



THE SITUATION OF THAILAND'S OLDER POPULATION

An Update based on the 2014 Survey of Older Persons in Thailand



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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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By

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Foreword

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 2014 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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By 2030, there will be more older people in Thailand than children under 15. By 2050, more than one in three Thais will be over 60. This dramatic demographic transition demands a social and economic redesign that takes into account both the challenges and opportunities of larger older populations. We hope that this report will contribute to this adaptation and to the future policy development in Thailand.

HelpAge International values our collaboration with the research team from the College of Population Studies of Chulalongkorn University, who have provided, in the first six chapters of this report, a clear and thorough analysis of the data gathered by the National Statistical Office's 2014 Survey on Older Persons in Thailand.

This study shows that more than a third of care support needs are unmet and the same percent of older people report inadequate income. Family support continues to play its traditional role, but smaller families and migration can leave gaps.

Older women and men make an unparalleled of contribution to their families and communities. Older Thais are living longer and healthier lives and are increasingly more educated than in previous generations. They are working, providing care to grandchildren, participating in community social structures and much more.

The final chapter of this report explores future policy options and encourages governments, civil society, private sector, academics and older people themselves to continue to work together adapting to the new realities of rapidly aging societies to find solutions that will offer the brightest future for this wonderful nation.

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Executive Summary

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 very serious attention to ageing issues. This was clearly indicated by the adoption of the Second National Plan for Older Persons covering 2002-2021, the prominence of ageing issues in the 2012-16 National Economic and Social Development Plan, and a 2015 establishment of the Department of Older Persons with expanded authority to carry out programs to support elderly Thais. Furthermore, the Old Age Allowance program was expanded in 2009 into a universal social pension for persons 60 and older who lacked other pension coverage. In addition, the National Savings Fund was set up in August 2015 to encourage savings for old age including self-employed persons and others in the informal segment. 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 2014 but also incorporates results from earlier surveys to document trends. Although the 2014 survey covered persons 50 and older, with exception to Chapter 2, this report focuses on those 60 and older, as this is the age range most commonly used when referring to older persons in Thailand.

The 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 seven-fold from approximately 1.5 million to 10.7 million by 2015 or 16% of the total population. Future population ageing will occur even more rapidly with the number of older persons projected to increase to over 20 million by 2035, at which point they will constitute over 30% of the population. Moreover, within the next few years, persons 60 and older will outnumber children under age 15 for the first time in Thai history.

Social characteristics of older persons

Women make up a disproportionate share of the elderly, constituting 55% of persons 60 or older and 61% 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 18% 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 2.0 among persons aged 50-54 to 4.4 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 11.4% for persons 50-54 to 4.6% for those 80 and older. Current low fertility levels ensure continued reductions in family size among future generations of older people.

Education is an important factor in the well-being of older persons as adequate skills in reading and writing are critical for access to information and employment opportunities. The percent with no formal education increases from 6% among persons aged 60-64 to over one fifth among those 80 and older. Over 85% of persons aged 60 and above have no more than a basic primary education although educational levels of older persons are improving over time. Older women have considerably less education than older men, but the gender gap in education is on the decline.

Furthermore, in 2014, the majority of older persons reported participating in community activities during the past year. Participation is somewhat higher among those in their 60s and 70s than those in their 50s or those 80 and older. Around a third of persons 60 or older participate in an elderly club compared to only about 15% of persons 50-59.

Living arrangements

Living with one or more adult children is a longstanding 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% in 1986 to only 55% in 2014 among persons 60 and older. Those who live with a married child are considerably more likely to live with a married daughter than a married son.

During recent years, increased migration has led to greater dispersion of adult children of older persons. Between 1995 and 2011, the share of children living outside their parents' province increased from 28% to 39% (the 2014 survey lacks relevant information to update this). Still, relatively few elderly parents are geographically isolated from all their children. As of 2014, only 22% have no child in the same village and only 14% 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 2014, 9% of older persons lived alone and 19% lived only with their spouse. However, those living independently often live close to children (or other relatives). As of 2014, roughly 30% of elders who live alone or only with a spouse have a child living next door and 46% have a child at least within the same locality.

Household size declined steadily from just over 5 persons in 1986 to 3.6 in 2014. Over two thirds of older persons live in multigenerational households, although between 1994 and 2014 living in three or more generation households decreased from 47% to 32%.

Among all persons 60 and older, 43% live in households with at least one grandchild including 10% that live in 'skip generation' households (i.e. households with one or more grandchildren but

no members other than the older person and spouse). Skip generation households are considerably more common in the Northeast than elsewhere.

Sources of support and material well-being

According to the 2014 Survey of Older Persons, 40% of all respondents aged 60 or older reported that they worked during the past 12 months (51% of men and 32% of women). The percent that worked during the previous year declines steadily after age 60-64 for both men and women; at all ages men are more likely to work than women.

The percent of persons 60 and older that worked in the previous year in 2014 decreased slightly from 2011 but was above the levels reported in the 1994 and 2002 surveys. 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 2014, 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 44% of older persons by 2014 while having piped water in the dwelling unit rose from just under a third in 1994 to 85% by 2014.

By 2014 virtually all older persons live in a household with a television and 94% 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. Another striking change is the increase from only 15% of older persons living in a household with any type of telephone in 1994 to over 90% in 2014 in a household with at least a mobile phone. This change is particularly important as it greatly facilitates communication with migrant children as well as calling for assistance in emergencies.

Noticeable changes in sources of income have been taking place. First, the vast majority (85%) of persons 60 and older received the government Old Age Allowance, up from 81% in 2011 and

fewer than 25% in 2007. The high levels reflect 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, but the share reporting children as their main source of income declined from 52% in 2007 to 37% in 2014. At the same time, the percentages of elderly parents that received substantial amounts of money from children increased. Also, the proportions of elderly Thais reporting the Old Age Allowance as their main income source increased from 3% in 2007 to 15% in 2014.

Importantly, annual reported incomes of older persons improved between 2007, 2011, and 2014, even when inflation is taken into account. 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. Elderly in rural areas report considerably lower incomes and view their economic situations as less favorable than those in urban areas.

Self-assessed economic situations of older persons also show a modest improvement between 2011 and 2014. By 2014, 64% of older people believed their income is adequate and almost 80% 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.

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 2014 the large majority (85%) of older persons with living children received some monetary support from their children. While the percentages that reported children as their main source of economic support decreased between 2011 and 2014, considerably higher percentages of older Thais received moderate or substantial amounts of money from children in the past year compared to 2007 and 2011. In addition, nonmonetary material support (i.e. food, goods and clothing) from non-coresident children also was higher in 2014 than in 2007 and 2011.

The decline in children being cited by older persons as their main income source between 2007 and 2014 likely reflects instead increases in income from other sources, including from the expanded Old Age Allowance program. As a result, even though children continued to contribute income to parents, the amounts they provided were apparently exceeded by the increased amounts that their parents now received from other sources.

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

Social contact with non-coresident children, both in the form of visits and phone calls, increased steadily between 2007 and 2014. 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 2014. 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 as documented in the 2011 survey. Although the 2014 survey lacks relevant information to update these estimates it incorporated a few questions about grandchildren. Among all persons 60 and older, 43% have one or more grandchildren in their household and approximately 15% 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 percentages of Thais 60 and older that assessed their health during the past week as good or very good fluctuate between 2011 and 2014 but the percentages that said their health is either poor or very poor are lower in both 2011 and 2014 than in 2007. Thus although the results are somewhat mixed they point more to an improvement in overall health than a deterioration.

The percentage of older Thais that report they cannot see clearly declined between 2007 and 2014 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, primarily from government health services. 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. Overall, approximately 40% experience at least one such difficulty. However, among all persons 60 and older, only 8% say they need assistance with activities of daily living. This increases relatively slowly with age until 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, not quite two thirds report that someone provides it. Children or children-in-law are by far the most common providers. Daughters outnumber sons

as main assistance providers. Among married older persons wives outnumber husbands in providing assistance. Only a small minority of older Thais, mainly residing in urban areas, receives personal assistance from a paid non-relative.

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

Conclusions and options for the future

The well-being of Thai older persons has continued to improve between 2007 and 2014 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.

Despite the improving situation, in planning for the future it is important to keep in mind the major challenges looming as a result of demographic change, particularly accelerated population ageing, longer survival during old age, reduced family size and greater dispersion of adult children due to migration. Moreover, even with the country's economic development, many older people in Thai society remain highly vulnerable. This is particularly true with respect to elderly in rural areas compared to urban elderly. 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 1

Introduction

Chapter highlights

- The number of older persons aged 60 and over in Thailand has grown rapidly and will continue to do so in future decades; according to the latest UN estimates, the current 2015 population of over 10.7 million older persons is projected to increase to more than 20 million over the next two decades.
- The Thai population has already begun to age rapidly with the share aged 60 and older having reached 16% by 2015; it is projected to increase to almost a third of the total population in just two decades from now.
- A series of national surveys have been conducted in Thailand since 1986 that detail the situation of the older population and provide comprehensive information for evidence-based policies and programs; the present report focuses on the most recent national survey conducted by the National Statistical Office in 2014. Analysis is limited to persons 60 and older except for Chapter 2 which includes the social and demographic characteristics of persons 50-59 as well.
- Population ageing and the welfare of older persons are receiving increasing government attention and are prominent issues in the 2012-16 National Economic and Social Development Plan. Moreover an upgraded Department of Older Persons was established in 2015 with expanded authority to carry out programs to support older persons.
- All Thai elderly have access to free government health services; in addition, the previous means-tested Old Age Allowance program was expanded in 2009 to be an universal social pension scheme for all persons 60 and older that lack other government pension coverage; thus virtually all older Thais are entitled to at least some formal source of old age financial support.
- The numbers of older persons that will be covered by occupational related pensions will expand considerably through the recently implemented voluntary National Savings Fund designed to cover informal sector workers. This helps fill a major group not covered by the Old Age Pension Fund within the Social Security System for private enterprise employees or by pension systems for government and state enterprise employees.
- A variety of government initiatives are underway to deal with long term care particularly ones that emphasize community based programs.

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 (Teerawichitchainan & Knodel 2015). Two such surveys, including the first in 1986 and a subsequent one in 1995, were conducted by academic institutions.¹ The National Statistical Office (NSO) conducted government-sponsored surveys of older persons in 1994, 2002, 2007, 2011 and 2014. Future plans call for NSO to conduct additional surveys of older persons every three 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 2014 NSO survey. Although the survey covered persons aged 50 and older, most results in this report are largely limited to persons aged 60 and older, the age range most commonly used when referring to the older age persons in Thailand. However, to help anticipate how older persons over the coming decade may differ from

those currently aged 60 and over, chapter 2 deals with demographic and socioeconomic characteristics including results for the 50-59 age group as well as those 60 and older. The sample is nationally representative and provides comprehensive information for almost 70,000 persons aged 50 and older of whom 31,199 were aged 50-59 and 38,695 were aged 60 and over.² Selected results from the earlier surveys are also included in order to reveal the extent to which the situation has been changing over time.

Following this introductory chapter which examines trends in population ageing in Thailand and includes a brief review of government responses, subsequent chapters provide results on the following topics: social and demographic characteristics of the older population; living arrangements; sources of income and material well-being; family support and intergenerational relations and health status. These topics are followed by a final chapter that discusses options for the future prepared by HelpAge staff. The sample design of the survey requires sample weights to be applied to render results nationally representative. Thus results presented in this report are weighted.³

Trends in population ageing in Thailand

Population ageing is already well underway in Thailand. According to the most recent (2015) UN Population Division estimates, the number of older persons in the Thai population has increased by seven-fold between 1960 and 2015 rising from 1.2 million to 8.6 million. Moreover, the share of

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

² The official full report including detailed tables and a description of the methodology of the survey is available online (<http://service.nso.go.th/nso/web/survey/surpop2-1-1.html>) and in print (NSO 2014). Overall, among persons age 60 and older covered in the survey, 79% provided interviews by themselves, 5% were assisted by another person and the remaining 16% were provided by a proxy, who in the vast majority of such cases was another member of the household. Among persons 50-59 proxy interviews were slightly more common at 18%. Proxy interviews are necessary since eligible respondents who are unavailable or for other reasons unable to be interviewed often differ from those who can provide interviews themselves. For example, respondents who are particularly frail, have serious hearing difficulty or suffer from dementia are often unable to provide interviews and thus excluding information about them even when provided by a proxy could bias results. Only four questions were skipped if the interview was by proxy: three questions on satisfaction with government services and the one on happiness.

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

the population represented by persons 60 and older increased from 4.8% to 12.8% by 2015. This increased ageing of the population resulted from the precipitous fall in fertility since the late 1960s from six children per woman to only 1.5 as measured by the total fertility rate combined with increasing survival at older ages. Among the ten ASEAN countries, only in the city state of Singapore is the percentage of older persons higher than in Thailand. Moreover, given that fertility remains well below the replacement level of two children per woman, population ageing in Thailand will become far more pronounced in the coming decades.

The latest UN population projections for Thailand illustrate just how extensive the future growth of both the number of older persons and their share of the population are likely to be in the next three and a half decades (see Table 1.1). The number of persons aged 60 and above, the common age range used to define the older population in Thailand, will substantially more than double between 2015

and 2050 rising from 10.7 million to 23.1 million. The proportion that older persons will represent of the total population depends on the future trend of fertility. The UN provides three sets of projections based on low, medium and high fertility assumptions tailored for each specific country. The medium fertility variant, the most commonly cited, indicates the percentage of the population 60 and older will more than double increasing from 16% in 2015 to 37% by midcentury. Assumptions embedded in the low fertility variant, would result in an even greater increase in the share of the population age 60 and over by midcentury to more than 40%. If higher fertility is assumed, the ageing of the population will be more modest with the population 60 and older only slightly more than doubling and representing 33% of the population by 2050. Thus regardless of the fertility assumptions incorporated in these projections, at least a third of Thailand's population will be aged 60 and over by midcentury and might even reach slightly over two fifths.

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

	2015	2020	2025	2030	2035	2040	2045	2050
Number in 1000s (medium fertility variant projection)	10,731	13,237	15,824	18,355	20,486	22,082	22,892	23,153
Ratio to 2015	1.00	1.23	1.47	1.71	1.91	2.06	2.13	2.16
As % of total population according to fertility variant								
Low fertility	15.8	19.5	23.5	27.9	32.0	35.7	38.7	41.3
Medium fertility	15.8	19.3	23.1	26.9	30.4	33.4	35.5	37.1
High fertility	15.8	19.1	22.6	26.0	28.9	31.3	32.7	33.4

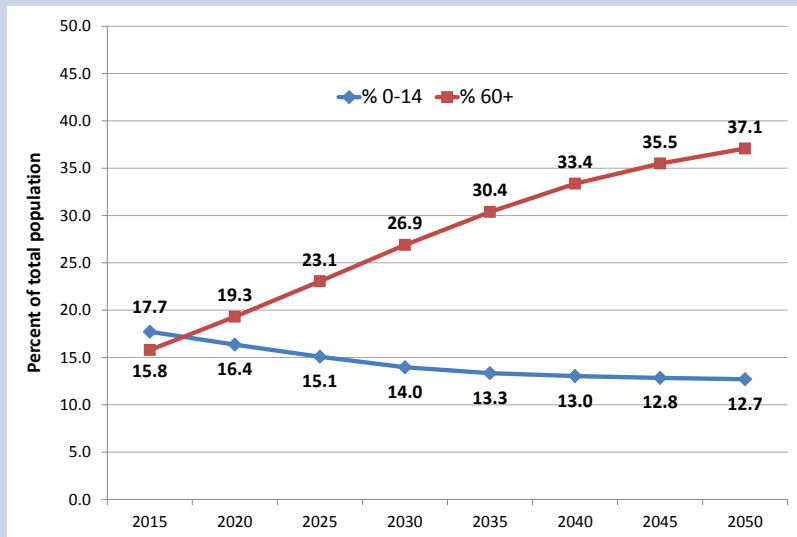
Source: United Nations Population Division 2015 Population Estimates and Projections (UN 2015).

Note: All fertility variants assume the total fertility rate (TFR) during 2010-15 is 1.53. The low fertility variant assumes TFR falls to 0.93 by 2025-30 and then rises to 1.08; the medium fertility variant assumes that the TFR falls to 1.42 by 2020-25 and then rises to 1.58; the high fertility variant assumes that the TFR steadily rises to 2.08.

The UN medium fertility projections also indicate that 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 in less than five years (see Figure 1.1). Moreover by midcentury, the projection indicates that the share of older persons will be threefold the share of children. Of course there is no way to be certain about what the fertility trend will be in the future. If the levels are higher than those incorporated in the projection, the imbalance between the

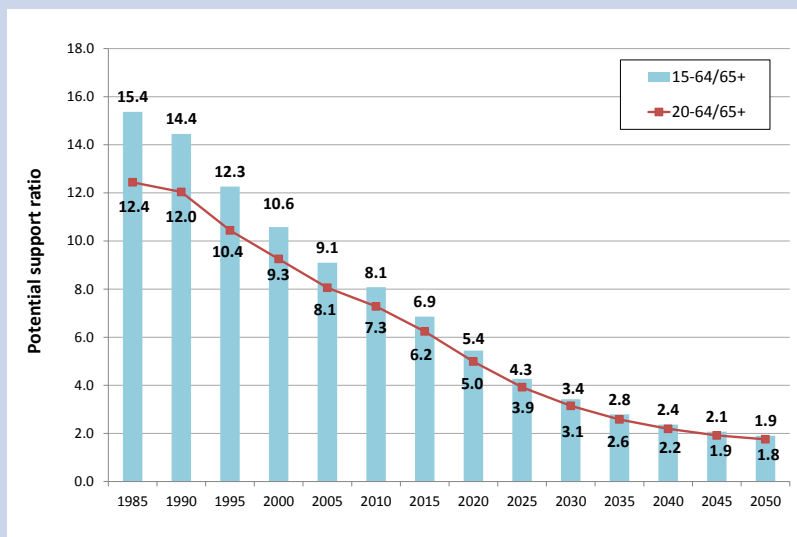
shares of older persons compared to children will be more moderate. However, based on previous trends in Thailand and the experience of other low fertility countries in the region, there is no compelling evidence so far that fertility levels will rise to much higher levels than the medium fertility variant suggests. Indeed, current fertility expectations among Thai adults in the early years of the reproductive span suggest that fertility will stay low and may even continue to fall (Knodel et al. 2013).

Figure 1.1 Percentage of total population under age 15 and age 60 or older, medium fertility variant, Thailand, 2015-2050



Source: 2015 United Nations Population Division population estimates and projections (UN 2015).
 Note: Results shown are based on the medium fertility variant that assumes the total fertility rate (TFR) will decline from 1.46 to 1.42 between 2015-20 to 2020-25 and then increase to 1.58 by 2045-50.

Figure 1.2 Potential support ratios, medium fertility variant, Thailand, 1985-2050



Source: 2015 United Nations Population Division population estimates and projections (UN 2015).
 Note: Results shown are based on the medium fertility variant that assumes the total fertility rate (TFR) will decline from 1.46 to 1.42 between 2015-20 to 2020-25 and then increase to 1.58 by 2045-50.

An age structure measure related to population ageing is the potential support ratio. It is often used to portray implications for the impact that population ageing has for older persons as well as being suggestive of the potential burden for younger generations in providing for older-aged populations. This is commonly defined as the ratio of the population aged 15-64 to that aged 65 and older. The measure is intended to be an indication of the support base of persons in ages most likely to be economically productive and hence available to support those in older ages who are largely no longer working. Given that currently in Thailand many persons in the 15-19 age category are still in school and are not yet economically productive, it is also useful to calculate a modified version of the measure defined as the ratio of the population age 20-64 to that aged 65 and older. Both measures are provided in Figure 1.2. It is also true that not all persons 65 are economically inactive.

A falling potential support ratio is assumed to reflect a rapidly shrinking support base of adults on whom the older age population can depend. In fact this decline has been underway for several decades with the standard ratio already falling slightly more than half from over 15 in 1985 to just less than 7 by 2015. Likewise the adjusted

ratio relating persons 65 and older to persons 20-64 shows a slightly less drastic but still very dramatic decline. Of particular concern for the future is that these ratios will continue to steadily decline reaching very low levels of less than two

persons in the working ages for every person 65 and older.

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

In addition, as results in Chapter 2 of this report document, although only a minority of older persons remain economically active past age 65 almost half of those aged 65-69 are still working. Moreover, some older people have sufficient savings and assets to support themselves and do not need to be dependent on their family. Neither of these facts are taken into account by the potential support ratio. Also it is interesting to note that despite a falling potential support ratio in recent decades, analysis of previous surveys of older persons in Thailand indicates considerable improvement in the material well-being of older persons as measured by household possessions and quality of housing (Knodel, Prachuabmoh & Chayovan 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 Institute & College of Population Studies 2012; Foundation of Thai Gerontology Research & Development Institute & Institute for Population and Social

Research 2014; Jitapunkul & Wivatvanit 2009; Williamson 2015). In this section we briefly summarize the overall reaction with a focus on recent developments including the enhanced role of the community in providing integrated services and care for older persons and the development of a pension scheme to serve persons in the informal and self-employed sector of the economy.

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 8th plan for 1997-2001. 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 stresses the value of older persons as productive contributors to families and society (Jitapunkul & Chayovan 2001). The plan was revised in 2009 based on an extensive assessment carried out by the College of Population Studies of Chulalongkorn University.

In 2003 the Thai government passed the Older Persons Act which mandated the permanent establishment of the National Commission on the Elderly. Its main function is to set policy and guidelines to oversee matters related to older persons. The Older Persons Act also provides rights, benefits and support to persons 60 and older in various areas. These include convenient and expedient medical and health services, employment and vocational training, discounted transportation fares, exemption from entrance fees at government parks and facilities, assistance for those abused, illegally exploited, or abandoned, assistance with funeral expenses, and privileges accorded to their children who look after them.

It is particularly noteworthy that the current 11th National Economic and Social Development Plan (2012-2016) has prominently addressed population ageing as part of the central agenda for national development (NESDB 2012). Furthermore, in April 2015, the Bureau of Empowerment for Older

Persons (under the Ministry of Social Development and Human Security) was upgraded to departmental status as the Department of Older Persons. The organizational restructuring transformed this unit from one primarily conducting research related to ageing issues to one with greater authority to carry out programs to support older persons (Department of Older Persons 2015). For example, one of its new responsibilities is to manage the 12 Centers for Development and Welfare for Older Persons (formerly referred to as old age homes) that are under the jurisdiction of the national government. These centers provide nursing home facilities and conduct outreach activities for older persons in neighboring communities.

Another recent important development is the establishment of Centers for the Quality of Life Development and Occupational Promotion for Older Persons in 2013 throughout the country by the Ministry of Social Development and Human Security, Ministry of Interior and Senior Citizen Council of Thailand. The main purpose of these community centers at the tambon (subdistrict) level is to provide comprehensive services to improve the quality of life of community-dwelling older persons, including healthcare promotion, life-long learning activities, and promotion of volunteer caregivers among the older persons themselves. As of 2014, these centers were established in 878 subdistricts nationwide (Ministry of Social Development and Human Security. 2013). In addition to the national government's reaction, the Bangkok Metropolitan Authority, in collaboration with the College of Population Studies, Chulalongkorn University, developed a four year strategic plan to improve the quality of life of older persons in Bangkok starting in 2014. The plan aims to adapt and streamline Thailand's Second National Plan for Older Persons to the social, economic, and demographic contexts of Bangkok (Bangkok Metropolitan Authority & College of Population Studies 2014).

Health services. Universal minimal cost or free health coverage at government facilities has been available in Thailand since 2001 for all Thai nationals regardless of age. However, persons aged 60 and over have been entitled to free government medical services including exemption even from the minimal fee 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 reached large numbers of older persons (Jenchitr & Pongprayoon 2003). The Thai Red Cross also has a program that provides free eye care and cataract surgery for the poor and underprivileged older persons since 1995. Under this program, about 130,000 were treated and about 30,000 older persons received the cataract or eyelid surgery.⁴ In 2009 the Thai Red Cross in partnership with Top Charoen Optical Company began a 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 2014.⁵ As of 2015, the program has continued but it is unclear how long it will last.⁶

Long-term care. The Thai government is clearly aware of the challenge that long-term care poses in the context of decreasing availability of family assistance. Extending the 2008-2011 plan, the Health Development Strategic Plan for the Elderly (2013-2023) of the Ministry of Public Health clearly spells out a strategy for dealing with this.⁷ 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

⁴ See <http://www.redcross.or.th/news/information/25919> (accessed 04/02/2013)

⁵ See <http://entertain.enjoyjam.net/forum/index.php?topic=20819.0;wap2> (accessed 22/01/2013)

⁶ See Sources: <https://www.facebook.com/CareYourEye> (accessed 13/08/2015)

⁷ See http://203.157.102.112/nont/file_upload/downloads/aging/strategic_aging2558.pdf (accessed 11/08/2015).



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 & College of Population Studies 2012).

With respect to providing home-based assistance for older persons, the Bureau of Empowerment for Older Persons (now Department of Older Persons) launched the Home Care Service Volunteers for the Elderly Program in 2003. Its objective is to establish a system of community-based care and protection for older persons with chronic illnesses, especially for those who are bedridden, who have no caregivers or who are underprivileged. After its initial start as a pilot program, it steadily expanded and attained some level of coverage in all communities throughout Thailand) in 2013. The latest 2013 statistics

indicate that over 51,000 elderly home care volunteers had been enlisted who are responsible for nearly 800,000 older persons (Ministry of Social Development and Human Security 2013). Nevertheless, the extent and quality of services provided by elderly home care volunteers vary greatly across communities. For instance, only one third of local authorities surveyed in a recent evaluation study reported that services provided by elderly home care volunteers met the needs of elders in their communities (Suwanrada et al. 2014). Key challenges in providing comprehensive home-based assistance for older persons include insufficient numbers of qualified and skilled home care volunteers and lack of budget to compensate the volunteers in their activities (e.g., transportation expenses) (Suwanrada et al. 2014).

Long-term institutional residences for the aged are considered only as a last resort to be provided by the Thai government as a way of dealing with persons in need of elder care. Thus there are only 12 institutional old-age homes supported by the national government with under two thousand

residents and 13 others under the supervision of the Department of Local Administration (Foundation of Thai Gerontology Research and Development Institute & College of Population Studies 2012).

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. In 1996 the government pension scheme was transformed from defined benefits to a mandatory defined contributions and benefits system. In 1999 an Old Age Pension Fund was set up within the national social security system and mandates contributions by employees, employers and the state for all workers in private sector enterprises. However, to receive a pension, members must have contributed for at least 15 years. As a result the first pension payouts under this system only started in 2014. Members retiring before 2014 were entitled to only a lump sum payment. Policy makers have already expressed concerns regarding the viability of the pension system in face of the rapidly increasing number of older Thais who will qualify for pensions under this system in the coming years.

