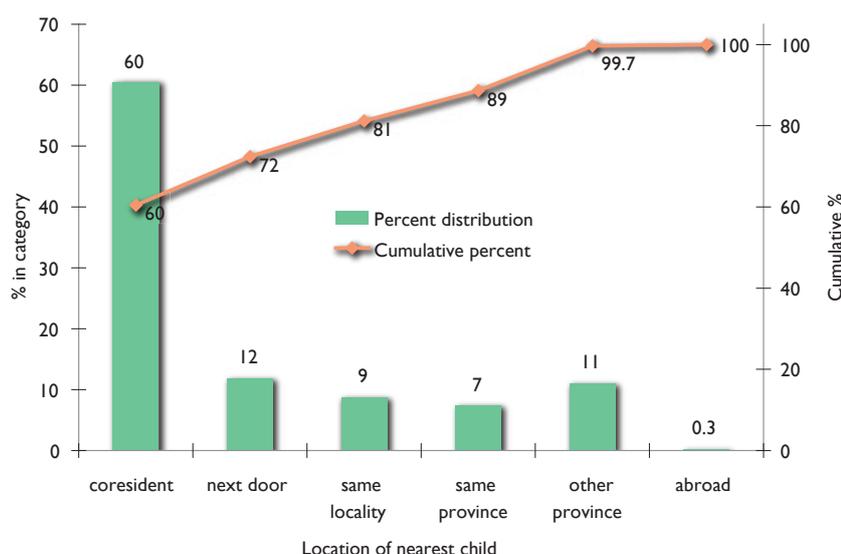
In Thailand, rural to urban migration has been extensive for decades as evidenced by the steady urbanization that has taken place (UN 2012a). Results from national surveys of older persons in 1995, 2007 and 2011 presented in Figure 3.4 reveal not only that migration of their adult children is extensive but also that it has increased substantially in recent years. Overall the percent of

**Table 3.4** Persons 60 and older who live alone or only with a spouse by location of nearest child, 2011

Location of nearest child	lives alone		lives with spouse only	
	% distribution	cumulative %	% distribution	cumulative %
next door	31.4	31.4	28.5	28.5
same village or municipality	16.5	48.0	22.1	50.7
same province	14.5	62.4	18.5	69.1
outside province	21.3	83.8	25.7	94.8
has no children	16.2	100.0	5.2	100.0
Total	100	--	100	--

Source: 2011 Survey of Older Persons in Thailand

**Figure 3.3** Percent distribution of persons 60 and older who have children according to the location of their nearest child, 2011.



Source: 2011 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.

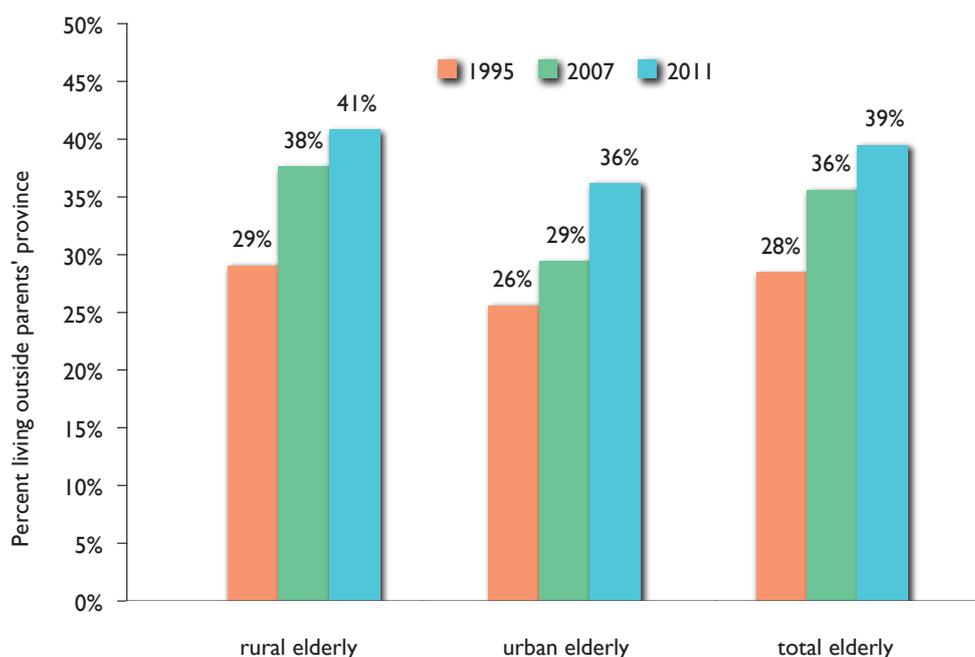
children of persons aged 60 and older that lived outside their parents' province rose from 28% to 39% over slightly more than a decade and a half prior to 2011. Moreover, the percentage outside the parents' province is greater for children of rural older people compared to urban elderly in all three surveys. In addition, the increase in migration over the period covered is more pronounced among children of rural older people compared to urban elderly. These urban-rural differences likely reflect the better employment opportunities available in urban areas and thus the greater need for rural compared to urban young adults to migrate to take advantage of them.

## Presence of grandchildren

Older-age Thais often contribute to their adult children's well-being by providing a number of useful services including helping with household chores, minding the house, and preparing meals as documented in chapter 5 of this

report. In addition, as grandparents, they often assist with the care of their grandchildren from both coresident and non-coresident children. This frees the grandchildren's parents to engage in economic activity outside the home. In the case of caring for grandchildren from migrant children, the grandparents may take virtually full responsibility for their upbringing during their formative years. One potential outcome of this phenomenon is the creation of what is often labeled "skip generation" households referring to the fact that in some cases grandparents live together with dependent grandchildren but in the absence of any of their adult children. In some such cases the grandchild's parents may have died but by far the main cause leading to skip generation households is the migration of adult children, typically to find employment. Moreover, as documented above, migration of children of the elderly has increased substantially in recent years, especially among the children of older persons in rural areas.

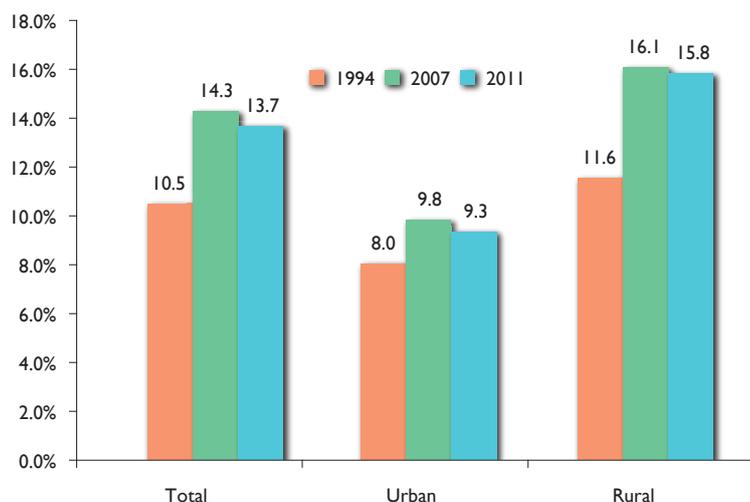
**Figure 3.4** Percentage of children of persons 60 and older that live outside their parents' province, 1995, 2007 and 2011



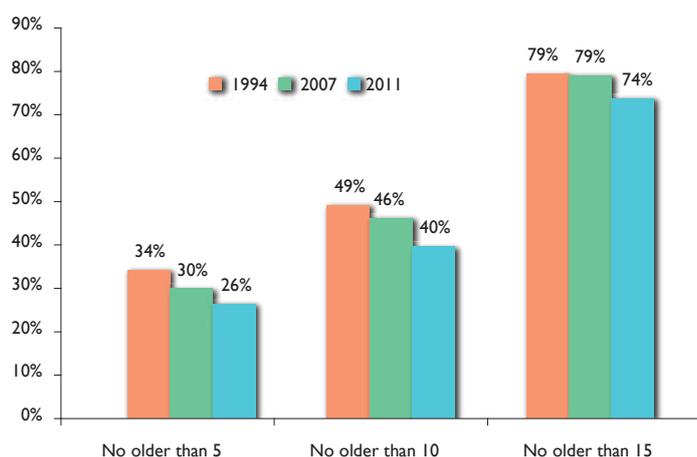
Sources: 1995 Survey of Welfare of Elderly in Thailand; 2007 and 2011 Surveys of Older Persons in Thailand

**Figure 3.5** Skip generation households among persons 60 and older, 1994, 2007 and 2011.

A. Percentage that live in skip generation households



B. Percentage of skip generation households with a grandchild no older than selected ages



Sources: 1994, 2007 and 2011 Surveys of Older Persons in Thailand  
 Note: Skip generation households are defined as those with one or more grandchildren but no married child or child in law.

There is no standard measure of skip generation households. For the purpose of this report, we define skip generation households as those which have one or more grandchild but no married child or child-in-law in the household.<sup>9</sup> As panel A of Figure 3.5 indicates the proportion of older persons who live in a skip generation household increased substantially between 1994 and 2007 but decreased slightly between

2007 and 2011. For all three years, skip generation households were more common in rural than urban areas. It is likely that several countervailing forces affect these trends. Increasing migration of adult children can lead to increased dependence on grandparents to care for grandchildren left behind. However, persons who have been entering the older-age span over time in Thailand have had fewer children (see previous chapter) and these children are progressing having fewer children themselves. These two trends over time mean there are fewer grandchildren for older persons to care for whether or not the parent is present. It appears that these latter two trends more than counteracted the increased trend towards migration between 2007 and 2011 with respect to creating skip generation households for the older-age parents of migrant children.

The implication for an older person of having a grandchild in the household 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 in household chores or, if they are old enough to work, even help financially to support the household. As panel B of Figure 3.5 shows, unlike the trend in the prevalence of skip generation households overall, the percentage of skip generation households with young

<sup>9</sup> In some of these households there will be single children of the older person but it is highly unlikely that any child that is still single would be a parent of the grandchildren. At the same time, situations in which a married child is present but grandchildren from a non-co-resident child are also present will not be included.

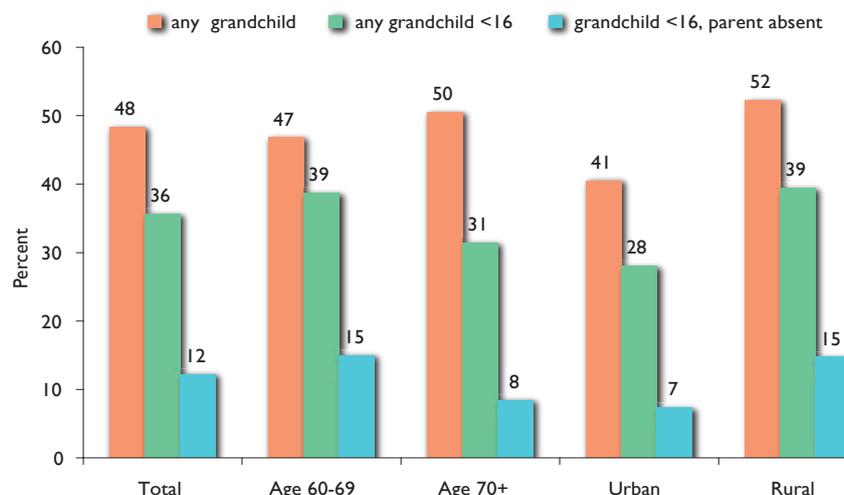
grandchildren declines across all three surveys. The declines are particularly pronounced with respect to the skip generation households with a child either no older than five or no older than 10. This likely reflects the declining fertility of the adult children who migrated over the course of the period between the surveys. Skip generation households with children no older than 15 decline more modestly. Nevertheless, overall skip generation households increased between 1994 and 2007 as seen in the panel A. This likely reflects that some of the grandchildren that were earlier left with the grandparents remained for sustained periods of time in the grandparents' household becoming older as time went by. At the same time fewer very young grandchildren were being left behind by their parents resulting in considerable declines in the percentages of skip generations households with grandchildren of quite young age.

Skip generation households represent only a modest share of all households of older persons with coresident grandchildren. As Figure 3.6 reveals, overall almost half of persons aged 60 and older have at least one grandchild living in

their household and over a third have at least one minor age coresident grandchild (i.e. under age 16). There is little difference between persons in their 60s and those 70 and older in these respects but grandchildren, including minor age grandchildren, are noticeably more common in the household of older persons in rural than in urban areas.

The presence of a minor age grandchild whose parents are absent in households of older persons is considerably less common. Overall only 12% of older persons have a minor age child without a parent living with them.<sup>10</sup> This situation is more common among older persons in their 60s than those 70 and older, reflecting the fact that grandchildren that live with persons of more advanced ages tend to be older themselves. Also the presence of such grandchildren is more than twice as common among rural than urban elderly. This likely reflects the higher levels of migration of rural than urban adult children seeking employment elsewhere, particularly to more urbanized settings where better employment opportunities are available.

**Figure 3.6** Percentage of persons 60 and older with coresident grandchildren, 2011



Source: 2011 Survey of Older Persons in Thailand  
 Note: Because of ambiguity in the survey questionnaire a small number of cases with an absent parent may be undetected.

<sup>10</sup>This percentage includes not only skip generation households as defined in Figure 3.5 with minor age grandchildren but also some cases in which a married child or child in law that is not the grandchild's parent is also present.

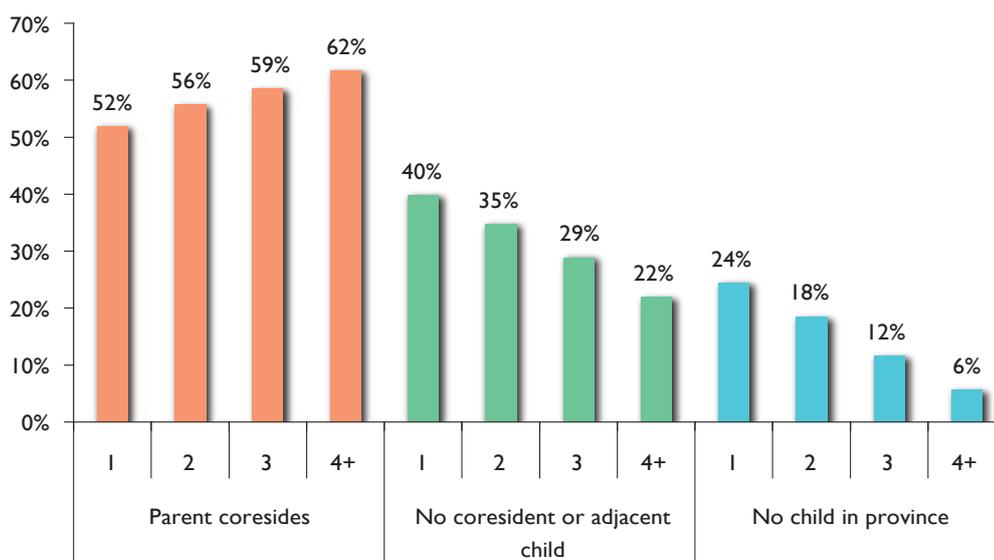
## Family size and living arrangements

One important influence on future living arrangements will be the progressively smaller family sizes that will characterize the next generation of elderly (see chapter 2). Figure 3.7 shows a clear association between the number of adult children of the current older-age population and several measures of the location of their nearest adult child. The left most panel shows that the percentage of older-age parents of adult children that coreside with an adult child increases with the number of their adult children. Older persons with only one adult child are clearly the least likely, and those with four or more adult children the most likely to live with an adult child. In contrast, the middle panel shows that the percentage of parents that neither coreside nor live next to an adult child declines steadily with the number of adult children they have. Likewise persons with greater numbers of adult

children are less likely to be without any adult child within the same province.

Figure 3.8 examines the situation from the perspective of adult children and indicates the association between the chance that an individual adult child will coreside or migrate (as implied by living outside their parents' province). The left panel shows that the chance that an individual adult child will coreside declines sharply with the number of adult children that the parents have (i.e. the total sibship size of their children). While just over half of adult children from one child families live with their parents, this declines to only 16% among those from families with four or more adult children. In contrast, the right panel shows that the probability that a child will migrate and live outside their parents' province increases with the number of adult children in the family.

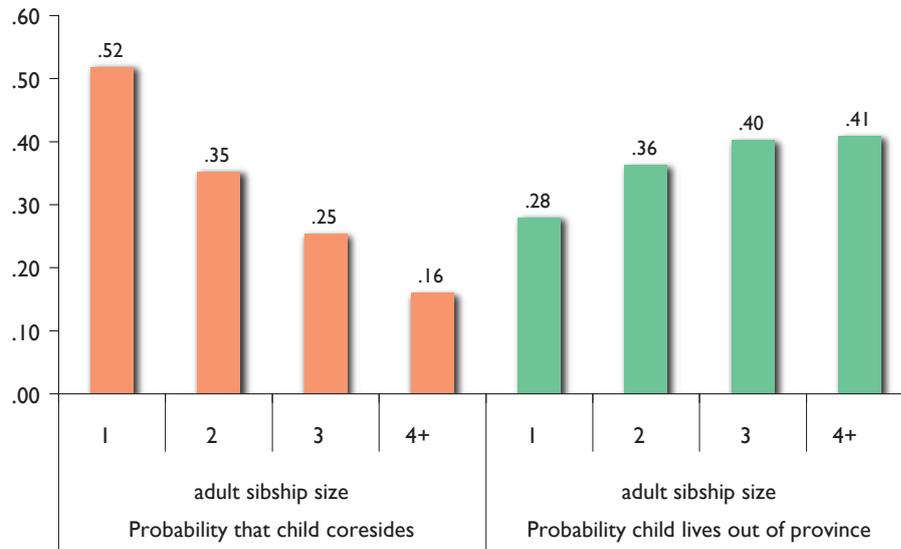
**Figure 3.7** Percentage that coreside with an adult child, neither coreside nor live adjacent to an adult child, and have no adult child in the same province, by number of adult children, among parents 60 and older of adult children, 2011



Source: 2011 Survey of Older Persons in Thailand

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

**Figure 3.8** Probability that an adult child will coreside with a parent and that an adult child will live in another province, by total number of adult children (sibship size) of parents 60 and older, 2011



Source: 2011 Survey of Older Persons in Thailand

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

The fact that children who are the only child or who have only one sibling are more likely to remain in the household of the parent and less likely to migrate suggests that the implications of migration for parents' living arrangements are likely taken into consideration when children decide whether or not to move away. Quite

possibly the fact that the departure of an only child would result in the parents having no child nearby leads parents to discourage migration or acts as a deterrent to the child from moving out of the household or moving far away due to concern about the parents. ■







## CHAPTER 4:

Sources of support and material well-being

# Chapter highlights

- The percentage of older persons that currently work declines rapidly with age from almost 60% among persons in their early 60s to only about a fourth of those in their early 70s; at all ages men are more likely to work than women.
- The proportion of older persons that worked in the prior 12 months is higher according to the 2011 Survey of Older Persons than previous surveys.
- Over 80% of older persons received the government old age allowance in 2011 compared to less than 25% in 2007 reflecting the government's expansion of the program in 2009 to cover virtually all persons 60 and older.
- Although almost 80% of older persons received at least some income from their children, the proportion for whom children are their main source of income declined from 52% in 2007 to 40% in 2011; at the same time those reporting the old age allowance as their main income source rose from 3% to 11%.
- Despite the reduced percentage reporting children as their main income source, the percentage reporting any income from children declined little and as the next chapter indicates, the percentage reporting significant amounts from children increased slightly.
- The annual reported income of older people improved somewhat between 2007 and 2011.
- Women report lower incomes than men but this is limited mainly to those who are married and hence who likely benefit from their spouses higher income; self-assessed economic situations differ little by gender.
- Elderly in rural areas report considerably lower incomes and view their economic situations less favorably than those in urban areas.
- Overall self-assessed economic situations of older persons improved modestly between 2007 and 2011; over 60% of older people in 2011 believe their income is adequate and over 75% say that they are satisfied with their financial status.
- 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.
- Housing quality and the presence of appliances and motor vehicles as possessions in households in which older people live continue to steadily increase; by 2011 virtually every household had a television, over 90% had a refrigerator and over 80% had some type of motor vehicle.
- Particularly striking is the rapid increase in the percentage of elderly who live in households with a telephone greatly facilitating communication with adult children who live elsewhere as well as calling for help if urgently needed.

