



Assessment of Living Arrangement on Social Well-Being of Rural Elders at Bangkontee District, Samut Songkram

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Abstract

Thailand is facing aging society under the circumstances where the perspective of caring for older persons by the family is different from the past. The mobility of socio-economic condition has put profound impact on the well-being of older persons when their adult children are not the main caregivers for the older parents. The objective of this research is to identify the pattern of living arrangement and its impact on well-being of Thai rural elders. The research was based on semi-structured interviews with Thai citizens 60 years and older in Bangkontee district, Samut Songkram province. The findings indicated that living arrangement had significant impact on the health and financial condition of the rural elders. Older persons residing in a household without family members had less satisfaction for their health status and financial security. However, the findings had shown that the older persons' ability to conduct daily activities independently were significant. Hence, they were able to attend social activities provided by the local administrative organization and enhance their social well-being. Policy recommendations include supporting local government to establish social networking activities for the elderly regularly and promoting elderly values within the family institutions.

Keywords: Living Arrangement/ Social Well-Being/ Older Persons/ Rural Thailand

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Introduction

Population aging is unavoidable and Thailand is no exception in facing the challenges of changes in demographic structure. Thailand is entering aging population due to the increase in life longevity of the baby boomers and the decline in the fertility rate. The number of older persons accounted for 16 percent of the total population which put Thailand as an aging society (United Nations, 2015). As a result, Thai aging population implies the potential economic burden for working generations to provide for older generations.

Family values in Thailand emphasize the importance of supporting old age through intergenerational living arrangement within the household. Similar to other Asian countries, social norms expect family to be the main supporter in providing goods and care for the old members in the household (Mehta, 2006). A strong sense of moral obligation that children should support and care for older parents has been prominent aspect of Thai cultural values (Tsuno & Homma, 2009). Some countries, such as Singapore and Hong Kong, enforce laws that family is the crucial system for providing care for elders instead of relying on expensive government welfare (Sodei, 2004). Thailand has similar moral obligation where the kin is responsible for providing care for their parents.

Despite the filial code of conduct, the changes in the living arrangement and family structure have discouraged the family support for older members (Westley, 1998; Tsuno&Homma, 2009). The transformation from agricultural to industrial economy had changed the pattern of living condition that complicates the care for older persons within the family. Previous perception of extended family where grandparents, parents, and children reside in the same family has been replaced by the smaller family size living separately from the previous generation. The economic transformation from agriculture to industry pulled out young adults in the rural area to search for employment in the urban area. Such trend exposes older persons to live in vulnerable condition by being left behind with young grandchildren (Bongaarts & Zimmer, 2002). In addition, some older parents delay their retirement decision in



order to continue making earnings to support young dependents left behind by working adults who migrate to find work in urban area.

Given the changes in socio-economic condition and the household living arrangement surrounding older persons, this research aims to explore the pattern and quality of living arrangement and its impact on the overall well-being of rural elders. This research assesses the quality of living arrangement and the possible effects on the well-being of older persons in rural area. The objectives of the research aim to identify the quality of living arrangement of rural elders and analyze the impact of living arrangement on overall well-being of older persons in the rural area with high proportion of aging population. The article first reviews related theories and literature utilized in this study. Second section explains research methodology and conceptual framework. Third section describes findings from field study followed by discussion. The article concludes with policy recommendations for enhancing quality of living arrangement for older persons in rural area.

Literature Review

Families play vital role in maintaining sufficient continuity of intergenerational relationships over time in the face of constant changes in their household members as a result of aging. In addition, each individual in the family has to adapt to changing circumstances involving economic, social, and environmental development. The issues regarding family today are concerned with finding mechanism that solves conflicts that arise between generations and negotiate their resolutions to the benefit of individuals, families, and social orders (Vincent, Phillipson, & Downs, 2006) New problems between generations ascend at both macro and micro social level. At the macro level, population aging and globalization appear to be exacerbating existing socio-economic inequalities between age groups. The current concern is focused on the sharing social security resources between older and younger generation. In addition, there are increasing differences in the political value and structure of power between the parents and youth generations. At the micro level, the new issue is related with the weakening of generational bonds which result in less concern and obligations in vitality of kinship.