Self-employed and informal sector workers are permitted to subscribe for a monthly fee to Social Security on a voluntary basis but few eligible persons have taken advantage of the option. Thus to address the need for retirement benefit coverage for self-employed and informal sector workers, the National Savings Fund Act was passed in 2011 but only became effective in August 2015. Both the person joining and the government contribute to the fund and once members reach the age of 60, they are entitled to receive a pension. Under this scheme, persons aged 15-59 who are not entitled to other kinds of pension (including social security) are eligible to enroll. The annual required contribution for each member is at a minimum of 50 THB but should not exceed 13,200 THB. Government match-up contributions vary by members' age, ranging between 600 THB and 1,200 THB per year. When reaching age 60, members can choose between a lump sum payment and a pension.

Old Age Allowance. A particularly significant government program to address old-age security is the Old Age Allowance (OAA) program which in effect became a virtually universal social pension in 2009. The OAA started out as a relatively modest program intended for indigent older persons in rural areas. Over the years the criteria were progressively broadened so by the time of the 2007 Survey of Older Persons almost one fourth reported receiving the allowance. In 2009, means-testing was dropped and any Thai national 60 years or older was granted the right to register and receive a monthly allowance of 500 baht with the exception of those that receive a pension or equivalent benefits from national governmental organizations, public enterprises or local authorities. In 2011 progressive rates were introduced in relation to age with persons 60-69, 70-79, 80-89 and 90 or older entitled to 600, 700, 800 and 1,000 Baht per month respectively (Suwanrada 2013). Thus when the OAA and government pensions are considered together, virtually all older Thais at present have at least some formal old age source of financial support even if only modest. More recently, the government is considering increasing the amount of old-age allowance to 1,300 THB/month, the poverty line for the minimum monthly cost of basic food, but whether this will materialize is unknown.

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. The proportion of communities with elderly associations have increased steadily over time. As of 2013, there were over 25,000 registered senior citizen clubs (with more than 1.6 million members) outside Bangkok and approximately 280 elderly associations in Bangkok. Most of these clubs are located in state health facilities, mainly district health offices and sub-district health stations. While a large majority of sub-districts in Thailand have an elderly club, a 2011 evaluation study shows that just half of elderly associations held activities at least once every quarter in the previous year and that approximately 24% of elderly populations who were members of these associations participated in activities of the clubs in the previous 3 months (Suwanrada 2014).



Chapter 2 Social and Demographic Characteristics

Chapter highlights

- This chapter covers social and demographic characteristics of older persons; unlike subsequent chapters it includes coverage of persons 50-59 as well as those 60 and older in order to provide insights into how the composition of the population 60 and older will change in the coming decade.
- Women make up a disproportionate share of the older age population representing 52% of persons 50-59 and 55% of persons 60 or older; the majority share of woman increases with age constituting 61% of those 80 or older.
- The large majority of men 50-59 (88%) as well as 60 and older (82%) are currently married compared to only 74% of women 50-59 and 49% of those 60 and older. Widowhood is much higher among women representing 43% of those 60 and older compared to only 14% of men that age; this imbalance in marital status between men and women increases sharply with age.
- The percentage of older persons that remain single (i.e. never married) has been increasing. This trend is likely to continue in the future, especially among women.
- The average number of living children increases from 2.0 for persons aged 50-54 to 4.4 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 11.4% for persons 50-54 to 4.6% for those 80 and older.
- The vast majority (87%) of persons 60 and older have no more than a basic primary education, although educational levels of older persons are improving over time; e.g. 68% of persons 50-54 had no more than a primary education.
- Older women have considerably less education than older men but this gender gap in education is on the decline.
- The percentage of older persons that currently work declines rapidly with age from 85% among persons 50-54 to 62% among those 60-64 to only just more than a fourth of those in their early 70s; at all ages men are more likely to work than women.
- 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 one fifth of older persons in the southern region.
- The majority of older persons participated in community activities during the past year. Participation is somewhat higher among those in their 60s and 70s compared to those in their 50s but drops to the lowest level for those 80 and older. Around a third of persons 60 or older participate in an elderly club compared to only about 15% of persons 50-59.

A useful start to understanding the needs of older persons' as well as their 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, engagement in work, religious affiliation, and participation in community activities among older Thais. Results are presented for persons 50-59 as well as for persons 60 and older. Since persons in the fifties will be entering the old age span of 60 and above, their current characteristics provide insights into how the elderly population will be altered over the coming decade.

Gender distribution

Although more males are born than females, the almost universal survival advantage women have over men results in more women than men surviving to older ages. Thus older populations are typically disproportionately female. Moreover, since female mortality remains lower than that of males throughout older ages, the predominance of women tends to increase with age. This predominance of women is sometimes referred to as the “feminization of 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 2014 Survey of Older Persons. Overall, women

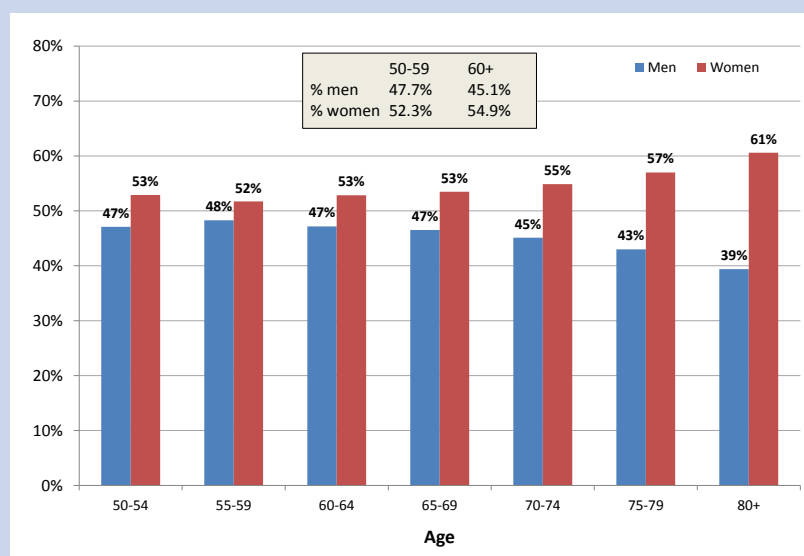
constituted 55% of the total Thai population 60 and older and 52% of those 50-59. The excess of women over men becomes more pronounced as age advances especially after age 70. Thus women constitute slightly more than 60% of persons 80 and older.

According to the most recent UN estimates and projections (UN 2015) cited in the previous chapter, women will represent 54% of the population 60 and older both in 2025 and 2050 while the share of women age 80 and older will be 59% in both years (UN 2015). Thus while there are more women than men at older ages in Thailand, the extent of the imbalance is not expected to change to any significant extent over the coming decades. Nevertheless, given that older women tend to have more health problems than men as discussed in chapter 6 of this report, their predominance adds to the challenge for provision of adequate health care posed by the rapid projected increase in the numbers of older persons discussed in the previous chapter.

Although women constitute the majority of the older population, it is important to keep in mind that despite the fact men are a minority, they still constitute a substantial share of elderly in Thailand and elsewhere. This is often overlooked in 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 & Ofstedal 2003). Given that the share of the population 60 and older that are men is projected to remain fairly stable in Thailand in the foreseeable future, 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. Attention to a balanced consideration of gender-specific vulnerabilities of both men and women is thus necessary if the needs of the burgeoning elderly

Figure 2.1 Gender distribution by age group, persons 50 and older, 2014



Source: 2014 Survey of Older Persons in Thailand

population are to be adequately met (UNFPA & 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 60 and older are single (i.e. never married) while over 60% are 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 although a few percent live apart. Those that are divorced or separated constitute only 2.4% of persons 60 and older.

Table 2.1 Marital status distribution by age, gender and area of residence, persons 50 and older, 2014

	Single	Married live together	Married live apart	Widowed	Divorced/separated	Total
Total						
50+	5.1	68.4	3.2	19.6	3.7	100
50-59	6.4	76.6	4.1	7.9	5.0	100
60+	3.9	61.0	2.5	30.2	2.4	100
Age						
50-54	6.8	77.2	4.5	6.3	5.2	100
55-59	6.0	76.1	3.6	9.5	4.9	100
60-64	5.2	72.0	3.0	16.1	3.6	100
65-69	4.3	68.6	2.5	21.9	2.7	100
70-74	2.6	58.0	2.9	34.8	1.7	100
75-79	3.2	50.8	1.5	42.8	1.7	100
80+	2.2	34.3	1.6	61.3	0.6	100
Gender and age						
Men 50-59	5.0	85.0	3.2	2.8	3.9	100
Women 50-59	7.6	69.0	4.8	12.5	6.0	100
Men 60+	2.0	78.9	2.8	14.1	2.2	100
Women 60+	5.4	46.3	2.2	43.4	2.6	100
Area of residence and age						
Urban 50-59	9.6	71.3	5.0	8.0	6.1	100
Rural 50-59	3.9	80.7	3.4	7.8	4.2	100
Urban 60+	5.8	58.0	3.1	29.9	3.2	100
Rural 60+	2.5	63.0	2.1	30.4	1.9	100

Source: 2014 Survey of Older Persons in Thailand

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

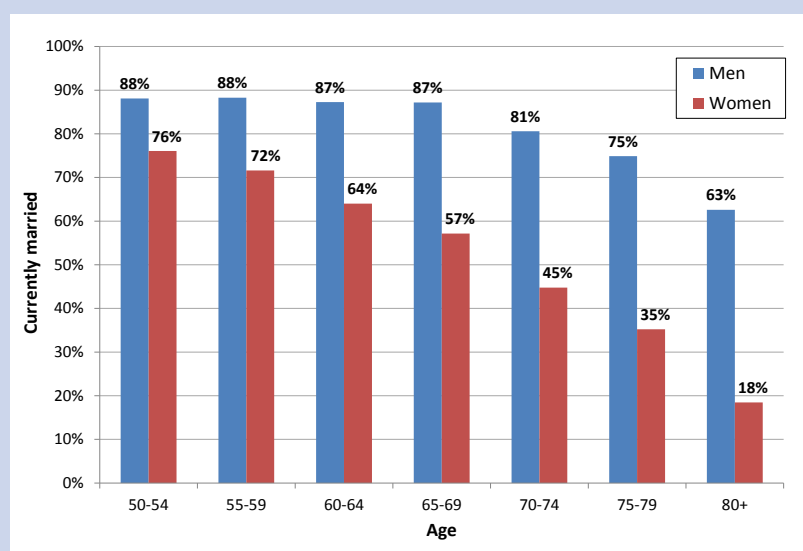
Pronounced age differences in marital status are apparent. Given that those at younger ages among persons 50 and older more recently passed through the prime ages when marriage occurs than those at older ages, the higher percentages that are still single appear to reflect an ongoing trend towards higher proportions of adults remaining unmarried during their lifetime (Jones 2008). Comparisons between the population aged 50-59 and those 60 and older suggest that the share of older persons in the future that never married may well increase given that few in the 50-59 age group who are still single are likely to marry in the future. Likewise those that live apart from their spouse or are divorced or separated appear likely to increase. Marital status by five year age groups show that the percentage currently married declines steadily with age while the percentage widowed increases commensurately. This reflects 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 decreases with age as does the percentage divorced or separated.¹

Gender differences in marital status are also sharply pronounced. Both women aged 50-59 and 60 or older are more likely to have never married than men. A large majority of men aged 50-59 and 60 and older are currently married. In contrast, the share of women that are currently married, especially among those 60 and older is distinctly lower than for men. Among persons 60 and older, almost four-fifths of men are currently married and living with their spouse versus less than half of women. In contrast women are several times more likely than men to be widowed both among those 50-59 and those 60 and older. Indeed among the latter, 43% of women are widowed

which is three times the share of widowhood among men. Differences in marital status distributions between urban and rural older persons are fairly modest. Still the proportion that never married is higher among urban than rural persons especially among those aged 50-59 suggesting that the rural-urban contrast in this respect is likely to increase in the coming years. Being currently married but living apart as well as being divorced or separated are higher among urban than rural persons for both those aged 50-59 and 60 or older.

Figure 2.2 highlights the gender differences in the percent currently married. Even among the persons in their early fifties, a distinct difference is apparent with almost 90% of men being currently married compared to only just over three-quarters of women. The gender gap increases successively with age reflecting the facts that husbands tend to be older than their wives thus reaching ages with increased mortality sooner. In addition men's life expectancy is lower. Thus the gender gap in marriage is most pronounced among the elderly aged 80 and older, with only 18% of women having a current surviving spouse compared to over 60% of men.

Figure 2.2 Percentage currently married by age, persons 50 and older, 2014



Source: 2014 Survey of Older Persons in Thailand

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

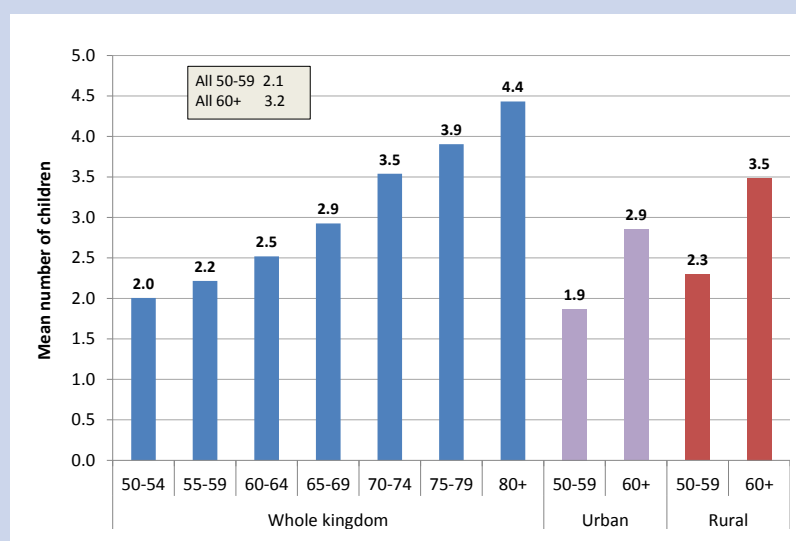
¹ Survival chances typically vary by marital status and are often lower for persons that are non-married, especially those who are divorced or separated but also for those who remain single, a pattern that could also contribute to the decline in proportions in both categories with increasing age (Hu & Goldman 1990).

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 older persons in the future 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. Step and adopted children as well as biological children are included in the counts of living children.

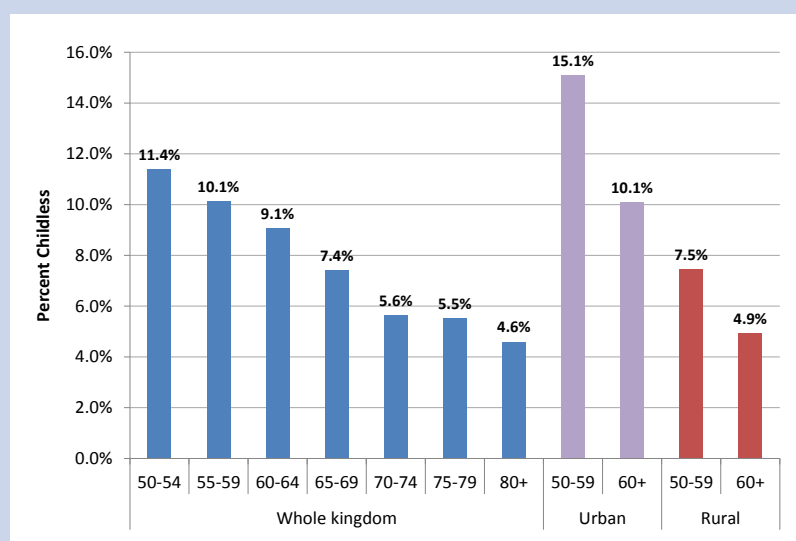
Figure 2.3 Mean number of living children by age and area of residence, persons 50 and older, 2014



Source: 2014 Survey of Older Persons in Thailand
Note: Numbers of children include adopted, step and own biological children.

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 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.

Figure 2.4 Percentage childless by age and area of residence, persons 50 and older, 2014



Source: 2014 Survey of Older Persons in Thailand
Note: Childless refers to persons with no adopted, step or own biological children.

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, the percent childless declines steadily with each successive age group. Over 10% of persons in their 50s have 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 areas is also evident in the higher percentages of urban older persons 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 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

Table 2.2 Educational attainment by age, gender and area of residence, persons 50 and older, 2014

	Percent distribution						Total
	None	Less than grade 4	Complete primary grades 4-6	Any lower secondary	Any upper secondary	Above secondary	
Total							
50+	7.8	6.4	65.7	5.3	5.2	9.6	100.0
50-59	4.3	4.2	64.0	7.1	7.1	13.4	100.0
60+	11.0	8.4	67.3	3.7	3.5	6.1	100.0
Age							
50-54	3.6	4.0	60.9	8.2	8.7	14.7	100.0
55-59	4.9	4.4	67.0	6.0	5.5	12.2	100.0
60-64	6.1	6.8	70.5	4.5	3.7	8.4	100.0
65-69	7.1	8.0	69.2	5.1	3.9	6.8	100.0
70-74	12.5	8.0	66.9	3.0	4.1	5.6	100.0
75-79	16.2	10.0	65.3	2.3	2.9	3.4	100.0
80+	22.7	12.3	58.7	1.8	1.8	2.7	100.0
Gender and age							
Men 50-59	2.9	3.8	60.6	9.4	9.0	14.3	100.0
Women 50-59	5.5	4.5	67.0	4.9	5.3	12.7	100.0
Men 60+	6.8	7.9	67.4	5.1	4.9	7.8	100.0
Women 60+	14.4	8.8	67.2	2.6	2.2	4.8	100.0
Area and age							
Urban 50-59	3.0	3.2	52.6	8.8	10.1	22.2	100.0
Rural 50-59	5.2	4.9	72.7	5.7	4.8	6.7	100.0
Urban 60+	9.0	7.2	59.9	5.8	6.3	11.7	100.0
Rural 60+	12.3	9.3	72.4	2.3	1.5	2.3	100.0

Source: 2014 Survey of Older Persons in Thailand

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

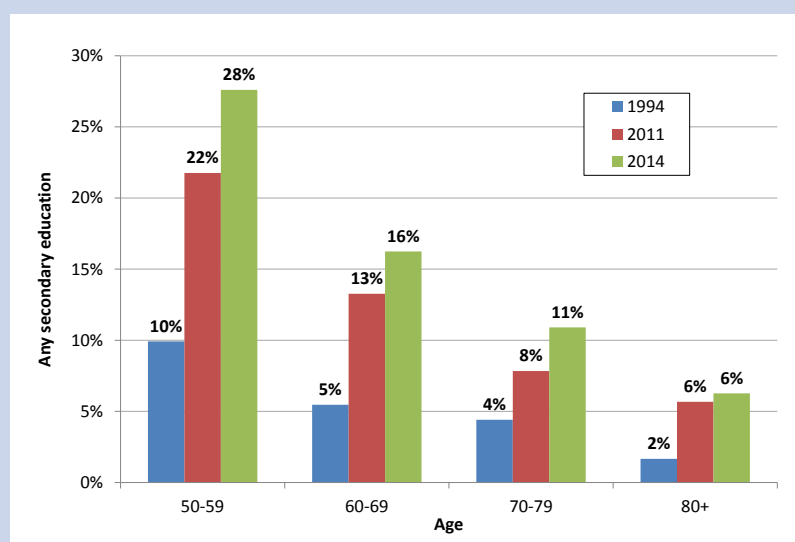
educational system and the concomitant secular trend towards compulsory basic schooling at the time these elders were of school age (Wongsith & Knodel 1989). The percent with no formal education increases from 4% among those aged 50-54 to over a fifth among those 80 and older. There is also a parallel rise in the percentage that had some schooling but less than the basic four years that constitute lower primary level, rising from 4% among those 50-54 to 12% among those 80 and older. Thus the combined percentage with less than lower primary represents only 8% of those aged 50-54 compared to slightly over a third of those 80 and older. The percentage of persons with lower secondary, upper secondary and beyond secondary level education declines with age. Among those 80 and older only 6% have at least some secondary schooling compared to almost a third of those aged 50-54. The results also demonstrate that most people who entered primary school completed the basic compulsory level of four years that prevailed at the time they were primary school age. At the same time only a minority continued on to secondary or higher levels. However the age patterns indicate that over time, attending secondary or higher education was steadily increasing.

Gender differences are also apparent. That men received more formal education than women is indicated by the lower percent of men with no schooling and the higher percentage that progressed beyond the primary level. However, comparisons between the 50-59 age group and persons 60 and older suggest that the gender gap is closing over time. More recently, the gender gap has reversed and among persons in tertiary school age with women considerably more likely than men to receive higher education (Pattaravanich et al. 2005). Thus in the future the gender gap will eventually reverse for Thais in the older age span although this will take several decades to begin.

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 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.

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 a result of cohort succession in which 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

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



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

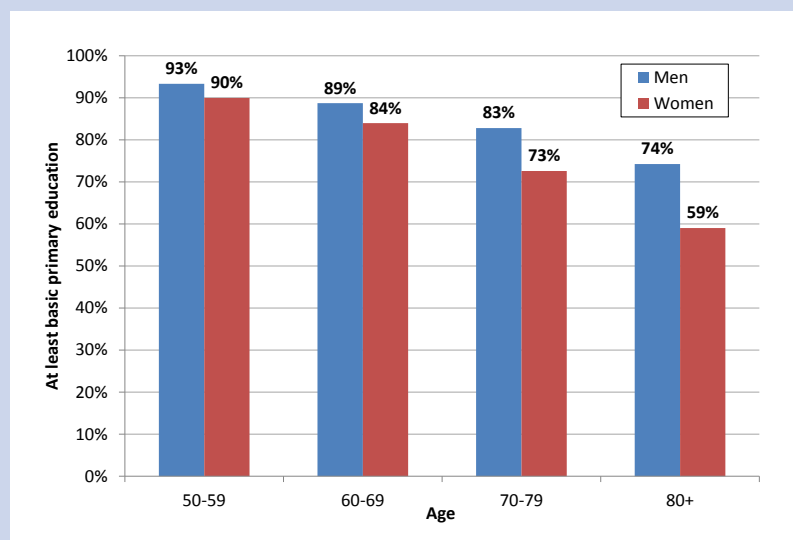
will become progressively higher over time. Figure 2.5 clearly illustrates the association of higher levels of education with younger age and compares the levels of education of fixed age groups among persons aged 50 and older according to the 1994, 2011 and 2014 Surveys of Older Persons in Thailand.

The proportion who received at least some secondary education is successively higher across the three surveys for each equivalent age group. 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.

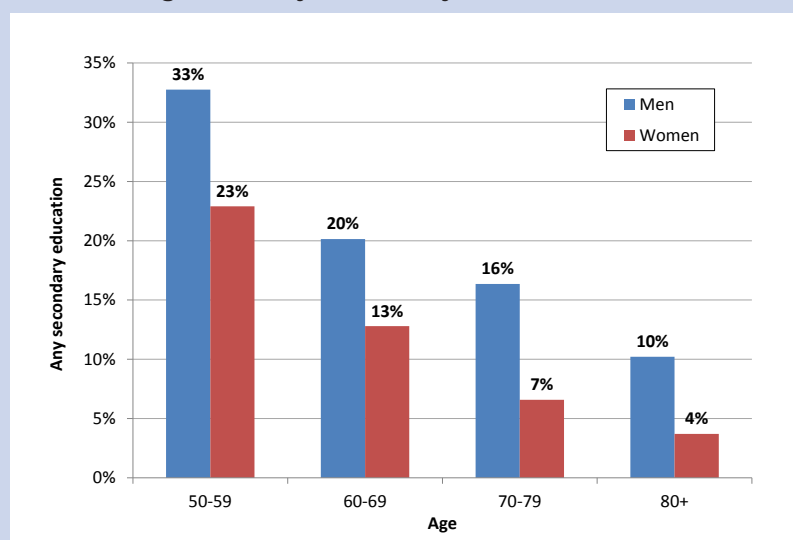
Figure 2.6 highlights gender differences among the various age groups in 2014 with respect to attaining at least a basic primary education of four years of schooling and of attaining at least some secondary education. Although women are less likely to have received a basic primary education regardless 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 for 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

Figure 2.6 Educational attainment by gender and age, persons 50 and older, 2014

A. Percentage with at least a basic primary education



B. Percentage with any secondary education



Source: 2014 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.

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).

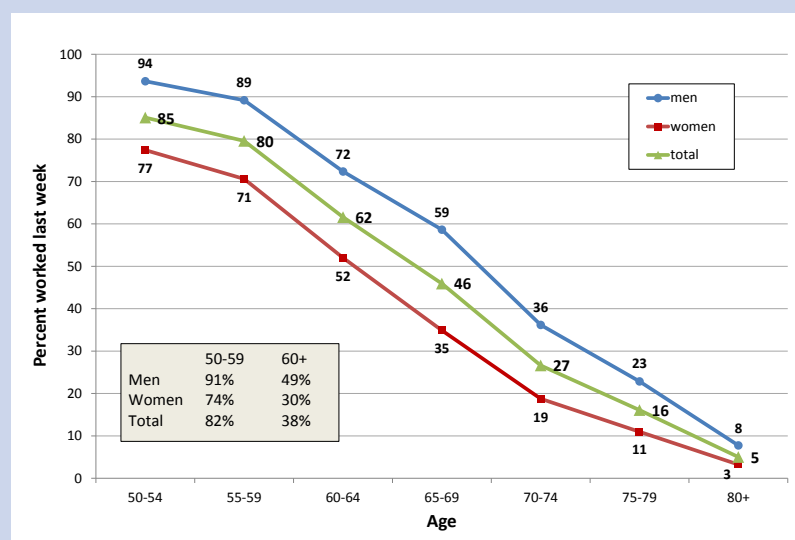
Economic activity

The official retirement age in Thailand for government employees and workers in state enterprises is 60. As noted in Chapter 1, raising the age is currently under consideration. In addition, 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. Given that old age social security benefits are available starting at age 55 this may lead some private companies to encourage or even mandate retirement at this age or some of their employees

to decide to retire at this age on their own. However, as noted in Chapter 1, only starting in 2014 would any retirees be entitled to a pension and prior to 2014 they would receive instead a lump sum payment. For the majority of the older persons whose economic activity was engagement in agriculture or the informal sector of the economy, there is no compulsory retirement and the discrete age at which working would stop remains ambiguous. 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 more advanced ages.

According to the 2014 Survey of Older Persons, 38% of all respondents aged 60 or older reported that they worked during the previous week (49%

Figure 2.7 Percentage that worked in previous week by age and gender, persons 50 and older, 2014



Source: 2014 Survey of Older Persons in Thailand

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

of men and 30% of women).² Figure 2.7 shows the percentage that worked during the previous week among persons 50 and older 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, 85% of those 50-54 worked during the previous week as did over 60% of people aged 60-64. Among those 70-74 just over one fourth was still working and only 5% of those aged 80 and older. Second, at all ages within the older-age 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 50-54 94% of men had worked compared to only 77% of women. Among those 60-64 the difference becomes even more pronounced with slightly over 70% of men but only slightly more than half of women worked during the prior week. By age 80 and over, although only 8% of men were still working this is almost three times greater than the 3% of women that were still economically active.