Among the most pressing issues related to population ageing is concern that the available sources of support are sufficient to ensure material well-being for those in their elderly years. Poverty reduction and income security, together with access to health care, are the top issues confronting national governments in developing countries in relation to population ageing (UNFPA and HelpAge 2012). Concerns about material well-being are also prominent in the 2002 Madrid International Plan of Action on Ageing (UN 2002). Traditionally in Thailand the well-being of older persons including their material support has been largely the responsibility of the family and particularly of the adult children of older persons. At the same time, as described in chapter 1, formal mechanisms of financial support have been expanding, including the establishment of a social security system and the very recent implementation of a modest but virtually universal social pension for persons over age 60. Assessing the current material well-being of older persons provides crucial information for judging how adequately the familial system of support, combined with modest formal support, is fulfilling their material needs.

In this chapter we examine a range of sources of support for older persons including their own economic activity and provide several indicators of their level of material well-being with some attention to how this has been changing during recent decades. To assess the material well-being of older persons we examine income, self-assessed economic situation, quality of housing, and the presence of various household possessions. As discussed below, each of these dimensions has limitations that require care when interpreting results.

## Economic activity

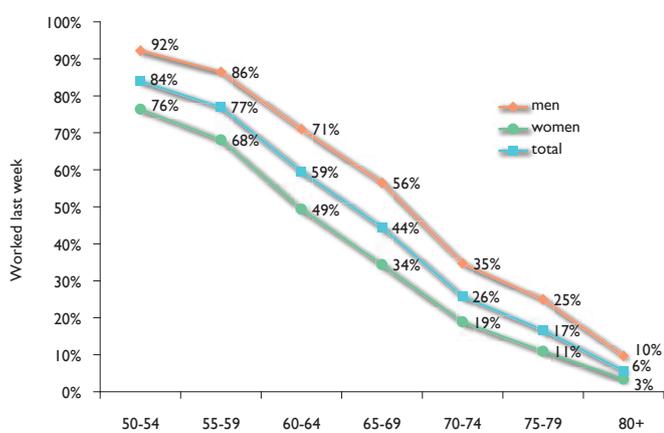
The official retirement age in Thailand for government employees and workers in state enterprises is 60 although in some cases arrangements for extensions can be made for civil servants, especially those in more senior positions. Employees of some private sector firms are also subject to a compulsory retirement age. For the majority of the population who are engaged in agriculture or the informal sector of the economy, there is no compulsory retirement and even some discrete point at which retirement occurs is far more ambiguous (Cowgill 1968). Even among those in formal employment who must leave their job at some specific age, retirement does not necessarily equate with cessation of economic activity. Rather some find alternative work in either the formal or informal sector that has no compulsory retirement age. Still, for a variety of reasons including changes in physical strength and health, most Thais disengage from economic activities as they progress to older ages.

According to the 2011 Survey of Older Persons, 38% of all respondents aged 60 or older reported that they worked during the previous week (50% of men and 29% of women).<sup>11</sup> As Figure 4.1 which shows percentage that worked among persons 50 and older indicates, this overall level obscures major differences by age. Two clear patterns are evident. First, the percent who worked during the previous week declines steadily with age for both men and women. Overall, just over half of people aged 60-64 were still working compared to less than one fourth of those 70-74 and only 6% of those aged 80 and older. Second, at all ages within the older-age

<sup>11</sup> In NSO surveys, work refers to employment, work for pay or profit, and work as an unpaid family worker but excludes domestic chores within the household. Since some types of work are seasonal, estimates of economic activity during the previous week will exclude some persons who work at other times of the year but are inactive at the time of the survey.

span, men are more likely than women to have worked during the past week with the relative difference pronounced for each age group. Thus among those 60-64, just over 70% of men but slightly less than half of women worked during the prior week. By age 80 and over, although only 10% of men were still working this is still more than three times the 3% of women that were still economically active.

**Figure 4.1** Percentage that worked in previous week by age and gender, 2011



Source: 2011 Survey of Older Persons in Thailand

Comparisons of the percent that worked during the past week with results from previous surveys of older persons is difficult because the surveys took place at different times during the year and thus will be affected by the seasonality of some types of work, especially in the agricultural sector. However, information on the percent that worked during the past 12 months is available in the 1994, 2002 and 2011 surveys of older persons and should not be sensitive to seasonality. Results are summarized in Table 4.1 and indicate that little change occurred between 1994

and 2002 but that distinctively higher percentages of older persons reported having worked in the previous 12 months in 2011. Moreover this is true irrespective of age group, gender, and place of residence.

Interpretation of these results requires caution in part because of differences in the questionnaire structures between the surveys and lack of confirmation from National Labor Force Surveys.<sup>12</sup> If in fact the results are valid, it could reflect efforts being made in line with the strategy incorporated in the 2<sup>nd</sup> National Plan for Older Persons to promote productive ageing including remaining economically active.

Regardless of whether the increased percent working in the past year in 2011 is genuine, in all three surveys the percentage of rural elderly who reported working in the past 12 months is substantially higher than among urban elderly. This likely reflects a greater tendency among persons who work in agriculture compared to those working in other sectors to reduce working in stages rather than to switch from full activity to no activity all at once. The fact that many persons working in agriculture are self-employed and not subject to any externally imposed retirement ages permits them to continue working at reduced rates before ceasing work altogether. Among persons 60 and older that worked during the past 12 months in 2011, two thirds (67%) were engaged in agriculture (not shown in table), a level that is far higher than among the younger working population.<sup>13</sup>

<sup>12</sup> In both the 1994 and 2002 surveys the question directly asked whether or not the person worked during the previous 12 months. In 2011 the question asked what type of work the person did during the previous 12 months with 'did not work' coded as a separate category. Labor Force Surveys which are taken three times every year do not indicate a substantial increase in labor force participation rates among persons 60 and older during this period. Labor force participation 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 percentage that worked in the previous 12 months. Still the lack of at least rough agreement in the trends raises questions about the validity of the increase between 2002 and 2011 in the percent that reported working in the past 12 months.

<sup>13</sup> The category of agriculture includes fishing.

**Table 4.1** Percentage that worked in past 12 months among persons 60 and older, 1994, 2007 and 2011

	1994	2002	2011
All persons 60 and older	39%	38%	43%
<i>Age</i>			
60-64	58%	59%	66%
65-69	44%	40%	50%
70-74	20%	23%	29%
75-79	11%	14%	18%
80+	5%	5%	6%
<i>Gender</i>			
men	50%	49%	54%
women	29%	28%	33%
<i>Residence</i>			
urban	27%	28%	33%
rural	43%	42%	47%

Source: 2011 Survey of Older Persons in Thailand

Although not shown in the table, it is interesting to note that the percentage who worked during the past year is higher among the approximately one fourth of older persons that participated in elderly clubs than among those who did not. Moreover the difference is particularly pronounced among men and among persons in the most advanced ages. For example, among men 80 and older, 18% reported working during the past year if they had participated in an elderly club compared to only 8% who did not participate. It is possible that elderly club activities include activities that provide opportunities for work and thus lead to increased economic activity among participants. The survey does not contain information, however, to determining if this is actually the case. The survey does show that those who are active in elderly clubs are also physically more fit than those who were not and thus more able to work. Still, regardless of whether respondents rate their health as good,

fair or poor, the percent who report working in the last year is higher among those who participate in an elderly club than those who do not.

## Sources of support

Although important, work is but one of a number of possible sources of income for older-age Thais. Table 4.2 indicates the percentage of persons 60 and older who received any income regardless of the amount during the prior 12 months from a variety of potential sources according to the 1994, 2002, 2007 and 2011 Surveys of Older Persons. It is interesting to note that the percentage reporting income from work during the past 12 months in 2011 is distinctly higher than in any of the three previous surveys. This adds some credence to the higher percentage in the 2011 survey that reported that they worked in the past year compared to the earlier surveys. Clearly the most striking change, however, is the enormous increase in the percent of older persons who reported income from the Old Age Allowance program. As described in more detail in chapter 1, between the 2007 and 2011 surveys in 2009 the government turned the Old Age Allowance program into one that provided a virtually universal social pension decreeing that anyone aged 60 and above who did not receive another formal source of old-age support was entitled to receive it.

Prior to the 2009 expansion of the Old Age Allowance program, the most common source of income for older persons was their children.



**Table 4.2** Sources of current income among persons 60 and older, 1994, 2007 and 2011

Percent receiving any income from the following sources	1994	2002	2007	2011
work	38.0	37.7	37.8	42.7
pension <sup>(a)</sup>	4.1	4.3	5.4	7.5
old age allowance	0.5	3.0	24.4	81.4
interest/savings/rent	17.1	18.0	31.7	35.7
spouse	21.4	17.4	23.3	21.4
children	84.5	77.2	82.7	78.5
relatives <sup>(b)</sup>	11.4	6.9	11.0	8.9
other	8.8	2.6	1.5	2.5

Sources: 1994, 2002, 2007 and 2011 Surveys of Older Persons in Thailand

<sup>(a)</sup> 2007 and 2011 includes lump sum payments on retirement

<sup>(b)</sup> For 1994 and 2002 relatives combines categories siblings and other relatives; for 2007 and 2011 relatives combines categories parents, siblings and other

reported income source. Although somewhat higher in 2011 than indicated in the previous surveys, it nevertheless only slightly exceeds 40%. The results, however, likely understate the extent that work is a source of income for older persons since responses presumably refer only to the respondent's own work. If income from spouses' work were also taken into account, economic activity as a source of income would be somewhat more common.

Income from interest, savings or rent increases across the four surveys and by 2011 is reported by over a third of respondents. The

**Table 4.3.** Sources of income during the previous 12 months among persons 60 and older by age, gender and area of residence, 2011

% receiving any income from the following sources	Age		Gender		Type of area	
	60-69	70+	Men	Women	Urban	Rural
work	59.0	20.3	54.5	33.4	33.2	47.5
pension <sup>(a)</sup>	7.9	7.1	9.9	5.7	14.7	3.9
old age allowance	76.9	87.7	78.3	83.9	70.5	86.9
interest/savings/rent	37.6	33.2	37.6	34.3	41.8	32.7
spouse	28.1	12.1	24.3	19.1	19.3	22.4
children	73.8	85.1	75.7	80.8	71.4	82.2
relatives <sup>(b)</sup>	7.3	11.0	6.7	10.6	9.0	8.8
other	2.4	2.6	2.3	2.6	2.5	2.4

Source: 2011 Survey of Older Persons in Thailand

<sup>(a)</sup> Includes lump sum payments on retirement,

<sup>(b)</sup> Relatives include parents, siblings and other relatives.

increase likely reflects the growth and changing nature of the Thai economy both of which likely enable more people to save money or make financial investments. The percentage reporting pension income also shows a steady increase although it remains quite low at just below 8% in 2011. Income from relatives is also relatively uncommon.

In all four surveys close to or above 80% of respondents reported income from children during the past year. In 2011 the percentage that reported at least some income from children is just slightly less than the percent that reported receiving a government old age allowance. In all surveys, work is a relatively common

As Table 4.3 shows, the percent of older persons reporting particular sources of income in 2011 varies with age, gender and area of residence. Consistent with the decline in economic activity with age discussed above, persons aged 70 and over are far less likely to report work as a

source of income than those in their 60s. The decline in economic activity with age, together with increased in widowhood, likely account for the lower percentages of persons 70 and above reporting their spouse as a source of income compared to those in their 60s. Older elderly are also more likely than younger elderly to report the government old age allowance and children as sources of income but the differences are modest. Even among those in their 60s almost three fourths report income from children and an even slightly higher percentage report receiving the old age allowance.

Far more men than women report their own work as a source of income, a pattern consistent with the higher levels of economic activity among older men than women. Women are modestly more likely than men to report children and relatives as sources of income as well as the government old age allowance. The fact that men are modestly more likely than women to report a spouse as a source of income is the product of two countervailing influences. On one hand, men are far less likely to be widowed than women and thus much more likely to have a spouse available as a possible source. At the same time, among currently married elderly, women are considerably more likely than men to report a spouse as a source of income (38% vs. 29%, not shown in table), presumably largely because of the higher level of economic activity among men.

Rural elderly are considerably more likely to report work as a source of income. This reflects the tendency noted above to remain economically active longer into life among persons engaged in agriculture where retirement is likely to be a gradual process and not subject to any pre-

scribed age. At the same time, urban elderly are far more likely than their rural counterparts to report 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 jobs. Still even for urban elderly only a modest 15% receive pensions. Urban elderly are also more likely than rural elderly to report interest, savings or rent as a source of income. In contrast rural elderly are more likely than those in urban areas to receive an old age allowance. This likely reflects the fact that more urban than rural elderly receive a pension which, as described in chapter 1, makes them ineligible to receive the allowance. In addition, among those eligible, rural elderly may have a greater incentive to claim their benefit given their less favorable economic situation.



Although quite a few elderly have more than one source of income, in most cases these sources differ considerably in their importance. For example, although children are a very pervasive source of income their contributions in some cases may be mainly a symbolic gesture rather than a meaningful component of overall income. Table 4.4 examines the main source of income reported by older persons in 1994, 2007 and 2011. For all three surveys, children are most commonly reported as older persons' most important source of income. However, there is a 12 percentage point decline between 2007 and 2011 in the share that report children as their main income source in contrast to only a 2 percentage point decline between 1994 and 2007. Equally noteworthy is the substantial increase from 3% to 11% between 2007 and 2011 in the share of respondents that cite the old age allowance as their main income source undoubtedly reflecting the change

to almost universal coverage between the two surveys. In addition, the proportion citing work as their main source of income is highest in 2011 representing a 6 percentage point increase over 2007. This is consistent with the higher percentages in 2011 that reported having worked during the past year. Pensions from employment also are slowly increasing as a main source of income.

The decline in children as a main source of support between 2007 and 2011 occurs even though the vast majority of older persons in both years report some income from children during the prior year with a decrease of only a few percentage points between the two surveys. Moreover, as discussed in more detail in the following chapter, there has been no decline in the percentage that received at least moderate or even substantial amounts of money from children among those who have at least one child. Thus it does not appear that the decline in children as the main source of income signifies declining overall support from children. Rather than indicating that support from children is declining, the survey suggests that support from other sources, especially the old age allowance, is rising and in some cases overtaking children as their largest income source even though children still provide some income.

It may seem surprising that even a relatively small minority of the elderly cite 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, this amount of money can be substantial for people who are extremely poor or those who live in households with adult children who cover household expenses thus

**Table 4.4** Main source of current income among persons 60 and older, 1994, 2007 and 2011.

Main income source (percent distribution)	1994	2007	2011
work	31.5	28.9	35.1
pension <sup>(a)</sup>	4.0	4.4	6.0
old age allowance	0.0	2.8	11.4
interest/savings/rent	1.7	2.9	2.6
spouse	4.6	6.1	3.1
children	54.1	52.3	40.1
relatives <sup>(b)</sup>	2.4	2.3	1.5
other	1.7	0.5	.2
total	100	100	100

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

<sup>(a)</sup> 2007 and 2011 include lump sum payments on retirement

<sup>(b)</sup> Relatives for 2007 and 2011 combines categories parents, siblings and other relatives; for 1994 relatives combines categories siblings and other relatives as there was not separate category for parents.

obviating the older person's need for income.<sup>14</sup>

As Table 4.5 shows, there are considerable age, gender and residence area differences in older persons' main source of income. Almost half of persons in their 60s compared to only 15% of those 70 or older report work as their main income source. In contrast over half of those 70 and older compared to just under 30% of persons in their 60s report children as their main source of income. Persons

70 or older are also considerably more likely to report that they depend mainly on the government allowance for older persons. Given that persons over 70 are more likely to live with children, they may have less need for cash as their household expenses are 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 almost a third of men (31%) and for almost half of women (47%). Men are twice as likely as women to

**Table 4.5** Main source of current income among persons 60 by age, gender and area of residence, 2011

Main income source (percent distribution)	Age		Gender		Type of area	
	60-69	70+	Men	Women	Urban	Rural
work	49.6	15.1	46.5	26.0	28.9	38.2
pension <sup>(a)</sup>	6.2	5.7	8.1	4.4	12.1	2.9
old age allowance	6.8	17.7	8.8	13.4	6.7	13.8
interest/savings/rent	2.2	3.1	2.4	2.8	4.7	1.5
spouse	3.9	2.0	1.8	4.1	4.3	2.5
children	29.6	54.5	31.4	47.0	40.4	40.0
relatives <sup>(b)</sup>	1.5	1.7	0.8	2.1	2.6	1.0
other	0.1	0.2	0.2	0.2	0.3	0.1
total	100	100	100	100	100	100

Source: 2011 Survey of Older Persons in Thailand

<sup>(a)</sup> Includes lump sum payments on retirement

<sup>(b)</sup> Relatives include parents, siblings and other relatives.

report pensions as their main source of income (8% vs. 4%) although for neither are pensions common as the main income source. In contrast more women than men report the old age allowance (13% vs. 9%) or spouses (4% vs. 2%) as the main source of their income although both are not common main sources for either gender. It is interesting that even though more men than women report spouses as one source of their income, the reverse gender difference characterizes the percentages reporting spouses as their main source of income.<sup>15</sup>

For both urban and rural elderly, children are the most common main source of income accounting for 40% of both groups. For rural elderly, however, work is almost as common

<sup>14</sup> Some indirect evidence from the survey supports these potential explanations. More than twice as many respondents who are dissatisfied with their financial situation cite the government allowance for older persons as their main income source than do those who are satisfied (21% vs. 9%). This suggests that those whose main income source is the allowance are more likely to be quite poor. Moreover, only 36% of those who report the allowance as their main source of income report their income is regularly adequate compared to 65% of those who report other main sources for their income. In addition, those that report the allowance as their main source of income and have at least one child are more likely to be living with a married child than other elderly (52% vs. 39%). 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.

as the main income source. Moreover, work as the main income source is considerably more common among rural than urban elderly. 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 (12% versus 3%) while rural elderly are twice as likely to report the old age allowance (14% versus 7%).