Previous empirical research examined the contemporary families and had shown that family functioning had not declined in the past several decades. Family intergenerational obligations have remained relatively stable over time (Bengtson & Putney, 2006). The predominant pattern found between family generations is emotional closeness and mutual support. Intergenerational bonds of affection, frequency of association, and norms of filial obligation to provide financial and functional support remain strong across generations at the start of the twenty-first century, despite the dramatic social and economic changes of the past four decades (Bengtson & Putney, 2006). Parents continue to exert positive influence on their youths' socio-economic and psychological well-being and intergenerational value have not weakened.

Quality of living arrangement stems from scrutinizing relationships between older persons and their family members. The investigation on such matter is still lacking in Thailand especially in the rural area. Cherlin (1999) has classified the quality of relationships between family members into three categories with respect to older persons. These are contact, affinity and assistance (Cherlin, 1999). The first characteristic is contact which is related to how often the elderly see their children in the last week. Questions are given to grandchildren to define the degree of contact between the older persons and their kin. One dominant factor that affects the amount of contact is distance. Inevitably, older persons living nearby their family members get to see the family regularly, no matter what social class the older persons are in. According to research by Cherlin, if the grandparents living within two kilometers distance from their family members, they are typically being visited about twice a week. If they reside within two kilometers to twenty kilometers in rural area, they would get fewer visits. At further distances, the number of visit falls off rapidly.

The second characteristic of living arrangement is affinity. Affinity living arrangement measures the level of sentiment, love, affection, and companionship. There existed evidence in the western society that it is easier for today's older persons to have pleasurable emotion relationship with the young children (Arber & Attias-Donfut, 2000). That is because they are more likely to live long enough to develop relationship due to increase in leisure time. Moreover, technology lessens the obstacle of communication with their members for the elderly. Affinity depends on the agreement between the generations about values, attitudes and beliefs. Most studies show substantial agreement between older parents and their children since parents often share the same social values with children while raising them. Nevertheless, the degree of affinity or emotional closeness between older persons and younger generations varies over life cycle. For example, closeness declines as children move into adolescence due to its stage for establishing autonomy. As children reach adulthood, closeness improves again as their parents enter old age and the sense of filial obligation began to take over the need for individual independence.



The third characteristic of living arrangement is assistance. Assistance is referred to the amount of time, goods, or money that family members provide for older persons in the family. Due to lengthening life expectancy, the stage of assistance lasts longer than before. Types of assistance include providing personal support such as comfort care during illness and financial aid. In terms of gender differences, women tend to be the kin keepers providing most of the care for elderly and parents. An adult daughter is usually the primary caregiver of the older persons in the household. Overall, it is necessary to understand the type of living arrangement within the household with older persons in order to understand whether living arrangement has any impact on the well-being of the elderly members.

Well-being provides holistic outlook of people lives according to areas or divisional sectors. Well-being concept for this study is based on the well-being concept developed by the Economic and Social Research Council at the University of Bath. The framework is developed to study the well-being in developing countries by relying on the individual's perspective of their quality of life (White, 2015). The conceptual framework identifies three dimensions of well-being into material, social, and human. The material aspect comprises assets and materials necessary for living sufficiently. The subjective aspect of material well-being is measured by the satisfaction with income, standard of living in comparison with others. The social part of well-being composes of the various kinds of social relations of the individuals with the family members and the communities. The subject aspect of social well-being is identified by the satisfaction with social access and level of affinities with each person's family and community ties. Human well-being dimension comprises of capability in carrying out daily activities, and health status. The subjective measurement of human well-being is the satisfaction with the health condition, sense of competence, skills and the ability to live independently without assistance. Overall, in order to understand the well-being of older persons, satisfaction assessment of their health, material, and social well-being is necessary in order to recommend appropriate policy related to aging when analyzing from the people center approach.