² 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.

Religious affiliation

Religion is clearly an important and meaningful aspect of life for the majority of older Thais. It has long been recognized that at least among the Buddhist majority both men and women turn increasingly to religious activities as they reach more advanced ages (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 & 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. Moreover, expectations for filial support are deeply rooted in the religious culture of Thailand (Engelmajert & Izuhara 2010).

Table 2.3 indicates that 96% of the older Thais profess Buddhism as their religion. Islam is the second-largest religion but only accounts for 3.4% 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 Confucianists, virtually none were picked up in the survey. 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 Percentage distribution by religion, region and age, persons 50 and older, 2014

	Buddhist	Muslim	Christian	Total
Age 50-59				
Total	96.0	3.4	0.6	100
Bangkok	95.2	4.4	0.4	100
Central excluding Bangkok	98.6	1.0	0.5	100
North	98.3	(0.03)	1.7	100
Northeast	99.8	(0.01)	0.2	100
South	77.5	22.4	0.2	100
Age 60 and older				
Total	96.3	3.0	0.7	100
Bangkok	95.8	3.3	0.9	100
Central excluding Bangkok	97.9	1.2	0.9	100
North	98.7	(0.03)	1.2	100
Northeast	99.6	(0.02)	0.4	100
South	80.0	19.8	0.2	100

Source: 2014 Survey of Older Persons in Thailand

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

Community participation

Remaining engaged in community activities can contribute to the social support experienced by older persons and thus affect their well-being. In addition, it permits older persons to contribute in a visible way to the community and helps underscore the fact that rather than being a burden to the community, older persons are often an asset. Figure 2.8 shows the percentage of older persons that participated in community activities including elderly day, New Year's Day celebrations and religious ceremonies. In addition it indicates the extent to which they participated in activities of the elderly club which is also involved in various community activities at least on an occasional basis.

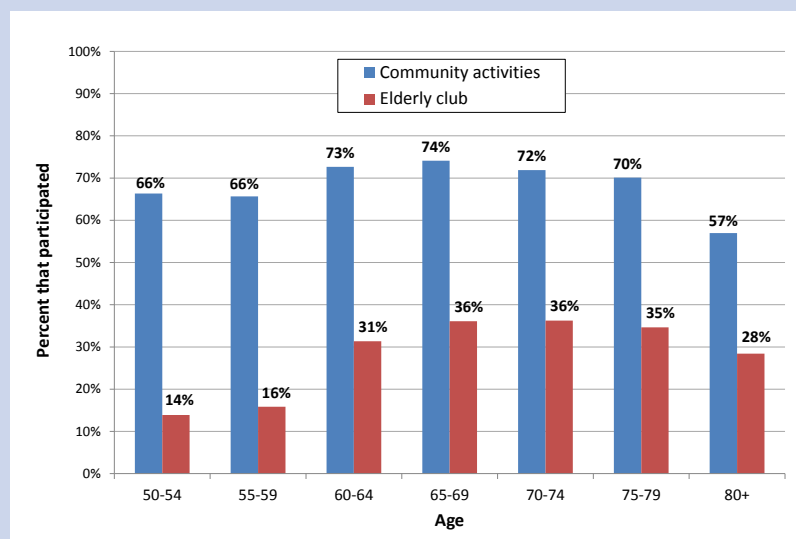
Participation in community activities in general is moderately higher among persons 60 and older and below age 80 compared to persons in their 50s but is lowest for those 80 and older. With respect to elderly club participation, the increased participation of those over age 60 is considerably more pronounced. Although it also drops after age 80, it remains higher than for persons in their



50s. The decline in participation rates in both categories of community activities among those 80 and older is likely associated with higher levels of frailty and poor health at those ages compared to younger age groups. The substantial increase in participation in elderly clubs after age 60 undoubtedly is associated with the fact that age

60 is considered the start of the elderly ages. This may also influence the extent of participation in community activities in general since the question refers to activities that are largely focused on the elderly. In any event, it appears that the majority of older persons involve themselves at least in some community activities. Also while even among those over 60 only a minority participate in elderly clubs it still involves substantial share of older persons in Thailand.³

Figure 2.8 Percentage that participated in last 12 months in community activities and in elderly club activities, persons 50 and older, 2014



Source: 2014 Survey of Older Persons in Thailand

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

³ As noted in chapter 1, nearly all sub-districts (tambol) have an elderly club but membership and participation may be limited among persons that live at further distances from where the clubs are located.



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, over half of older persons (55%) live with a child and over two thirds (65%) either live with or adjacent to a child; only 9% live alone.
- Household size declined steadily from just over 5 in 1986 to 3.6 in 2014.
- Two-thirds of older persons live in multigenerational households; however living in three or more generation households decreased from 47% in 1994 to 32% in 2014.
- Among older persons who live with a married child, it is considerably more common to live with a married daughter than a married son; this is most pronounced in the Northeast region and least pronounced in Bangkok and the Central region.
- Older persons who live alone are about as likely as other older persons to report that their income is adequate and that they are satisfied financially; those that live only with a spouse are modestly more likely to report favorably in these respects.
- Almost 30% of older persons that live alone and a fourth of those that live only with a spouse have a child living next door; 46% of those living alone and 44% of those living only with a spouse 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 (the 2014 survey lacks relevant information to update this).
- Relatively few older persons are geographically isolated from all their children; only 22% of elderly parents have no child in the same village and only 14% have no child in the same province in which the parents live.
- The share of older persons that live in households with at least one grandchild is declining in recent years, falling from 48% in 2007 to 43% in 2014.
- Overall 15% of older persons live in households in which the parents of the youngest grandchild are absent and 10% live in 'skip generation' households (i.e. only with grandchildren and a spouse if married); skip generation households are considerably more common in the Northeast than elsewhere.
- Older persons with four or more living adult children are more likely to live with an adult child than those with fewer adult children; those with only one or two adult children are particularly likely not to have a child coresident or be living adjacent.

Despite expanding government, community 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; Knodel & Chayovan 2012). 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 & Saengtienchai 1999 and 2007; Knodel et al. 2010). At the same time, older parents often facilitate their children's ability to earn a livelihood by helping maintain and run the household if living together and 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 has been viewed as an essential way for families to meet the needs of older dependent members.¹ 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 & 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 family members including their adult children. 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

¹ A stem family is one in which parents will live with one child and his or her spouse, as well as the children of both, while other children will leave the house or remain in it unmarried.

typically shifts over the life course until eventually parents reach ages in which their contributions are diminished by their physical or cognitive declines and they become largely dependent on adult children or other family members 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 older who live in the same household with a child falling from 77% in 1986 to only 55% by 2014. All of the surveys indicate higher levels of urban coresidence than rural, but declines are evident among both urban and rural older persons. Also 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 60 and older who live alone and, even more so, the percent that live only with a spouse increased steadily during the past few decades. Together, these measures indicate that by 2014 over one fourth of Thais over 60 live independently, up from only 11% in less than 3 decades.

Table 3.1 Selected measures of living arrangements, persons 60 and older, 1986 to 2014

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

Sources: 1986 Survey of Socio-economic Consequences of Ageing of the Population in Thailand; 1994, 2002, 2007, 2011 and 2014 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.



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 & Saengtienchai 1999). Table 3.2 indicates the percent of older persons in 1995, 2011 and 2014 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 far greater availability and lower cost of land in rural than urban areas

thus making it far more affordable to establish separate housing for adult children nearby the parental home. Hence when the coresidence and living nearby categories are combined, the urban-rural difference disappears and even slightly reverses. At the same time, as with coresidence, the percent that coreside or live adjacent to a child declines considerably during the period covered by the surveys regardless of area of residence. Nevertheless, even by 2014, almost two thirds of both rural and urban Thais still reside with or next to a child.

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

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

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

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 (e.g., Bangkok Post 2010; Charasdamrong 1992; Charoenpo 2007). The percentage of those living alone sometimes even serves as a basis for estimates of elderly who need assistance from government agencies. Thus the increasing percentages of older persons in these situations are potentially of concern to policy makers. Table 3.3 examines whether these elderly living independently 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.

Table 3.3 Percentages that assess their income as adequate and percentage that are satisfied with their financial situation, by living arrangements, persons 60 and older who live alone or only with a spouse, 2014

	Has adequate income		Is satisfied with financial situation	
	Percent	Ratio to mean for all persons 60 or older	Percent	Ratio to mean for all persons 60 or older
All persons 60 and older	63.9	1.00	79.3	1.00
Persons living alone				
total	63.6	0.99	79.3	1.00
has child living adjacent	59.7	0.93	76.3	0.96
has children but none adjacent	66.1	1.03	82.0	1.03
has no children	62.3	0.98	76.0	0.96
Persons living with spouse only				
total	65.3	1.02	81.6	1.03
has child living adjacent	63.8	1.00	81.4	1.03
has children but none adjacent	65.0	1.02	81.2	1.02
has no children	72.3	1.13	85.0	1.07

Source: 2014 Survey of Older Persons in Thailand

Notes: The ratios are based on exact percentages rather than the rounded percentages in the table. Living adjacent includes living very nearby.

In the case of both the self-assessed measures of economic well-being, the ratios indicate that persons who live alone or with only a spouse differ little with respect to the extent they report adequate income and financial satisfaction than older persons overall. Unlike results based on the 2011 Survey of Older Persons in Thailand, the sub-category of persons with no children among either those that live alone or those that live only with a spouse are not distinctly less likely to indicate that they have adequate income or are satisfied with their financial situation (Teerawichitchainan, Knodel & Pothisiri 2015). While among those that live alone those with children living adjacent to them tend to report somewhat lower levels of self-assessed economic

well-being than older persons in general, this is not true for those that live only with a spouse.

The trend in declining coresidence with children is resulting in a considerable shift in the generational composition of households of older persons. As Table 3.4 shows, the percent of older persons in one generation households has increased considerably between 1994 and 2014 while the percent in three or more generation households has decreased considerably. 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.

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

	Number of generations in household			Total
	One	Two	Three or more	
Year of survey				
1994	19.0	33.7	47.3	100
2007	27.9	34.3	37.8	100
2011	31.2	35.1	33.7	100
2014	32.4	35.2	32.4	100
Age (2014)				
60-64	34.4	37.3	28.3	100
65-69	33.9	33.6	32.5	100
70-74	32.6	33.1	34.3	100
75-79	32.0	33.4	34.6	100
80+	25.3	36.8	37.9	100
Area (2014)				
urban	33.8	35.6	30.7	100
rural	31.5	34.9	33.6	100
Region (2014)				
Bangkok	31.0	41.9	27.1	100
Central	32.8	35.4	31.7	100
North	37.4	33.7	28.9	100
Northeast	28.5	34.8	36.7	100
South	34.3	32.9	32.9	100

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

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

The generational composition of households shifts with the age of the older person. One generation households decline with successive age among persons 60 and older while those in three generation households increase. One generation households are slightly more common in urban than rural areas while the reverse is true for three generation households. Regional differences are also apparent. One-generation households are

clearly the most common in the North and the least common in the Northeast undoubtedly reflecting the earlier and more substantial fertility decline in the North compared to the Northeast (Knodel, Chamrathirong & Debavalya 1987).

A summary of current household composition of older persons according to age, gender, and area of residence is provided in Table 3.5. The top panel

Table 3.5 Measures of household composition by age, gender and area of residence, persons 60 and older, 2014

	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	8.8	7.7	10.3	7.1	10.2	9.7	8.2
spouse only	19.0	21.4	15.9	24.3	14.6	17.4	20.1
with at least one child	54.7	50.2	60.5	52.1	56.8	56.8	53.2
other arrangement	17.5	20.7	13.2	16.4	18.3	16.0	18.5
Total	100	100	100	100	100	100	100
% living with or next to a child	65.1	58.3	74.0	62.7	67.1	64.6	65.5
% living with a married child or child in law	36.9	32.1	43.1	33.9	39.4	34.1	38.9
<i>Among persons 60 and older who have children</i>							
% living with							
any child	58.8	54.8	63.9	55.1	62.0	63.2	56.0
any child age 18+	58.2	53.7	63.9	54.0	61.8	62.7	55.3
any single child	28.3	28.3	28.3	27.8	28.7	35.2	23.8
any single son	17.8	18.4	17.0	17.4	18.1	21.4	15.4
any single daughter	14.7	14.3	15.2	14.6	14.8	19.8	11.3
any married child	32.3	30.4	34.6	31.3	33.1	29.9	33.8
any married son	12.6	12.6	12.5	12.5	12.6	12.8	12.4
any married daughter	21.4	19.5	23.7	20.5	22.1	19.0	22.9
any child in law	27.2	23.1	32.2	24.1	29.8	25.6	28.2
Ratio living with							
single daughter/single son	0.83	0.78	0.89	0.84	0.82	0.93	0.73
married daughter/ married son	1.70	1.55	1.90	1.64	1.75	1.49	1.85
<i>Among persons 60 and older who have a child in the household</i>							
Mean number	1.31	1.34	1.27	1.35	1.28	1.39	1.24

Source: 2014 Survey of Older Persons in Thailand

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

refers to all persons aged 60 and over. Persons aged 70 and older are more likely to live alone and less likely to live only with a spouse than those in their 60s. This undoubtedly reflects the greater chance of older elderly persons being widowed compared to younger elderly persons. Those 70 and older are also more likely to coreside with a child or to either live with or next to a child. Since the traditional norm in Thai society is to eventually live with one married child in a stem family configuration, the percentage living with at least one ever married child or child in law is shown separately. Over a third of elderly live with at least one married child and/or child in law and this is distinctly higher among persons 70 or older than those in their 60s. This likely reflects in part increases in the chance of adult children getting married as time passes and parents get older.

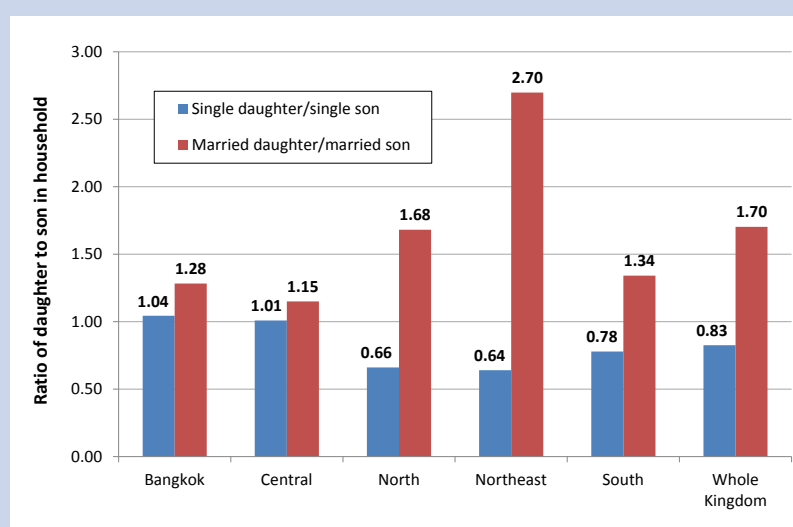
Several differences are also apparent in the living arrangements of older men and women. Women are more likely to live alone and less likely to live only with a spouse than are men, reflecting the higher levels of widowhood among women (see chapter 2). Women are slightly more likely than men to live with married children or children in law. Urban elderly compared to their rural counterparts are slightly more likely to live alone and to coreside with a child but slightly less likely to live only with a spouse.

The bottom panel of Table 3.5 indicates the percent of persons aged 60 and over that live 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. Younger and older elderly parents are equally likely to live with a single (i.e. never married) child but those in their 60s are

less likely to live with a married child. Coresidence with at least one married child is more common than with a single child 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 percentages that live with single daughters to the percentage that live with single sons. Overall older persons are more likely to live with single sons than single daughters. This likely reflects the later age that sons marry and leave the household compared to daughters. In contrast, there is a substantially greater likelihood of living with a married daughter than a married son. This tendency, however, is weaker in urban than rural areas, likely reflecting the greater proportions of the urban population that is of Chinese or mixed Thai-Chinese ethnicity and their cultural preference for residing with a married son.

The preference for matrilocal residence differs by region. Consistent with previous research, results in Figure 3.1 indicate that the tendency to live with married daughters is especially strong in the Northeast and to a lesser extent in the North than in other regions of Thailand (Knodel, Chayovan & Siriboon 1992).

Figure 3.1 Ratios of having a daughter to having a son coresident in the household by region and child's marital status, persons 60 and older with at least one child, 2014



Source: 2014 Survey of Older Persons in Thailand
 Note: Single refers to never married and married refers to ever married.

Location of children

Living independently does not necessarily mean geographical isolation from children (or other relatives) that may live nearby. Results from the 2014 survey presented in Table 3.6 show that almost 30% of elders who live alone and a fourth of those who live only with a spouse have a child living next door. Moreover, about 45% have a child at least living locally, i.e. 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. This is especially true for those who live alone among whom 17% have no living children. Taken together, 39% of those who live alone have no child within the same province either due to being childless or being separated due to migration. The equivalent proportion of married elders living only with a spouse who have no children living in their province is almost as high but due mainly to having their children living outside the parents' province.

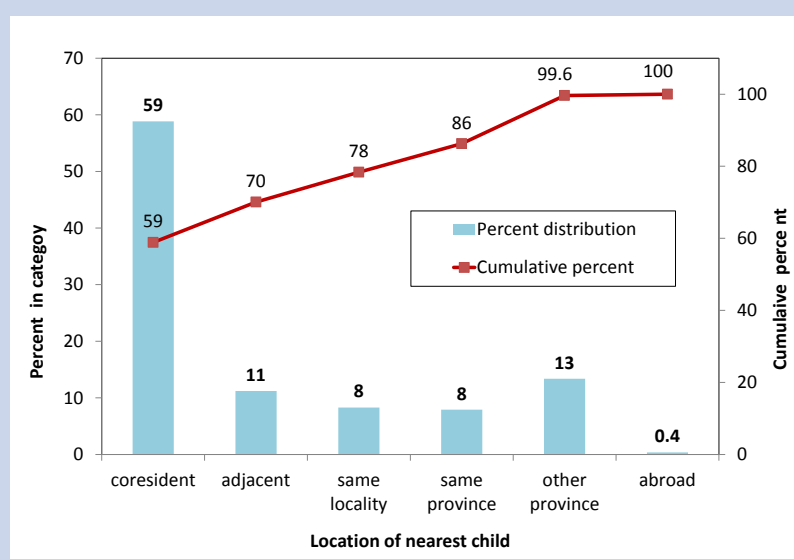
Table 3.6 Percentage who live alone or only with a spouse by location of nearest child, persons 60 and older, 2014

Location of nearest child	lives alone		lives with spouse only	
	% distribution	cumulative %	% distribution	cumulative %
adjacent	29.4	29.4	25.5	25.5
same village or municipality	16.3	45.7	18.8	44.3
same province	15.4	61.1	17.6	61.9
outside province	21.5	82.5	30.1	92.0
has no children	17.5	100	8.0	100
Total	100	--	100	--

Source: 2014 Survey of Older Persons in Thailand
Note: Living adjacent includes living very nearby.

Figure 3.2 examines the current situation with respect to where the nearest child lives for all older persons who have at least one living child. Less than one percent (0.4%) of elderly parents' nearest child is outside Thailand and for only 13% is their nearest child in Thailand but in a different province. Although these percentages are low, they represent an increase from the 2011 Survey of Older Persons in Thailand (0.3% and 11% respectively). The large majority of parents 60 and older (just under 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.

Figure 3.2 Percent distribution according to the location of nearest child, persons 60 and older who have children, 2014



Source: 2014 Survey of Older Persons in Thailand
Note: Excludes a small number of cases for which the location of the nearest child was unknown. Same locality refers to same village or municipal area. Living adjacent includes living very nearby.

Presence of grandchildren

Older-age Thais often contribute to their adult children's well-being by providing 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 grandchildren from coresident or non-coresident children or both. This frees the grandchildren's parents to engage in economic activity outside the home either locally or at some distance as migrants.

Figure 3.3 summarizes the trend in the percentage of persons 60 and older that live with at least one grandchild based on surveys between 1994 and 2014. Results are shown for coresidence with any grandchild regardless of age for all the surveys and also for grandchildren aged 10 or younger for the surveys between 2007 and 2014 which have necessary information. These younger grandchildren are of particular interest because they are young enough to still require considerable supervision and care from adults. With the exception of the 2002 survey, there is a steady decline over time in the percentage of older persons living with a grandchild. Thus although

slightly over half of persons 60 and older coresided with a grandchild in 1994, only 43% live with one by 2014. Also a pronounced decline is evident in coresidence with young grandchildren which fell from almost a third in 2007 to less than a fourth by 2014. The decline in grandchildren in the households of older persons undoubtedly reflects the sharp decline in fertility among their reproductive age children over the recent past few decades as noted in Chapter 1.

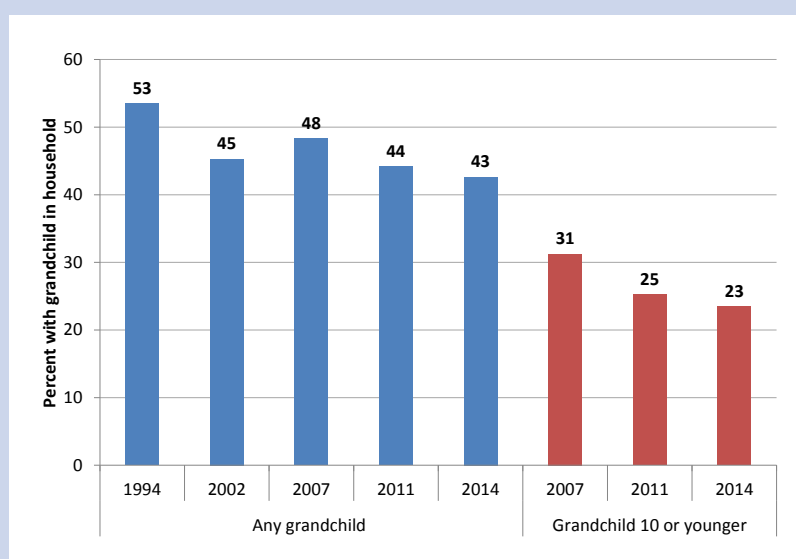
It is interesting to note that among persons 60 and older that lived with grandchildren in 2014, just over half (51%) lived with only one grandchild and only 14% lived with more than two. The average number of coresident grandchildren is 1.67.

In the case of caring for grandchildren whose parents are absent, grandparents may share responsibility with others, typically aunts or uncles of the grandchildren. In other cases the grandparents take full custodial care and thus responsibility for the upbringing of the grandchildren during their formative years. In some cases the situation arises because the grandchild's parents have died but by far the main

cause leading to the absence of parents is the migration of adult children, typically to find employment. Situations in which only the grandparents and grandchildren live together in the absence of anyone else are often referred to as "skip generation" households, reflecting the absence of any middle generation members.

While skip generation households can be defined in various ways, for the purpose of this report, skip generation households are defined as those that contain no members other than grandparents and grandchildren.² The implication for an older person of having a

Figure 3.3 Percentages living with a grandchild of any age and age 10 or younger, persons 60 or older, 1994 to 2014.



Source: 2014 Survey of Older Persons in Thailand

² This is the strictest definition. Alternative definitions may consider skip generation households to include those with grandchildren whose parents are absent regardless if other members besides the grandparents are present.

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 with the household chores or, if they are old enough to work, even help financially to support the household.

Table 3.7 indicates the percentage of persons 60 and older that live with a grandchild according to the grandparents' age and area of residence in 2014. Three different circumstances are shown: living with any grandchild; living with

grandchildren whose parents are absent (based on the situation of the youngest grandchild if more than one is present); and skip generation households. In addition, results are shown based on grandchildren of any age and only on grandchildren aged 10 or below. Living with any grandchild of any age shows little relation to the age of the grandparent but living with a young grandchild declines sharply with the age of the grandparent. This undoubtedly reflects that as grandparents age so do their grandchildren. Regardless of the age of the grandchild, persons 60 and older in rural areas are more likely to have a coresident grandchild than those in urban areas.

Table 3.7 Percentages with any coresident grandchild, with a grandchild whose parents are absent, and living in a skip generation household by age of youngest grandchild in household, persons 60 and older, 2014

	Situation of coresident grandchildren		
	Any grandchild	Parents of youngest grandchild are absent	Skip generation household
<i>Percent with a grandchild of any age</i>			
Total	42.6	15.3	9.8
Age of grandparent			
60-69	41.8	17.3	11.8
70-79	43.2	13.3	8.0
80+	44.6	11.4	5.6
Area of residence			
Urban	37.2	11.2	6.3
Rural	46.4	18.1	12.2
<i>Percent living with a grandchild 10 or younger</i>			
Total	23.4	7.5	4.9
Age of grandparent			
60-69	28.2	9.9	6.7
70-79	19.8	5.0	3.0
80+	11.6	2.5	1.4
Area of residence			
Urban	19.6	4.9	2.8
Rural	26.1	9.2	6.3

Source: 2014 Survey of Older Persons in Thailand

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

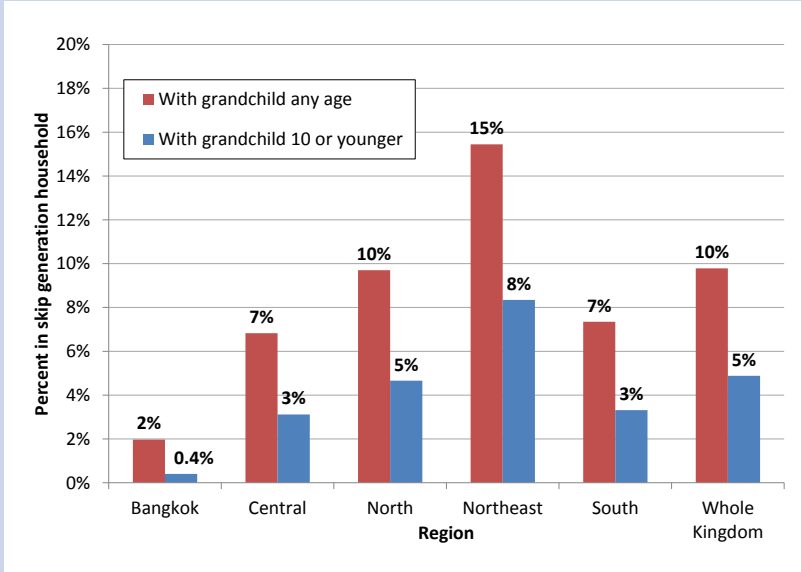
Based on information for the youngest coresident grandchild, overall 15% of older persons live with a grandchild whose parents are absent while only 10% live in skip generation households. Thus in a substantial minority of households with grandchildren whose parents are absent there are other members as well. If only grandchildren aged 10 or younger are considered, the proportion of older persons living with grandchildren whose parents are absent or in skip generation households is reduced by half. Having a grandchild with absent parents as well as skip generation households both decline substantially as grandparents grow older. In addition, both of these situations are approximately 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 (Knodel, Prachuabmoh & Chayovan 2013).