## Income levels and adequacy

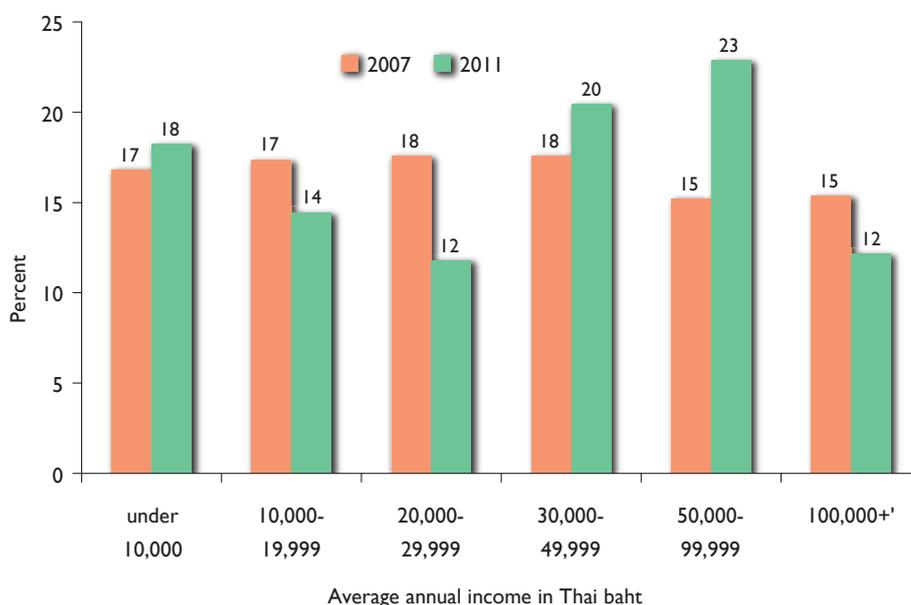
Respondents were asked to estimate their average annual personal income. Interpreting the results is complicated in the case of older persons who live in households shared with their adult children or other younger generation adult members who may be the main source of household support. Under such circumstances

the direct income of the elderly members may be of less importance for material well-being than the income of other members of the household.

Figure 4.2 summarizes the distribution of incomes among persons aged 60 and older according to the 2007 and 2011 Surveys of Older Persons. Overall the picture is somewhat mixed although the percent of older persons in two of the three lower income categories decreased while those in two of the three higher income categories increased. Given that modest inflation occurred between the surveys it seems likely that in terms of purchasing power the overall income distribution of older persons did not experience any major shift.

As Table 4.6 shows, the income distributions in 2011 differ according to age, gender and area of

**Figure 4.2** Percent distribution of income during past year among persons 60 and older, 2007 and 2011



Source: 2007 and 2011 Surveys of Older Persons in Thailand

Note: At the time of the surveys US\$1 equaled about 32 baht in 2007 and about 30 baht in 2011.

<sup>15</sup> It is unclear what underlies this reversal in the gender pattern in relation to main source of income. One possibility is that it is related to the higher proportion of men who receive pensions that serve as a couple's main income source. Since the husband and not the wife is the one who receives the pension, the wife reports the source as her spouse. Another possible contributing factor might be that older women who work have considerably lower income from their work than older men who work. Thus even though wives are more likely to be a source of income for their husbands, the amount of their income is not sufficient to be the main source for the couple.

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. Interpreting the gender differences is somewhat complicated because spouses are likely to share benefits from each other's incomes. Not shown in the table is the fact that the lower incomes associated with women are largely attributable to those who are currently married. Differences among unmarried men and women are much more modest. For example the percentages of unmarried men and unmarried women in the two lowest income categories are very similar although unmarried men are more likely to be in the highest income category. Thus the gender differences shown in Table 4.6 for all older men and women need to be interpreted cautiously. At the same time, sharp urban–rural differences in the distribution of income are not subject to equivalent reservations and undoubtedly testify to substantially greater poverty among rural elderly.



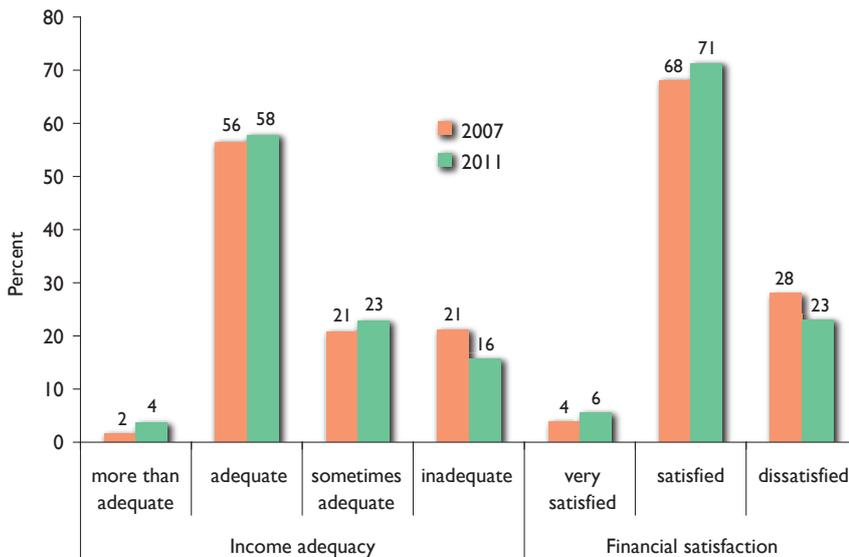
Both the 2007 and 2011 Surveys of Older Persons included two questions asking respondents to assess their economic situation. One asked if

**Table 4.6** Average annual income among persons 60 and older by age, gender and area of residence, 2011

Income in past year (percent distribution)	Age		Gender		Type of area	
	60-69	70+	Men	Women	Urban	Rural
under 10,000	13.4	24.9	14.9	20.9	13.7	20.5
10,000-19,999	12.2	17.6	12.7	15.9	11.3	16.1
20,000-29,999	11.2	12.6	10.7	12.6	10.0	12.7
30,000-49,999	21.4	19.1	19.9	20.9	18.5	21.4
50,000-99,999	26.8	17.5	25.7	20.7	24.8	21.9
100,000+'	14.9	8.4	16.1	9.0	21.7	7.4
total	100	100	100	100	100	100

Source: 2011 Survey of Older Persons in Thailand  
 Note: At the time of the survey US\$1 equaled about 30 baht.

**Figure 4.3** Income adequacy and financial satisfaction among persons 60 and older, 2007 and 2011



Source: 2007 and 2011 Surveys of Older Persons in Thailand

their overall income was adequate while the other asked if they were satisfied with their current financial status. The results are summarized in Figure 4.3. Only modest differences are apparent between the surveys in the distribution of self-assessed adequacy of income and financial satisfaction. In both surveys the majority of respondents indicated that their income was adequate or more than adequate. Moreover there was a slight increase between the surveys in the percentages falling in each of these two categories. At the same time however, a substantial minority of respondents indicated that their income was either only sometimes adequate or consistently inadequate although the percentage in the latter category fell by 5 percentage points between the two surveys.

Responses concerning financial satisfaction indicate that a substantial majority of older persons are satisfied with their financial status with a small percent indicating they were very satisfied. There was a modest increase between

the 2007 and 2011 surveys in the percent expressing satisfaction and a 5 percentage point drop among those who indicated they were dissatisfied with their financial status (from 28% to 23%). Thus overall the results of both self-assessed income adequacy and financial satisfaction appears to have improved modestly between the two surveys.

As Table 4.7 shows respondents' self-assessed economic situation differs little by age or gender but moderately by place of residence. Overall there is very little difference in these measures between persons in their 60s and those 70 or older or between men and women. Urban elderly, however, provide more positive assessments both with respect to income adequacy and satisfaction with their current financial status. The lack of a gender difference in self-assessed economic situations underscores the need for caution as discussed earlier in connection with interpreting results



showing that women reported lower incomes than men.

As Table 4.8 shows, an older person's main source of income is closely related to their assessment of their economic situations. Persons who report 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 and that they are satisfied or very satisfied with their financial status than other respondents.

In sharp contrast those who indicate the government allowance for older persons is their main source of income are by far the least likely to say that their income is adequate and by far the most common to say that it is consistently inadequate. Those dependent on the old age allowance

are also by far the most likely to say they are dissatisfied with their financial status. Those whose main source of income is either work or children are quite similar in their levels of self-assessed income adequacy and satisfaction with their financial status.

**Table 4.7** Income adequacy and financial satisfaction among persons 60 and older by age, gender and area of residence, 2011

	Total	Age		Gender		Type of area	
		60-69	70+	Men	Women	Urban	Rural
<i>Adequacy of income (% distribution)</i>							
more than sufficient	3.7	3.7	3.7	3.9	3.5	6.0	2.5
sufficient	57.8	57.1	58.7	58.4	57.3	62.7	55.3
sometimes sufficient	22.8	24.2	21.0	23.0	22.7	18.4	25.1
insufficient	15.7	15.1	16.6	14.7	16.6	13.0	17.1
total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<i>Satisfaction with financial situation</i>							
very satisfied	5.6	5.3	6.0	5.8	5.5	8.9	4.0
satisfied	71.3	71.5	71.1	71.7	71.0	72.2	70.9
not satisfied	23.0	23.2	22.8	22.5	23.5	18.8	25.2
total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: 2011 Survey of Older Persons in Thailand

**Table 4.8** Income adequacy and financial satisfaction among persons 60 and older by main source of income, 2011

	Work	Pension <sup>(a)</sup>	Old age allowance	Interest/savings/rent	Spouse	Children	Other <sup>(b)</sup>
<i>Adequacy of income</i>							
more than adequate	3.2	15.6	0.6	7.4	5.7	2.9	1.9
adequate	57.5	70.7	35.7	70.2	61.1	61.3	57.5
sometimes adequate	25.8	7.3	27.6	13.6	20.1	22.1	20.4
inadequate	13.5	6.5	36.1	8.7	13.1	13.7	20.2
total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<i>Satisfaction with financial situation</i>							
very satisfied	4.9	18.9	0.8	12.8	6.1	5.2	3.8
satisfied	72.8	71.8	56.6	75.1	73.0	73.9	68.1
dissatisfied	22.3	9.4	42.5	12.2	20.9	20.9	28.1
total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: 2011 Survey of Older Persons in Thailand

<sup>(a)</sup> Includes lump sum payments on retirement, <sup>(b)</sup> Includes parents, siblings, other relatives and other sources.

## Housing quality and household possessions

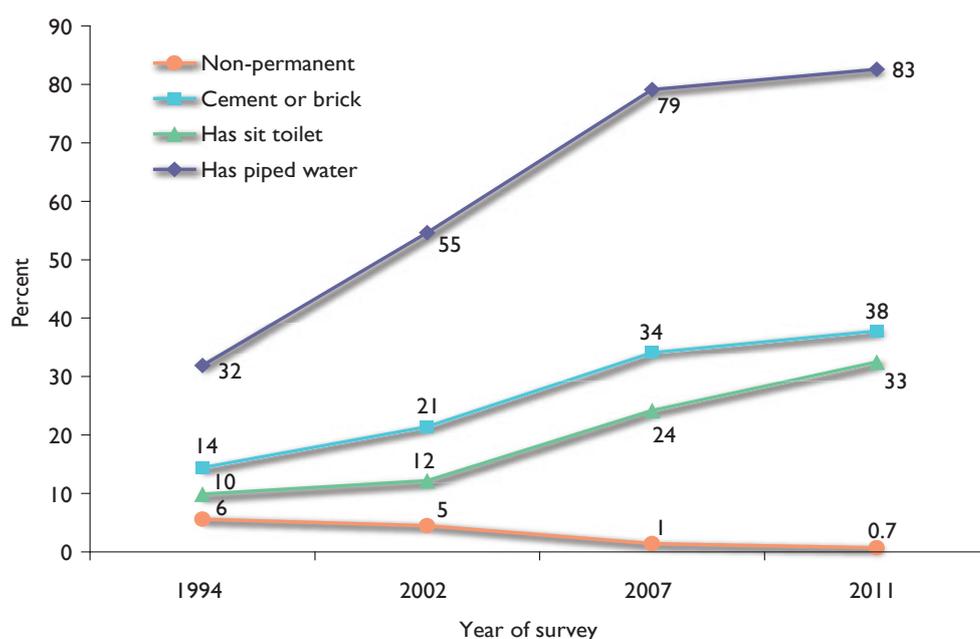
The quality of a person's housing is not only important for their comfort but is also a reflection of their economic status. Information was collected in all four Surveys of Older Persons conducted between 1994 and 2011 regarding the construction material of the respondent's dwelling unit, whether it had a sit toilet and whether or not it had piped water into the dwelling. A clear trend is evident in Figure 4.4 towards living in better constructed houses. Although the percentage living in dwellings made of reused or nonpermanent material was only 6% in 1994, it has steadily decreased to less than 1% by 2011 and thus is virtually negligible. At the same time the percentage living in households made of cement or brick has increased steadily from only 14% in 1994 to 38% by 2011. Living in a dwelling unit with access to a sit toilet has more than tripled from only 10% in 1994 to one third

of older persons by 2011. Finally the most dramatic change has been with respect to having piped water in the dwelling unit rising from just under a third in 1994 to over 80% by 2011.

As Table 4.9 shows, the various measures of housing quality do not differ greatly between persons in their 60s and those 70 or older or between older men and women. However, a pronounced difference is apparent between rural and urban elderly with those in rural areas less likely to live in better quality housing. Thus the pattern of differences with respect to housing quality parallels the pattern found concerning self-assessed economic situation. 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 an indicator of economic well-being. However, in situations in which older persons coreside with other house-

**Figure 4.4** Characteristics of dwelling units of persons 60 and older, 1994, 2002, 2007 and 2011



Sources: 1994, 2002, 2007 and 2011 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.

hold 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 and in many cases the older person typically benefits from them.

Table 4.10 compares the percentage of older persons that live in households with various household possessions based on surveys spanning 1986 to 2011. The results reveal a substantial increase in household possessions of older-age Thais. Televisions have become virtually universal. Less than a fourth of older persons in 1986 lived in a household with a refrigerator but by 2011 this increased to over 90%. Likewise large increases have also occurred in the percentage of older people who live in households with a washing machine. The much more frequent availability within a household of such appliances makes carrying out household chores considerably more convenient. Moreover over 80% of older people live in households with some form of vehicular transportation up from less than a third of older persons in 1986. Although the vehicles may belong to another member of the household it is highly likely that older-age household members would have access when in need.

One of the most striking changes with particularly important implications for older persons is the increase in availability of telephones. The 1986 survey did not ask about the presence of telephones since it was so rare

**Table 4.9** Indicators of housing quality by age, gender and area of residence, 2011

	% 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		
<b>Total</b>	0.7	37.8	32.5	82.6
<i>Age</i>				
60-69	0.7	39.9	31.2	82.6
70+	0.7	35.0	34.4	82.5
<i>Gender</i>				
men	0.8	37.9	31.3	81.3
women	0.6	37.8	33.4	83.5
<i>Area of residence</i>				
urban	0.3	53.3	57.1	92.9
rural	0.9	30.0	20.1	77.4

Source: 2011 Survey of Older Persons in Thailand

**Table 4.10** Percentage of elderly living in households with various household possessions, 1986, 1994, 2007 and 2011

	All persons 60 and older			
	1986	1994	2007	2011
Television	47.7	83.7	95.7	98.6
Video/DVD	--	17.3	63.0	66.2
Refrigerator	24.5	52.5	87.4	92.5
Phone <sup>(a)</sup>	--	15.4	76.0	88.8
Air conditioner	1.4	7.0	16.0	18.2
Washing machine	--	14.7	48.0	60.5
Computer	n.a.	n.a.	17.1	22.5
Motorcycle	27.8	45.9	67.2	74.6
Car/truck/van	7.1	16.7	30.9	34.5
Any motor vehicle <sup>(b)</sup>	31.2	52.4	75.4	81.5

Sources: 1986 Survey of Socio-economic Consequences of Aging of the Population in Thailand;

1994, 2007 and 2011 Surveys of Older Persons in Thailand

<sup>(a)</sup> Refers to either a landline or cell phone in 1994 and 2007 but only to cell phone in 2011

<sup>(b)</sup> Motorcycle, car, truck or van

for a household to have one at that time. In 1994 only 15% of older persons lived in households with a telephone but by 2011 almost 90% lived in a household that had at least a cell phone.

Since the 2011 survey did not ask about landline phones, the percent that live in a household with either a cell or landline phone or both is likely even higher than the 89% with a cell phone and likely exceeds 90%. While in many cases the mobile phone may not belong to the elderly themselves, they would still likely have potential access to the phones of other household members. Thus most elderly would be able to use phones not only in urgent situations such as health emergencies but also to communicate with their children living elsewhere. As discussed in the following chapter, the spread of telephones and particularly cell phones has radically altered the ability of older persons to keep contact with their migrant children.

An increasing proportion of older persons are living in households that have a computer. Although this involved less than one fourth of older persons in 2011 the trend is virtually certain to continue and perhaps accelerate. Thus in the future computers are likely to provide opportunities for additional ways to communicate with adult children who live elsewhere as well as to

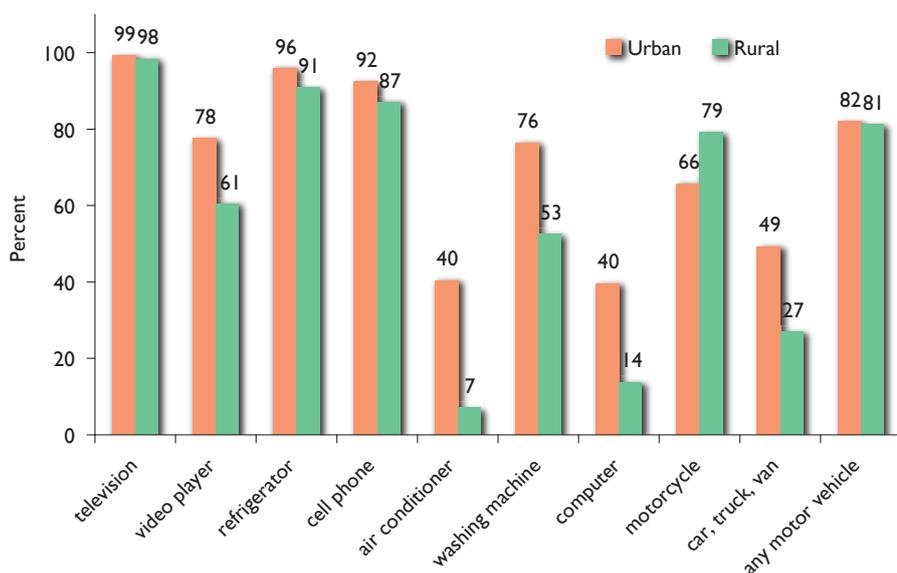
greatly expand the ability to gain information quickly on a range of issues of importance to older persons either by the elderly themselves or for them by younger household members.

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 cell phones. However, there are considerable differences with respect to several other household possessions. Rural households are particularly unlikely to have an air conditioner or computer but also less likely than urban households to have a washing machine or video player.

With respect to the presence of a means of vehicular transportation, just 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. Because urban elderly live in households that are better off economically they are better situated financially to buy a four-wheel vehicle and thus in less need of a motorcycle.