Conceptual Framework

According to the literature review, outline of conceptual framework for this research and analysis is illustrated in Figure 1. The variables include demographic profile of the respondents and the pattern of living arrangement that reflect the in depth understanding between the level of contact, affinity and assistance. The study analyzes the impact of these variables on rural elders' well-being related to social, health, and economic aspects.

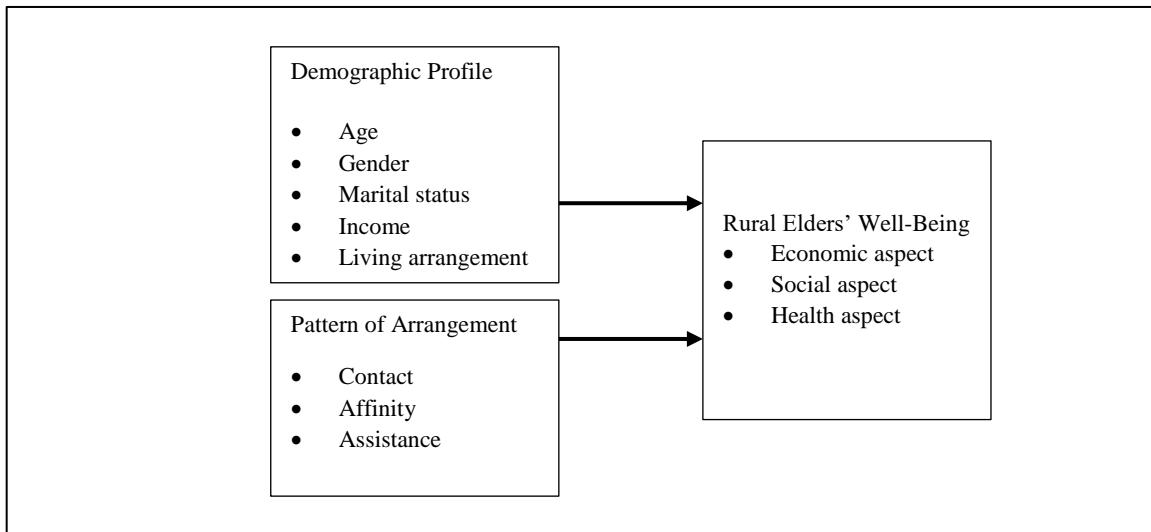


Figure 1: Conceptual framework

Methodology

The analysis is based on semi-structured open ended interviews and short Likert scale survey collecting primary data relating the quality of living arrangement and well-being satisfaction of Thai citizens aged 60 years or over living in a province in Bangkongee district, Samut Songkram province. This province is located approximately 80 kilometers from Bangkok with majority of the population working in agricultural sector producing local fruits. This district is selected due to its proportion of older persons to total population is more than 10 percent. The data were collected for two months by randomly selected households with Thai citizens aged 60 years or over. Population of Thai citizens aged 60 years or over in the district is 540 persons. Sample size for this research according to Yamane formula with 12.5 percent margin of error is 57.

Semi-structured interview was designed to assess the living arrangement and well-being of older persons. Questions in the interview were related with the frequency of contacts, emotional support, and quality of assistance received by the older persons from the primary caretaker within the household. Short form survey collected data regarding demographic profile, living arrangement structure, and satisfaction ranking of their well-being with regards to health, social, and financial condition. By measuring life satisfaction with subjective well-being reduced the problem of endogeneity. Subjective well-being was more plausible consequence of living arrangement rather than a cause (Chen & Short, 2008). The survey included a series of questions on the older person's life evaluation relating to health, daily activities, and financial satisfaction. The response ranged from 1 (dissatisfaction) to 3 (satisfaction).