Figure 3.4 shows the percentage of older persons that live in skip generation households by region both regardless of the age of the grandchildren as well as only those in which the youngest grandchild is 10 or younger. Skip generation

households represent only a modest share of all households of older persons. Although nationally only 10% of persons 60 and older live in skip generation households regardless of age of grandchild and only 5% live in such households with young grandchildren, the prevalence varies considerably by region. Skip generation households are by far most common in the Northeast region reflecting the fact that migration of adult children of older persons is by far greater there than elsewhere in Thailand. Relevant data to determine migration are not available in the 2014 survey but results from the 2011 Survey of Older Persons in Thailand provide clear evidence of this. According to the 2011 survey almost half of the children (49%) of persons 60 and older in the Northeast lived in a different province from their parents compared to only just over a third (34%) for the rest of Thailand (original calculation).

Figure 3.4 Percentages in skip generation households with a grandchild any age and with a grandchild age 10 or younger by region, persons 60 and older, 2014



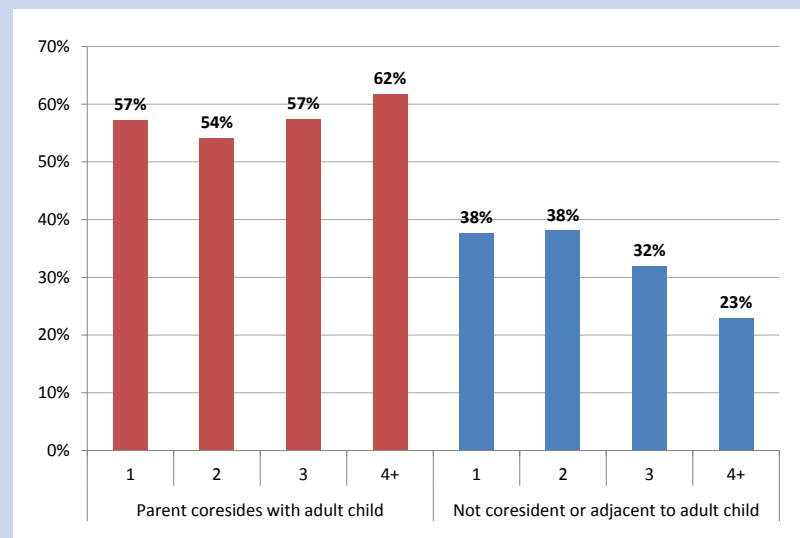
Source: 2014 Survey of Older Persons in Thailand
 Note: Skip generation households are defined as those with one or more grandchildren but no other members other than the respondent and spouse if currently married.

Family size and living arrangements

One important influence on living arrangements of future generations of older persons will be their progressively smaller family sizes. Figure 3.5 shows the association between the number of adult children of the current older-age population and two measures of living arrangements. Among persons 60 and older that have adult children, the percentage that coreside with one is higher for those with four or more adult children but does not vary much among those that have fewer adult children. A clearer association is apparent between the number of adult children and the percentage of older age parents that neither coreside with nor live adjacent to an adult child. Although 38% of older persons 60 and older that have one or two adult children are in such a situation, this is the case for just under a third of those with three children and less than a fourth of those with four or more children.

Figure 3.6 examines the situation from the perspective of adult children and indicates the association between chances that an individual adult child will coreside with a parent in relation to sibship size. It is clear that the likelihood that an individual adult child will coreside declines sharply with sibship size. The difference is particularly pronounced

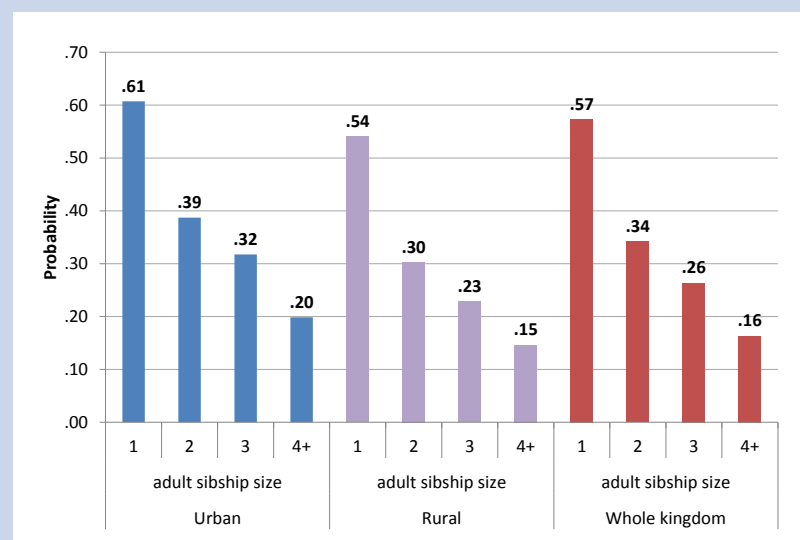
Figure 3.5 Percentage that coreside with an adult child and percentage that neither coreside nor live adjacent to an adult child, by number of adult children, among parents 60 and older of adult children, 2014



Source: 2014 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 3.6 Probability that an adult child will coreside with a parent by total number of adult children (sibship size), parents 60 and older, 2014



Source: 2014 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 is expressed per adult child.



between adult children who have no adult siblings and those who do. Nationally, more than half of adult children that have no adult siblings live with their parents. This is true for both adult children of urban and of rural parents. At the same time, at the national level the likelihood of an adult child living with their older age parents declines to only 16% among those from sibships with four or more adult children.

It is particularly interesting that children who are the only adult child are much more likely to remain in the household of the parent. This suggests that the implications for the parents' living arrangements are likely taken into consideration when children decide whether or not to move out of the household. The fact that the departure of an only adult child would result in the parents having no adult child living with them may cause parents to discourage their only adult child from leaving. Alternatively or in addition the child may decide to remain in the household due to concerns about the parents.



Chapter 4 Sources of Support and Material Well-being

Chapter highlights

- Overall, 40% of older persons worked during the prior 12 months according to the 2014 Survey of Older Persons; this is a slight decrease from 2011 but above the levels reported in the 1994 and 2002 surveys.
- The vast majority (85%) of persons 60 and older received the government Old Age Allowance in 2014, up from 81% in 2011; these high levels reflect the transformation of the program in 2009 into a universal social pension.
- Although almost 80% of older persons received some income from their children, only 37% reported children as their main source down from 40% in 2011; for 15% the Old Age Allowance was their main source of income in 2014, up modestly from 11% in 2011.
- Despite the reduced percentage reporting children as their main income source, results shown in the next chapter indicate the percentages of elderly parents that received substantial amounts increased.
- Annual reported incomes of older persons improved between 2007, 2011 and 2014 even allowing for inflation.
- Women report lower incomes than men but to a fair degree is limited to those who are currently married and hence who likely benefit from their spouses higher income; self-assessed economic situations differ little by gender.
- Elderly in rural areas 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 steadily if modestly between 2007 and 2014; by 2014, 64% of older people believed their income to be adequate and almost 80% are satisfied with their financial status.
- Older people whose main source of income is from a pension or interest or from savings or rent assess their economic situation most favorably; those who depend mainly on the old age allowance assess their situation least favorably likely reflecting the relatively low benefit amounts.
- Housing quality and the presence of appliances and motor vehicles as possessions in households in which older people live continue to steadily increase; by 2014 virtually all their households had a television, 94% had a refrigerator and over 80% some type of motor vehicle.
- Particularly striking is the rapid increase in the percentages of elderly who live in households with a telephone reaching over 90% by 2014; this greatly facilitates communication with migrant children as well as calling for help when needed.

Among the most pressing issues related to population ageing is concern that the sources of support available to older persons are sufficient to ensure their economic security and material well-being. Together with poverty reduction and access to health care, these are among the top issues confronting national governments in developing countries in relation to population ageing (UNFPA & 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 their family and particularly of their adult children. 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 recent implementation of a modest but virtually universal social pension for persons once they reach 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 expanding if modest formal support, is fulfilling their material needs. This chapter examines a range of sources of support including older

persons' own economic activity and provides several indicators of their level of material well-being with attention to how this has been changing during recent decades. To assess the material well-being of older persons, information on income, self-assessed economic situation, quality of housing, and the presence of various household possessions are examined. Each of these dimensions has limitations that require care when interpreting results.

Economic activity

As indicated in Chapter 2, 38% of all respondents aged 60 or older in 2014 reported that they worked during the previous week (49% of men and 30% of women). These figures exclude some persons that worked during the year but either stopped for good or are waiting for seasonal work. In order to examine trends in economic activity based on results from earlier surveys of older persons, it is preferable to examine the percentages that were engaged in work sometime during the previous 12 months. This avoids complications due to the fact that the surveys occurred at different times during the year and thus will be affected by the seasonality of some types of work, especially in the agricultural sector. This information is available from the 2014 survey as well as the 1994,

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

	1994	2002	2011	2014
Total	38.5	37.7	42.7	40.5
Age				
60-64	58.1	58.6	66.0	64.2
65-69	43.9	39.6	49.6	48.7
70-74	20.3	23.4	29.2	27.8
75-79	11.5	14.5	18.4	17.5
80+	4.9	5.4	6.1	5.8
Gender				
Men	50.2	48.9	54.5	51.1
Women	29.0	28.2	33.4	31.7
Area of residence				
Urban	27.3	27.9	33.2	34.0
Rural	43.3	42.1	47.5	44.9

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



2002 and 2011 surveys. Table 4.1 presents results for persons 60 and older by age, gender and area of residence. As expected, in comparison with the percentage that worked in the previous week based on the 2014 survey as presented in chapter 2, the percentage that worked during the previous 12 months is slightly higher.

No consistent trend is evident across the four surveys. There is little difference between 1994 and 2002 results in the overall percentage that reported working in the past 12 months but the percentage is distinctively higher for 2011 and then falls modestly by 2014. In any event, the percentages that worked in the previous year in both 2011 and 2014 are higher than the equivalent percentages according to the two earlier surveys. This suggests that there has been somewhat of an increase in economic activity among older persons over the two decades covered.

Interpretation of these results requires caution in part because of differences in the questionnaire

structures between the surveys.¹ If in fact the results are valid, it could reflect efforts being made in line with the strategy incorporated in the 2nd National Plan for Older Persons to promote productive ageing including remaining economically active. To some extent, labor force participation rates based on the Labor Force Survey conducted by NSO are in line with the trend shown in this report. Labor force surveys occur several times a year. Based on the mean of the three seasonal rates available for 1994 and the four seasonal rates available each year for 2002, 2011 and 2014, the % in the labor force among persons 60 and older were 38.5, 34.7, 42.7 and 40.5 respectively. These rates, however, refer to the previous week and include persons that are not currently working but are seeking employment. Thus they are not directly comparable to the percentages that worked in the previous 12 months that are shown in the table. Still they are consistent in indicating that a higher percentage of older persons were economically active in 2011 and 2014 than in 1994 and 2002.

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

Table 4.1 indicates that the percentages of older persons working in 2014 declines rapidly with advancing age, that men are considerably more likely to be working than women, and that rural elderly are more likely to work than their urban counterparts. The higher percentage of rural than urban older persons working likely reflects the higher tendency of rural persons to be engaged in agriculture. The fact that many persons working in agriculture are self-employed and not subject to externally imposed retirement ages permits them to continue working at reduced rates before ceasing work altogether. Thus compared to those working in the formal sector, persons working in agriculture tend to reduce working gradually (in stages) rather than to switch from full activity to no activity all at once. Among persons 60 and older that worked during the past 12 months in 2014, the majority (almost 60%) were engaged in agriculture, a level far higher than among the younger working population (not shown in table).²

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 between 1994 and 2014. It is interesting 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 but then falls to a level similar to the earlier surveys in 2014.³ Still in all surveys, work is relatively common hovering at around 40%. Moreover, the results likely understate the extent that work is important as a source of income for older persons since responses presumably refer to the respondent's own work. If income from spouses' work is also taken into account, economic activity as a source of income would be somewhat more common. For example in 2014, an additional 12% of persons 60 and older do not claim work as an income source but say their spouse is a source of their income. While not all of these cases refer to spouse's work, as this could include assets as well, it is quite possible that there are a fair number.

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

Percent receiving any income from the following sources	1994	2002	2007	2011	2014
work	38.0	37.7	37.8	42.7	38.8
pension ^(a)	4.1	4.3	5.4	7.5	6.3
old age allowance	0.5	3.0	24.4	81.4	84.9
interest/savings/property	17.1	18.0	31.7	35.7	n.a. ^(d)
spouse	21.4	17.4	23.3	21.4	25.2
children	84.5	77.2	82.7	78.5	78.9
relatives ^(b)	11.4	6.9	11.0	8.9	10.0
other ^(c)	8.8	2.6	1.5	2.5	1.6

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

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

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

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

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

² The category of agriculture includes fishing.

³ While this observation further confirms that caution is needed in interpreting the levels of economic activity among older Thais, the distinctively higher percentage reporting work as a source of income in the 2011 survey is consistent with the higher percentage reporting work in the past year in 2011 compared to the other surveys.

Of particular note is the enormous increase from 24% to 81% of older persons who reported income from the Old Age Allowance program between the 2007 and 2011 surveys. As described in Chapter 1, the government transformed the Old Age Allowance in 2009 from a means tested program to a virtually universal social pension for anyone who did not receive other government pensions. The 2014 results show a further increase to 85% reporting income from the allowance.

Prior to the 2009 expansion of the Old Age Allowance program, the most common source of income for older persons was their children. In all the surveys, close to or above 80% of respondents reported income from children during the past year. In 2011 and 2014 the percentage that reported at least some income from children remains high but is slightly less than the percentage that reported receiving a government old age allowance. It is also important to recognize that the question refers to income and hence presumably only to cash. Thus the results do not refer to material support in the broader sense which would include in kind material support.

Income from interest, savings or rent increases steadily across the four surveys shown reaching just over a third of respondents by 2011. The

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 result for 2014 is not shown in the main body of the table because it appears well out of line with the previous estimates as indicated in the table's footnotes and thus of uncertain validity. The percentage reporting pensions as an income source steadily increases through 2011 although it remains quite low at just 8% and declines in 2014 to only 6%.

Consistent with the decline in economic activity with age discussed above, as Table 4.3 indicates, based on the 2014 survey, 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 widowhood with age, 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 a somewhat higher percentage report receiving the old age allowance.

Table 4.3 Sources of income during the previous 12 months by age, gender and area of residence, persons 60 and older, 2014

Percent receiving any income from the following sources	Age		Gender		Type of area	
	60-69	70+	Men	Women	Urban	Rural
work	55.6	17.0	49.5	30.0	32.7	43.0
pension ^(a)	7.0	5.5	9.1	4.0	10.7	3.3
old age allowance	80.5	90.7	81.9	87.4	79.1	88.9
spouse	32.4	15.9	25.7	24.9	23.3	26.6
children	73.6	85.7	76.3	80.9	75.4	81.3
relatives ^(b)	8.9	11.4	8.1	11.5	9.5	10.3
other	1.9	1.4	1.9	1.4	2.4	1.2

Source: 2014 Survey of Older Persons in Thailand

Notes: Income from interest/savings/property is omitted for reasons stated in the footnote in the previous table.

(a) Pension includes lump sum payments on retirement.

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

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 and women are almost equally likely 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 men are more likely to work and have a pension both of which can serve as sources of income for their wives. When limited to older persons that are currently married, however, women are considerably more likely than men to report a spouse as a source of income (51% vs. 31%, not shown in table) reflecting the higher level of economic activity among men and to a lesser extent the greater share of men that received pensions.

Rural 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 self-employed persons and especially those engaged in agriculture. At the same time, urban elderly are three times 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 positions. Still even for urban elderly only a modest 11% receive pensions. 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 government pension which renders 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 almost all elderly (97%) have more than one source of income and on average have three or more, in most cases these sources differ considerably in their importance. For example, although children are a very pervasive source of cash income their contributions in some cases may be symbolic rather than a meaningful contribution to overall income. In addition, much of the support that children provide is in kind and not directly in cash, especially if they coreside with their elderly parents. Although information on how much income was received from each source is unavailable in the surveys, respondents were asked to indicate their main source of income. Table 4.4 examines the main source of income reported by older persons in 1994 to 2014.

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

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

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

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

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



For all surveys, children are most commonly reported as older persons' main source of income. However, the percentage declines across the surveys with a particularly substantial drop between 2007 and 2011 and a further, less drastic decline by 2014. Equally noteworthy is the substantial increase from 3% to 11% between 2007 and 2011 and the further rise in 2014 to 15% in the share that cite the old age allowance as their main income source. This undoubtedly reflects the change to almost universal coverage in 2009. In addition, the proportion citing work as their main source of income is highest in 2011 consistent with the highest percentages in 2011 that reported having worked during the past year. Pensions from employment serve as a main source of income for only a quite low percentage of persons 60 and older.

A decline in children as the main source of support occurs even though the vast majority of older persons in all years report some income from children during the prior year with a decrease of only a few percentage points between 2007 and 2011 and no decline between 2011 and 2014. Moreover, as discussed in more detail in the

following chapter, among those who have at least one child there was no decline in the percentage that received at least moderate or substantial amounts of money from children between 2007 and 2011 and actually a noticeable increase between 2011 and 2014. Thus it does not appear that the decline in children as the *main* source of income signifies a decline in significant monetary support from children. Instead, the results suggest 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 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 at the time). However, the amount of money from the allowance can be substantial for people who are extremely poor. It also can be a significant share of their *cash* income for those that live in households with adult children who cover household expenses for them rather thus obviating the need to give their older-age parents monetary support.⁴

⁴ Some indirect evidence from the 2014 survey supports these potential explanations. More than twice as many respondents who are dissatisfied with their financial situation cite the allowance for older persons as their main income source than do those who are satisfied (26% vs. 12%). This suggests that those whose main income source is the allowance are more likely to be quite poor. Moreover, only 44% of those who report the allowance as their main source of income report their income is regularly adequate compared to 67% 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 somewhat more likely to be living with a married child than other elderly (36% vs. 29%). 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 Table 4.5 shows, there are considerable age, gender and residence area differences in relation to older persons' main source of income. Almost half of persons in their 60s compared to only 14% of those 70 or older report work as their main income source. In contrast half of those 70 and older compared to less than 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. 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.

Table 4.5 Main source of current income among persons 60 by age, gender and area of residence, 2014

Main income source (percent distribution)	Age		Gender		Type of area	
	60-69	70+	Men	Women	Urban	Rural
work	49.0	14.2	44.9	24.8	29.2	37.1
pension ^(a)	5.3	4.2	6.8	3.2	8.4	2.3
old age allowance	7.8	24.0	12.2	17.0	11.8	16.9
interest/savings/rent	3.8	3.8	3.8	3.8	5.6	2.6
spouse	5.8	2.4	2.6	5.8	5.1	3.8
children	26.9	49.6	28.7	43.4	37.7	36.1
relatives ^(b)	1.3	1.4	0.8	1.8	1.8	1.1
other	0.1	0.3	0.2	0.2	0.3	0.1
Total	100	100	100	100	100	100

Source: 2014 Survey of Older Persons in Thailand

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

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

For men, work is clearly their most common main source of income, while for women children are their main income source. Still, children are the main source of income for just under 30% of men and for over 40% of women. Men are more than twice as likely as women to report pensions as their main source of income (7% vs. 3%) although for neither are pensions common as the main income source. In contrast more women than men report the old age allowance (17% vs. 12%) and spouses (6% vs. 3%) as the main source of their income although both are not common main sources for either gender.

For urban elderly, children are the most common main source of income followed by work. In contrast, for rural elderly work is slightly more common 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 (8% vs 2%) while rural elderly are more likely to report the old age allowance (17% vs 12%).

Income levels and adequacy

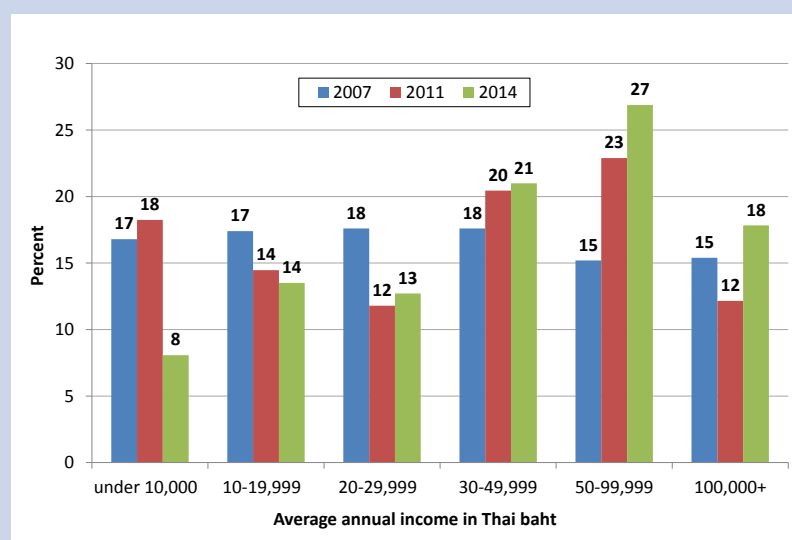
Respondents were asked to estimate their average annual personal income. Interpreting the results is complicated in the case of older persons who live in households shared with their adult children or other younger generation adult members that may take main responsibility for household support. Under such circumstances the direct income of the elderly members may be of less importance for their material well-being than the income of other members of the household.

Figure 4.1 summarizes the distribution of income among persons aged 60 and older according to the 2007, 2011 and 2014 Surveys of Older Persons. The percent of older persons in two lowest income

categories is lowest in 2014 and the percent in the three highest income categories is highest in 2014. Given that annual inflation was quite modest averaging around 2% between 2011 and 2014, it appears that there was likely some improvement on average in terms of purchasing power of older persons during the intervening years.⁵

As Table 4.6 shows, the income distributions in 2014 differ according to age, gender and area of residence. Persons in their 60s, men and urban residents are more concentrated in the higher income categories than are persons aged 70 and older, women and rural residents respectively. Interpreting the gender differences is complicated because spouses are likely to share benefits from each other's incomes. Not shown in the table is the fact that the lower incomes associated with women is mainly attributable to those who are currently married. For example the percentages of not currently married men and women in the two lowest income categories are very similar (31% vs. 30%). Also among those not currently married, men are modestly more likely than women to be in the highest two income categories

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



Sources: 2007, 2011 and 2014 Surveys of Older Persons in Thailand
 Note: At the time of the surveys US\$1 ranged in value from about 30 to 32 baht.

(38% vs. 33%) which is considerably less than the difference among currently married men and women (56% vs. 43%). In addition, as shown below, men and women differ only very modestly in their self-assessment of their financial situations. 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.

Table 4.6 Average annual income by age, gender and area of residence, persons 60 and older, 2014

Income in past year (percent distribution)	Age		Gender		Type of area	
	60-69	70+	Men	Women	Urban	Rural
under 10,000	5.2	11.7	6.3	9.5	7.0	8.8
10,000-19,999	8.2	20.4	11.3	15.3	10.5	15.6
20,000-29,999	10.3	15.9	10.5	14.5	10.2	14.5
30,000-49,999	21.2	20.7	19.0	22.7	19.4	22.1
50,000-99,999	32.0	20.3	28.6	25.5	27.7	26.3
100,000+	23.1	11.0	24.3	12.5	25.2	12.7
Total	100	100	100	100	100	100

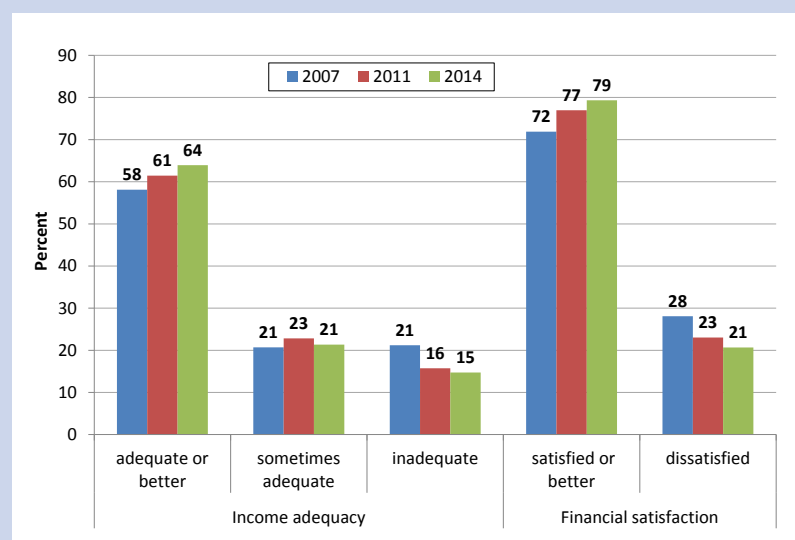
Source: 2014 Survey of Older Persons in Thailand
 Note: At the time of the survey US\$1 equaled about 32 baht.

⁵ See <http://data.worldbank.org/indicator/NY.GDP.DEFL.KD.ZG> (accessed 18/08/2015)

The 2007, 2011 and 2014 Surveys of Older Persons included two questions asking respondents to assess their economic situation. One question asked if their overall income was adequate while the other asked if they were satisfied with their current financial status. The results are summarized in Figure 4.2. Assessments of both income adequacy and financial satisfaction improved across the three surveys. Those saying that their income is adequate or better increased from 58% to 64% while those saying that it was inadequate declined from 21% to 15%. Those saying they were satisfied with their financial situation increased from 72% to 79% while the percentage saying they were dissatisfied declined commensurately. Nevertheless, over a third of persons 60 and older in 2014 indicated that their income was only sometimes adequate or consistently inadequate and just over one fifth indicated they were dissatisfied with their financial situation.

As Table 4.7 shows respondents' self-assessed economic situation in 2014 differs little by age or gender but moderately by place of residence.

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



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

Overall there is very little difference in these measures between persons in their 60s and those 70 and 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 gender differences in self-assessed economic situations underscores the need for caution as discussed earlier in connection with interpreting results showing that women reported lower income than men.

Table 4.7 Income adequacy and financial satisfaction by age, gender and area of residence, persons 60 and older, 2014

	Total	Age		Gender		Type of area	
		60-69	70+	Men	Women	Urban	Rural
Adequacy of income							
adequate or better	64.0	63.7	64.2	64.8	63.2	68.5	60.8
sometimes adequate	21.3	23.0	19.2	21.4	21.3	18.7	23.2
inadequate	14.7	13.3	16.6	13.8	15.5	12.8	16.0
Total	100	100	100	100	100	100	100
Satisfaction with financial situation							
satisfied or better	79.3	79.6	78.9	79.9	78.8	82.1	77.4
dissatisfied	20.7	20.4	21.1	20.1	21.2	17.9	22.6
Total	100	100	100	100	100	100	100

Source: 2014 Survey of Older Persons in Thailand



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 4.8 Income adequacy and financial satisfaction by main source of income, persons 60 and older, 2014

	Work	Pension ^(a)	Old age allowance	Interest/savings/property	Spouse	Children	Other ^(b)
Adequacy of income							
more than adequate	1.8	6.1	0.3	3.6	2.1	1.7	1.5
adequate	62.4	85.3	43.3	74.3	60.2	65.8	53.6
sometimes adequate	23.7	5.4	24.1	14.5	24.1	20.6	20.9
inadequate	12.2	3.2	32.3	7.5	13.6	12.0	24.0
Total	100	100	100	100	100	100	100
Satisfaction with financial situation							
very satisfied	3.5	13.5	0.8	6.1	2.8	3.4	1.7
satisfied	76.6	82.3	62.6	82.5	77.2	78.8	66.5
dissatisfied	19.8	4.1	36.7	11.4	20.0	17.7	31.8
Total	100	100	100	100	100	100	100

Source: 2014 Survey of Older Persons in Thailand

(a) Includes lump sum payments on retirement

(b) Includes parents, siblings, other relatives and other sources.