**Figure 4.5** Percentage of elderly living in households with various household possessions by area of residence, 2011



Source: 2011 Survey of Older Persons in Thailand



## CHAPTER 5: Family support and intergenerational relations

# Chapter highlights

- The large majority older persons who have living children received some money from children and the percentages that received moderate or substantial amounts slightly increased suggesting that there has been little or no decline in financial support from children between 2007 and 2011.
- Nonmonetary material support (i.e. food, goods and clothing) from non-coresident children increased slightly between 2007 and 2011.
- 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 although rural parents are less likely to receive large amounts.
- The share 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 the nearest child is.
- Social contact with non-coresident children both in the form of visits and phone calls increased between 2007 and 2011, likely reflecting the expanding transportation system and the continuing spread of mobile phones.
- Overall, given that monetary and nonmonetary material support from children remains high and that social contact with children living away has increased suggests that filial support for parents in old age is still strong.
- The percentage of older persons that received either any income or substantial amounts of monetary support increases with their number of adult children.
- Very few older parents are deserted by all their children; 98% live either with or next to a child or have at least monthly visits or phone calls; less than 1% have no contact and receive no remittances from any of their children.
- While older-age parents receive considerable support from their adult children, they also contribute to their children's well-being in a number of ways.
- Although 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 2011.
- Most older-age parents that live with a child help at least sometimes with a variety of household chores and a substantial minority do so regularly.
- Over one fourth of all persons 60 and older provide at least occasional care to a young grandchild; among those with a young grandchild in the household close to 90% provide at least occasional care and about half provide regular care.
- 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 beyond, informal systems of social and economic exchange within the family are crucial for ensuring the well-being of the older-age population (UNFPA and HelpAge 2012). Of particular importance are intergenerational exchanges of services and material and social support between elderly parents and their adult children. In this chapter we examine the nature and extent of intergenerational exchanges of material support and social contact. Provision of personal care is treated in the following chapter that deals with matters related to health.

## Material support

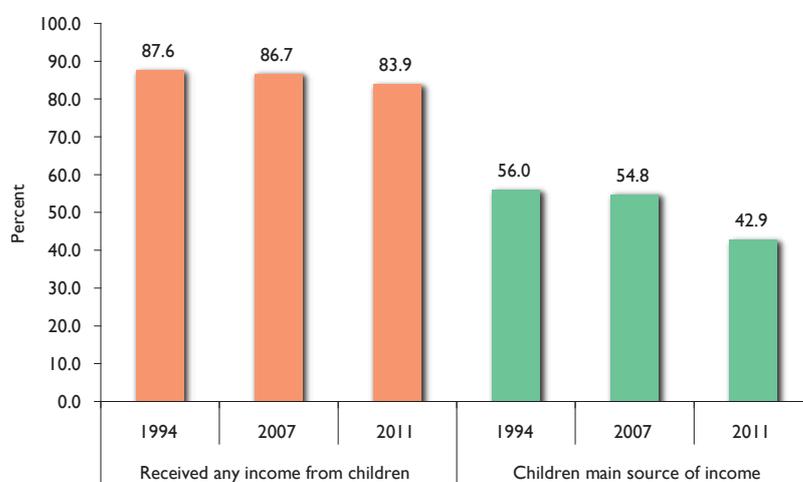
Adult children can be important sources of financial and other types of material support to elderly parents through the provision of money, food, and goods. As indicated in the previous chapter, a large majority of older persons cite children as a source of income and many cite their children as their main income source. Figure 5.1 compares results from the 1994, 2007 and 2011 Surveys of Older Persons in Thailand with respect to children as a source of income for elderly parents. Since only those older persons with living children can receive income from children, results are limited to respondents who have at least one living child unlike those indicated in Tables 4.2 through 4.5 which were based on all older persons including those that were childless.

In all three surveys over 80% of parents reported that they received income in the prior year from children with a 3 percentage point decline between 2007 and 2011. A much more pronounced decline of

12 percentage points is evident between the two most recent surveys in the share of older persons that cite children as their main source of income. This large decline is in sharp contrast to the only 1 percentage point decline between the 1994 and 2007 surveys.

As noted in the previous chapter, while the sharp reduction in the proportion of older people who mainly depend on filial financial support between 2007 and 2011 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 meaningful amounts of money from their children did not decline but remained at least stable. Thus according to both surveys, 41% of parents 60 or older received at least 10,000 baht from their children while the percentage receiving the relatively large amounts of at least 30,000 baht or at least 50,000 baht, although substantially lower, increased between the two surveys. Even allowing for inflation, these changes at a minimum suggest that there has been little or

**Figure 5.1** Percentage that reported children provided income during the prior year among persons 60 and older who have at least one child, 1994, 2007 and 2011



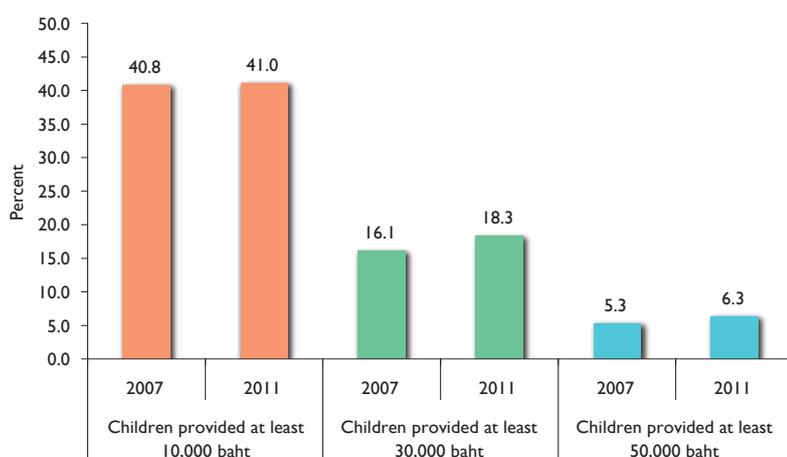
Source: 1994, 2007 and 2011 Surveys of Older Persons in Thailand

no decline in financial support from children between 2007 and 2011.

Further evidence of sustained filial material support is provided by information on receipt of nonmonetary forms of support. Both the 2007 and 2011 surveys asked the frequency of receiving food and receiving clothing or goods from non-co-resident children during the prior

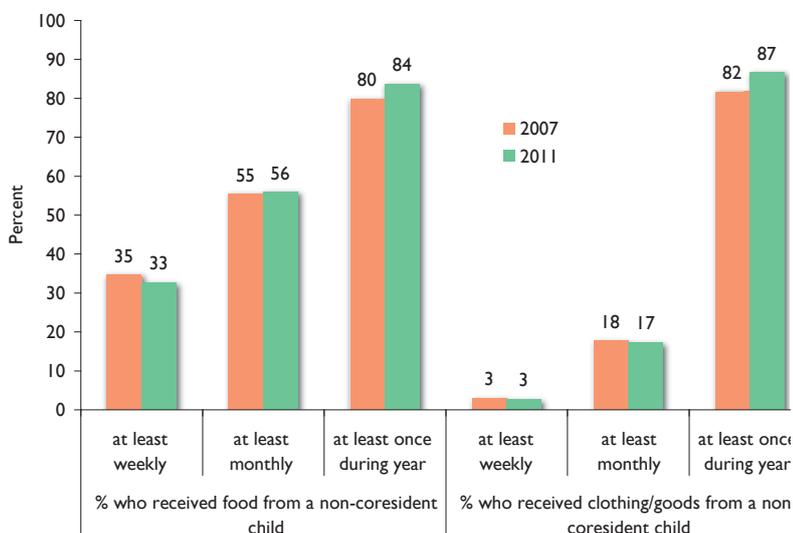
year among older persons who had at least one child living outside the household. The focus on non-co-resident children with regards to non-monetary material support stems from the fact that members of the same household typically share meals and amenities thus posing difficulties in interpreting exchanges within the same household, particularly with respect to food and goods. Results summarized in Figure 5.3 show

**Figure 5.2** Percentage who received income from children during the prior year by total amount received, among persons 60 and older who have at least one child, 2007 and 2011



Source: 2007 and 2011 Surveys of Older Persons in Thailand  
 Note: At the time of the surveys US\$1 equaled about 32 baht in 2007 and about 30 baht in 2011

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



Source: 2007 and 2011 Surveys of Older Persons in Thailand

that the percentages that received food during the past year from at least one non-co-resident child remained essentially stable between the two surveys. Fully a third received food at least weekly and over half received food at least monthly from one or more non-co-resident children. Moreover the vast majority received food at least once during the past year with a slight increase evident between the two surveys.

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-co-resident children received clothing or goods at least once during the year from at least one child. In fact the share that reported receipt at least once during the year increased by 5 percentage points between 2007 and 2011. In addition the proportions who receive such material support more frequently than once a year remained stable between the two surveys.

It should be noted that in some cases the provision of food or gifts of clothing or goods from non-co-resident

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 receipt of at least some money during the past year.

As Table 5.1 shows, the percent of older-age parents in 2011 who received any income from children during the past 12 months, whether coresident or not, increases with the age of the parent, rising from just over 75% for those in their early 60s to just over 90% for those 75 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 just over a fourth of parents aged 60-64 but reaching over 60% for those 75 or older. Likewise the percentages that report receiving significant amounts of money also tend to increase with age although far less sharply.

Gender also shows a substantial 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 more likely to report significant amounts of income from children. Rural older parents are somewhat more likely to report receiving any income but somewhat less likely to report children as their main income source. More pronounced are differences between urban and rural older-age parents in terms of receiving significant amounts of income from their children especially the larger amounts shown.

**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, 2011

	Any income from children	Children main source of income	Children provide 10,000+ Baht	Children provide 30,000+ Baht	Children provide 50,000+ Baht
<b>Total</b>	83.9	42.9	41.0	18.3	6.3
<b>Age</b>					
60-64	75.7	26.4	36.6	15.3	5.4
65-69	84.4	39.3	42.2	19.3	6.9
70-74	88.8	52.2	43.6	20.1	6.8
75+	90.8	61.9	43.9	20.2	6.5
<b>Gender</b>					
men	79.3	32.9	37.9	16.3	5.5
women	87.7	51.0	43.6	20.0	7.0
<b>Area of residence</b>					
urban	79.1	44.8	46.4	25.6	10.9
rural	86.2	41.9	38.5	14.9	4.2

Source: 2011 Survey of Older Persons in Thailand  
 Note: At the time of the survey US\$1 equaled about 30 baht.

Table 5.2 examines monetary support from children in relation to characteristics of the older parents and with attention to whether the support comes from coresident or non-coresident children. It also includes results concerning receipt of non-material support from non-coresident children. Results are limited to parents who have at least one child of the relevant type.

A substantial majority (two thirds) of parents coresiding with children received money during the year from children in the household with almost 60% receiving at least 1,000 baht in total. Receipt of larger amounts are considerably less common with somewhat over a third receiving at least a total of 5,000 baht but only 3% receiving at least 50,000 baht from a coresident child.

**Table 5.2** Material support received from coresident and non-coresident children during the past year among older persons with at least one child of the specified type, 2011

	Total	Age		Gender		Type of area	
		60-69	70+	Men	Women	Urban	Rural
<i>Among parents with at least one coresident child</i>							
% who received money from a coresident child							
any money	67.7	61.7	74.9	60.9	72.7	67.9	67.6
at least 1000 Baht	59.1	54.8	64.2	53.7	63.0	62.8	57.1
at least 5000 Baht	36.3	34.3	38.8	32.8	38.9	44.5	31.9
at least 10,000 Baht	21.2	20.4	22.2	18.4	23.3	31.1	15.9
at least 30,000 Baht	7.1	6.9	7.3	6.0	7.9	12.9	4.0
at least 50,000 Baht	2.8	2.9	2.7	2.5	3.1	5.9	1.2
<i>Among parents with at least one non-coresident child</i>							
% who received money from a non-coresident child							
any money	81.8	78.0	86.7	78.0	84.9	76.0	84.3
at least 1000 Baht	75.9	72.9	79.7	72.6	78.5	72.1	77.5
at least 5000 Baht	54.0	52.5	55.9	51.5	56.0	55.7	53.3
at least 10,000 Baht	36.1	34.9	37.6	34.0	37.8	41.0	34.0
at least 30,000 Baht	13.7	13.3	14.1	12.6	14.5	18.7	11.5
at least 50,000 Baht	5.1	5.0	5.2	4.6	5.6	8.7	3.6
% who received food from a non-coresident child							
daily or almost daily	17.4	13.2	22.8	15.7	18.8	15.2	18.3
at least weekly	32.7	26.9	40.1	30.1	34.8	30.5	33.6
at least monthly	55.9	50.0	63.4	53.3	58.0	55.9	55.9
at least once during year	83.7	81.6	86.3	82.2	84.8	80.3	85.1
% who received clothing/goods from a non-coresident child							
at least weekly	2.7	2.2	3.3	2.4	3.0	3.5	2.3
at least monthly	17.3	15.0	20.1	15.7	18.5	21.1	15.6
at least once during year	86.6	85.0	88.7	85.2	87.7	83.6	87.9

Source: 2011 Survey of Older Persons in Thailand

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.

Older parents are somewhat more likely to receive money of any of the amounts shown both from coresident and non-coresident children although the difference with respect to age in the receipt of relatively large amounts is quite modest. Elderly mothers are more likely than fathers to receive money from coresident as well as non-coresident children regardless of the amount considered. There is little difference between urban and rural elderly parents in terms of receiving at least modest amounts of money from either coresident children or non-coresident children but urban parents are more likely to receive larger amounts.

Receipt of food from non-coresident children at least occasionally is very common with over four-fifths of elderly overall indicating they received some food during the past year. In many cases this is provided during occasional visits and is largely of symbolic value rather than meaningful material support. At the same time a third reported at least weekly provision of food and 17% 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. Differences between rural and urban residents are quite modest.

Receipt of clothing or goods at least occasionally is also very common but on a far less frequent basis in comparison to receipt of food. As with food, such gifts can often be more of a 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 neither receiving any money nor receiving at least 10,000 baht is related to the location of the nearest child. 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 coresident children the money might be provided by a non-coresident child. In addition, for categories of non-coresident 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 et al. 2010).

A very different pattern is associated with regular receipt of non-monetary material support in the form of either food or clothes and goods. As noted above, information on these types of support were 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.

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. It is of

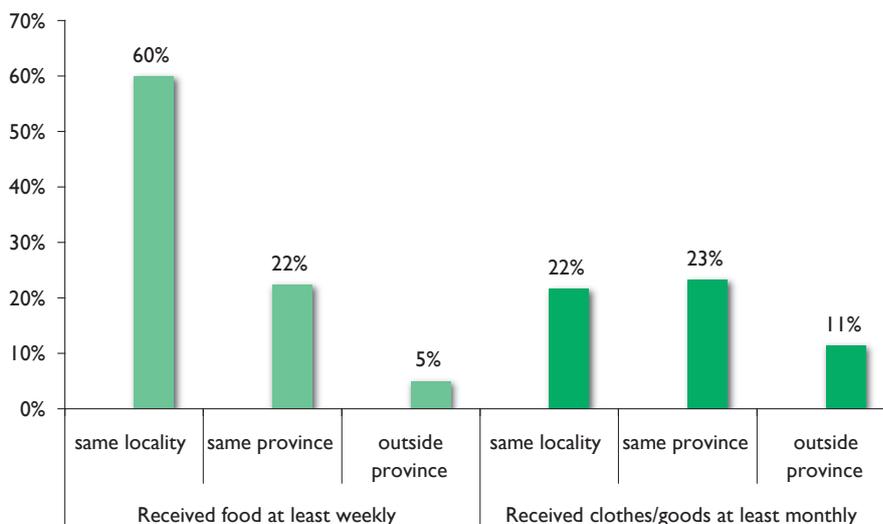
interest to see if among the current elderly the number of children is related to the probability of receiving financial support from children. Table 5.3 shows the percentage of older persons with adult children that received various types of financial support according to the number of their adult children. Increases in the percent who report children as a source of income as well as those who receive at least 10,000 baht and at least 30,000 baht all clearly increase with the number of children. The only minor exception is that there is no difference in the percentage that report children as their main source of income between those with one and two adult children.

**Figure 5.4** Material support from children during prior year by location of nearest child, 2011

**A. Percentage of all parents aged 60 or over who received monetary support from children**



**B. Percentage of non-co-resident parents aged 60 or over who received non-monetary support from children**



Source: 2011 Survey of Older Persons in Thailand  
 Note: Same locality refers to same village or municipal area.

**Table 5.3** Percentage of parents 60 and older of adult children receiving income during past year from children by number of adult children, 2011

	Number of adult children			
	1	2	3	4+
% reporting children as a source of income	69.2	77.1	83.0	90.6
% reporting children as main source of income	31.3	31.2	38.6	52.5
% who received at least 10,000 baht from children (either coresident or non-coresident)	28.6	38.9	40.9	44.9
% who received at least 30,000 baht from children (either coresident or non-coresident)	11.7	17.7	19.1	19.7

Source: 2011 Survey of Older Persons in Thailand

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

Given that this is a cross-sectional measure and that other confounding influences have not been taken into account, this does not necessarily mean that declining family sizes 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, especially 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 intergenerational social support if contact is not maintained in other ways. In recent years, the dramatic increase in access to telephones, especially cell phones as documented in the previous chapter, 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 and 2011 Surveys of Older Persons in Thailand.<sup>16</sup> 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 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 and Knodel 1997; Knodel and 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 including those parents who have no children living in their locality. In both surveys, among

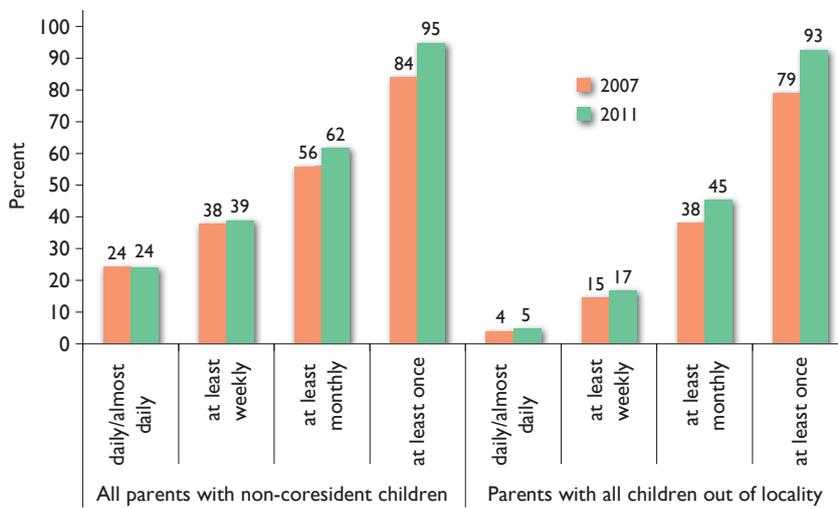
<sup>16</sup>The survey question asks about visits and phone calls from all non-coresident children collectively. Thus the frequency reported does not necessarily refer to any particular child if the respondent has multiple non-coresident children.

all parents with non-coresident children, over half of the parents see a non-coresident child at least monthly, almost two fifths see one weekly, and almost a fourth see one on a daily or almost daily basis. The high proportion that see non-coresident children relatively frequently reflects

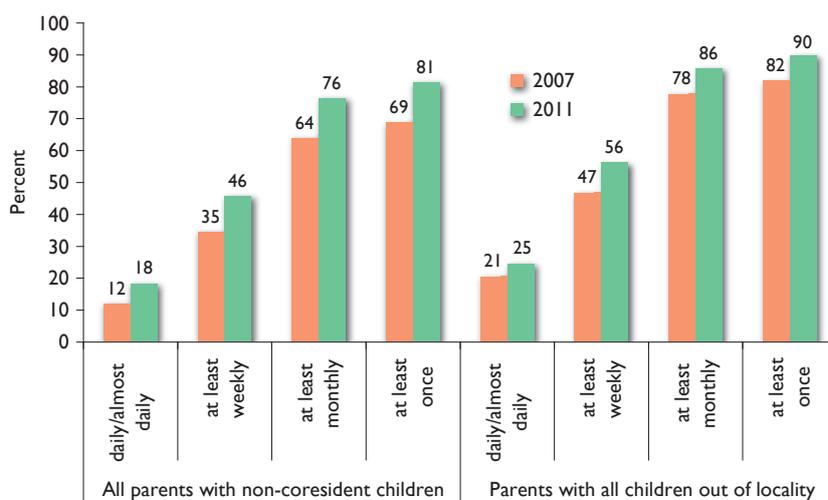
the sizeable share of children who move out of the parental household but remain very nearby. When only parents whose children all live outside their locality are considered, it is clear that it is very common for at least an occasional visit to occur during the year and a substantial minority sees a child at least monthly but not surprisingly weekly or more frequent visits are quite uncommon.