Data analysis was in the form of social scaling techniques, simple descriptive statistics, and correlation analysis for identifying factors varying older persons' well-being satisfaction. Tabulations and analyzing mean differences were used to study the causal relationship between the demographic profile and quality of living arrangement on the well-being of rural elders. Assumptions for unbiased and robustness of coefficients were tested in order to verify the significance of influence of the independent variables on the dependent variables reflecting quality of life of rural elders exposing to the different condition of living arrangement. Content analysis is used to analyze the qualitative data retrieved from structured interview with the selected sampled population based on the variation in living arrangement.

Results

This section illustrates the holistic view of the respondents' characteristics profile in relation to their living condition. The data provides background information regarding common socio-economic condition of the older persons in the rural area.

The distribution of the respondents' demographic profile illustrates that majority of older persons in rural area do not live in isolation. However, there are variations of the characteristics between older persons living alone and those co-reside with others. In terms of gender, more female are likely to live alone than male.

Table 1: Demographic profile of the respondents classified by living condition

Respondents' Characteristics	Living Condition			
	Live alone		Live with others	
	Frequency	%	Frequency	%
Gender				
Male	0	0.0	14	100.0
Female	8	18.6	35	81.4
Marital status				
Single	2	22.2	7	77.8
Married	1	2.9	33	97.1
Divorce	0	0.0	3	100.0
Widowed	5	45.5	6	54.5
Education				
Less than 12 years of education	7	14.3	42	85.7
More than 12 years of education	1	12.5	7	87.5
Main financial source for household				
Not main provider of income for family	3	15.0	17	85.0
Main provider of income for family	5	13.5	32	86.5



According to Table 1, 18.6 percent of female live alone in the household. Similarly, widowed rural elders also have the highest proportion of residing area in comparison with other types of marital status. There are however no significant differences in various level of education and whether they are actively working or not earning income.

Table 2 summarizes the variations in the evaluation of older persons' well-being with respect to the differences in their demographic profile and living arrangement. Well-being is composed of their evaluation for their health, their ability to conduct their daily activities, and their financial security in order to reflect material well-being satisfaction. Average value and standard deviation of satisfaction regarding to each types of well-being outcome are presented for well-being evaluations.

Table 2: Variations in well-being outcome in relations to demographic profile

Demographic Variables	Health Well-Being Satisfaction		Ability to Conduct Daily Activities Well-Being Satisfaction		Financial Well-Being Satisfaction	
	Mean	SD	Mean	SD	Mean	SD
Gender						
Male	2.50	0.76	2.71	0.73	2.21	0.89
Female	2.35	0.53	2.88	0.32	2.12	0.70
Education						
< 12 years	2.39	0.57	2.82	0.49	2.06	0.75
> 12 years	2.38	0.74	3.00	0.00	2.63	0.52
Marital Status						
Single	2.11	0.60	2.89	0.33	1.89	0.79
Married	2.47	0.62	2.82	0.52	2.24	0.74
Divorced	2.33	0.58	2.67	0.57	2.33	1.16

According to Table 2, female older persons with single status receive the least satisfaction for their health well-being in comparison with male and other marital status. The average satisfaction ranking is 2.35 and 2.11 for female and single older persons respectively. On the other hand, male older persons evaluate their health with the highest satisfaction (average = 2.50) follow by older persons still living with their spouse (average = 2.47). In terms of education, there are no significant differences in the satisfaction for health well-being with the differences in the mean of less than 0.01 scaling point.



In terms of satisfaction rating for the ability to conduct daily activities, female, single, and widowed older persons rated themselves more independence than other types of characters. Given that they are likely to live by themselves more than other groups, these respondents have to be able to perform daily activities independently without assistance from others. However, by overall evaluation, the levels of satisfaction on conducting daily routines are still high and above average for most of the respondents.

The satisfaction for financial well-being indicates current happiness for their financial status at the time of the survey. According to the data, female, single, and those with less than 12 years of schooling are the types of older persons with the least satisfaction for their financial security. The data indicates that female and those with tendency to live alone and have to depend mainly on their effort to earn income are less likely to be secured financially.

Table 3 describes factors that determine the variations in the financial well-being by the rural elderly respondents. The table illustrates the average and standard deviation of the well-being in regards to homeownership, employment, and living condition status.