Housing quality and household possessions

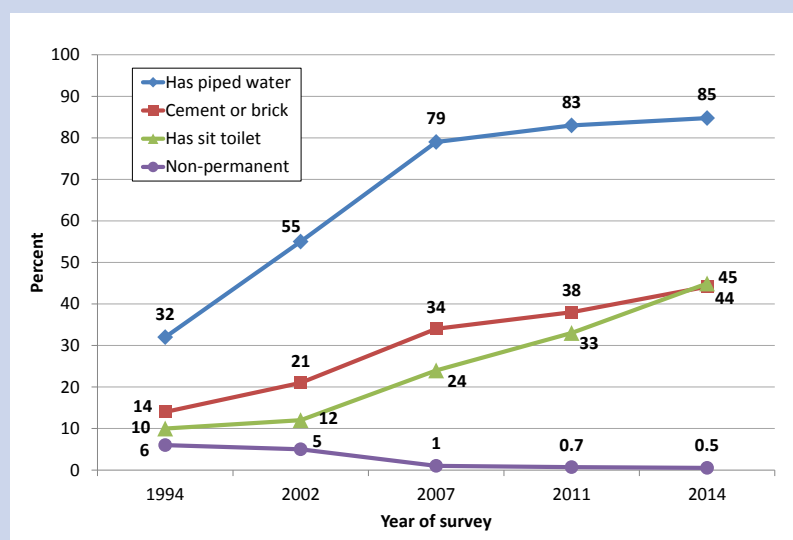
The quality of a person's housing is not only important for their comfort but is also a reflection of their economic status. Information was collected in all five Surveys of Older Persons conducted between 1994 and 2014 regarding the construction material of the dwelling unit, whether it had a sit toilet and whether or not it had piped water into the dwelling. A clear trend is evident in Figure 4.3 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 only 1% by 2007 and is virtually negligible by 2014.

At the same time the percentage living in households made of cement or brick has increased from only 14% in 1994 to 45% by 2014. Living in a dwelling unit with access to a sit toilet has more than quadrupled from only 10% in 1994 to 44% of older persons by 2014. 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 85% by 2014.

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

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



Sources: 1994, 2002, 2007, 2011 and 2014 Surveys of Older Persons in Thailand
 Note: Dwellings of non-permanent material include houses of reused material. Calculations of percentages living in non-permanent housing and in cement or brick housing are based on denominators that exclude a small number who live in single rooms or undetermined dwellings. Sit toilets refer to ones with toilet bowls regardless of whether they have mechanical flushing.

Table 4.9 Indicators of housing quality by age, gender and area or residence, persons 60 and older, 2014

	% in dwellings made of		% in a dwelling with a sit toilet	% in a dwelling with piped water inside house
	non-permanent or reused material	cement or brick		
Total	0.5	44.2	44.9	84.7
Age				
60-69	0.5	46.0	43.4	85.3
70+	0.5	41.7	46.9	84.1
Gender				
men	0.6	43.9	43.3	84.1
women	0.4	44.4	46.3	85.3
Area of residence				
urban	0.2	56.9	62.7	91.8
rural	0.7	35.3	32.6	79.8

Source: 2014 Survey of Older Persons in Thailand



pronounced difference is apparent between rural and urban elderly with those in rural areas considerably less likely to live in housing with better quality features. Thus the pattern of differences with respect to housing quality parallels the pattern found concerning self-assessed economic 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. In situations in which older persons coreside with other household members including their adult children, specific possessions

often belong to the other members or to the household overall rather than to the elderly persons themselves. Nevertheless, the possessions reflect the overall wealth status of the household and, with respect to many of the items, the older person typically benefits from them as well even if they do not own them personally.

Table 4.10 shows the percentage of older persons that live in households with various household possessions based on surveys spanning from 1986 to 2014. 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 2014 this increased to well over 90%. Likewise large increases have also occurred in the percentage of older people who live in households with a washing machine with over 70% of persons 60 and older in 2014 having one in their household. The much more frequent availability within a household of such appliances makes carrying out household chores considerably more convenient. Moreover over 80% of older people live in households with some form of vehicular transportation, up from less than a third in 1986. Although the vehicles may belong to another member of the household it is highly likely that older-age members would be provided transportation when in need.

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

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

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

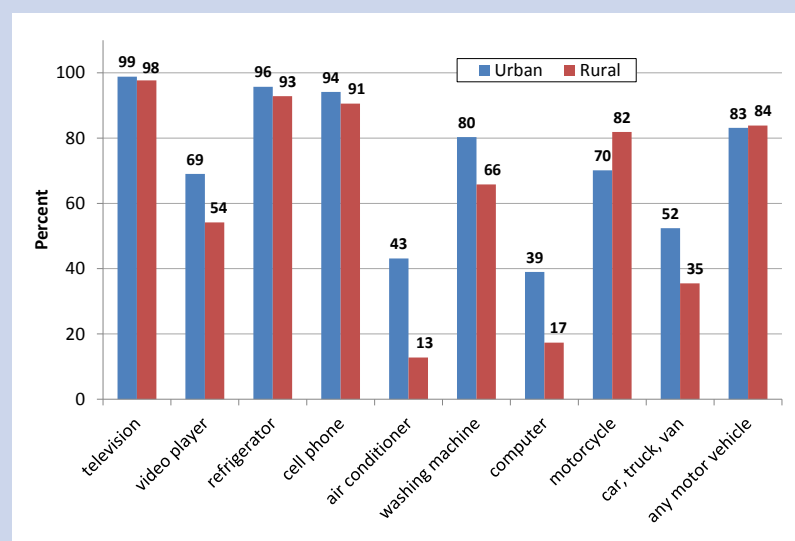
(a) Refers to either a landline or mobile phones in 1994 and 2007 but only to mobile phones in 2011 and 2014

(b) Motorcycle, car, truck or van

One striking change 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 because it was so rare for a household to have one at that time. In 1994 only 15% of older persons lived in households with a telephone but by 2014 over 90% lived in a household that had at least a mobile phone. The 2011 and 2014 surveys did not ask about landline phones. Thus it is not possible to determine the percentage of older persons in a household with any type of phone but it would be undoubtedly even higher than those shown in the table. While in many cases the mobile phone may not belong to the elderly themselves, they would still likely have potential use of the phones of other household members. Thus most elderly would be able to use a phone not only in urgent situations such as health emergencies but also for communication with their children living elsewhere. As discussed in the following chapter, the spread of telephones and particularly mobile 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 only slightly more than one fourth of older persons in 2014, 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.

Figure 4.4 Percentages living in households with various household possessions by area of residence, persons 60 or older, 2014



Source: 2014 Survey of Older Persons in Thailand

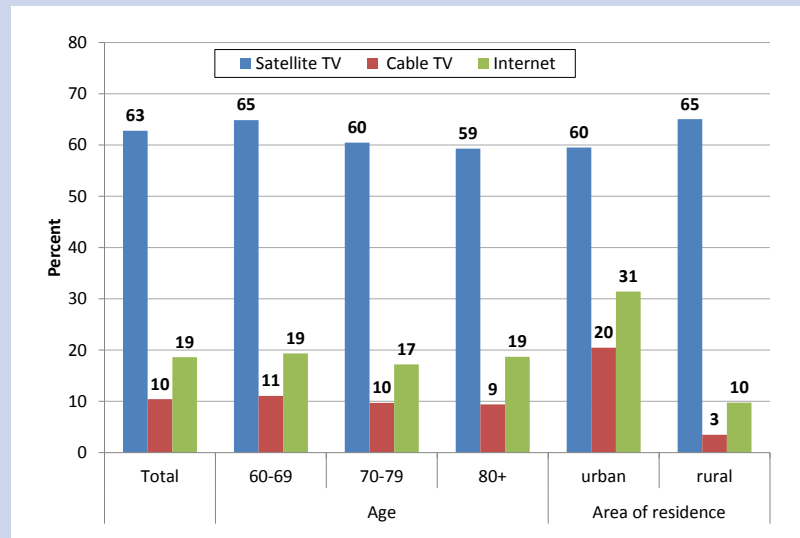
As Figure 4.4 shows, elderly in rural areas are not far behind those in urban areas with respect to a number of household possessions. Televisions are virtually universal regardless of place of residence and rural households of older persons only lag slightly behind urban households with respect to refrigerators and mobile phones. However, there are considerable differences with respect to several other household possessions. Rural households are particularly less likely to have an air conditioner or computer than urban households but also less likely to have a washing machine or video player.

With respect to the presence of 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. Since urban households are better off economically, they are better situated financially to buy a four-wheel vehicle and thus in less need of a motorcycle.

Finally, the 2014 survey for the first time included questions asking about the presence of satellite and cable TV and access to the internet within the household. Results are shown in figure 4.5.

Satellite TV is quite common with over 60% of persons 60 and older living in households with access. This differs very little by age or area of residence of the respondent. Cable TV is much less common with only 10% of households of older persons being connected to it. This differs little by age of respondent but is much more common in urban areas where a fifth of households with persons 60 and older have cable TV while in rural areas only 3% do. The urban-rural difference is undoubtedly accounted for by the fact that satellite TV only entails a one-time installation cost but has no subsequent monthly fees whereas access to the cable TV requires paying monthly subscription fees. Thus cable TV is undoubtedly more affordable and also more available for urban elderly than rural elderly.

Figure 4.5 Percentages with satellite television, cable television and internet in the household, persons 60 and older, 2014



Source: 2014 Survey of Older Persons in Thailand

Almost 20% of persons 60 and older live in households with Internet access and this varies little by age of respondent. However as in the case of cable TV, there is a very large difference between urban and rural elderly. Almost a third of older persons in urban areas live in households with internet access but only 10% of those in rural areas have a connection available in their home.





Chapter 5 Family Support and Intergenerational Relations

Chapter highlights

- The large majority (85%) of older persons in 2014 who have living children received some money from the children although the percentage that reported children as their main source of support was slightly lower than in 2011.
- Considerably higher percentages of older persons received moderate or substantial amounts in the past 12 months in 2014 compared to 2011 or 2007 indicating that meaningful financial support from children has increased.
- Nonmonetary material support (i.e. food, goods and clothing) from non-coresident children in the past 12 months was higher in 2014 than in 2007 and 2011.
- Rural and urban elderly who have children are similar in terms of the percentages that receive any income from children and for whom children are the main source of their income although rural parents are less likely to receive large amounts.
- The percentages of parents receiving monetary support from children differs little by the location of their nearest child but regular receipt of food from non-coresident children declines sharply the further away is the nearest child.
- Social contact with non-coresident children in the form of visits and phone calls steadily increased between 2007 and 2014; this likely reflects the expanding transportation system and the continuing spread of mobile phones.
- Given that monetary and nonmonetary material support from children remains high and that social contact with children living away has increased it appears that filial support for parents in old age remains strong.
- Very few older parents are deserted by all their children; 98% live either with or next to a child or have at least monthly visits or phone calls; less than 1% in 2014 had no contact from any of their children in the prior 12 months.
- Although only a minority of older-age parents provided money to their children during the past year, the percent that did so increased steadily between 2007 and 2014.
- Grandparents are often the main carers of coresident grandchildren with absent parents, but the grandchildren's parents usually provide main financial support.

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

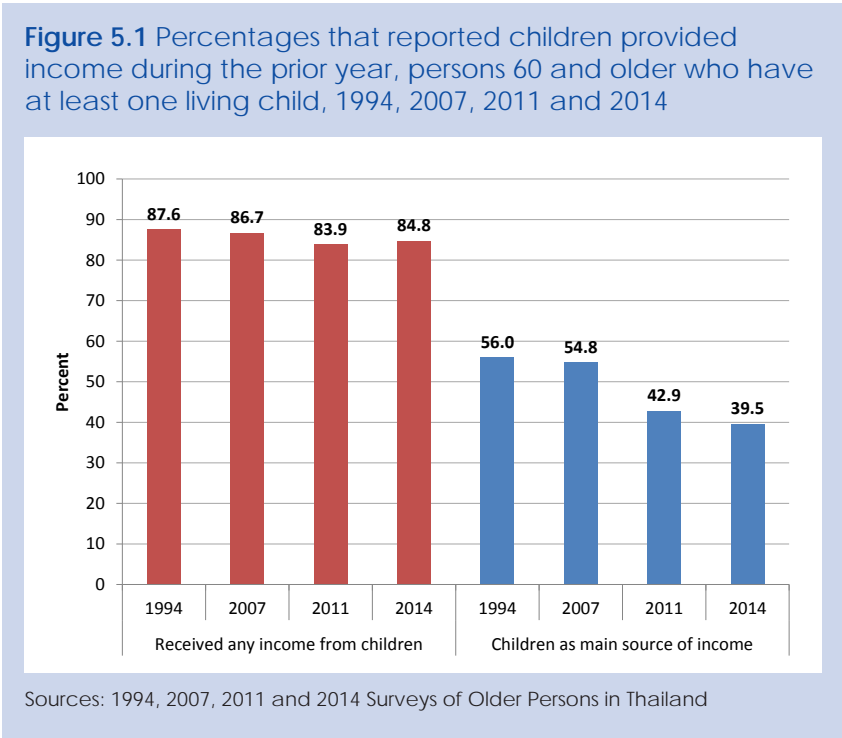
Material support

Adult children can be important sources of financial and other types of material support to elderly parents through the provision of money, food, and goods. As indicated in the previous chapter, a large majority of older persons cite children as a source of income and many cite their children as their main income source. Figure 5.1 compares results from four Surveys of Older Persons in Thailand covering the period between 1994 and 2014 with respect to children as a source of income for elderly parents. Since only older persons with living children can receive income from children, results are limited to respondents



who have at least one living child unlike those indicated in Tables 4.2 through 4.5 in the previous chapter which were based on all older persons including those that were childless. In all the surveys over 80% of aged parents reported that they received income in the prior year from children. While there was a slight decline between 1994 and 2011 this didn't carry through to 2014. A much more pronounced decline is evident in the share of older persons that cite children as their main source of income following 2007.

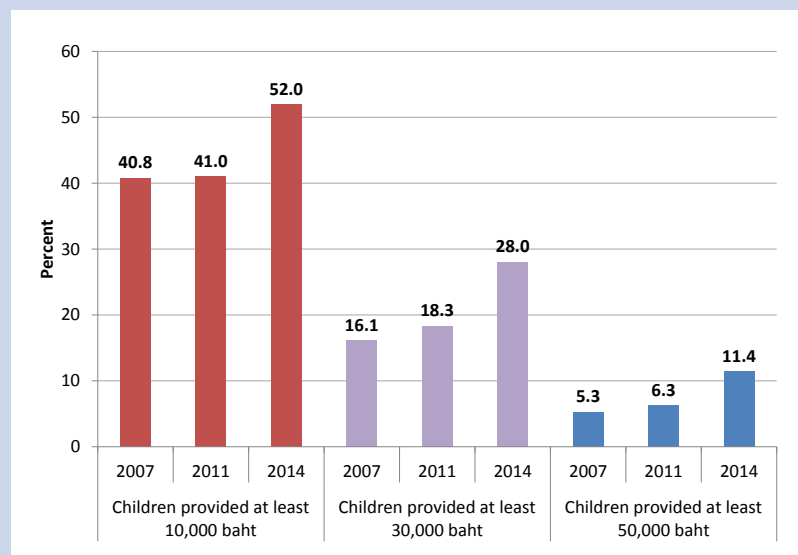
As noted in the previous chapter, while the sharp reduction in the proportion of older people who mainly depend on filial financial support following 2007 represents a major shift in the distribution of main sources of support, it does not necessarily signify a reduction in filial support in Thailand. As Figure 5.2 shows, the percentage of older-age parents that received substantial amounts of money from their children did not decline but remained at least stable between 2007 and 2011 and then noticeably increased by 2014. For example in both 2007 and 2011, 41% of parents 60 or older received at least 10,000 baht from their children in the prior 12 months. By 2014 the share that reported receiving this amount grew to over half (52%). Although the percentages receiving the



relatively large amounts of at least 30,000 baht or at least 50,000 baht are substantially lower, they increased after 2007 and especially by 2014. Even allowing for inflation, these changes at a minimum suggest that substantial financial support from children has remained high and likely even increased following 2007.

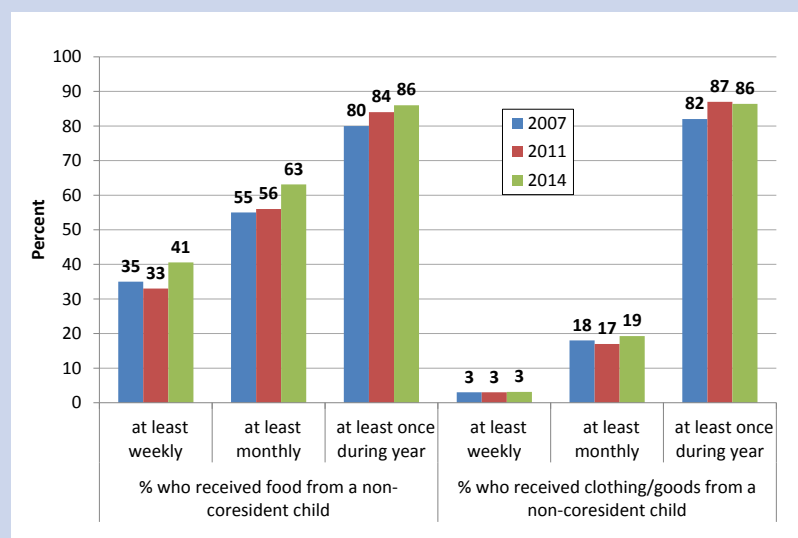
Further evidence of sustained material support from adult children is provided by information on receipt of nonmonetary forms of support. The same three surveys that provided information on the amount of monetary support also asked the frequency of receiving food as well as clothing or goods from non-coresident children during the prior year among older persons who had at least one child living outside the household. The focus on non-coresident children with regards to nonmonetary material support presumably stems from the fact that members of the same household typically share meals and amenities thus posing difficulties in interpreting exchanges within the same household, particularly with respect to food and goods. Results summarized in Figure 5.3 show that the percentages that received food during the past year from at least one non-coresident child increased modestly over the period covered. By 2014 over two fifths received food at least weekly and 60% received food at least monthly from one or more non-coresident children. Moreover the vast majority received food at least once during the past year with a slight but steady increase evident across the three surveys.

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



Sources: 2007, 2011 and 2014 Surveys of Older Persons in Thailand
 Note: At the time of the surveys US\$1 ranged in value from about 30 to 32 baht.

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



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

Material support also includes the provision of goods or clothing. While such items are provided less frequently during the year than is food, over 80% of parents of non-coresident children received clothing or goods at least once during the year from at least one non-coresident child according to all three surveys. In addition the proportions who received such material support more frequently than once a year remained stable across the surveys.

It should be noted that in some cases the provision of food or gifts of clothing or goods from non-coresident children may be made during occasional visits and can be more of symbolic value than meaningful material support. Providing such support is almost a given during the traditional visit to parents during the Thai New Year holiday of Songkran in mid-April even if in small amounts. Provision of modest amounts of cash during such

visits is also common at least as a symbolic gesture and thus helps explain the very high percentage of parents that report receiving some money as well as food and clothing or goods at least once during the past year.

As Table 5.1 shows, the percentage of older-age parents in 2014 that received any income from children during the past 12 months, whether coresident or not, increases with the age of the parent, rising from 77% 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 slightly under a fourth of parents aged 60-64 but reaching 55% for those 75 or older. The percentage that received significant amounts of money, however, does not consistently increase with age.

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, 2014

	Any income from children	Children main as source of income	Children provide 10,000+ Baht	Children provide 30,000+ Baht	Children provide 50,000+ Baht
Total	84.8	39.5	52.0	28.0	11.4
Age					
60-64	77.2	24.3	48.8	26.6	11.0
65-69	84.7	36.4	53.6	29.2	12.3
70-74	89.5	47.7	54.4	28.3	11.0
75+	91.2	55.4	52.7	28.5	11.6
Gender					
men	80.7	30.4	49.1	25.9	10.6
women	88.3	47.3	54.4	29.8	12.2
Area of residence					
urban	83.8	42.0	56.9	34.1	16.1
rural	85.5	38.0	48.7	24.0	8.4

Source: 2014 Survey of Older Persons in Thailand
 Note: At the time of the survey US\$1 equaled about 32 baht.

Gender also shows an association with receipt of income from children during the past 12 months. Overall women are more likely to report receipt of any income from their children and substantially more likely to report children as their main source of income. They also are somewhat more likely than men to report significant amounts of income

from children. There is little difference in the percentages of urban and rural older parents that report receiving any income but rural parents are somewhat less likely to report children as their main income source. More pronounced differences favoring urban over rural older-age parents are evident in terms of receiving significant amounts

of income from their children especially the larger amounts shown.

Table 5.2 examines monetary support during the past 12 months from children based on the 2014 survey in relation to characteristics of the older-

age parents and with attention to whether the support comes from coresident or non-coresident children. It also includes results concerning receipt of non-monetary support from non-coresident children. Results are limited to parents who have at least one child of the relevant type.

Table 5.2 Material support received from coresident and non-coresident children during the past year among persons 60 and older with at least one child of the specified type, 2014

	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	73.2	67.2	79.5	67.6	77.4	75.1	71.7
at least 1000 Baht	68.4	63.5	73.6	63.3	72.2	71.5	66.0
at least 5000 Baht	47.8	46.0	49.7	44.9	49.9	54.3	42.9
at least 10,000 Baht	33.2	32.9	33.5	31.3	34.6	41.9	26.8
at least 30,000 Baht	13.2	13.9	12.5	12.8	13.6	18.9	9.1
at least 50,000 Baht	6.6	6.9	6.1	6.6	6.5	9.9	4.1
<i>Among parents with at least one non-coresident child</i>							
% who received money from a non-coresident child							
any money	81.8	78.1	86.1	78.7	84.4	80.6	82.5
at least 1000 Baht	78.9	75.8	82.5	76.0	81.3	78.3	79.2
at least 5000 Baht	61.1	60.5	61.8	58.8	63.1	63.3	59.8
at least 10,000 Baht	45.3	45.6	45.0	43.4	46.9	49.5	42.8
at least 30,000 Baht	20.9	21.6	20.0	19.9	21.8	25.3	18.3
at least 50,000 Baht	9.0	9.1	8.8	8.3	9.5	12.9	6.6
% who received food from a non-coresident child							
daily or almost daily	21.1	14.7	28.7	18.0	23.7	19.3	22.2
at least weekly	40.6	32.9	49.6	37.2	43.4	38.0	42.1
at least monthly	63.1	56.5	70.9	60.1	65.6	62.9	63.2
at least once during year	86.0	83.7	88.7	84.5	87.3	83.7	87.4
% who received clothing/goods from a non-coresident child							
at least weekly	3.1	2.5	3.8	2.6	3.6	3.7	2.8
at least monthly	19.3	16.7	22.3	17.6	20.7	22.0	17.6
at least once during year	86.4	85.1	88.0	85.1	87.6	84.6	87.5

Source: 2014 Survey of Older Persons in Thailand

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



A substantial majority (almost three fourths) of parents coresiding with children received money during the past year from children in the household with almost half (48%) receiving at least 5000 baht and a third receiving at least 10,000 baht in total. Receipt of larger amounts is considerably less common with only 7% receiving at least 50,000 baht from a coresident child. Among parents with at least one non-coresident child, the percentages receiving money of the various amounts shown are noticeably higher than found in the case of money provided by coresident children. This difference, however, ignores the likelihood that many coresident children are supporting the parent within the household but not with direct provision of cash. It also likely reflects the fact that some non-coresident children migrated to find employment in places where they can earn increased amounts of money. In some cases, however, the financial support provided to parents by non-coresident children may be largely to cover expenses for the remitter's children who live with the grandparents

and thus not necessarily contribute to the older-age parents' own welfare.

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

Receipt of food from non-coresident children at least occasionally is very common. Among elderly that have coresident children 86% indicated that they received some food at least once during the

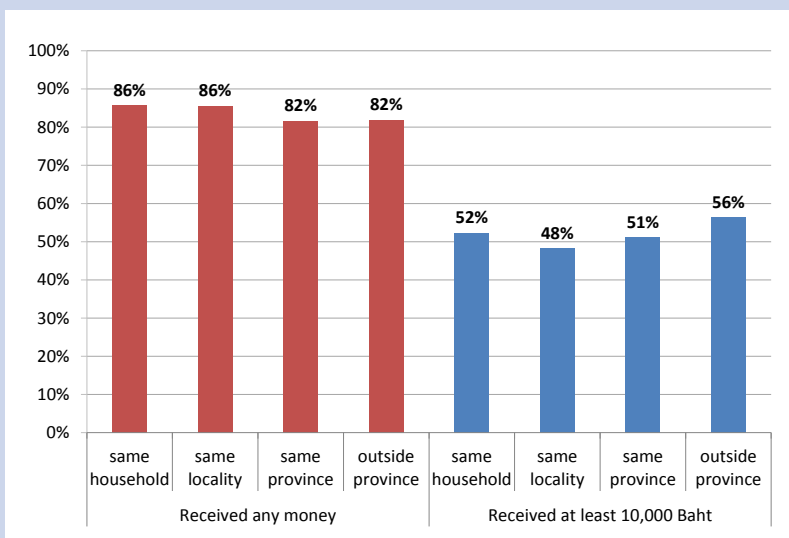
past year. In many cases this is provided during occasional visits and is largely of symbolic value rather than constituting meaningful material support. At the same time two fifths reported at least weekly provision of food and one fifth received food on a daily or almost daily basis. Receipt of food, especially on a daily, weekly or monthly basis, is associated with increased age of parents and is modestly more common among elderly women than men and among rural compared to urban older persons.