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

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



**B. Percentage of parents aged 60 or over according to frequency of phone contact with at least one non-coresident child**



Source: 2007 and 2011 Surveys of Older Persons in Thailand

Interestingly, the percentage that saw a non-coresident child at least monthly as well as the percentage that saw one at least once during the year increased between the two surveys. This was especially so for parents whose children all lived outside the parents' own locality. This may reflect improving transportation in terms of road networks and means of transportation including omnipresent vans that compete with and supplement bus service.

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 has increased between the two surveys likely reflecting the increasing proportion of older persons and their adult children who have a mobile phone or access to one. Thus the vast majority of parents whose children all live outside the locality have at least monthly telephone contact and by 2011 over half had at least weekly phone contact. The increase in social contact in terms of visits and phones apparent between 2007 and 2011 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 but there is little difference between elderly men and women in this respect and differences in the frequency

of visits for urban and rural residents do not follow a consistent pattern. Younger elderly have somewhat more frequent phone contact than older elderly perhaps reflecting differences in familiarity with use of cell phones or perhaps differences in difficulty in hearing. Gender differences are minimal in phone contact frequency. Urban elderly have more frequent phone contact than their rural counterparts perhaps reflecting a greater familiarity on the part of urban residents with the use of cell phones. At this point in time e-mail contact is extremely rare between elderly Thais and their non-coresident children and almost nonexistent in the case of rural older-age parents.

One of the most pressing issues in discussions of population ageing, particularly those associated with development, is the extent to which social and economic changes are undermining traditional sources of support for older persons, par-

**Table 5.4** Contact between parents and non-coresident children during past year, 2011

Among elderly parents with at least one non-coresident child, % who during past year	Total	Age		Gender		Type of area	
		60-69	70+	Men	Women	Urban	Rural
<i>Visits with at least one</i>							
daily or almost daily	24.1	20.3	29.0	22.8	25.2	20.7	25.6
at least weekly	39.0	34.4	44.9	37.2	40.4	37.7	39.5
at least monthly	61.8	57.6	67.2	60.3	63.0	65.2	60.3
at least once during year	94.7	94.6	94.9	94.4	95.0	94.6	94.8
<i>Phone contact with at least one</i>							
daily or almost daily	18.5	20.4	15.9	19.2	17.9	22.9	16.5
at least weekly	45.9	50.2	40.4	47.7	44.4	53.0	42.8
at least monthly	76.3	81.5	69.7	78.4	74.6	81.3	74.1
at least once during year	81.4	86.0	75.4	83.1	79.9	85.6	79.5
<i>E-mail contact</i>							
any during year	1.2	1.4	1.0	1.3	1.2	2.0	.9

Source: 2011 Survey of Older Persons in Thailand

ticularly 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 Ageing (UN 2002). Most evidence provided when raising alarm concerning this issue is only anecdotal. In contrast, the 2011 Survey of Older Persons in Thailand provides 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, our data do not permit assessing the nature of interactions that older-age parents have with their children. Moreover, data in the survey do not permit determination of cases in which some but not all children of an older person deserted their parents.

Results based on both the 2007 and 2011 surveys are presented in Table 5.5 in terms of a cumulative index of social contact with children among older persons who have at least one living child. In both surveys, over 70% of older persons with at least one child live with or adjacent to a child and thus can be considered to have daily contact with children and clearly are not deserted. Those

who only have children who live outside their household or immediate vicinity are categorized by the frequency of visits or phone calls with children.<sup>17</sup> When all parents are considered, approximately 90% in both surveys had at least weekly contact with a child within the past 12 months and 97% had at least monthly contact.

Table 5.5 also presents summary indicators which represent infrequent contact in order

**Table 5.5** Cumulative index of contact with children and summary indicators of isolation from children during past year, parents 60 and older, 2007 and 2011

	2007	2011
<i>Cumulative percent</i>		
Coresides or lives adjacent to a child	74.8	72.3
At least almost daily visits or phone calls	82.0	81.5
At least weekly visits or phone calls	89.2	90.4
At least monthly visits or phone calls	96.7	97.6
At least one visit or phone call	98.7	99.1
<i>Summary indicators</i>		
% with less than monthly contact	3.3	2.4
% with less than monthly contact and under 10,000 baht remittances	2.5	1.8
% with less than monthly contact and no remittances	1.0	0.9
% with no contact during year	1.3	0.9
% with no contact and no remittances	0.5	0.5

Source: 2007 and 2011 Surveys of Older Persons in Thailand

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

<sup>17</sup> 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.

to assess the extent some elderly parents can be considered deserted by all their children. Less than 3% of persons 60 and older in 2011 had less than monthly contact with any child and only about 1% had no contact during the prior year, in both cases down slightly from 2007. 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 2% have less than monthly contact and receive no substantial remittances. Finally only a tiny fraction (0.5%) in both years had no contact and no remittances at all and thus appear to be truly abandoned by their children. Although quite small, this group likely 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. As discussed in chapter 3, only slightly over 10% of parents aged 60 and over have all their children living outside their province. If migration is leading to desertion of parents this should be most evident among this group. Yet 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 a child 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 at some distance, 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 presented above, however, do contradict impressions from the mass media 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). Particularly influential in giving this impression is the popular short weekly TV program “Circle of Life” that features persons in troubled situations including examples of deserted older persons. Reference to this program was often made in interviews conducted in a recent research study that focused on the future of family care in Thailand (Knodel et al. 2013).

It is also important to recognize that the minority of older persons who have no children might be more vulnerable to the risk of desertion or neglect by their family members. Unfortunately the 2011 Survey of Older Persons does not include adequate information to assess this. Still, as noted in chapter 3, childless persons who live alone as well as those who live only with their spouse are considerably less likely to report that their income is adequate or that they are satisfied with their income. 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. Most research on older persons focuses mainly on support and services provided by children to their ageing parents. Some attention has also been paid to the role that older-age persons provide as caretakers for their grandchildren. But attention to a broader array of contributions is less common. The 2011 survey of older persons in Thailand provides evidence concerning not only grandchild care but also financial assistance as well as assistance with household chores by ageing parents.

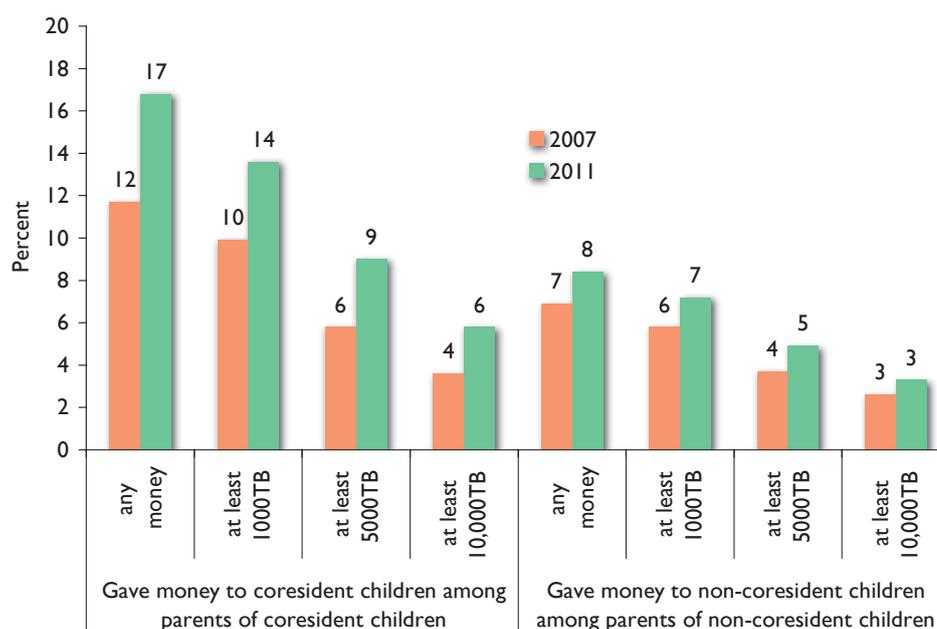
### Financial assistance

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 2011 provided any money to 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 less. However, it is noteworthy the percentages of parents that reported providing financial assistance in 2011 during the prior year is noticeably greater than in 2007 regardless of the amount of money being considered. The difference 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 which older persons may well share with other members of their household and perhaps to a lesser extent with children who live elsewhere. Research in South Africa has made clear that social pensions received by older persons there are often shared with other household members (Betrand, Mullainathan and Miller 2003).

As Table 5.6 shows, providing financial aid by older-age parents in 2011 to their children during the prior year was considerably more

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



Source: 2007 and 2011 Surveys of Older Persons in Thailand

Note: Amounts are in Thai baht

**Table 5.6** Provision of money to co-resident and non-co-resident children during the past year among persons 60 or older with at least one child of the specified type, 2011

	Total	Age		Gender		Type of area	
		60-69	70+	Men	Women	Urban	Rural
<i>Gave money to co-resident children among parents with at least one co-resident child</i>							
any money	16.8	21.9	10.7	20.9	13.7	16.7	16.8
at least 1000 Baht	13.6	18.4	7.9	18.1	10.3	14.4	13.2
at least 5000 Baht	9.0	12.7	4.5	12.4	6.4	10.9	7.9
at least 10,000 Baht	5.8	8.5	2.6	8.4	3.9	8.1	4.6
at least 30,000 Baht	2.9	4.3	1.2	4.3	1.9	4.5	2.1
at least 50,000 Baht	1.4	2.2	0.5	2.2	0.8	2.5	0.8
<i>Gave money to non-co-resident children among parents with at least one non-co-resident child</i>							
any money	8.4	9.9	6.5	9.7	7.4	9.3	8.1
at least 1000 Baht	7.2	8.7	5.3	8.6	6.0	8.3	6.7
at least 5000 Baht	4.9	6.1	3.2	6.0	3.9	6.1	4.3
at least 10,000 Baht	3.3	4.2	2.1	4.2	2.5	4.4	2.8
at least 30,000 Baht	1.5	2.0	0.8	1.9	1.1	2.8	0.9
at least 50,000 Baht	0.9	1.2	0.4	1.2	0.5	1.8	0.5

Source: 2011 Survey of Older Persons in Thailand

likely among persons in their 60s than those 70 or older. Likewise, older-age men are more likely than women to provide financial aid to children. These age and gender differences are evident regardless of the amount of money being considered or whether the children were co-resident 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 economic 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.

### Household chores

Besides financial support, older-age parents who live with children can contribute significantly to their welfare as well as to that of other household members by performing a variety of useful services such as preparing meals, helping with other household chores and minding the house. In the 2011 survey, respondents were asked about their roles with respect to a number of aspects of housework. Table 5.7 shows the percentage of older persons who perform a number of key household activities at least sometimes as

well as the percentage that did the activities regularly. Consideration is limited to older persons who coreside with a child since the focus is on contributions made by older persons to other family members. The chores for which information is available include buying food, cooking, doing laundry, cleaning house and minding the house.

Among older persons that live with their children, a very substantial proportion help at least sometimes with all of the chores shown. Such assistance ranges from 50% with laundry to 91% in helping to mind the house. Moreover, a substantial proportion does these chores regularly. More than half regularly mind the house and

about one fourth do each of the other chores listed regularly. Taken together, over 90% do one or more of these chores at least sometimes and 65% do one or more of them regularly. Given that minding the house is a relatively inactive chore and probably requires less effort compared to the others, it is also of interest to explore the percent that do any of the chores excluding minding the house. In this case almost two thirds of older persons who live with their children do at least one chore excluding minding the house at least sometimes and just over one fourth do at least one chore regularly.

Substantial differences are apparent according to the age of the older person for each of these chores except minding the house. Moreover the

**Table 5.7** Percentage that performed household chores among persons 60 or older who live with at least one coresident child by age, gender and area of residence, 2011

Household chore	Total	Age		Gender		Type of area	
		60-69	70+	Men	Women	Urban	Rural
<i>% Did chore at least sometimes</i>							
Buying food	64	78	48	59	68	68	62
Cooking	64	76	50	53	73	67	63
Laundry	50	60	37	38	58	51	49
Cleaning house	65	74	54	55	72	66	64
Minding house	86	89	82	84	87	84	87
Any of above	91	95	86	90	92	90	91
Any except minding house	64	78	48	59	68	68	62
<i>% Did chore regularly</i>							
Buying food	26	35	16	15	34	29	24
Cooking	28	36	18	13	39	30	26
Laundry	23	30	15	11	32	24	23
Cleaning house	28	35	20	14	38	30	27
Minding house	58	56	60	48	64	58	57
Any of above	65	66	64	54	73	65	65
Any except minding house	26	35	16	15	34	29	24

Source: 2011 Survey of Older Persons in Thailand

age differences are apparent with respect to the percentages that do the chores at least sometimes and that do them regularly. These differences are undoubtedly related to the reduced physical ability to carry out housework among persons 70 and older compared to those in their 60s. The lack of much difference with respect to minding the house undoubtedly reflects the lack of physical effort needed to do so.

Gender differences are also apparent for most of the chores and are more pronounced with respect to doing that chore regularly than doing it at least sometimes. The gender difference presumably reflects different normative expectations for men and women. At the same time, differences are minimal between percentages of urban and rural elderly who do household chores in households in which older-age parents reside with their children.

### 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 full time care when the adult children migrate to more distant locations and leave their young dependent children with the grandparents.

The 2011 Survey of Older Persons asked respondents if they had provided care for a grandchild under age 10 in their household during the previous 12 months and if so if the care had been provided on an occasional or regular basis. Another set of questions was directed to respondents who had a grandchild of any age living with them but whose parents were not present. In this case

information was solicited regarding who was the main caregiver and who provided the main financial support for the grandchild.

As results in the top panel of Figure 5.7 show, overall more than one fourth of persons aged 60 and over reported that they had provided at least occasional care in their household to a grandchild under age 10. There is no difference between men and women in this respect but clearly rural older persons were more likely to be providing such care than those in urban areas. If only care provided to a grandchild under 10 in the household on a regular basis is considered, 15% of older persons reported providing such care. In this case, however, not only were rural elderly more likely than urban elderly to report providing such care but also women were more likely than men to report regularly caring in their household for a young grandchild.

Although the question about providing care in the household for young grandchildren covered any grandchild, including those that lived next door or nearby, clearly having a young grandchild living in the same household increases the probability that an older person will provide care for that grandchild. Thus the lower panel



of Figure 5.7 shows the same information as the upper panel but is restricted to older persons who have a grandchild under age 10 living with them. In this case providing at least occasional care for the grandchild is almost universal with 87% of respondents reporting providing such care. Moreover there is little difference between older-age men and women or between urban

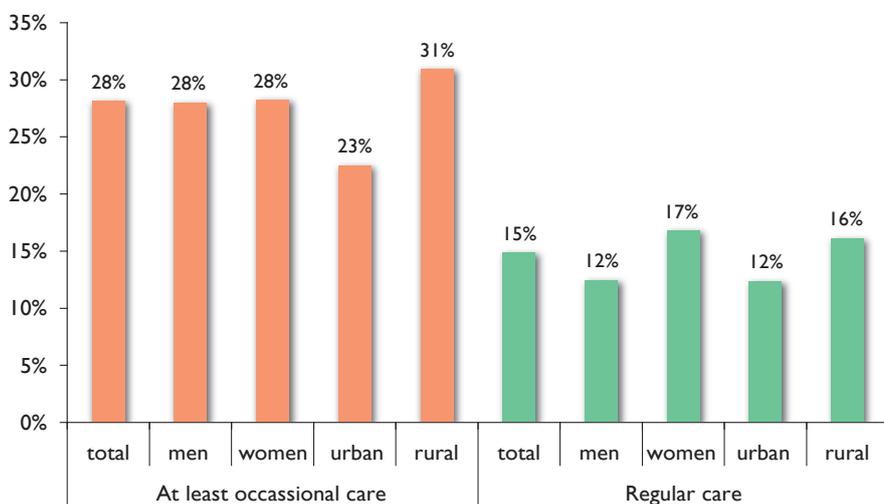
and rural elderly in this respect. When only regular care is considered a substantial gender difference emerges with grandmothers considerably more likely to provide such care than grandfathers. At the same time, the urban and rural elderly differ little in the percent that provide regular care. This implies that the difference in the top panel between urban and rural elderly is a result of the fact that rural elderly are more

likely than urban to have young grandchildren in their household as documented in chapter 3 (see Figure 3.6).

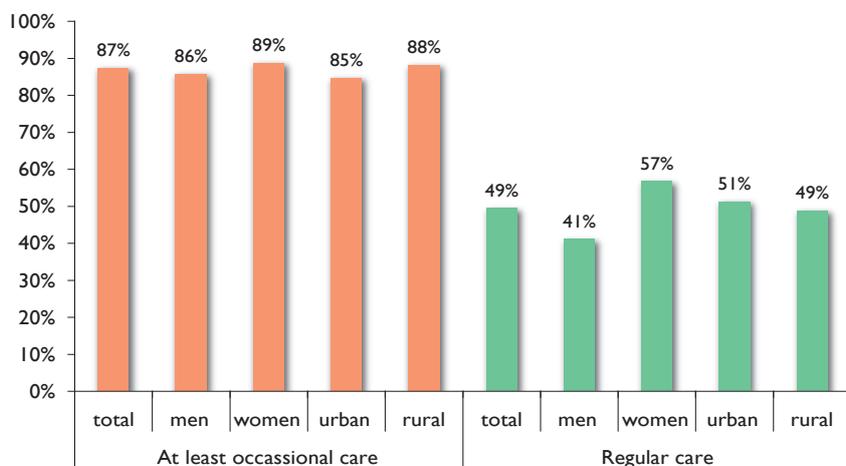
Information on grandparental care and financial support for grandchildren whose parents are absent is provided in Table 5.8. Overall 16% of persons aged 60 and older have at least one coresident grandchild with absent parents. In 3% of the cases, the grandchild's parents were absent because they died. In all the rest the parents were alive but living elsewhere (not shown in table). If more than one grandchild whose parents were not present lived with the respondent, the questions about care and support referred to the youngest grandchild. When more than one such grandchild was present, the information refers to the youngest

**Figure 5.7** Percentage that provided care in their household for a grandchild under age 10 during the past 12 months by gender, area of residence and frequency of care, 2011

A. Among all persons 60 and older



B. Among persons 60 and older with a grandchild under age 10 living in their household



Source: 2011 Survey of Older Persons in Thailand  
 Notes: Figure 5.7A refers to the 23% of persons 60 and older that lived in households with a grandchild under age 10. The question re care of grandchildren under 10 referred to any grandchild under 10 including any that might have resided nearby.

one. The large majority of cases covered are skip generation households as defined earlier but in some cases a married child or a child in law that is not the parent of the grandchild is 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 about a fifth of the cases are the grandparents the primary

providers of financial support for the grandchild. Instead, in just over 70% 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. Note that a minority of the grandchildren are at older ages and, especially if past school age, able to care and even support themselves. ■

**Table 5.8** Main carer and main provider of financial support for coresident grandchildren with absent parents in households of person 60 and older, 2011

	Total	Gender		Type of area	
		Men	Women	Urban	Rural
<i>Among all older persons</i>					
% with a coresident grandchild with an absent parent <sup>(a)</sup>	15.6	15.9	15.4	10.7	18.1
<i>Among older persons who have a grandchild in the household whose parents are absent</i>					
Main carer for the grandchild (% distribution) <sup>(a)</sup>					
self	32.1	17.2	44.2	31.7	32.2
spouse	11.8	23.1	2.6	10.5	12.3
both self and spouse	32.2	41.2	24.8	24.5	34.5
other <sup>(b)</sup>	23.9	18.5	28.3	33.3	21.1
total	100	100	100	100	100
Main provider of financial support for grandchild (% distribution) <sup>(c)</sup>					
grandparents	19.9	22.8	17.5	22.8	17.5
parents of grandchild	72.2	71.7	72.6	71.7	72.6
other including self support	7.9	5.5	9.9	5.5	9.9
total	100	100	100	100	100

Source: 2011 Survey of Older Persons in Thailand

Notes: In cases in which more than one grandchild with absent parents lives in the household, results refer to the main carer and main financial provider for the youngest grandchild.

<sup>(a)</sup> Includes grandchildren whose parents are deceased.

<sup>(b)</sup> Includes none (i.e. grandchild takes care of self).

<sup>(c)</sup> Excludes grandchildren whose parents are deceased.





## CHAPTER 6: Health status

# Chapter highlights

- Although the percentage of older-age Thais that assess their health as good or very good declined somewhat between 2007 and 2011, the percentage that say their health is either poor or very poor declined considerably more.
- The percentage of older-age Thais that report they cannot see clearly declined between 2007 and 2011 especially in rural areas where the those indicating they can see clearly with glasses increased substantially.
- Poor self-assessed health, illness during the past five years, not being able to see or hear clearly and incontinence all increase substantially with age and are reported more frequently by women than men.
- More than half of persons 60 and older report having received a physical checkup during the past 12 months; although this varies little by age, gender and area of residence, it is noticeably higher among those who participated in elderly clubs.
- Functional limitations and difficulties with self-care and other activities of daily living increase sharply with age.
- Among all persons 60 and older, 15% say they need assistance with activities of daily living but only about half have someone who provides it.
- The percentages that receive personal assistance increase steadily with the number of functional limitations or difficulties with self-care or activities of daily living.
- Overall, among older Thais that receive assistance with activities of daily living, children and children in law are by far the most common providers. Only a small minority of Thais receive personal care from a paid non-relative.
- Women are considerably more likely than men to be the main provider of personal assistance; daughters outnumber sons and wives and among older married persons wives outnumber husbands in providing assistance.
- Only a small minority of older Thais receive personal assistance from a paid non-relative.
- Psychological well-being decreases with age and is higher for men than for women.

The concept of well-being incorporates many different dimensions but perhaps none is a greater concern to older persons than their health. Biological processes ensure not only that the risk of mortality increases steadily with age but also the likelihood of functional limitations and chronic illness with implications for both physical and psychological well-being. Beyond the impact for individual older persons, age-related health problems in the context of population ageing translate at the societal level into increased demand for medical and related services within the formal health care system and increased 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

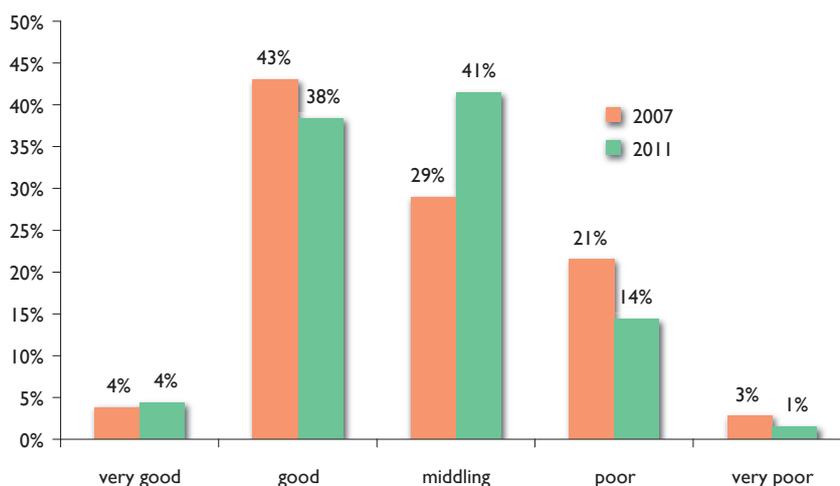
problems, functional limitations, difficulty with self-care and other activities of daily living, the need and provision of personal care, and psychological health.<sup>18</sup>

## Self-assessed health

Attempts to obtain objective measures of health were outside the scope of the 2011 Survey of Older Persons in Thailand and its predecessors. 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 simply asks respondents to assess their own general health during the recent past (Bopp et al. 2012). A comparison of results based on the 2007 and 2011 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

**Figure 6.1** Self-assessed health in past week among persons 60 and older, 2007 and 2011



Source: 2007 and 2011 Surveys of Older Persons in Thailand

<sup>18</sup> Although we refer to the information provided as 'self-assessed', some information comes from proxy and assisted interviews as discussed in chapter 1. The exception is with respect to results regarding psychological well-being since the relevant questions were not asked if the interview was provided by a proxy.

minorities fell in the two extreme categories. The most striking difference between the two surveys is the substantial increase in the proportion that fall in the middle category implying that their health is neither unusually good nor unusually poor. Even though the proportion that indicates their health as good declined somewhat between the two surveys a considerably greater decline is evident for the percentage that indicated their health was poor or very poor. Thus 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, the percentage that rates their general health as good or very good declines sharply with age while the percentage that indicates their health is poor or very poor increases sharply with age. For example, persons 80 and older are only half as likely to say their health was good or very good as persons aged 60-64 (26% versus 53%). An even larger proportionate age difference is apparent in the percentage that indicates their health is poor or very poor. Those aged 80 and older are

more than three times as likely as those aged 60-64 to fall in this category. Nevertheless, the percentage who report their health as good or very good exceeds the percentage that indicate their health is poor or very poor for every age group except the oldest.

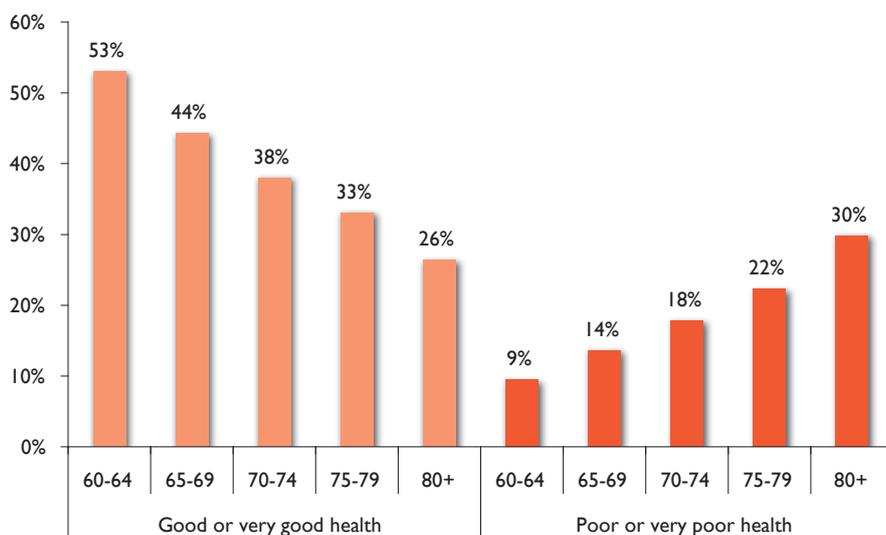
## Health problems

Respondents were also asked about their vision. Analysis of the previous Surveys of Older Persons in Thailand revealed a substantial improvement in vision as reflected in a very substantial increase in the proportion of persons that indicated that they had good vision without glasses (Knodel, Chayovan and Prachuabmoh 2011). This very likely reflected the active government program during the intervening years to provide cataract and other eye surgery to all who needed it (Jenchitr and Pongprayoon 2003).

As Figure 6.3 shows, changes in self-assessed vision also improved between 2007 and 2011; the percentage indicating they cannot see clearly declined between the two surveys particularly among older persons in rural areas. The improved vision, however, is

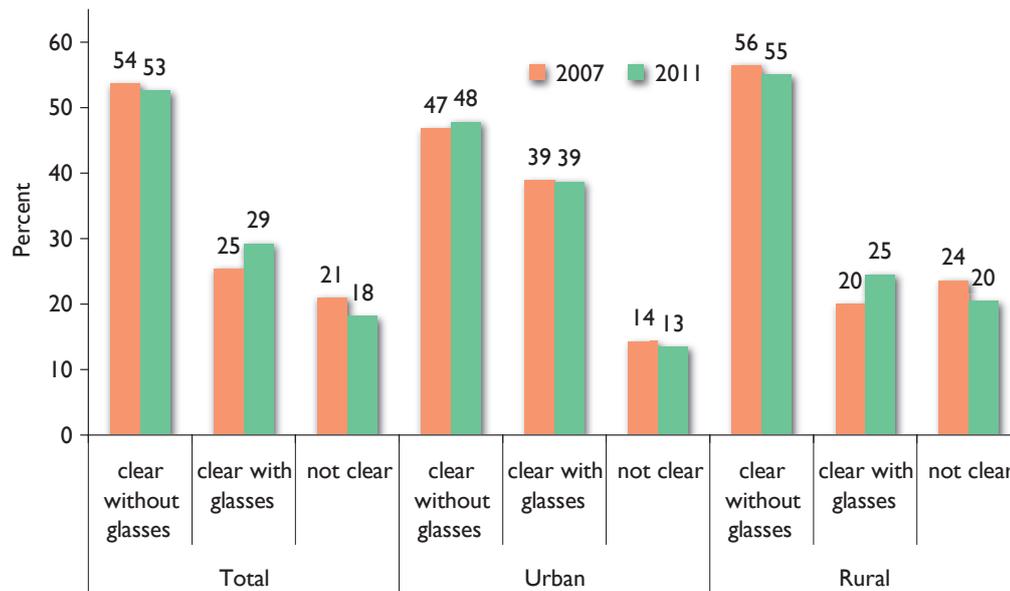
attributable to increased percentages that can see clearly with glasses rather than the percentage that can see clearly without glasses as was previously the case. Moreover, the improvement in seeing clearly with glasses is limited to rural older people. A possible contributing factor to this change is the collaborative program between Top Charoen Optic Company and the Thai

**Figure 6.2** Percentages reporting good and poor self-assessed health in past week by age, 2011



Source: 2011 Survey of Older Persons in Thailand

**Figure 6.3** Quality of vision among persons 60 and older, 2011



Source: 2011 Survey of Older Persons in Thailand  
 Note: Not clear includes a small percentage that is blind.

Red Cross described in chapter 1 that began in 2009 and provides free eye glasses to elderly persons in the more remote rural areas throughout Thailand.<sup>19</sup>

Table 6.1 summarizes relevant information on a number of health problems among older-age Thais as assessed in 2011 according to age, gender and area of residence. Clearly increasing age is associated with worsening of health regardless of the measure considered. Not only does the percent that report their general health as poor or very poor increase by age as described above but so do problems with vision or hearing, having experienced a fall in the last six months, and having problems with incontinence. Although the percent that are totally blind or totally deaf overall is only a fraction of 1% both 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 indicate they were sufficiently ill sometime during the past five years to interfere with their daily activities, 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

<sup>19</sup>As noted in chapter 6, the program provided eye glasses to approximately 20,000 persons by 2011. This is considerably fewer than the number required to account for the increased percentages that reported seeing clearly with glasses between the 2007 and 2011 Surveys of Older Persons in Thailand. Thus at most the program can account for only a modest share of the increase in older persons that see clearly with glasses.

**Table 6.1** Health problems by age, gender and area of residence, 2011

	Total	Age			Gender		Type of area	
		60-69	70-79	80+	Men	Women	Urban	Rural
% in poor or very poor health	15.8	11.3	19.6	29.9	13.7	17.5	15.0	16.3
% who were ill sometime during the past 5 years	60.7	55.2	67.1	71.6	55.2	65.1	65.0	58.6
<i>Vision (% distribution)</i>								
sees clearly without glasses	52.6	59.0	46.4	35.9	53.9	51.7	47.8	55.0
sees clearly with glasses	29.3	30.0	29.7	23.7	31.4	27.6	38.7	24.5
does not see clearly	17.7	10.7	23.5	38.9	14.3	20.4	13.1	20.0
blind	0.4	0.2	0.4	1.5	0.4	0.4	0.4	0.4
total	100	100	100	100	100	100	100	100
<i>Hearing (% distribution)</i>								
hears clearly without aid	85.4	92.6	80.8	58.5	86.4	84.6	86.4	84.8
hears clearly with hearing aid	2.1	1.8	2.3	2.7	1.9	2.2	2.4	1.9
does not hear clearly	12.2	5.4	16.7	37.0	11.3	13.0	10.9	12.9
deaf	0.3	0.1	0.3	1.8	0.3	0.3	0.2	0.4
total	100	100	100	100	100	100	100	100
% who fell in last 6 months	8.6	7.4	9.7	11.8	7.0	9.8	8.2	8.7
% with problem controlling urination	27.3	20.9	32.5	47.3	23.5	30.3	25.6	28.2
% with problem controlling defecation	24.3	18.9	28.4	42.3	21.5	26.5	22.4	25.3
% with any incontinence problem	28.4	22.0	33.5	48.3	24.6	31.3	26.8	29.1

Source: 2011 Survey of Older Persons in Thailand

reproductive role and other biological factors, but it is also important to recognize that cultural differences in self presentation between men and women could also play a role including the possibility that the sick role may be more socially acceptable for women (Nathanson 1977). It is also important to recognize that men suffer the ultimate health disadvantage, namely that they have a higher risk of dying at every age including at older ages. According to the latest estimates,

life expectancy at age 60 is three years shorter for Thai men than for Thai women (UN 2012b).

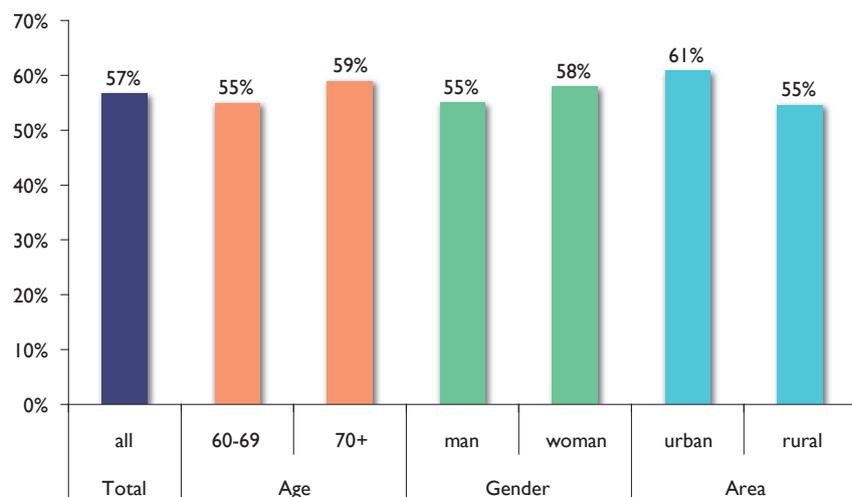
Most of the health measures in the table also point to rural older persons having worse health than urban elderly. Thus older persons in rural areas are slightly more likely than those in urban areas to indicate they are in poor or very poor health, do not see or hear clearly, and experience incontinence. However, older persons in rural

areas are less likely to report they were ill during the past five years and little difference is apparent in the percent that fell in the last six months.

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 2011 Survey of Older Persons asked respondents if they had gone for a physical checkup not related to a specific illness during the past 12 months. As the results summarized in Figure 6.4 show, over half of Thais 60 or older reported that they did. Moreover, this varies very little by age, gender or area of residence.

The rather substantial percentage of older persons that report receiving a physical exam may reflect the fact that universal healthcare is available at government facilities and thus the exams would not involve direct monetary costs to the recipients.<sup>20</sup> Well over 90% who reported having a physical exam indicated it was from the government health service. Is also interesting to note that the percentages who reported having an exam was considerably higher among the one fourth of persons age 60 and older who participated in an elderly club during the past year (not shown in figure), especially for those at more advanced ages. It is possible that elderly clubs arrange for government health personnel to provide occasional health checkups at the

**Figure 6.4** Percent of persons 60 or older who had a physical checkup in past 12 months not due to illness, 2011



Source: 2011 Survey of Older Persons in Thailand

meetings thus promoting checkups among participants. It is not possible, however, to determine this from the data in the survey.

## Functional health

One serious consequence of declining health and increased frailty associated with ageing is increased difficulties of physical movement often referred to as functional limitations. In addition, ageing is also associated with difficulties 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 only within the home. As functional limitations and ADL and IADL difficulties increase, the need

<sup>20</sup> It is also possible that some respondents may be reporting exams they received when going for a particular health problem rather than simply for a physical checkup. The percentage that reported having a physical exam not related to illness was substantially higher among those who reported they had been ill during the past five years (64% versus 45%) and thus consistent with such a possibility.

for assistance by caregivers becomes increasingly necessary.

The 2011 Survey of Older Persons included questions about four potential functional limitations as well as potential difficulties with seven ADLs and three IADLs. For each, the respondents were asked if they could do the task by themselves and replies were recorded in three categories: can not do at all, can do but with someone helping or with a physical aid, and can do without assistance. Table 6.2 summarizes results.

Overall a third reported having at least one of

four functional limitations, only 4% reported having at least one difficulty with ADLs and a fourth reported at least one IADL difficulty. With respect to the functional limitations, almost 30% indicated they had difficulty lifting 5 kilograms by themselves. Considerably fewer (only half as many or less) indicated they had difficulty with walking 200-300 meters, squatting, or climbing two or three stairs. The most common ADL difficulty was using a toilet but even here only 3% indicated having difficulty with this task. Thus the vast majority of older persons do not appear to need help with these basic self-care tasks.