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

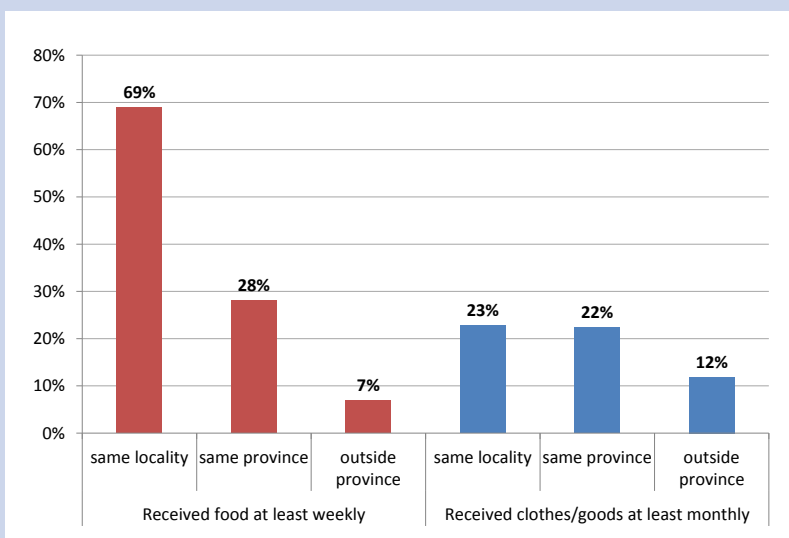
Figure 5.4 examines the association of material support during the prior year from children in relation to location of the nearest child. The top panel shows that neither receiving any money nor receiving at least 10,000 baht is related to the location of the nearest child. Thus monetary support does 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

Figure 5.4 Material support from children to parents 60 and older during prior year by location of nearest child, 2014

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



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



Source: 2014 Survey of Older Persons in Thailand
 Note: Same locality refers to same village or municipal area.

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 to 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 was asked only for non-coresident 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. Thus it is of interest to see if among the current elderly the number of children is related to the probability of receiving financial support from children. Table 5.3 shows the percentage of older persons with adult children that received various types of financial support according to the number of their adult children. The percentages that report children as a source of income and as their main income source clearly increase with the number of adult children. However, with respect to the percentages of those that receive at least 10,000 baht and at least 30,000 baht, the main difference is between those with only one adult child and those with more than one.

Table 5.3 Percentages receiving income during past year from children by number of adult children, parents 60 and older of adult children, 2014

	Number of adult children			
	1	2	3	4+
% reporting children as a source of income	72.3	80.4	85.8	91.0
% reporting children as main source of income	30.3	31.9	36.4	48.9
% who received at least 10,000 baht from children (either coresident or non-coresident)	40.3	51.3	54.5	54.4
% who received at least 30,000 baht from children (either coresident or non-coresident)	20.4	29.5	29.8	28.3

Source: 2014 Survey of Older Persons in Thailand

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

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

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

Social support

For most parents, contact with children who move out of the household can contribute to their social and emotional well-being. This is especially the case if they do not have children living with them or nearby. The migration of children reduces

opportunities for face-to-face interactions and thus can undermine intergenerational social support if contact is not maintained through other means of contact. In recent years, the dramatic increase in access to telephones, especially mobile phones 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, 2011 and 2014 Surveys of Older Persons in Thailand.¹ Results are shown both for all parents with non-

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

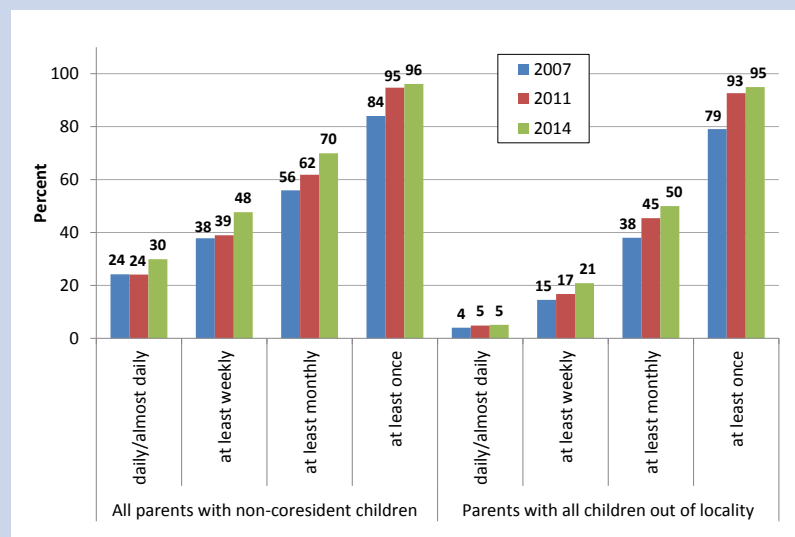
coresident children as well as separately for those parents whose children all live outside the parents' own locality. Presumably children within the parents' locality are less likely to need to phone parents to speak with them. Visits and phone calls presumably include ones in either direction. At least with respect to visits, previous research indicates that it is far more common for Thai adult children to visit parents than the reverse (Chayovan & Knodel 1997; Knodel and Saengtienchai 2007).

The results in panel A indicate that it is relatively rare for elderly parents with non-coresident children to not see any of them during the year. This is also true for those parents who have no children living in their locality. Moreover, having visits with children increased over the three surveys regardless of the frequency of visits being considered. This very likely reflects improvements in the means of transportation that have been occurring in terms of expanding road networks and means of transportation including the now omnipresent private run vans that compete with and supplement normal bus services. Among all parents with non-coresident children, seeing a non-coresident child at least monthly increased substantially from 56% to 70%

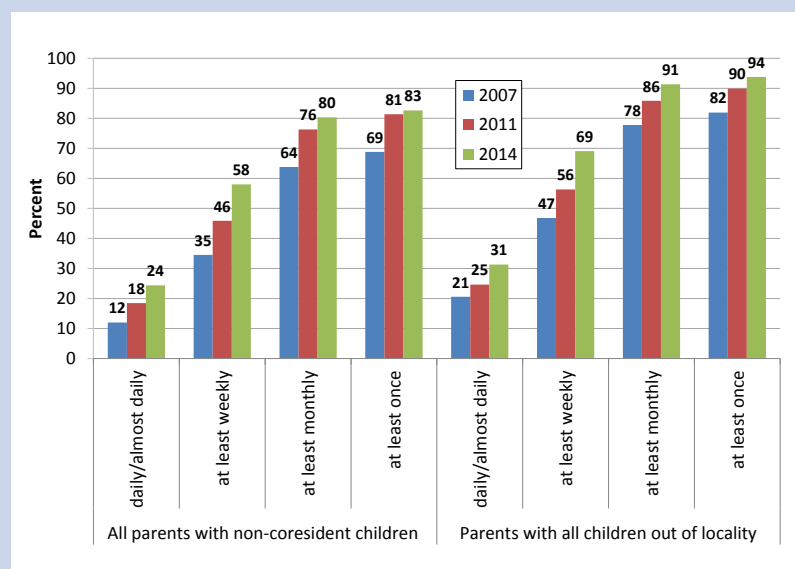
between 2007 and 2014. Moreover by 2014, almost half see a non-coresident child weekly and 30% see one on a daily or almost daily basis. The high proportion that see non-coresident children relatively frequently reflects the sizeable share of children who move out of the parental household but remain in the same locality and in many cases very nearby. When only parents whose children

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

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



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



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

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

As the results in panel B indicate, telephone contact between parents and non-coresident children is also frequent, especially in the case of parents whose children are all living outside their locality. Moreover telephone contact distinctly increased over the period covered by the surveys. This likely reflects the increasing proportion of older persons and their adult children who have a mobile phone or access to one. Thus by 2014 the vast majority of parents (91%) whose children all live outside the locality had at least monthly telephone contact and over two thirds had at least weekly phone contact. The increase in social contact in terms of visits and phones calls between 2007 and 2014 provides yet another indication that intergenerational solidarity is not deteriorating despite the fact that older persons are less likely to report children as their main source of income.

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

Differences in the frequency of visits for urban and rural residents do not follow a consistent pattern. Younger elderly have more frequent phone contact than older elderly perhaps reflecting differences in familiarity with use of mobile phones or differences in difficulty in hearing. Gender differences are minimal in phone contact frequency but urban elderly have more frequent phone contact than their rural counterparts. This may reflect a greater familiarity with the use of mobile phones among urban elderly. Only 4% of older age parents with non-coresident children report having any online contact such as through email, messaging or chats over the internet with them. While quite low this represents an increase from only 1% reporting such contact in 2011 (not shown in table). According to the 2014 survey, there are differences by age gender and area of residence in this respect. Although gender differences are small, younger elderly and those in urban areas are considerably more likely than their older and rural counterparts to have had online contact with non-coresident children during the past year.

Table 5.4 Contact between parents and non-coresident children during past year, persons 60 and older, 2014

Among elderly parents with at least one non-coresident child, % during the past year that had:	Total	Age		Gender		Type of area	
		60-69	70+	Men	Women	Urban	Rural
Visits with at least one							
daily or almost daily	29.9	24.3	36.5	27.7	31.8	27.4	31.4
at least weekly	47.7	41.1	55.4	45.7	49.4	47.5	47.8
at least monthly	69.9	64.9	75.8	68.3	71.2	73.0	68.1
at least once during year	96.2	96.5	95.7	96.1	96.2	96.9	95.7
Phone contact with at least one							
daily or almost daily	24.4	28.7	19.3	24.4	24.3	29.1	21.6
at least weekly	58.0	65.5	49.1	59.4	56.7	63.8	54.5
at least monthly	80.3	88.1	71.1	82.3	78.6	84.1	78.0
at least once during year	82.6	90.2	73.7	84.6	80.9	85.8	80.7
Online communications							
any during year	3.6	4.5	2.5	3.9	3.3	4.9	2.8

Source: 2014 Survey of Older Persons in Thailand

Desertion by children

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, particularly filial support. Migration of adult children, especially from rural areas, is one aspect of the development process that is often singled out as threatening the well-being of parents left behind. Concern that parents are being deserted by their children is not only frequently expressed in the mass media in Thailand but also mentioned in the Madrid International Plan of Action on Ageing (UN 2002). Most evidence provided when raising alarm concerning this issue is only anecdotal. In contrast, the Surveys of Older Persons in Thailand provide representative data for assessing how commonly Thai elderly parents are deserted by their children.

Desertion of older-age parents by children can be defined in numerous ways. While there is no standard definition, desertion is often thought of in terms of adult children neither keeping in contact with their elderly parents nor providing support or services, i.e. virtually abandoning

them. In this report the extent of desertion is defined primarily in terms of social contact with any child. Although the quality of contact can vary, the data do not permit assessing the nature of the interactions. Moreover, data in the surveys do not permit determination of cases in which some but not all children of an older person deserted their parents.

Results based on the three surveys are presented in Table 5.5 in terms of a cumulative measure of social contact with children among persons 60 and older who have at least one living child. In all three surveys shown, although declining somewhat, over 70% of older persons with at least one child coreside with or live adjacent to a child. Thus they can be considered to have daily contact with children and presumably are not deserted. Those who only have children that live outside their household are categorized by the frequency of visits and those that live outside the immediate vicinity are also categorized by phone calls as well as visits with children.² When all parents are considered, approximately 90% in the three surveys had at least weekly contact with a child within the past 12 months and 97-98% had at least monthly contact.

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

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

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

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

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

Table 5.5 also presents summary indicators which represent infrequent contact in order to assess the extent some elderly parents can be considered deserted by all their children. The percentages that had less than monthly contact with any child is very low declining from 3% of persons 60 and older in 2007 to only 1.5% in 2014. Moreover the percentages that had no contact during the prior year fell from just over 1% in 2007 to only a fraction of one percent by 2014. Among those with infrequent or no contact, some nevertheless received remittances including sizable amounts in some cases. When remittances are also taken into consideration, only 1% in all three surveys have less than monthly contact and receive no remittances while the percentage with no contact and receiving less than 10,000 baht in remittances accounts for only 1% of older persons with children in 2014. Finally only a tiny fraction (0.5%) in all three 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. According to the 2011 survey, only slightly over 10% of parents aged 60 and over had all their children living outside their province (Knodel, Prachuabmoh & Chayovan 2013).³ If migration is leading to desertion of parents this should be most evident among this group. Results from the 2011 survey, not shown in Table 5.5, indicate that only 10% of parents whose children are all out of the province neither had monthly contact with a child nor received at least 10,000 baht from one during the past year. Moreover, only 5% had no contact during the prior year and 3% neither had contact nor received any monetary support. Thus even among parents whose children all are outside their province, the vast majority either had social contact, received support or both from at least one child and thus appear not to be abandoned.

While the above analysis reveals that few older-age parents have lost contact with all their children, it does not address the extent to which they receive sufficient attention from their children. As results presented in the following chapter reveal, some who say they need assistance with daily living activities indicate that no one assists them. The results presented above, however, do contradict mass media accounts that give the impression that abandonment of older persons is not unusual especially in rural areas from which children migrate away leaving their parents totally on their own (see e.g. Charasdamrong 1992). Short TV programs that feature persons in troubled situations include examples of deserted older persons further reinforcing this impression. Reference to such a program was often made in interviews conducted in a recent research study that focused on the future of family care for elderly in Thailand (Knodel et al. 2013).

It is also important to recognize that the minority of childless older persons might be more vulnerable to the risk of desertion or neglect by their family members. Unfortunately the 2014 Survey of Older Persons does not include adequate information to assess this. Still, as noted in Chapter 3, childless persons who live alone are modestly less likely to report that their income is adequate 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

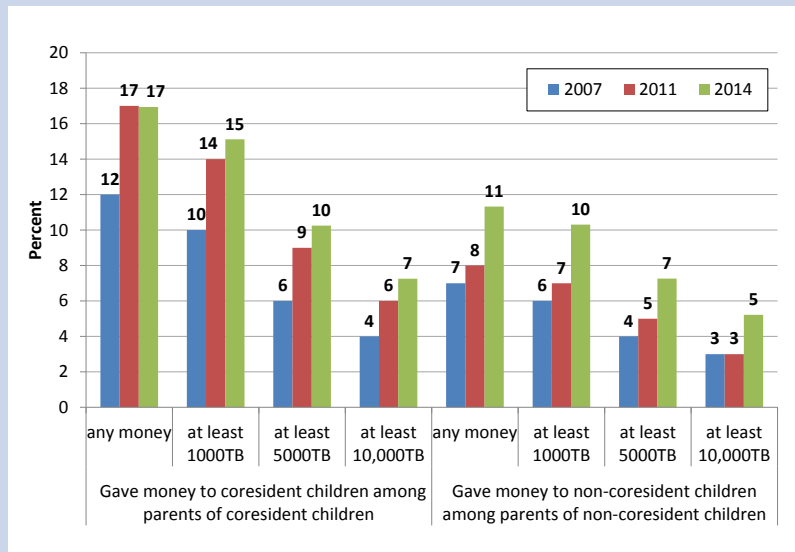
Intergenerational exchanges flow in both directions. Most research on older persons focuses mainly on support and services provided by children to their ageing parents. Some attention has also been paid to the role that older-age persons provide as caretakers for their grandchildren. Attention to a broader array of contributions is less common. The 2014 Survey of Older Persons in Thailand provides evidence

³ Unfortunately the question about having children outside the province was dropped for the 2014 survey.

concerning financial assistance as well as care for grandchildren whose parents are absent. A more comprehensive discussion of contributions of older persons is available from the 2011 survey which included information on assistance provided by respondents with household chores and more detailed information about grandchild care (Knodel, Prachuabmoh & Chayovan 2013).⁴

Financial assistance. Overall, the flow of money from parents to adult children is far less common than the flow of financial assistance in the opposite direction. As Figure 5.6 shows, only 17% of parents in 2014 provided any money to coresident children during the prior 12 months and only 11% provided money to one or more

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



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



⁴ Unfortunately these items were dropped from the 2014 survey.

non-coresident children. Moreover the percentages that provided substantial amounts are considerably lower. However, it is noteworthy the percentages of parents that reported the provision of financial assistance to coresident as well as non-coresident children during the prior year is higher in each successive survey regardless of the amount of money being considered. The difference between 2007 and 2011 is particularly prominent with respect to providing money to coresident children. Quite possibly this increase in parental financial assistance reflects the expansion of the Old Age Allowance program. Some of the expanded number of older persons receiving the allowance may well have shared the cash received with other members of their household. This could also influence the amount of money available to provide children who live elsewhere although apparently to a lesser extent. A similar explanation, however, cannot explain the increased provision of money to both the coresident and non-coresident children between 2011 and 2014.

As Table 5.6 shows, providing financial aid by older-age parents in 2014 to their children during the prior year and especially in larger amounts was considerably more likely among persons in their 60s than those 70 or older. Likewise, men were more likely than women to provide financial aid to children. These age and gender differences are evident regardless of the amount of money being considered or whether the children were coresident or not and correspond to age and gender differences in being economically active. As discussed in Chapter 4, older persons in their 60s are more likely to be working and thus have their own income than those at more advanced ages. Also older men in general are more likely to be economically active than are women. Although urban and rural parents differ little in the percentage that provided at least some money to their children, urban parents are more likely to provide larger amounts. This difference likely reflects their higher incomes in general compared to their rural counterparts.

Table 5.6 Provision of money to coresident and non-coresident children during the past year, persons 60 or older with at least one child of the specified type, 2014

	Total	Age		Gender		Type of area	
		60-69	70+	Men	Women	Urban	Rural
Gave money to coresident children among parents with at least one coresident child							
any money	16.9	21.5	12.0	20.0	14.6	17.0	16.9
at least 1,000 Baht	15.1	19.9	10.0	18.2	12.8	15.6	14.8
at least 5,000 Baht	10.2	14.1	6.1	13.1	8.1	11.6	9.3
at least 10,000 Baht	7.3	10.3	3.9	9.7	5.4	8.9	6.0
at least 30,000 Baht	3.6	5.4	1.6	5.6	2.1	4.7	2.8
at least 50,000 Baht	1.8	2.8	0.8	3.0	1.0	3.0	1.0
Gave money to non-coresident children among parents with at least one non-coresident child							
any money	11.3	13.2	9.1	12.5	10.3	11.3	11.3
at least 1,000 Baht	10.3	12.3	7.9	11.6	9.2	10.4	10.3
at least 5,000 Baht	7.3	8.8	5.4	8.3	6.4	7.9	6.9
at least 10,000 Baht	5.2	6.4	3.8	6.1	4.5	5.9	4.8
at least 30,000 Baht	2.3	3.0	1.6	3.0	1.8	2.8	2.0
at least 50,000 Baht	1.2	1.5	0.8	1.5	0.9	1.6	1.0

Source: 2014 Survey of Older Persons in Thailand

Grandchild care. One of the most important services that older persons can provide both to coresident and non-coresident children is assistance with the care of grandchildren. This can greatly facilitate the ability of the grandchildren's parents to engage in economic activity especially outside the home. Such assistance could involve day care in the case of adult children who coreside or live in the same locality or custodial care when the adult children migrate to more distant locations and leave their

young dependent children with the grandparents. However, the 2014 survey only included a set of questions directed to respondents who had a grandchild living with them. Also the questions referred only to the youngest grandchild if more than one did not have a parent present. The information solicited concerned who was the main caregiver and who provided the main financial support for the grandchild. Results are provided in Table 5.7.

Table 5.7 Main carer and main provider of financial support for youngest coresident grandchild with absent parents, persons 60 and older, 2014

	Total	Age		Gender		Type of area	
		60-69	70+	Men	Women	Urban	Rural
<i>Among all older persons</i>							
% with a coresident grandchild with an absent parent ^(a)	15.3	17.3	12.7	15.6	15.0	11.2	18.1
<i>Among older persons who have a grandchild in the household whose parents are absent</i>							
Main carer for the grandchild (% distribution)^(a)							
self	39.2	43.1	32.3	24.2	51.8	39.0	39.2
spouse	13.6	16.5	8.3	26.4	2.6	12.4	14.1
both self and spouse	24.0	28.2	16.6	30.1	18.8	20.9	25.3
other ^(b)	23.3	12.2	42.8	19.2	26.8	27.7	21.4
Total	100	100	100	100	100	100	100
Main provider of financial support for grandchild (% distribution)^(c)							
grandparents	17.8	20.8	12.6	20.3	15.7	17.3	18.0
parents of grandchild	70.2	73.5	64.5	70.5	70.0	68.3	71.1
other including self support ^(d)	12.0	5.8	22.9	9.2	14.3	14.5	10.9
Total	100	100	100	100	100	100	100

Source: 2014 Survey of Older Persons in Thailand

(a) Includes grandchildren whose parents are deceased.

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

(c) Excludes grandchildren whose parents are deceased.

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

Overall 15% of persons aged 60 and older have at least one youngest coresident grandchild with absent parents. In 3% of these cases, the grandchild's parents were absent because they died. In all the rest the parents were alive but living elsewhere (not shown in table). A substantial majority of cases covered are skip generation households as defined earlier but in some cases other persons besides the parent of the grandchild or other grandchildren are also present.

In just over three fourths of the cases, one or both grandparents are the main persons taking care of the grandchild but in only less than a fifth of the cases are the grandparents the primary providers of financial support for the grandchild. Instead, in 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. It is also

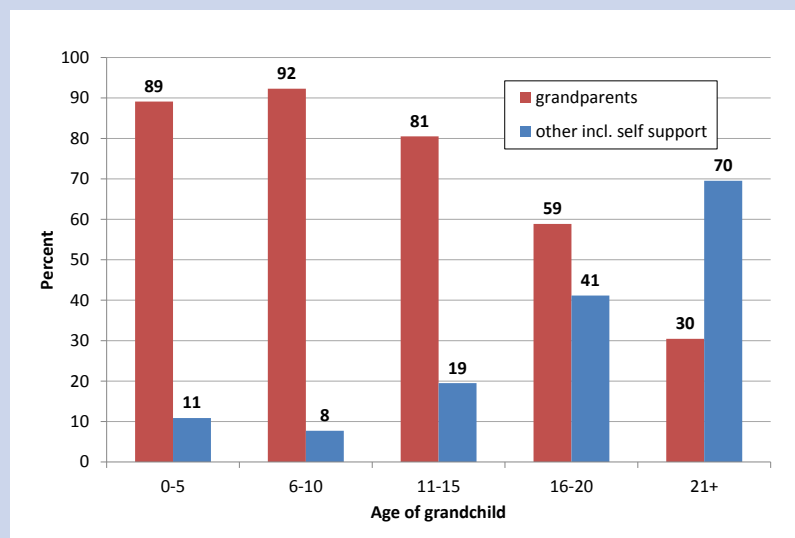
consistent with the finding that older persons living with a grandchild whose parents are absent receive considerably larger remittances from non-coresident children. For example, they are almost twice as likely to receive 10,000 baht or more during the past 12 months from noncoresident children than are older persons that do not have a grandchild with absent parents in their household (57% vs. 31% - not shown in the table).

Figure 5.7 illustrates that the age of the grandchild whose parents are absent has implications for the care taking responsibility of the grandparents as well as who is responsible for their financial support. Panel A shows who the main caregiver is. In essentially 90% of the cases where the grandchild in question is age 10 or younger and in just over 80% of the cases where the child is age 11 to 15 the grandparents are mainly responsible for providing care. However this declines substantially for grandchildren who are older, many of whom more or less take care of themselves.

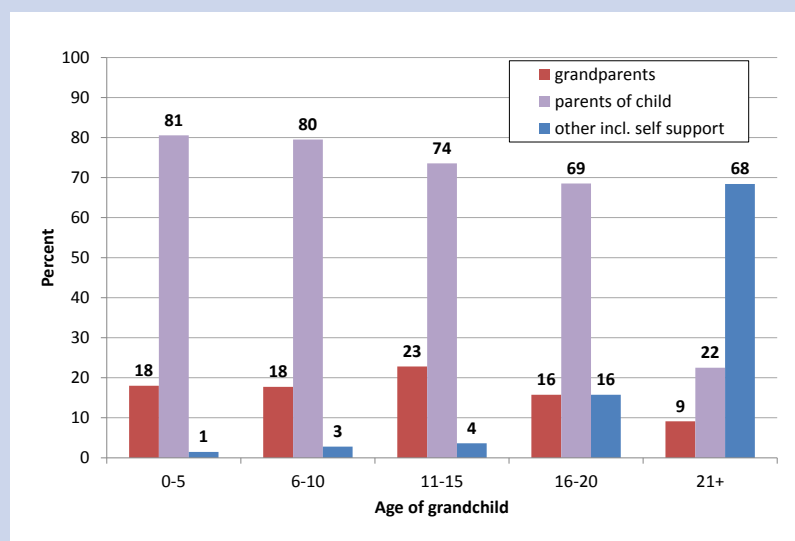
Panel B indicates who mainly provides financial support of the grandchild in question according to the age of the grandchild. A substantial majority of grandchildren who are age 20 or younger are primarily supported financially by their absent parents. However for those who are age 21 or older, two thirds are supported by themselves or someone other than either the parents or the grandparents. In brief these results confirm the importance of the age of grandchildren that are left behind by migrating adult children in the older persons' households in terms of the level of grandparents' involvement with them.

Figure 5.7 Main carer and main provider of financial support for youngest coresident grandchild with absent parents by age of grandchild, persons 60 and older, 2014

A. Main carer



B. Main provider of financial support



Source: 2014 Survey of Older Persons in Thailand



Chapter 6 Health Status

Chapter highlights

- The percentages of older-age Thais that assess their health as good or very good fluctuate between 2007 and 2014 but the combined percentages that say their health is either poor or very poor are lower in both 2011 and 2014 than in 2007.
- The percentages of older-age Thais that report they cannot see clearly declined between 2007 and 2014 while those indicating they can see clearly with glasses increased substantially; the improved vision is largely concentrated among rural elderly.
- 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, primarily from government health services; this varies little by age, gender and area of residence but is higher among those who participated in elderly clubs.
- Just over half of older persons received home visits during the past 12 months from either health personnel or volunteers for the elderly or both.
- Functional limitations and difficulties with self-care and other activities of daily living increase sharply with age; overall around 40% experience at least one such difficulty.
- Among all persons 60 and older, only 8% say they desire or need assistance with activities of daily living; at the same time 11% of all older Thais say they receive such assistance.
- Among older persons that indicated they need or desire assistance, not quite two thirds report that someone provides it while among those that did not indicate a need or desire for assistance only 6% received such help.
- The percentages that receive personal assistance increase sharply 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, their children are by far the most common providers. Spouses are the next most common. Few Thais receive personal care from a paid non-relative as their main provider and those that do are mainly in urban areas.
- Women are considerably more likely than men to be the main provider of personal assistance; daughters outnumber sons and wives outnumber husbands among older married persons in providing assistance.
- Psychological well-being decreases with age and is higher for elderly men than for women and for urban than for rural elderly.