**Table 6.2** Functional limitations, difficulty with activities of daily living (ADLs) and difficulty with instrumental activities of daily living (IADLs), among persons 60 or older by age, gender and area of residence, 2011

	Total	Age		Gender		Type of area	
		60-69	70+	Men	Women	Urban	Rural
<i>% with functional difficulties</i>							
Lifting 5 kgs	29.2	17.1	45.7	20.5	36.0	31.2	28.2
Walking 200-300 meters	15.7	7.4	27.0	11.6	18.9	16.5	15.2
Squatting	12.7	6.3	21.3	9.4	15.2	14.5	11.7
Climbing 2 or 3 stairs	11.9	4.9	21.5	8.5	14.6	12.6	11.5
Any functional difficulty	32.9	20.0	50.6	23.8	40.0	34.6	32.1
<i>% with ADL difficulties</i>							
Using toilet	3.1	1.2	5.6	2.5	3.5	3.9	2.6
Bathing	2.9	1.2	5.1	2.4	3.2	3.7	2.5
Putting on shoes	2.8	1.2	5.1	2.5	3.1	3.6	2.4
Dressing	2.7	1.2	4.8	2.3	3.0	3.5	2.3
Grooming self	2.6	1.1	4.6	2.4	2.7	3.2	2.3
Wash face/brush teeth	2.4	1.0	4.3	2.2	2.6	3.2	2.0
Eating	2.2	1.0	3.8	1.9	2.4	2.7	1.9
Any ADL difficulty	4.1	1.9	7.1	3.5	4.5	5.1	3.6
<i>% with IADL difficulties</i>							
Using transportation	24.0	11.0	41.9	17.5	29.1	24.1	24.0
Counting change	10.6	4.1	19.6	7.9	12.7	9.5	11.2
Taking medicines	9.3	3.6	17.1	7.2	10.9	8.8	9.5
Any IADL difficulty	25.5	12.2	43.8	19.0	30.7	25.2	25.7
<i>% with any functional, ADL or IADL difficulty listed above</i>	<i>37.7</i>	<i>23.5</i>	<i>57.3</i>	<i>28.4</i>	<i>45.1</i>	<i>38.3</i>	<i>37.4</i>

Source: 2011 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.

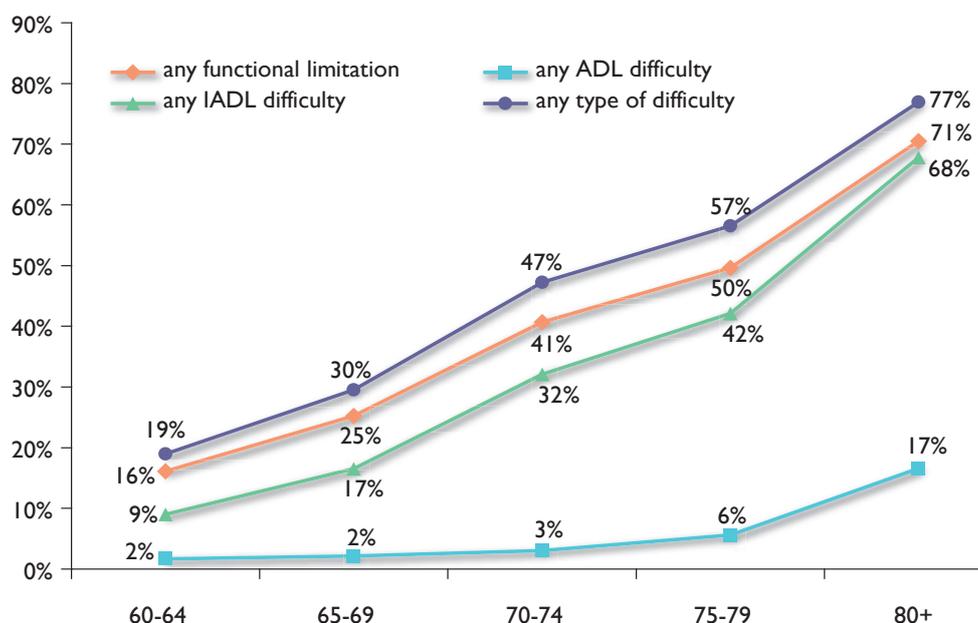
However, with respect to IADLs, almost a fourth indicate they have difficulty using transportation but only about 10% have trouble counting change or taking medicines by themselves. When the full set of functional limitations, ADLs and IADLs are considered together, close to 40% of older persons have difficulty with at least one.

Clearly age and gender are associated with functional limitations and 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 asked about. Differentials by area of residence are far less marked and not consistently in one direction although generally rural older persons express less difficulty than those in urban areas.

Figure 6.5 shows in more detail the steep increase with age in having functional limitations and difficulties with ADLs and IADLs. Thus while less than one fifth of persons aged 60-64 have difficulty with any of the tasks, this increases steadily with age. Among those 80 and older more than three fourths have difficulty with one or more tasks. Very parallel step rises in both functional limitations and IADL difficulties are apparent but ADL difficulties show only a minor increase before age 75. Still for those 80 and older 17% have difficulty with at least one ADL.

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. Over 40%

**Figure 6.5** Percentage with functional limitations, difficulty with activities of daily living (ADLs) and difficulty with instrumental activities of daily living (IADLs) by age, 2011

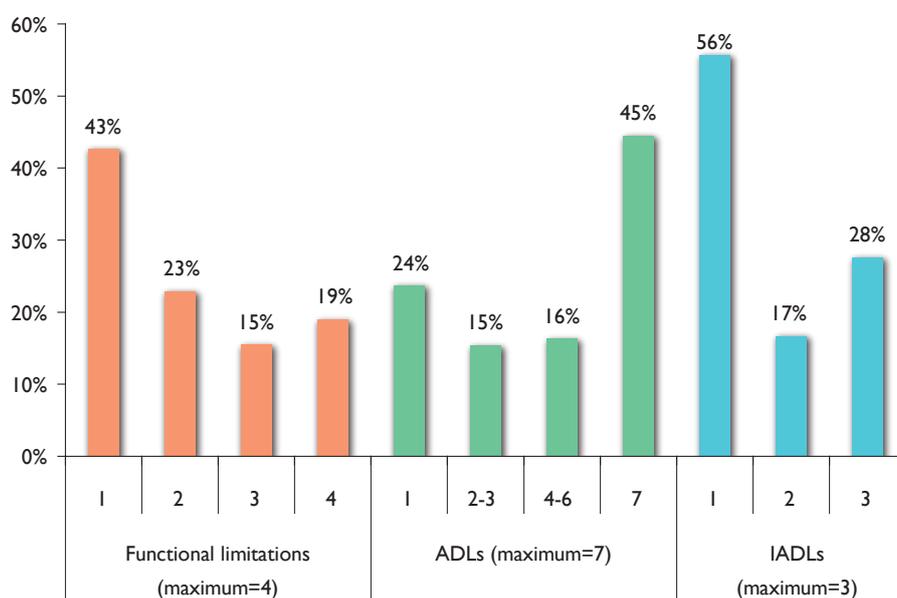


Source: 2011 Survey of Older Persons in Thailand

Note: See Table 6.2 for list of functional limitations, ADLs and IADLs.

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.

**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), among those with at least one of each specific type, 2011



Source: 2011 Survey of Older Persons in Thailand

Note: See Table 6.2 for list of functional limitations, ADLs and IADLs

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.

of those who suffer from functional limitations have only one; at the same time almost one fifth has all four. In contrast, among the small proportion of older persons who have difficulties with ADLs, fully 45% have difficulty with all seven that were asked about and just under one fourth had only one such difficulty. Finally with respect to IADLs, over half expressed difficulty with only one of the three although over one fourth indicated difficulty with all three tasks.

## Need and provision of personal assistance

Respondents in the 2011 survey were asked if they want or need someone to help them with their daily living activities and whether or not people of various relationships to them pro-

vided such assistance.<sup>21</sup> Table 6.3 summarizes the results. Overall only 15% 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. 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 tends to be concentrated at advanced ages and only for a limited period of time within the old age span.

The percentage reporting that someone provided personal assistance follows a similar age pattern although sharper increases with age begin a bit earlier than in the case of self-declared need for assistance. Women are more likely to say they needed someone to assist them but with little difference in this respect between older persons in urban and rural areas. Urban elderly, however, are more likely to report having someone to provide assistance than those in rural areas.

As Table 6.3 also shows, only half of the persons

<sup>21</sup> The meaning of the Thai term used in the question (tongkarn) embraces both wanting and needing, and thus positive responses can not 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 6.3** Percentage reporting need or desire for assistance with daily living activities and percentage reporting receiving assistance by age, gender and area of residence, 2011

	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	15.4	17.2	50.6	49.4	11.1	88.9
<i>Age</i>						
60-64	10.2	10.5	29.6	70.4	8.3	91.7
65-69	11.9	12.5	36.8	63.2	9.2	90.8
70-74	14.9	17.2	46.9	53.1	12.0	88.0
75-79	19.3	22.5	55.8	44.2	14.7	85.3
80+	36.4	43.7	80.3	19.7	22.7	77.3
<i>Gender</i>						
men	13.7	15.3	45.9	54.1	10.4	89.6
women	16.6	18.7	53.7	46.3	11.7	88.3
<i>Area</i>						
urban	15.8	20.0	51.9	48.1	14.0	86.0
rural	15.2	15.8	50.0	50.0	9.7	90.3

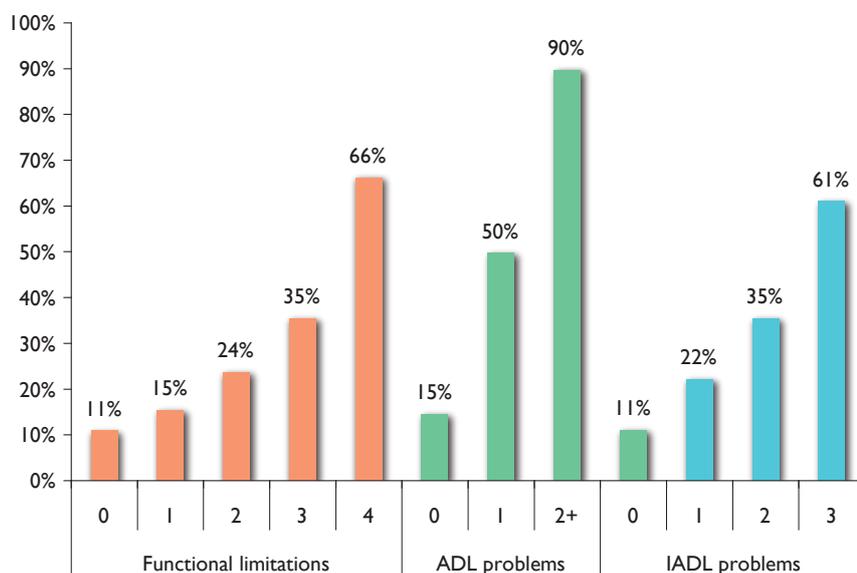
Source: 2011 Survey of Older Persons in Thailand

who reported wanting or needing assistance reported that someone assisted them while 11% of those who indicated they did not need someone to help them with daily activities reported that they nevertheless received assistance. The percentage who received assistance among those that indicated they needed assistance increases steadily with age rising from 30% for those aged 60-64 to 80% of those aged 80 and over. Likewise the percentage that indicated they received assistance even though they indicated they did not need it rises with age from 8% among those aged 60-64 to over one fifth of those aged 80 and over. Women were also somewhat more likely than men 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 men when they said they didn't want

or need assistance. There is little urban-rural difference with respect to having assistance among those who said they want or need it. Nevertheless the percentage that received assistance even though they said they do not need it is higher in urban than rural areas. This likely reflects at least in part the higher percentage of urban elderly that have some type of paid assistance.

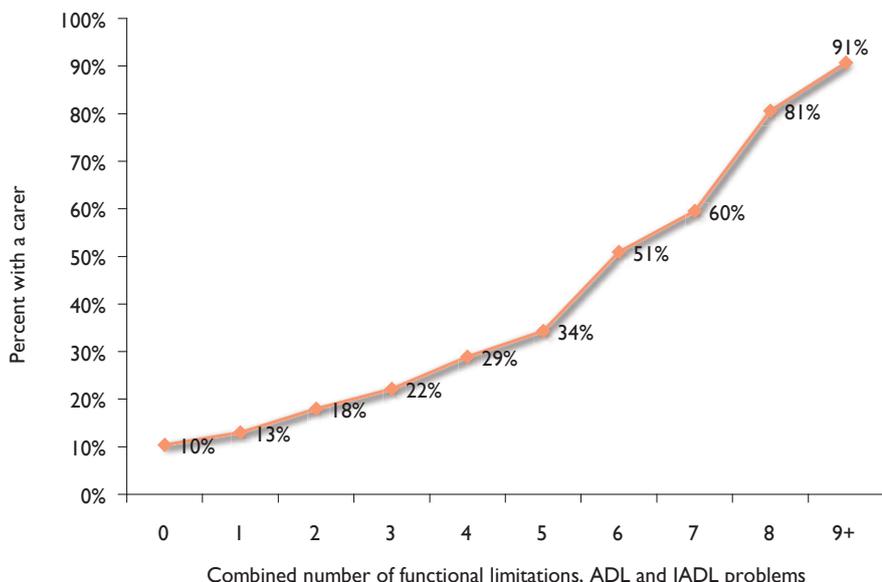
Presumably having a functional limitation or difficulty with one or more ADL or IADL suggests a need for some assistance. Figure 6.7 shows the percentages that have at least one person that provides assistance according to the number of functional limitations, ADL problems and IADL problems reported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

**Figure 6.7** Percentage that have at least one provider of assistance with daily living activities among persons 60 and older by the number of functional limitations, difficulties with activities of daily living (ADLs) and difficulties with instrumental activities of daily living (IADLs), 2011



Source: 2011 Survey of Older Persons in Thailand  
 Note: See Table 6.2 for list of functional limitations, ADLs and IADLs

**Figure 6.8** Percentage that have at least one provider of assistance with daily living activities among persons 60 and older by the total combined number of functional limitations, difficulties with activities of daily living (ADLs) and difficulties with instrumental activities of daily living (IADLs), 2011



Source: 2011 Survey of Older Persons in Thailand  
 Note: See Table 6.2 for list of functional limitations, ADLs and IADLs

ADL difficulties are likely to be most in need of assistance and fully half with just one ADL problem and 90% of those with two or three ADL problems receive 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. Among those with no functional limitations or ADL or IADL difficulties, only 10% report receiving assistance but this steadily increases with each additional problem experienced reaching over 90% 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 multiple difficulties are likely to have someone to provide it.

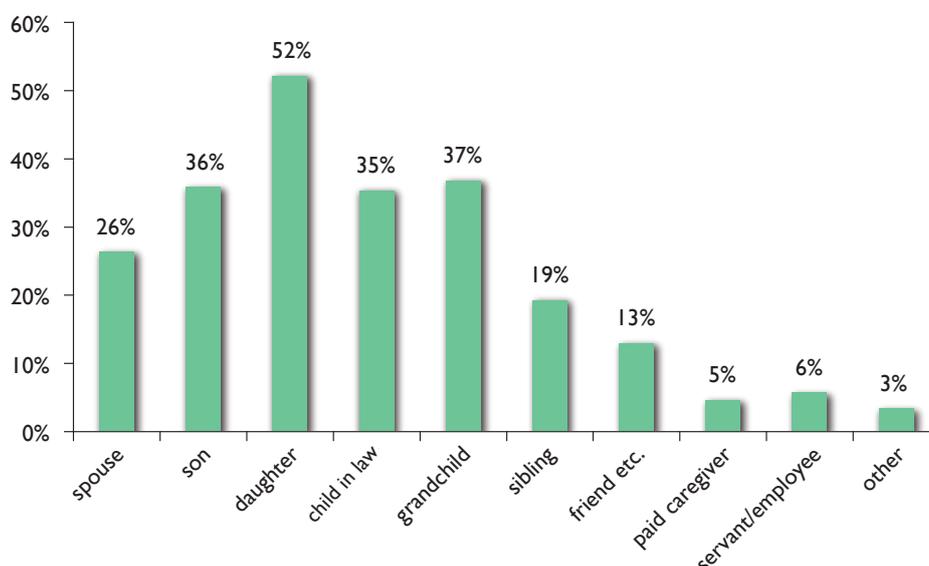
Figure 6.9 shows who provides personal assistance to those older persons who receive it. Note that almost 60% of respondents who received assistance reported receiving it from more than one type of person. Thus the percentages add to substantially more than 100. By far the most common person to provide assistance is a daughter. Sons, children in law and grandchildren are cited almost equally frequently and are the next most often mentioned. Spouses are cited just over one fourth of the time. Only a small percentage report non-relatives including paid caregivers and servants or employees.

Respondents were also asked if they received assistance who was the main person that provided it. Results are presented in Table 6.4. In addition to showing results for the total set of older persons who receive help, results are also shown disaggregated by gender as well as by marital status. This permits better assessment of the extent to which spouses play a role since spouses can only assist in the case of persons that are married.

Among all persons who receive assistance, children or children in law are by far the most common assistance providers. Spouses come in a distant second place but are considerably more commonly cited by men than by women. One factor contributing to this, however, is the fact that men are far more likely to be married than are women as discussed in chapter 2. Overall, approximately 85% of older persons receiving assistance in their daily living activities cite a child or child in law or a spouse. Other relatives and paid carers are thus relatively uncommon as main assistance providers.

The percentage of older persons citing spouses as their main personal assistance provider is considerably higher when consideration is limited only to married older persons. Nevertheless children or children in law are still by far the most common assistance provider even for married older persons including married men. Still, for men the percentage of cases in which a spouse is the main personal assistance provider starts to approach the percentage constituted by

**Figure 6.9** Percentage who receive assistance with daily living activities from specified persons among persons 60 or older for whom someone provides care, 2011



Source: 2011 Survey of Older Persons in Thailand

children or children in law. For married women, spouses are considerably less frequently cited as the main assistance provider. Although the difference in the frequency of a spouse as the main assistance provider between married women and married men is still substantial, it is considerably more moderate than for all older persons. Among older persons that are not married and that receive personal assistance, children or children in law are overwhelmingly the main providers of personal assistance. Still, other relatives are cited almost one fifth of the time. Paid carers are not frequently cited but are more common in the case of unmarried men than unmarried women.

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 and Jitapunkul 2009). The fact that the 2011 Survey of Older Persons finds that paid caregivers 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 a particularly issue in light of the fact that future generations of older persons will have fewer and more 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, 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 unaf-

**Table 6.4** Percent distribution of main providers of assistance with daily living activities by gender and marital status of persons 60 and older who have a caregiver for daily activities, 2011

	Total	Men	Women
<i>All</i>			
spouse	18.1	32.4	9.0
child or child in law	66.2	54.9	73.4
other relative	12.5	8.5	15.1
paid carer	2.8	3.8	2.2
other	.4	.4	.4
total	100	100	100
<i>Married</i>			
spouse	33.5	42.0	22.8
child or child in law	57.1	50.1	66.1
other relative	7.3	6.0	8.9
paid carer	1.8	1.7	1.9
other	0.3	0.2	0.4
total	100	100	100
<i>Not married</i>			
child or child in law	76.8	71.3	78.1
other relative	18.7	16.9	19.1
paid carer	4.1	10.9	2.5
other	.4	.8	.4
total	100	100	100

Source: 2011 Survey of Older Persons in Thailand

Note: Paid carer includes paid caregivers, nurses, servants and other employees.

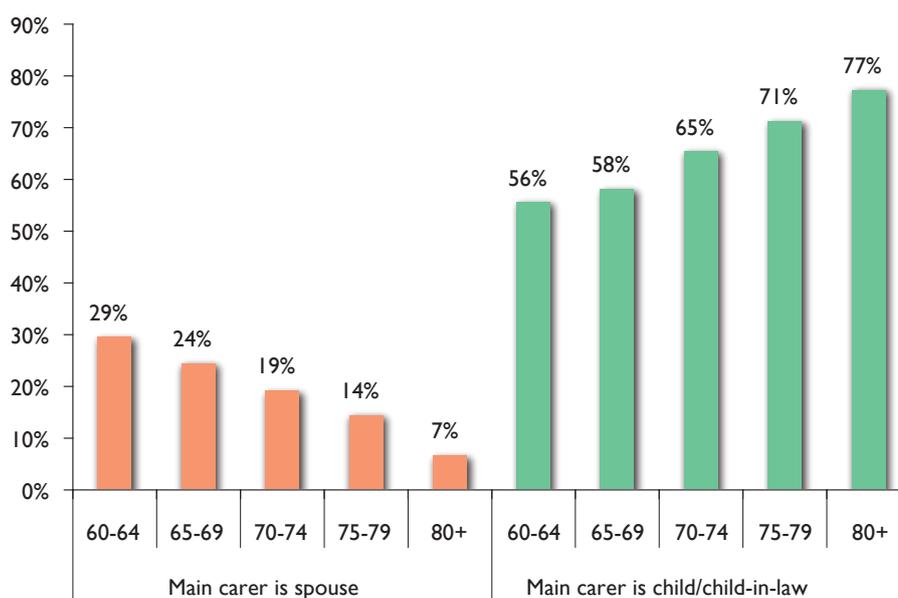
fordable. Limited availability of such services and issues concerning their quality may also detract from their prevalence.

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 two groups varies according to age of the recipient. The role of spouse as main provider declines steadily with advancing age from 29% for persons aged 60-64 down to only 7% for persons aged 80 and over. A key factor in this decline is the fact that the percentage of older persons who are currently married falls sharply with age and thus 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 half cite children or children in law as their main personal assistance providers and this rises to 77% for those aged 80 and older.

## Psychological health

The 2011 survey of older persons included several questions intended to measure the psychological well-being of respondents. More specifically, the questions asked how often during the previous month did the respondent experience seven particular negative feelings. Responses were coded as never, sometimes, or always. The feelings that were asked about were loss of appetite, worrying, being upset or moody as well as feeling lonely, sad or unhappy, hopeless, and worthless. In addition, 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. Results presented in Table 6.5 indicate the percent that experienced each of the seven negative feelings at least sometimes during the past month. In addition, two summary measures are presented which include the mean number of the seven negative feelings acknowledged and the mean assessed happiness based on the score of 0 to 10. Note that higher

**Figure 6.10** Percentage whose main provider of assistance with daily living activities is a spouse or is a child or child in law, 2011



Source: 2011 Survey of Older Persons in Thailand

scores on the happiness scale indicate greater happiness and thus better psychological well-being while higher mean numbers of negative feelings signify lower psychological well-being.

Slightly over half of the respondents indicated that they experienced at least an occasional loss of appetite during the past month making it the most commonly expressed negative feeling. Experiencing worry or being upset or moody are the second two most common negative feelings experienced and overall reported by approximately one fifth of respondents. A third indicated they sometimes felt lonely. Substantially fewer respondents indicated that they had been sad or unhappy or felt hopeless or worthless during the past month.

Not only does the mean number of the seven negative feelings increase with age but without exception, the percentage experiencing each of them also increases with age. Moreover women average more negative feelings than men and are more likely to report each of the seven than men. Although the mean number of negative feelings as well as the percentages expressing each of the individual feelings are also consistently higher for rural than urban elderly, the differences are less pronounced than for gender or age. Interestingly, the mean assessed happiness score corresponds well with the differences found by age, gender, and residence. Thus the happiness score declines with age, is lower for men than for women and lower for rural than urban older persons while the mean number of negative feelings reported increases. ■

**Table 6.5** Indicators of psychological well-being among persons 60 and older by age, gender and area of residence, 2011

	Total	Age			Gender		Type of area	
		60-69	70-79	80+	Men	Women	Urban	Rural
<i>% experiencing the following feelings at least some times during the past month</i>								
lack of appetite	52	48	57	65	48	55	48	54
worry	40	38	40	47	36	42	38	40
upset/moody	38	38	39	43	35	41	37	39
lonely	33	30	37	40	29	36	31	34
sad/unhappy	20	19	22	25	18	22	18	22
hopeless	16	14	18	21	14	18	15	16
worthless	12	11	15	17	11	14	11	13
<i>Summary measures of overall psychological well-being</i>								
mean number the 7 negative feelings during past month	2.1	2.0	2.3	2.6	1.9	2.3	2.0	2.2
mean self-assessed happiness score (0 to 10)	7.4	7.5	7.3	7.1	7.5	7.3	7.5	7.3

Source: 2011 Survey of Older Persons in Thailand  
 Note: Results exclude proxy interviews.



# Reflections: Options for the future

By HelpAge International

## Reflections: Options for the future

By HelpAge International<sup>22</sup>

Thailand's demographic profile has changed radically in recent decades but the fundamental traditions of society remain in place. Many Thais continue to work into old age, sometimes earning an income, but often helping their family without being paid. This unpaid work includes freeing their adult children to earn an income by taking care of grandchildren, helping with housework or assisting with the family business. However, health declines with age. When older people become less able to work, they have traditionally relied on their families to provide material support and care. This assistance has become more of a challenge as family sizes shrink and a large proportion of younger people migrate away from their home town for work.

Despite the challenges, as the analysis of John Knodel, Vipin Prachuabmoh and Napaporn Chayovan has shown, older people in Thailand continue to rely heavily on their adult children. In turn, their children remain devoted to their parents while coping with their own difficulties, however may not be able to provide sufficient support, particularly care and practical assistance for activities of daily living. In parallel with the growth in Thailand's economy, the huge expansion of the Old Age Allowance and health benefits has allowed the state to assist families financially and to give some additional security for the older poor. However, chapter 4 has demonstrated that such state benefits have not undermined the assistance that adult children provide to their parents.

Survey findings suggest that there has been little or no decline in financial support from children between 2007 and 2011, although for a minority of older persons the amount provided by the Old Age Allowance now exceeds that provided by their children. Thus, the Thai people are doing their best to maneuver through unprecedented social and economic change and they continue to lean on strong cultural traditions.

In planning for the future however, it is important to keep in mind the additional major challenges looming as a result of demographic change. One challenge is that the traditional family-based umbrella of protection is already strained, often as a result of the poverty of the family as a whole or the wide dispersal of family members. Thus, many older people in Thai society remain highly vulnerable despite the country's economic development. Another major challenge is that the gaps in protection may widen as demographic changes continue into the future. Projections in chapter 1 show that by 2040, nearly a third of the country's population will be age 60 or older. Families will be smaller than in earlier generations and younger people will continue to migrate for better job opportunities. The country therefore needs to continue preparing for additional social change.

The purpose of chapters 1–6 is to describe the situation of older people rather than to provide advice about how to prepare for the future. However, by painting a picture of the context as of 2011, the survey findings provide evidence for policy makers on multiple issues. In addition, when assessing the options for the future, it is important also to learn from past experience in programs and service delivery. Thus the

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<sup>22</sup> HelpAge International thanks the following people for their comments on this chapter, although the opinions expressed here are those of HelpAge International only and do not necessarily reflect the views of these experts consulted: Assistant Prof. Dr. Vajiraya Bausri, Chalermsee Chantaratim, Viennarat Chuangwiwat, Ladda Damrikarnlerd M.D., Sawang Kaewkantha, Associate Prof. Dr. Jiraporn Kespichayawattana, Prof. Emeritus Pongsiri Prathanadee M.D., Thaworn Sakulphanit M.D., Suwattana Sripirom, Prof. Kusol Sunthorntada, Yos Vajragupta, Manoo Vathisunthorn M.D., Paranee Wattana and Prof. Sasipat Yodpet.

reflections here draw on the accumulated experience of HelpAge International and other actors in addressing challenges in ageing and a range of documented evidence, both in Thailand and elsewhere.

## Policy, laws and regulations

- Thailand has made good progress in developing a policy and legal framework supporting older people, although further improvement is still needed. While building on this foundation, the government can devote attention to **effective implementation of existing policies**, plans, and legislation targeting older people. It can also continue mainstreaming ageing into national development plans and build coordination among ministries. Such policies, plans and services for older people should take into account differences related to gender, ethnicity, disability and area of residence (rural or urban). The majority of older people live in rural areas. Women exceed men as a proportion of those in old age and this gender imbalance increases with age as discussed in chapter 2.
- The role of local authorities is increasingly important as a result of government administration reform that promotes decentralization. Through a better understanding of ageing issues, local authorities should be encouraged and supported to develop effective measures such as **local ordinances and regulations** and monitoring and evaluation systems to ensure that ageing issues are sufficiently addressed.
- Financing the increasing demand for healthcare and social welfare for older people has become a central concern of the government. An **analysis of government revenue options** could present ideas for financing improvements in the social welfare system to make them more equitable and efficient. This could include exploring current proposals for tax reform being discussed by prominent research organizations, such as improving tax collection among those who are working or have income but are not paying tax, adjusting mechanisms for the collection of taxes, introducing new types of tax such as a property tax or VAT, and reviewing tax exemption measures (Long Term Equity Fund and Retirement Mutual Fund).
- Government implementation of the recommendations of the **Social Protection Floor** initiative led by the International Labor Organization in close collaboration with the Ministry of Social Development and Human Security would help address future vulnerabilities of older people. An assessment through a series of national dialogues and analyses has led to recommendations including improvement in income security and access to health services across all age groups.
- Thailand's full support for implementing the **ASEAN Strategic Framework** for Social Welfare and Development 2011-2015 will help ensure that many of the challenges related to older people are addressed in concert with its regional neighbors.
- The government is encouraged to participate in and support the process of the **Open-ended Working Group on Ageing**, which was established by the UN General Assembly at the end of 2010 to strengthen the protection of the human rights of older people. It is tasked to review the existing international instruments, identify gaps and explore ways to address them, including a possible future UN Convention on the Rights of Older Persons.

## Government capacity, systems and services

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- The **capacity of government agencies** at different levels should be enhanced to respond effectively to the implications of population ageing. At the central level this means notably the Bureau of Empowerment for Older Persons under the Ministry of Social Development and Human Security, and the National Commission on the Elderly. At the provincial and local levels, key agencies include the provincial departments of Social Development and Human Security and local authorities, especially the sub-district (tambon) administrative organizations. There should be sufficient allocation of resources so that the concerned agencies can improve their human resource capacity.
- The government is encouraged to make the **database and information systems** on older people currently maintained by different line ministries more comprehensive, integrated, up-to-date and accessible. The joint effort of Geo-Informatics and Space Technology Development Agency and HelpAge International, with support from UNFPA Thailand in piloting an integrated database of older people for local authorities could be further developed and scaled up. This improvement will facilitate policy development, planning and service delivery.
- Greater **accessibility of public buildings and transportation** (such as bus and train) can assist many older people and people with disabilities. The pilot project of having a special carriage on Northern and Northeastern rail lines for people with mobility difficulties is encouraging and should be expanded to all lines and other modes of

transport. This should not be limited to government services but other sectors as well. There should be effective implementation of the laws and regulations with a provision on safety and public facilities including the Older Persons Act 2003 and the regulation of the Ministry of Interior 2005. A national campaign linked with the Age Friendly Cities program of the World Health Organization may be beneficial.

## Older people's participation and contributions

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- The government should continue supporting the **Assembly on Ageing** at the national level, initiated by the National Commission on the Elderly, to serve as a national forum to increase the participation of key stakeholders. The concerned government agencies should ensure that the recommendations of the Assembly at the national level are seriously taken into consideration in their policy development and their implementation. Progress made should be reported back to older persons.
- **Older people groups** or elder clubs, multi-functional organizations of older people, should be promoted and expanded to support community development initiatives such as social inclusion, provision of care for frail older people, local and national policy advocacy, disaster risk reduction and income generating activities. These groups also promote healthy ageing by raising awareness of the need to reduce risks such as smoking and encouraging better diets and physical exercise. Inter-generational approaches should be adopted to promote interaction and strengthen the groups' functions.

- **Management of the Elderly Fund** should be strengthened by decentralizing decision making for grant approval and increasing its budget allocations for promoting activities that contribute to improving the living conditions of older people. Fund management should also mobilize funding from other sources such as the general public and private sector through corporate social responsibility schemes and promote the Fund's visibility.
- Natural and manmade **disasters and emergencies** have become more frequent as a result of global climate changes and political conflicts. Older people and other vulnerable groups including children and people with disabilities should be taken into consideration in disaster management including disaster risk reduction measures. While some older people are vulnerable, others can contribute to disaster management using their lifelong experience and local knowledge.
- Harnessing the contributions of older people as well as developing care and other services can create economic opportunities, as other countries have found. For example, the ILO's "growth diamond" approach promotes a range of policy and regulatory initiatives to encourage private sector development including an appropriate investment regime for care services and facilities, skills enhancement, social protection and social services, infrastructure and technology development including nursing home expansion, and strengthened industrial relations.
- The vast majority of older people have access to telephones, and future generations of older people will be more literate and can increasingly rely on computers. **Expanding**

**IT access and familiarity** would encourage social inclusion of older people, improve service delivery and help with maintaining family contacts.

- In addition to caring for today's older generation, **public awareness** of the need to prepare for old age and positive images of older people need to be encouraged, taking into consideration the changing situation of families and overall population trends. This would include encouraging people to be realistic about future sources of income and means of support. Messages portraying older people as a resource and not simply a burden to society should be conveyed using mass media and social media, for example, through cooperation with the entertainment sector.

## Care and health services

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- Government is encouraged to lead a systematic review of strategies, financing and programs on **long term care for older persons**. These include the programs led by the Ministry of Public Health under the Health Development Strategic Plan for the Elderly 2008-2011, and the pilot project on the Home Care Service Volunteers for the Elderly Program of the Ministry of Social Development and Human Security, as well as other programs initiated by local authorities and the not-for-profit sector. Based on the review, the government can develop an integrated long term care system with a legal framework and structures which facilitate greater coordination and clarify the roles and functions of key players – ministries, the private sector and non-government sector including informal caregivers.

- **Support for family caregivers** could be escalated through a range of measures including training and counseling, financial assistance and housing arrangements or subsidies to allow children to live close to their parents. Family carers who also work in the formal sector could be allowed flexible work hours and elder care leave. Day care centers could be established in work places.
- **Home and community-based care** and support should be fostered including volunteer-based home care, paid care giving and community day care centers. These could be linked with existing community structures, both formal and informal, particularly local authorities, religious centers (temples, mosques and churches), community-based groups such as the Home Care Service Volunteers for the Elderly, elder clubs, village health volunteers and community saving groups (to include care for older people in its benefit package).
- Not-for-profit organizations, religious institutions and the private sector could **complement government provision of care services**. Their efforts could be supported by the government financially and through capacity building and the promotion of corporate social responsibility and social business. Regulation such as portable accreditation needs to be expanded and coordinated between ministries to support care workers and, in turn, to ensure protection of older persons who receive care and support from different types of care providers. Quality control measures needed include assessment and standardization of training, licensing and monitoring.
- Community care could be supported through **new technologies** that link to more specialized healthcare structures, databases and warning systems. The private sector can lead innovation through collaborative schemes.
- The majority of older people in Thailand still live with their family. However, as chapter 3 describes, the number of older people who live alone or only with their spouse is increasing. Adult children's provision of material support, by itself, will not address the full range of their parents' needs. Existing and new **services for older people living independently** should improve quality of life, particularly for those who are frail and need some care and support. Institutional care should be made available as a last resort for older people who have no family and are too frail or ill and not able to live independently.
- With increasing life expectancy, mental health and neurological disorders such as dementia are likely to increase in Thailand in the coming years. Strategies for care services need to anticipate **growing mental health challenges** in Thailand's population in the light of shrinking family sizes.
- **Intermediate care** in health facilities should address older people's need for comprehensive step-down care. Currently Thailand's health facilities provide acute care and rehabilitation, but these cover only a small part of intermediate care. Home health care and other related services such as tele-service and transport to access health care should also be promoted.
- Efforts should be made to increase number of health personnel with specialization in **geriatric medicine** and to mainstream old age health care into medical training. Since this field of medical practice is less popular, incentives in the form of scholarships and

rewards should be introduced. At the same time, the existing workforce in the health sector should be motivated and upgraded to be able to respond to increasing demand for quality services for older people, including those who suffer from dementia.

## Income security, old age pensions and work

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- Overall **management of old age pension systems** in the country would be improved by integrating the current fragmented schemes through establishing a national body to develop, coordinate, supervise and regulate all such systems to ensure effective functioning and sustainability.
- The government is encouraged to review all current laws related to old age pension systems and introduce a comprehensive law to **strengthen the legal base of old age pension schemes** including the universal social pension (the Old Age Allowance), which is currently based on only one part (article 11) of the Older Persons Act 2003 regarding the provision on rights and entitlements.
- Even though its benefit amount is fairly modest, the Old Age Allowance is becoming a more important source of income for a growing number of older people. This suggests that many older people have precarious income security and that the Old Age Allowance is critical to complement their children's income support. The government is therefore encouraged to increase and standardize the **benefit level of the Old Age Allowance** by linking it to the nationally defined poverty line and regularly adjusting it to reflect the cost of living and inflation. In addition, there should be a top-up amount for poor and disadvantaged older people and those who are frail and dependent.
- In addition to universal social pensions, **saving for old age and consumption smoothing** in different forms should be promoted. Special attention should be given to informal sector workers whose economic security in old age is not yet adequately addressed. The government is encouraged to implement the National Saving Fund and further improve a benefit package through the Social Security Scheme (article 40 of the Social Security Act 1990), as well as integration of the two schemes. In that way, the schemes can complement each other since they target the same population – informal workers. All contributory schemes should guarantee a regular income instead of a lump sum payment.
- Improving income security by **facilitating work opportunities** for older people should be fostered. Since the majority of older workers are in the informal sector in rural areas, particularly in agriculture, they should receive special attention. Opportunities for different types of productive activities including community income generating activities should be made available. To be better informed when introducing measures to support older workers in the informal sector, the government is also encouraged to undertake a study on older workers in the agricultural sector.
- **Support for older workers in the formal sector** could include introducing a flexible retirement age, creating hiring incentives for employers, expanding options in the work environment (such as flexible work hours and expanded part-time arrangements), prohibiting age-discrimination practices in recruitment and at work, and modifying the labor protection law to include older workers.

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