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

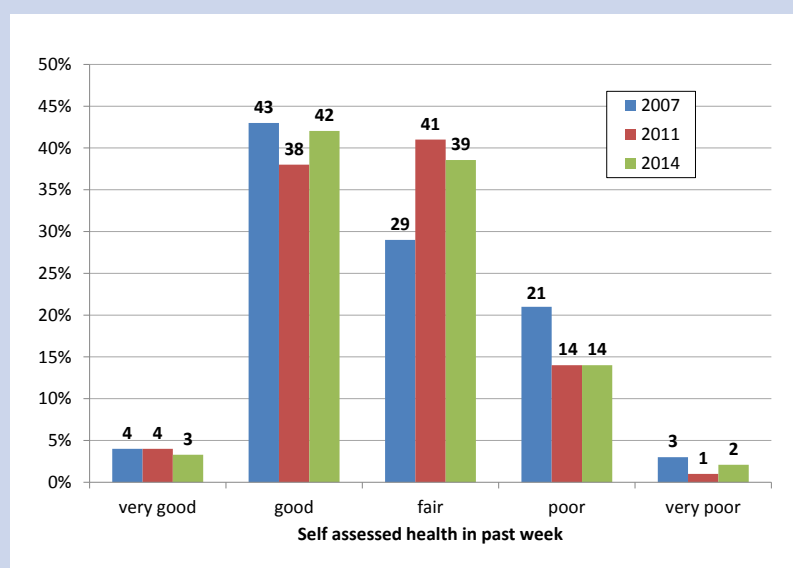
Self-assessed health

Attempts to obtain objective measures of health (e.g., biomarkers) are outside the scope of the Surveys of Older Persons in Thailand. However, a number of subjective questions provide considerable information to assess the health of the respondents. One such question that has been shown to yield responses that relate well to other more objective measures and predicts mortality asks respondents to assess their own general health during the recent past (Bopp et al. 2012). A comparison of results with those from 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 minorities fell in the two extreme categories. The most striking difference across the surveys is the substantial increase in the two later surveys compared to the 2007 survey in the proportion that fall in the middle category and the lower percentages saying that their health is poor. However there is no consistent increase in the combined percentages that say that their health is good or very good. Although the results are somewhat mixed they point more to an improvement in overall health than a deterioration.

Not surprisingly, as Figure 6.2 shows based on the 2014 survey, the percentages that rate their general health as good or very good decline sharply with age while the percentages that indicate their health is poor or very poor increase sharply with age. For example, persons 60-64 are twice as likely to say that their health was good or very good compared to those 80 and older (58% vs. 24%). An even larger proportionate age difference is apparent in the percentages that indicate their health is poor or very poor. Those

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



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

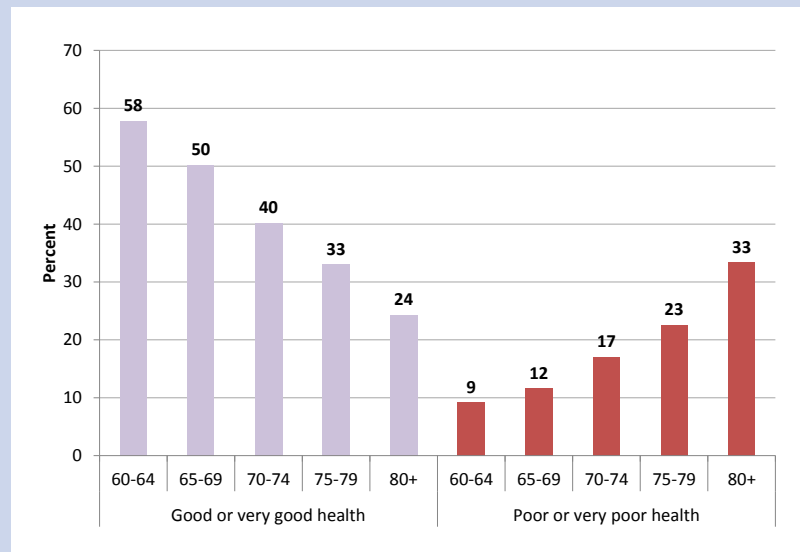
¹ Although we refer to the information provided as 'self-assessed', some information comes from proxy and assisted interviews as discussed in Chapter 1. One exception is with respect to the question regarding psychological well-being for which the relevant question was not asked if the interview was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

aged 80 and older are more than three times as likely as those aged 60-64 to fall in this category. Nevertheless, the percentages who report their health as good or very good exceeds the percentages that indicate their health is poor or very poor for every age group except for those 80 and older.

Health problems

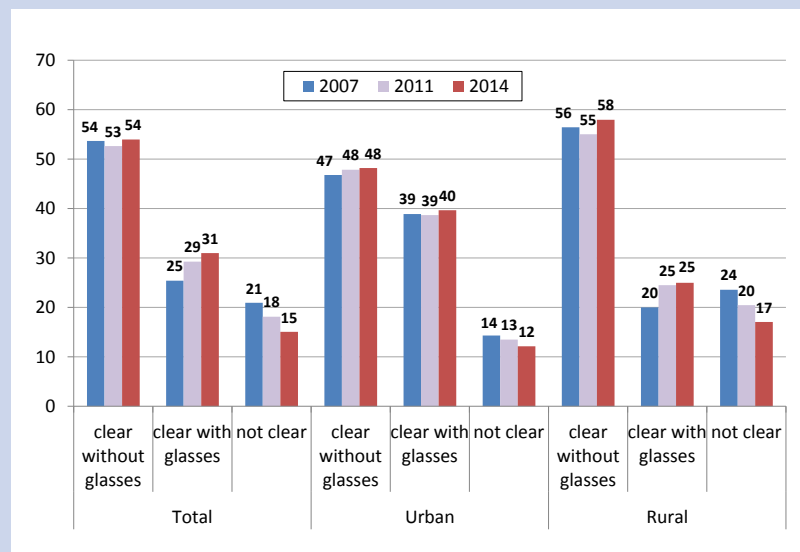
Respondents were asked to assess their vision. As Figure 6.3 shows, between 2007 and 2014; the percentages of persons 60 and older indicating they cannot see clearly declined steadily, particularly among those in rural areas. The improved vision, however, is attributable to increased percentages that can see clearly with glasses rather than the percentage that can see clearly without glasses. A possible contributing factor to this change is the collaborative program between Top Charoen Optic Company and the Thai 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.²

Figure 6.2 Percentages reporting good and poor self-assessed health in past week by age, persons 60 and older, 2014



Source: 2014 Survey of Older Persons in Thailand

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



Sources: 2007, 2011 and 2014 Surveys of Older Persons in Thailand
 Note: Not clear includes a small percentage that is completely blind.

² As noted in Chapter 1, the program has a target to provide eye glasses to approximately 30,000 persons by 2014. This is considerably fewer than the number required to account for the increased percentages that reported seeing clearly with glasses between the 2007 and 2014 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 summarizes relevant information on a number of health problems among older-age Thais as assessed in 2014 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 does being ill in the last 5 years. In addition, problems with vision or hearing, having experienced a fall in the last six months, and having problems with incontinence all increase with age. Although being totally blind or totally deaf overall is only a fraction of 1%, both conditions approach or exceed 1% among persons 80 and older.

Table 6.1 Health problems by age, gender and area of residence, persons 60 and older, 2014

	Total	Age			Gender		Type of area	
		60-69	70-79	80+	Men	Women	Urban	Rural
% in poor or very poor health	16.1	10.2	19.4	33.4	14.2	17.7	14.9	16.9
% sufficiently ill sometime during the past 5 years that daily activities were affected	26.0	19.5	29.9	44.1	24.7	27.0	25.3	26.5
Vision (% distribution)								
sees clearly without glasses	54.0	61.6	47.8	35.8	55.1	53.0	48.2	58.0
sees clearly with glasses	31.0	31.0	32.6	27.6	32.7	29.5	39.7	25.0
does not see clearly	14.6	7.2	19.2	35.3	11.8	17.0	11.8	16.6
blind	0.4	0.2	0.4	1.3	0.3	0.5	0.3	0.5
Total	100	100	100	100	100	100	100	100
Hearing (% distribution)								
hears clearly without aid	85.0	93.3	80.8	59.6	86.1	84.1	85.4	84.7
hears clearly with hearing aid	2.8	2.3	3.1	4.0	2.9	2.7	3.0	2.6
does not hear clearly	12.0	4.3	15.7	35.6	10.8	12.9	11.4	12.4
deaf	0.3	0.1	0.4	0.8	0.3	0.3	0.3	0.3
Total	100	100	100	100	100	100	100	100
% Who fell in last six months	11.7	10.1	13.3	15.1	10.3	13.0	10.5	12.6
% with problem controlling urination	22.1	14.6	26.8	43.1	18.2	25.3	20.6	23.2
% with problem controlling defecation	18.6	12.6	22.0	36.1	16.2	20.5	17.3	19.5
% with any incontinence problem	23.1	15.6	27.8	44.1	19.3	26.2	21.6	24.2

Source: 2014 Survey of Older Persons in Thailand

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 that it interfered 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 reproductive role and other biological factors, but it is also important to acknowledge that cultural differences in self presentation between men and women could also play a role. For example, it is possible that the sick role may be more socially acceptable for women than for men (Nathanson 1977). It is also important to recognize that men suffer the ultimate health disadvantage, namely a higher risk of dying at every age including at older ages. According to the latest UN estimates, life expectancy at age 60 is 2.6 years shorter for Thai men than for Thai women (UN 2015).

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

Health Services

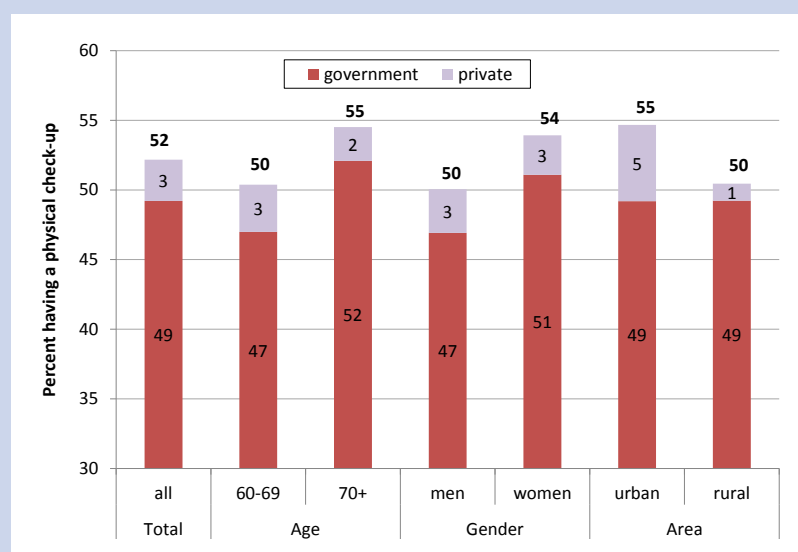
Although the value of obtaining frequent general physical checkups is under some debate, most medical professionals recommend having one annually especially for older persons. The 2014 survey included both a general question asking if the respondent had gone for a physical checkup unrelated to a specific illness during the past 12 months and whether it was carried out by the government health services or a private hospital or clinic. In addition, a set of questions about receipt of various government health services included a general checkup as one of the services. Results shown in Figure 6.4 are based on responses to the general question. In total just over half of Thais 60 or older reported that they had a checkup in the previous year. The percentage

is modestly lower than indicated in the 2011 Survey of Older Persons (52% vs. 56%) based on an identical question. As indicated by the 2014 survey, health examination varies very little by age, gender or area of residence. Moreover percentage being examined is modestly lower than in 2011 in each of the categories (not shown in figure).

Based on the responses to the general question about having a physical checkup, a total of 49% said they had received a physical checkup in the past year from the government compared to only 3% who reported private hospitals or clinics as the provider. Physical check-ups are not one of the health services that are provided free under government healthcare coverage.³ Still the overwhelming predominance of the government health service as the provider is not surprising. Such checkups are typically heavily subsidized and likely less expensive when provided by the government compared to private sources and may also be convenient to access when going for other government health services that are provided at no cost.

Caution is called for when interpreting the results to the general question about a physical checkup.

Figure 6.4 Percentages that had a general physical checkup in past 12 months (not due to illness), persons 60 or older, 2014



Source: 2014 Surveys of Older Persons in Thailand

³ <http://www.eos-intelligence.com/perspectives/?p=1208> (accessed August 25, 2015)

It is possible that some respondents may be reporting exams they received in connection with a particular health problem rather than simply for a physical checkup.⁴ Also as reported in the following table, considerably fewer respondents indicated they had received a physical checkup from the government health services when asked about specific services that were free or almost free.

The percentages that reported having an exam during the past 12 months in the 2014 survey is considerably higher among persons age 60 and older who participated in an elderly club during the past year (59% vs. 49% - not shown in figure). The 2011 survey yielded a similar finding (Knodel,

Prachuabmoh & Chayovan 2013). It is possible that elderly clubs arrange for government health personnel to provide occasional health checkups at the meetings thus promoting checkups among participants. It is not possible, however, to determine this from the data in the survey.

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

Table 6.2 Percentages receiving selected government health related services in past 12 months by age, gender and area of residence, persons 60 and older, 2014

	Total	Age			Gender		Type of area	
		60-69	70-79	80+	Men	Women	Urban	Rural
Vaccinations	19.6	18.0	22.3	20.2	18.0	20.9	17.5	21.0
Dentures	4.8	3.6	6.3	6.5	4.8	4.8	4.6	5.0
Eyeglasses	6.8	5.9	8.2	7.3	7.1	6.6	6.1	7.3
Eye treatment	4.0	2.9	5.3	5.4	3.6	4.3	3.6	4.3
Wheelchair	0.9	0.6	1.0	1.9	1.0	0.8	0.8	0.9
Physical checkup	38.7	37.5	40.4	39.7	37.0	40.1	39.5	38.1
Home visits								
From health personnel	40.0	37.0	42.5	47.0	39.0	40.9	31.1	46.2
From volunteer for elderly	35.8	33.7	37.3	41.1	34.7	36.7	27.5	41.6
From either of above	51.9	49.1	54.7	57.7	51.0	52.7	40.5	59.9
Community assistance	43.2	41.4	44.5	47.5	41.9	44.3	33.3	50.0

Source: 2014 Surveys of Older Persons in Thailand

Home visits were the most common service received during the past year with slightly over half (52%) of respondents indicating that they had received a home visit either from health personnel or from the Home Care Service Volunteers for the Elderly program. The prevalence of visits from each source increases with the age of the respondent. There is little difference however with respect to gender but home visits of both types are distinctively more common for rural than

urban elderly. Receiving community assistance is also quite a common service and likely reflects the increased emphasis on community-based approaches to assist the elderly population.

Physical checkups not associated with an illness are also fairly common but lower than the percentage that reported receiving one from the government based on the more general question about checkups (39% vs 49%). It is not possible to

⁴ For example, 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 than those who said they were not ill (62% vs. 49%) and thus consistent with such a possibility.



definitively determine the reason for this difference from the data in the survey. One contributing factor could be that some respondents who reported a physical checkup in response to the general question might be referring to a blood pressure check during home visits from government health volunteers rather than a full physical checkup.⁵ Another possibility is that some who reported a physical checkup from the government in the general question paid more than a minimal amount for it. In such cases they might not report it in response to the question about free or almost free government services.

Other services asked about were vaccinations, dentures, eyeglasses, and treatment, and provision of wheelchairs. Vaccinations were reported by a fifth of the respondents but much lower percentages reported receiving any of the other services. Respondents aged 60-69 report less frequent receipt of the services than do those who are older although there is no consistent difference between respondents in their 70s and those 80 or older. Gender differences are quite minor as are

differences between urban and rural older persons. However while quite modest, the very minor differences show slightly higher levels of receipt among rural than urban older persons.

Functional health

One serious consequence of declining health and increased frailty associated with ageing is greater difficulties of physical movement often referred to as functional limitations. In addition, ageing is also associated with increased 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 for assistance by caregivers becomes increasingly necessary.

⁵ This possibility is consistent with the substantially higher percentages that report in response to the general question that they received a physical checkup from the government among those that were visited by a volunteer for the elderly in the past 12 months than those who did not receive such a visit (59% vs. 44%).

The 2014 Survey of Older Persons included questions about four potential functional limitations as well as potential difficulties with eight ADLs and three IADLs. For each, respondents were asked if they could do the task by themselves

and replies were recorded in three categories: cannot do at all, can do but with someone helping or with a physical aid, and can do without assistance. Table 6.3 summarizes the results.

Table 6.3 Functional limitations, difficulty with activities of daily living (ADLs) and difficulty with instrumental activities of daily living (IADLs) by age, gender and area of residence, persons 60 or older, 2014

	Total	Age		Gender		Type of area	
		60-69	70+	Men	Women	Urban	Rural
% with functional difficulties							
Lifting 5 kilograms	30.3	16.8	48.0	21.2	37.9	33.4	28.2
Squatting	18.0	9.3	29.2	12.8	22.3	20.5	16.2
Walking 200-300 meters	17.5	6.8	31.5	12.2	21.9	17.6	17.5
Climbing 2 or 3 stairs	16.1	6.5	28.6	11.6	19.8	16.8	15.6
Any functional difficulty	35.5	21.1	54.1	25.4	43.7	38.6	33.3
% with ADL difficulties							
Getting up from lying down	5.2	2.0	9.4	4.2	6.1	5.7	4.9
Using toilet	4.4	1.8	7.7	3.5	5.1	4.5	4.3
Bathing	4.1	1.6	7.3	3.3	4.7	4.3	4.0
Dressing	3.6	1.4	6.5	3.1	4.0	3.8	3.5
Washing face/brushing teeth	3.2	1.1	5.9	2.6	3.7	3.4	3.1
Putting on shoes	3.1	1.1	5.6	2.6	3.5	3.4	2.9
Grooming self	3.0	1.1	5.5	2.7	3.3	3.3	2.8
Eating	2.9	1.1	5.3	2.5	3.3	3.3	2.7
Any ADL difficulty	7.3	3.3	12.7	5.8	8.6	7.5	7.3
% with IADL difficulties							
Taking bus or boat on own	26.5	11.2	46.4	18.9	32.7	26.1	26.7
Counting change	9.5	3.2	17.6	7.3	11.3	8.7	10.0
Taking medicines	9.3	3.0	17.6	7.6	10.8	9.2	9.4
Any IADL difficulty	28.1	12.5	48.3	20.6	34.2	27.4	28.5
% with any functional, ADL or IADL difficulty listed above	40.9	25.1	61.4	30.6	49.4	42.6	39.7

Source: 2014 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.

Overall just over a third (35%) reported having at least one of four functional limitations, only 7% reported having at least one difficulty with ADLs and over a fourth (28%) reported at least one IADL difficulty. With respect to the functional limitations, 30% indicated they had difficulty

lifting 5 kilograms by themselves. Considerably fewer (modestly more than half as many) indicated they had difficulty with walking 200-300 meters, squatting, or climbing two or three stairs. The most common ADL difficulty was getting up from lying down (5%) followed by using a toilet

and bathing with which only 4% indicated having difficulty. Thus the vast majority of older persons do not appear to need help with these basic self-care tasks. However, with respect to IADLs, just over a fourth indicated they have difficulty using transportation but only just fewer than 10% reported trouble counting change or taking medicines by themselves. When the full set of

functional limitations, ADLs and IADLs are considered together, just over two-fifths (41%) of older persons have difficulty with at least one.

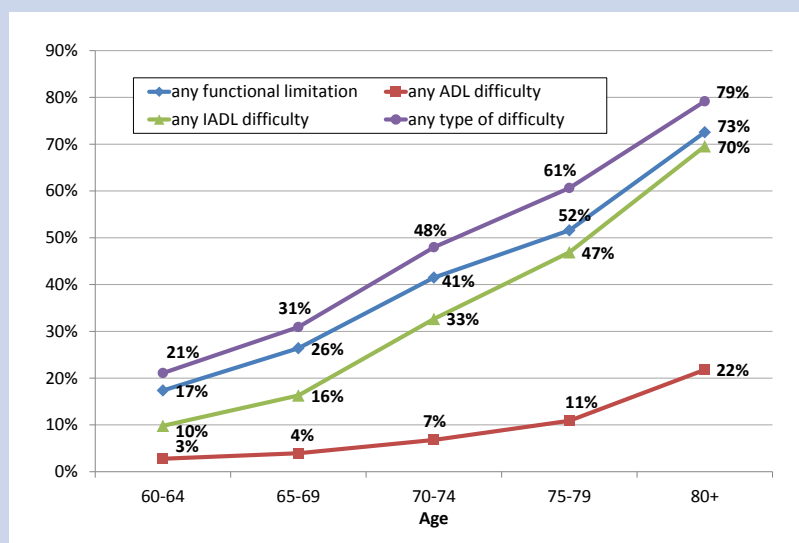
Clearly age and gender are associated with functional limitations as well as difficulties with ADLs and IADLs. Persons 70 and older are far more likely to have any of these difficulties than

are persons in their 60s. In addition women are more likely to express difficulties than are men with every task. Differentials by area of residence are far less pronounced and not consistently in one direction although rural older persons express modestly fewer ADL difficulties than those in urban areas. In contrast rural elderly are slightly more likely to report difficulties with each of the IADLs.

Figure 6.5 shows in more detail the steep increase with age in having functional limitations and difficulties with ADLs and IADLs. Thus while just over one fifth of persons aged 60-64 have difficulty with any of the tasks, this increases steadily with age reaching almost 80% among those 80 and older. Very parallel steep rises are apparent in both functional limitations and IADL difficulties but ADL difficulties show much more minor increases with less than 10% reporting such difficulties prior to age 75. Nevertheless among those 80 and over more than a fifth (22%) has difficulty with at least one ADL.

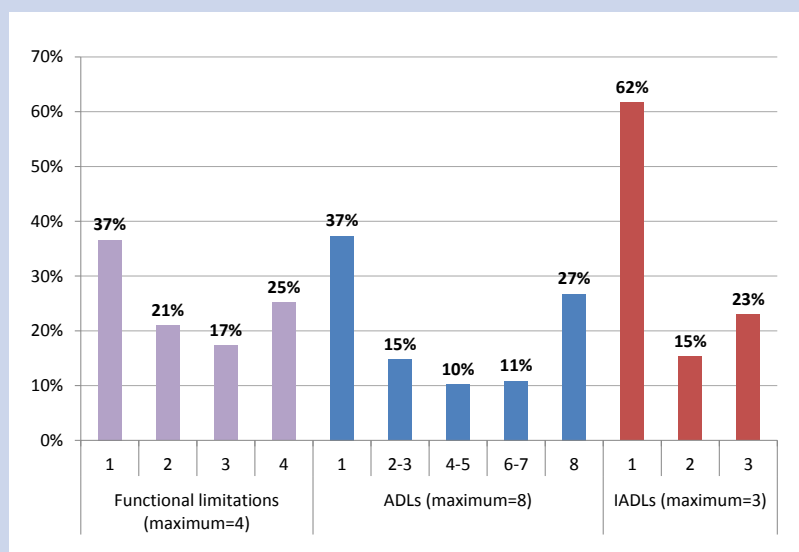
The percent distribution of older persons with respect to the number of functional limitations and difficulties with ADLs and IADLs is shown in Figure 6.6 for persons who have at least one such difficulty of each specific type. Well over a

Figure 6.5 Percentages with functional limitations, difficulty with activities of daily living (ADLs) and difficulty with instrumental activities of daily living (IADLs) by age, persons 60 and older, 2014



Source: 2014 Survey of Older Persons in Thailand

Figure 6.6 Percent distribution of the number of functional limitations, difficulties with activities of daily living (ADLs) and difficulties with instrumental activities of daily living (IADLs), persons 60 and older with at least one disability of each specific type, 2014.



Source: 2014 Survey of Older Persons in Thailand

third (37%) of those who suffer from functional limitations has only one; at the same time a fourth has all four limitations. Among the small proportion of older persons who have difficulties with ADLs, the share at the two extremes (having only one or having all eight) is very similar to the frequencies experienced with functional limitations. The most common number of ADL difficulties is only one (37%) and the second most common frequency is eight (27%). Finally with respect to IADLs, over 60% of those that had any expressed difficulty with only one of the three although almost one fourth indicated difficulty with all three tasks.

Need and provision of personal assistance

Respondents in the 2014 survey were asked if they want or need someone to help them with their daily living activities and who was the main provider of such assistance. The meaning of the Thai term used in the question (*tongkarn*) embraces both wanting and needing, and thus

positive responses cannot be simply considered as implying a need but rather either a need or a desire for personal assistance or some combination of the two. Table 6.4 summarizes the results. Overall only 8% of persons 60 and older indicated that they wanted or needed someone to assist them with their daily living activities. This increases relatively slowly with age until 75 and then more sharply thereafter constituting almost one fourth of those 80 or older. The fact that the large majority of older persons indicated that they do not want or need personal assistance underscores the fact that such assistance is only needed by a minority of persons 60 and older at any particular time. The increased percentages that want or need assistance with advancing age shows that serious needs for personal assistance tend to be concentrated at advanced ages and for only a limited period of time within the old age span. Women are modestly more likely to report a need or desire for assistance but there is little difference between urban and rural older people in this respect.

Table 6.4 Percentages reporting need or desire for assistance with daily living activities and percentage reporting receiving assistance by age, gender and area of residence, persons 60 and older, 2014

	Among all		Among those reporting a need/desire for assistance		Among those reporting no need/desire for assistance	
	% reporting need/desire for assistance	% reporting receiving assistance	% receiving assistance	% not receiving assistance	% receiving assistance	% not receiving assistance
Total	8.5	11.2	63.9	36.1	6.4	93.6
Age						
60-64	3.7	4.9	38.3	61.7	3.6	96.4
65-69	5.0	6.4	47.6	52.4	4.2	95.8
70-74	7.9	11.1	58.9	41.1	7.0	93.0
75-79	11.2	14.5	63.1	36.9	8.4	91.6
80+	24.2	32.2	81.8	18.2	16.3	83.7
Gender						
men	7.3	10.0	63.8	36.2	5.7	94.3
women	9.5	12.3	64.0	36.0	6.9	93.1
Area						
urban	8.2	12.5	69.4	30.6	7.3	92.7
rural	8.6	10.4	60.3	39.7	5.7	94.3

Source: 2014 Survey of Older Persons in Thailand



Overall, 11% of persons 60 and older reported that they received assistance with their daily living activities. The percentage reporting that someone provided personal assistance follows a similar age pattern to desiring or needing such assistance. The increase with advanced age is a bit sharper than in the case of self-declared need for assistance with almost one third of those 80 and older indicating that they had assistance. Women and urban elderly are somewhat more likely to say they received assistance in daily living activities than men or rural elderly but the differences are relatively modest.

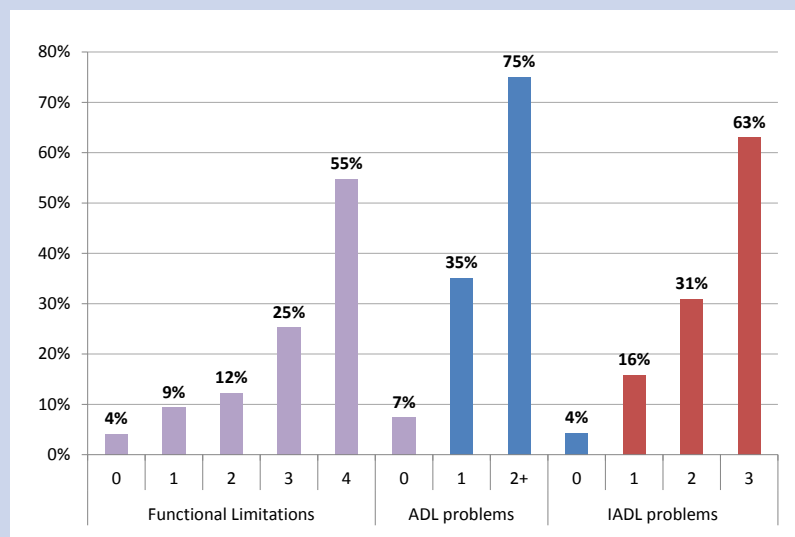
As Table 6.4 also shows, almost two thirds of the persons who reported wanting or needing assistance reported that someone assisted them. In contrast, only 6% of those who indicated they did not desire or need someone to help them reported that they nevertheless received assistance.

The percentages that received assistance among those that indicated they needed it increases steadily with age rising from 38% for those aged 60-64 to over 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 4% among those aged 60-64 to 16% of those aged 80 and over. Gender differences are negligible with respect to receiving assistance whether or not they wanted or needed it. However, urban older persons were more likely to receive personal assistance if they said they wanted or needed help in daily living activities but only slightly more likely to receive assistance than their rural counterparts when they said they did not want or need it.

Presumably having a functional limitation or one or more ADL or IADL difficulties suggests a need for some assistance. Figure 6.7 shows the

percentages that have at least one person that provides assistance according to the number of functional limitations, ADL problems and IADL problems reported by the respondent. Clearly the likelihood of receiving assistance increases with the number of such difficulties. Those with ADL difficulties are likely to be most in need of assistance. Fully one-third with just one ADL problem and 75% of those with two or more ADL problems receive assistance. Moreover, more than half of those with all four functional limitations and over 60% of those with all three IADL problems report receiving assistance.

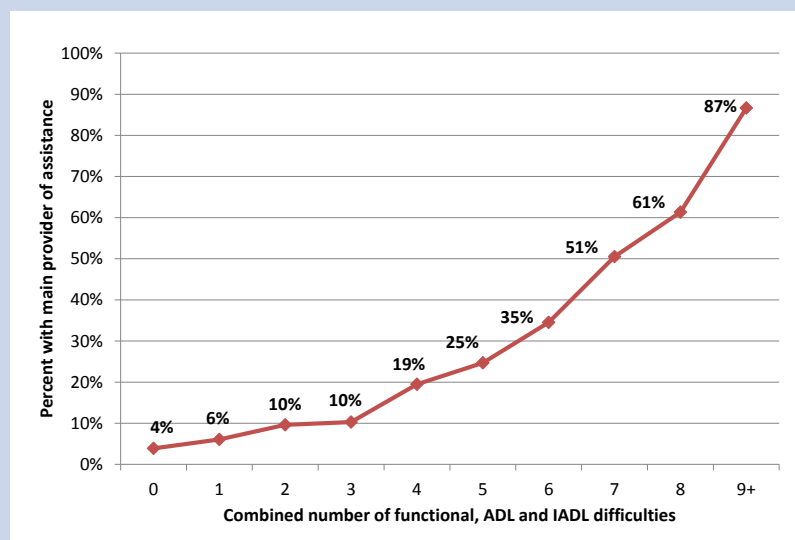
Figure 6.7 Percentages that have at least one provider of assistance with daily living activities by the number of functional limitations, difficulties with activities of daily living (ADLs) and difficulties with instrumental activities of daily living (IADLs), persons 60 and older, 2014



Source: 2014 Survey of Older Persons in Thailand

The fact that increased need for personal assistance with daily activities is closely associated with increased chances of receiving it is evident from Figure 6.8. Only 4% of those with no functional limitations or ADL or IADL difficulties report receiving assistance. The percentages receiving assistance steadily increase with each additional problem experienced reaching close to 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 a substantial number of difficulties are likely to have someone to provide it.

Figure 6.8 Percentages that have at least one provider of assistance with daily living activities by the total combined number of functional limitations, difficulties with activities of daily living (ADLs) and difficulties with instrumental activities of daily living (IADLs), persons 60 and older, 2014



Source: 2014 Survey of Older Persons in Thailand

Note: See Table 6.3 for list of functional limitations, ADLs and IADLs

Respondents that received assistance were asked who the main person was that provided it. As results in Table 6.5 show, among all persons who receive assistance, children or children in law are by far the most common main providers accounting for just over 60%. Among this group daughters are by far the most dominant and alone account

for 42% of main caregivers. Spouses come in second place constituting almost 30% of main caregivers. Overall, 90% of older persons that receive assistance in their daily living activities receive it from a child, child in law or a spouse. Other relatives and paid carers are relatively uncommon as main assistance providers.

Table 6.5 Percent distribution of main providers of assistance with daily living activities by age, gender and marital status, persons 60 and older who have assistance for daily activities, 2014

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
All							
spouse	28.9	56.2	18.4	51.6	13.8	28.2	29.5
son	13.4	11.8	14.1	9.7	16.0	12.5	14.2
daughter	41.9	19.3	50.6	29.1	50.4	39.8	43.6
son/daughter in law	5.7	3.1	6.7	3.0	7.5	6.1	5.4
grandchild	3.4	1.7	4.1	2.4	4.1	3.3	3.6
sibling	4.6	6.3	3.9	3.2	5.5	6.1	3.3
paid/professional carer	0.7	0.4	0.9	0.4	1.0	1.5	0.1
servant/employee	0.9	0.3	1.1	0.3	1.2	1.7	0.2
other	0.4	0.7	0.3	0.2	0.5	0.7	0.2
Total	100	100	100	100	100	100	100

Source: 2014 Survey of Older Persons in Thailand

Note: Paid carer/professional includes paid caregivers, nurses and assistant nurses. Other includes parents, friends and neighbors.

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

husbands compared to wives providing assistance for spouses.

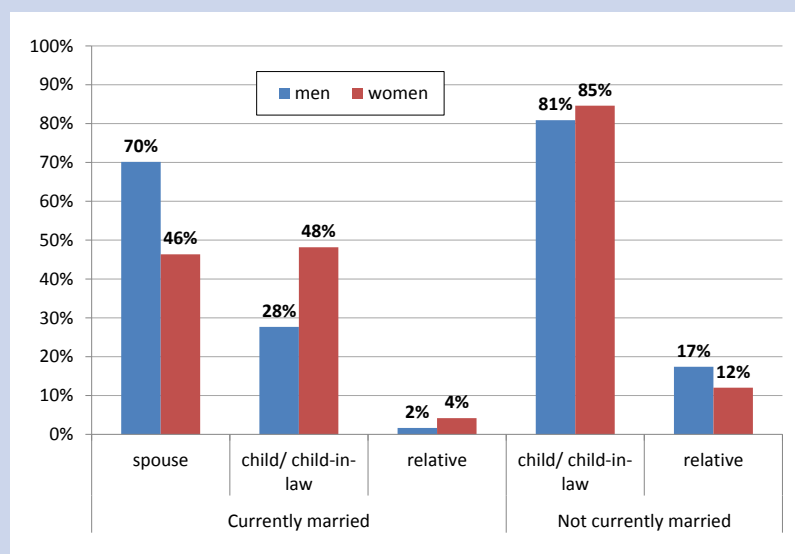
Differences with respect to area of residence are fairly minor. Although having a sibling as main person providing assistance with daily living activities is overall not common, it is still almost twice as common in urban than rural areas. This may well reflect the higher percentages of urban elderly that never married and thus have no spouses and are unlikely to have any children. Urban elderly are also more likely than their rural counterparts to cite nonfamily members as main providers of assistance. For example, over 3% of urban elderly and 5% in Bangkok (not shown in table) that receive assistance cite either a paid/professional carer or a servant/employee as the main provider of assistance.

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

The percentage of older persons citing spouses as their main personal assistance provider is considerably higher when consideration is limited only to currently married older persons. Nevertheless children or children in law are still common as main assistance providers even for currently married older persons including men. Still, among the currently married, the percentage of cases in which a spouse is the main personal assistance provider for men considerably exceeds the percentage constituted by children or children in law. For currently married women, spouses are considerably less frequently cited as the main assistance provider than for men. Although the difference between currently married women and men is still substantial, it is considerably more moderate than for all older persons as indicated in the previous table. Among older persons that are not currently married and that receive personal assistance, children or children in law are overwhelmingly the main providers of personal assistance for both men and women. Still, the percentage of other relatives as main assistance providers is not negligible.

Although it is assumed that the private sector including both private nursing homes and paid home caregivers is increasing in major urban areas, there is little systematic evidence to document this (Kespichayawattana and Jitapunkul 2009). The fact that the 2014 Survey of Older Persons finds that paid caregivers or helpers represent such a small percentage of those reported to be the main assistance provider raises questions concerning the extent to which they

Figure 6.9 Percentages with specific types of persons providing main assistance by marital status and gender, persons 60 and older who have assistance for daily activities, 2014



Source: 2014 Survey of Older Persons in Thailand

can serve as a viable alternative or supplement to filial care. This is particularly an issue in light of the fact that future generations of older persons will have fewer and more dispersed children thus posing a serious challenge to their continued role as the dominant source of personal assistance.

Other research indicates that a clear normative preference for a family member, especially an adult child, to provide personal care when needed is still very widespread (Knodel et al. 2013). At the same time, attitudes towards paid carers depend in part on the nature of their role. A paid caregiver that fills in when a coresident adult child is at work or assists when the child is present is more acceptable than employing a paid caregiver as a full-time replacement for a child that lives elsewhere. An additional concern is the expense of having a paid caregiver which for many older persons in Thailand and their families is unaffordable. Limited availability of such services and issues concerning their quality may also detract from their prevalence.

Given the predominance of children or children in law together with spouses as providers of assistance with daily living activities, Figure 6.10 examines how the role of the two groups varies according to age of the elderly recipient. The role

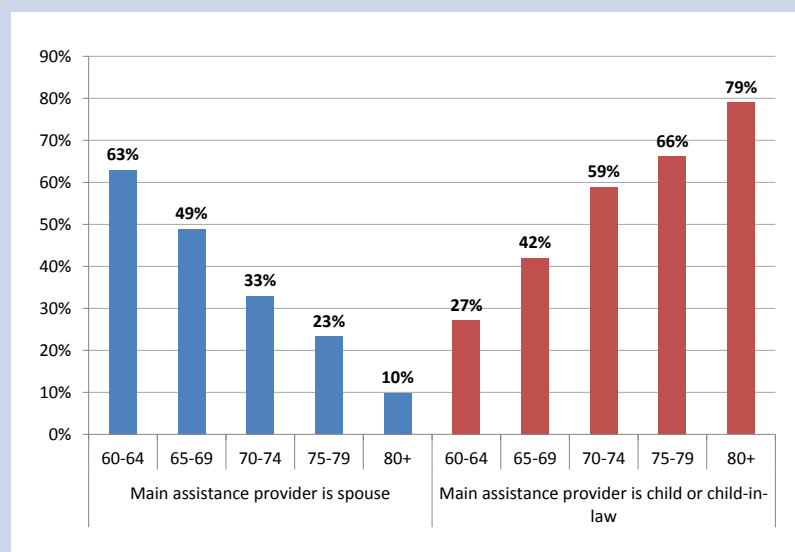
of spouse as main provider declines steadily with advancing age from 63% for persons aged 60-64 down to only 10% for persons aged 80 and over. A key factor in this decline is the fact that the percentages of older persons who are currently married fall sharply with age and so does the availability of a spouse as a potential provider of personal assistance. The opposite pattern is apparent with respect to situations in which the main provider is a child or child in law. Even for those in the 60-64 age group over a fourth cite children or children in law as their main personal assistance providers and this rises to 79% for those aged 80 and older.

Psychological health

To measure psychological health respondents were asked to rate their level of happiness during the past three months on a scale from 0 to 10 with higher numbers signifying greater happiness. The question was only asked to respondents who were answering the survey themselves and thus omits responses by proxies. Results presented in Figure 6.11 show the mean assessed happiness score from the 2014 survey. The happiness score declines with age, is lower for women than for men, and lower for rural than urban older persons.

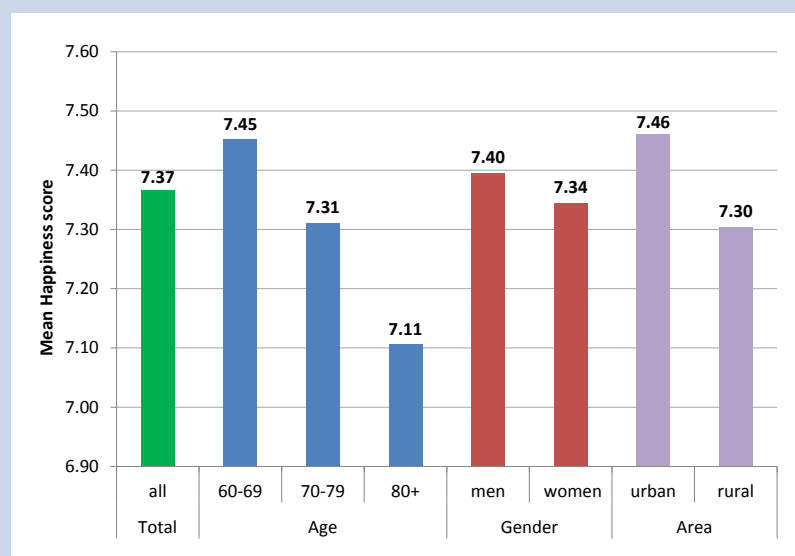
The series of more specific questions concerning particular aspects of psychological well-being that were included in previous surveys were omitted in 2014. The 2011 survey, however, included the specific questions about different aspects of psychological well-being and also asked respondents to rate themselves using the same

Figure 6.10 Percentages whose main provider of assistance with daily living activities is a spouse or is a child or child in law, persons age 60 and over who receive assistance for daily activities, 2014



Source: 2014 Survey of Older Persons in Thailand

Figure 6.11 Mean happiness score by age, gender and area of residence, persons 60 and older, 2014



Source: 2014 Survey of Older Persons in Thailand

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

happiness score that is included in the 2014 survey. Comparison of the mean happiness score with the specific items in the 2011 survey showed reasonable correspondence thus adding credence to the results (Knodel, Prachuabmoh and Chayovan 2013).



Conclusion and Options for the Future

By HelpAge International

Conclusion and Options for the Future

By HelpAge International

Thailand's demographic profile has changed radically in recent decades. In response, population ageing has received positive attention from the government, while the fundamental intergenerational traditions of society remain mostly in place. As this report demonstrates, many Thais continue to work into old age, with or without earning a separate income. They also free their adult children to make money by taking care of grandchildren and helping around the house or with family businesses. However, health declines with age, as Figure 6.2 illustrates. As this research has shown, older people in Thailand continue to rely heavily on their adult children in later life, both for support with income and care and support for assistance (activities of daily living and instrumental activities of daily living-ADL/IADL). In turn, their children remain devoted to their parents.

Yet, in many ways, such devotion has become more of a challenge as family sizes have reduced and a large proportion of younger people have migrated away from their hometown for work. While coping with their own difficulties, adult children may not be able to provide sufficient support, particularly care and practical help with activities of daily living. The government understands that families need assistance, although public schemes sometimes struggle to keep pace with the rapid changes in society within a context of constraints in resources and political will.

In parallel with the growth in Thailand's economy, the huge expansion of the Old Age Allowance and health benefits has enabled the state to assist families financially and to give some additional security for the older poor. This report suggests that such state benefits have not undermined the assistance that adult children provide to their parents. While income from children is now less

likely than in the past to be an older person's main source of economic support, older Thais are even more likely than before to receive significant monetary and nonmonetary material support from their children. That is, children continue to meet their filial obligations to parents, but the state is providing more complementary assistance than it has done historically. Thus, Thais 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 that ongoing demographic change will continue to escalate the two key challenges of sufficient income security and care support. The traditional family-based umbrella of protection is already strained for many older people, often as a result of the poverty of the family as a whole, reduced family size, or the wide dispersal of family members. Thus, many older people in Thai society remain highly vulnerable despite the country's economic development. Increasing inequality also contributes to their vulnerability and the poverty among older people is higher than the average national poverty rate. The gaps in protection may widen as demographic changes continue into the future. Projections in this report show that by 2035, over 30% of the country's population will be age 60 or older, and older people will outnumber children under age 15 for the first time. The number of children that older people have is declining and younger people will probably continue to migrate for better job opportunities. Current needed care support is provided overwhelmingly by family members. With such a reliance on family for provision of care, there will be a growing number of older people in need of support who are vulnerable. The country therefore needs to continue preparing for additional social change. The purpose of this study 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 2014, this report provides evidence for policy makers on multiple issues. Such evidence, along with learning from programs and service delivery, offers some clues about how Thailand might continue responding to population ageing. Enlightened by analysis presented by the authors of this report, HelpAge International outlines some options for the future below.

Policy, laws and regulations

- Thailand has made further progress in developing policy and legal frameworks supporting older people, notably in long term care, revision of the 2003 Older Persons Act and inclusion of ageing in the government's national reform agendas. Thailand has been seen as an example in the ASEAN region, although further improvement is still needed. While building on this foundation, the government can devote attention to more effective implementation of existing policies, plans and legislation targeting older people. It can also continue mainstreaming ageing into national development plans and building coordination among ministries.
- The role of local authorities is increasingly important as a result of government administration reform that promotes decentralization. Local authorities should be encouraged and supported to develop plans, local laws and ordinances, regulations and monitoring and evaluation systems to ensure that ageing issues are sufficiently addressed.
- Financing increasing demand for healthcare and social welfare of older people has become a central concern of the government. Rigorous analysis of government revenue options undertaken by prominent academics and government agencies in recent years resulted in concrete recommendations. Translating them into policy, laws and regulations and prioritizing their implementation would help to free up fiscal space for addressing the expanding needs related to rapid ageing.
- Thailand's active support in the development and implementation of ASEAN initiatives can

help ensure that many of the challenges related to older people are addressed in concert with its regional neighbors. These include the ASEAN Strategic Framework for Social Welfare and Development 2016-2020 of which the aging issue is one of the key components, coordinated by the ASEAN Socio-Cultural Community (ASCC) Department, and the ASEAN Declaration on the Elderly adopted at the 27th ASEAN Summit in November 2015.

- The Sustainable Development Goals (SDGs), with the commitment to leave no one behind, were adopted by United Nations Member States including Thailand in September 2015. They include goals relevant to the well-being of older people. The government is encouraged to translate the SDGs into practice. For example, these include *Goal 1: End poverty in all its forms everywhere*, and the associated *Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable*. Their implementation can make use of the recommendations of the Thailand Social Protection Floor and the proposal on responding to an ageing society by the committee on systems reform for responding to an ageing society, appointed by the National Reform Council.
- The government is encouraged to support the Open-ended Working Group on Ageing (OEWG), which was established by the UN General Assembly at the end of 2010 to explore the need for new mechanisms on older people's rights, including a possible UN Convention on the Rights of Older Persons. A Working Group meeting in July 2015 agreed that there are implementation and protection gaps in the way that the international human rights system responds to older age. Although support for the proposed convention is growing, it needs further support of the Member States. The government has regularly participated in the OEWG meeting, however has not shown strong support for the convention.

Government capacity, systems and services

- The capacity of government agencies at different levels should be enhanced to respond effectively to the implications of population ageing. Upgrading of the Bureau of Empowerment for Older Persons (under the Ministry of Social Development and Human Security) to Department of Older Persons in 2015 is a welcome move. The provincial Departments of Social Development and Human Security and local authorities, especially the sub-district (*Tambon*) administrative organizations, should have sufficient resource allocations to improve their human resource capacity.
- The government is encouraged to make the database and information systems on older people being maintained by different line ministries more comprehensive, integrated, up-to-date and accessible. One of the six components of the strategic plan for long term care being led by the National Health Security Office is development of a database of dependent older people (homebound and bedridden). If scaled up, it could lead to an integrated database that goes beyond the area long term care for dependent older persons. This improvement would facilitate policy development, planning and service delivery.
- Greater accessibility of public buildings and transportation (such as bus and train) and appropriately designed housing can assist many older people and people with disabilities. Safe and accessible facilities and housing should not be limited to government services but include other sectors as well. Inappropriate facilities can limit mobility and freedom for many people. Safe housing can reduce falls and injuries that lead to a need for long term care. A national campaign linked with the Age Friendly Cities program of the World Health Organization may be beneficial.

Older people's participation and contributions

- The government should continue supporting the Assembly on Ageing at the national level, initiated by the National Commission on the

Elderly, as a platform to increase the participation of older people and 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 through setting up a monitoring mechanism or using the existing structure of older people groups or elder clubs and website of the Department of Older Persons.

- Older people groups or elder clubs, which are multi-functional organizations of older people, should be expanded and strengthened to promote social inclusion, provision of care for frail older people, local and national policy advocacy, disaster risk reduction, and income generating activities. As highlighted in this report, these groups also facilitate access to government services such as health education and regular checkups, and promote healthy ageing by raising awareness of the need to reduce risks such as smoking and encouraging better diets and physical exercise. More investment by the government and local authorities is needed, which could include training, financial support and regular monitoring.
- Management of the Elderly Fund to support activities by older people should be strengthened by decentralizing decision making for grant approval and increasing its budget allocations for activities that contribute to improving the living conditions of older people. More details on how the Fund should be improved and managed are included in the revision of the Older Persons Act 2003, through which the Fund is governed. 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.
- Frail older people and other vulnerable groups including children and people with disabilities should be taken into consideration in disaster management and disaster risk reduction measures. While some older people are

vulnerable, others who are in good health can contribute to disaster management using their lifelong experience and local knowledge. They can be a valuable resource to support the implementation of the National Disaster Prevention and Mitigation Plan 2015-2030, which highlights wide participation and the utilization of local knowledge and wisdom.

- This report indicates that over 90% of older people live in a household with at least a mobile phone. Although the vast majority of current older people have limited education, future generations of older people will be more literate and can increasingly rely on computers. Expanding IT access and familiarity would promote the social inclusion of older people, improve service delivery and help with maintaining family contacts.
- Many older people support their families by looking after their grandchildren, and their effort reduces the burden of their adult children. However, older people can face challenges due to their physical limitations, the differences in generational perspectives with young children and, in some cases, financial constraints. In addition, time spent on grandchild care can limit their social interaction with others, which contributes to well-being. Their contribution should be recognized and concerned agencies should ensure that support services to address those challenges are in place for these older carers. These could include training in child care and counseling service. The new child allowance scheme introduced in 2015 to support poor families should also be extended after its initial phase is completed.
- Public awareness of the need to prepare for old age needs to be encouraged, taking into consideration the changing situation of families and overall population trends. This includes encouraging people to be realistic about future sources of income and means of support in retirement. In addition, messages portraying older people as a resource and not simply a burden to society should be conveyed using mass media, social media, relevant events and other approaches – for example,

through cooperation with entertainment sector and events such as the regional conference of HelpAge International and its network in 2014 which highlighted older people's contributions. The initiative by the TV channel Thai PBS to create a think tank group to input to its programme on ageing is a good example for other media groups.

Care and health services

- The government is encouraged to continue prioritizing and increasing resources for age care. The government's systematic review of strategies for programmes on long term care resulted in the five-year strategic plan for addressing the long term care needs of frail and dependent older people (2014-2018), coordinated by the National Health Security Office. The proposal on responding to an ageing society (2015) by the committee on systems reform for responding to an aging society appointed by the National Reform Council also highlights long term care for this group. The government's commitment was demonstrated by allocating a budget for the National Health Security Office to implement the strategic plan.
- There should be adequate support for family carers, who are mostly women. This support could be escalated through a range of measures including training and counseling, respite care, support in kind such as assistive devices and necessary personal items for older persons under their care, financial assistance for house repair and housing arrangements or subsidies that encourage children to live close to their parents. Family carers who work in the formal sector could be allowed flexible work hours and elder care leave. Day care centers could be established in work places.
- Although families continue to perform their expected role and there has been expansion of care by the government and other sectors, there is still a care gap, according to this report, of about 36%. It is expected to widen owing to smaller family size, migration and increased life expectancy. Home and community-based care should be fostered to bridge the gap. This could include 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), and community-based groups such as the Home Care Service Volunteers for the Elderly, elder clubs, village health volunteers. 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.

- Home and community-based care could be linked through new technologies to more specialized healthcare structures, databases and warning systems. The private sector and academics can work in partnership with governments to pilot services such as management information systems, telecare (including alarms and warning systems), telehealth and training. These technological based services should be cost effective and affordable by users to ensure accessibility.
- 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 through financial support, capacity building and the promotion of Corporate Social Responsibility and social business. Regulation such as portable accreditation for care workers needs to be expanded and coordinated between ministries to support those workers and, in turn, to ensure protection of older persons who receive care. Quality control measures needed include assessment and standardization of training, licensing and monitoring.
- Intermediate care in health facilities should be promoted because older people's need for comprehensive step down care is increasing. Currently Thailand does not have well-developed step down care in place. Health facilities provide only acute care and rehabilitation units, which are only a small part of an intermediate care system. It is encouraging to see that this issue is highlighted in the 2014-2018 long term care strategic plan.

- Efforts should be made to increase the number of health personnel with specialization in geriatric medicine and social workers (care managers), and to mainstream old age health care into medical training and related disciplines. Since geriatric medicine and gerontology are less popular than other disciplines, incentives in the form of scholarships and rewards should be introduced. At the same time, the existing workforce in the health and related disciplines 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

- This report notes that 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. Other studies also show that a regular cash transfer including old age allowance (social pensions) reduce poverty and income inequality. They also have a positive impact on local economy as a result of their spending in communities. The government is 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.
- Saving for old age should be promoted. Special attention should be given to the informal workers whose economic security in old age is not yet adequately addressed. The government is encouraged to expand the implementation of the National Saving Fund (NSF) started in 2015 and smooth integration of the old age benefit under the Social Security Scheme article 40 to the NSF. Civil society networks and community-based organizations, especially the Community Welfare Saving Fund, can support its expansion. All contributory schemes should guarantee a regular income instead of a lump sum payment.

- The government is encouraged to implement the recommendations to improve old age pension systems proposed by the committee on system reform for responding to an ageing society appointed by the National Reform Council. This includes integrating the current fragmented schemes by establishing a national body to develop, coordinate, supervise and regulate all such systems in order to improve functioning and sustainability of the systems. This also means reviewing all current laws related to old age pension systems and introducing a comprehensive law on old age security to strengthen the legal base of old age pension schemes, including transforming the universal Old Age Allowance to the universal basic pension.
- Work is an important source of income in old age and is being promoted by the government. 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, and there should be equal opportunity for older men and women. These activities should also be covered by social protection benefits and made available for older workers. To be better informed when introducing measures to support older workers, particularly in the informal sector, the government is also encouraged to undertake a study on older workers in the agricultural sector.
- Future older people will be more educated, which could lead to higher participation in the formal sector. There should also be measures to support older workers in the formal sector. These 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, social security and other relevant laws to include older workers.

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