Table 3: Variations in well-being outcome in relations to socio-economic conditions

Demographic Variables	Health Well-Being Satisfaction		Ability to Conduct Daily Activities Well-Being Satisfaction		Financial Well-Being Satisfaction	
	Mean	SD	Mean	SD	Mean	SD
Home owner						
No	2.32	0.63	2.76	0.60	2.00	0.76
Yes	2.44	0.56	2.91	0.30	2.25	0.71
Actively Working						
No	2.40	0.60	2.80	0.52	2.25	0.79
Yes	2.38	0.59	2.86	0.42	2.08	0.72
Living Condition						
Live Alone	2.00	0.54	2.88	0.35	2.00	0.76
Live with Others	2.45	0.58	2.84	0.47	2.16	0.75

In relation to home ownership, those that own home have higher assessment for health satisfaction than those currently renting. On the other hand, older persons who are actively working have less satisfaction for health condition than rural elders who do not have to work to earn the livings. Older persons that live with other family members receive higher satisfaction for their health well-being. Statistical testing in the differences in the mean of health well-being regarding the variation in living arrangement has shown that those that live with at least one family member described themselves to have higher health well-being than those living along significantly.

According to the interview, family members are main access to hospital and health care. Being located in rural area, lack of public transportation and long distance from district hospital restricts older persons from access to health facility.

According to the findings, the type of older persons with higher satisfaction for the ability to conduct daily activities are those that own home, still actively working to earn income, and those that live alone without family members. As shown in Table 3, average satisfaction for those that own home is 2.91 in comparison with 2.76 for those that live on rented home. Older persons that still actively working in which their employment is mainly cultivating fruits orchards, rate their satisfaction on average at 2.86 in comparison with 2.80 for those not actively working. Lastly, the older persons that lived alone rated themselves to be strong and can live independently with average of 2.88 instead of 2.84 ranking scale for the satisfaction for conducting daily activities.

According to the collected data, older persons who own home, not actively working, and live with others have higher satisfaction for their financial wealth than those that are living alone and still actively working. From the data, those that own home have average satisfaction for financial well-being at 2.25 in contrast to those without homeownership at 2.00 Likert scale. Similarly, those that are not actively working gain higher satisfaction for finance than those that still have to keep employment. That is because they need to earn livings and paid for necessary expenses. Lastly those that live alone is likely to be dependent on their ability to earn a living and hence evaluated less than those living with at least one family member with the average of 2.16 in comparison with 2.00.

Table 4: Variations in well-being outcome in relations to source of income

Source of Income	Health Well-Being Satisfaction		Ability to Conduct Daily Activities Well-Being Satisfaction		Financial Well-Being Satisfaction	
	Mean	SD	Mean	SD	Mean	SD
Government Welfare	2.37	0.60	2.80	0.49	2.10	0.74
Self-employed	2.44	0.61	2.79	0.54	2.12	0.12
Pension	2.50	0.58	3.00	0.00	2.75	0.50
Support by their Adult Children	2.40	0.70	2.70	0.68	2.00	0.82

According to Table 4, older persons with pension have the highest satisfaction for health well-being while those that depends only government welfare (monthly allowance equivalents to 20 US dollars) evaluate themselves with the least satisfaction. The average of satisfaction is 2.50 for those living on pension and only 2.37 for government welfare. The reason is mainly because those with pension also

received government subsidy on medical care fully. On the other hand, those that rely on government welfare are older persons previously working in the informal sector. The government has not formulated secured health care for those employed in agricultural sector.

Similarly, those that live on pensions and still actively working are those that rate themselves with higher satisfaction for the ability to conduct their daily activities. Those that rely on government welfare are also those that are actively working even after their retirement age. According to the interview, the government welfare is not sufficient to support their monthly expense. According to the interviewees' profile, at the average age of 72, they are still able to continue working after their retirement age. On the other hand, those that are dependent on their children for income rate themselves with the least ability to conduct their daily activities. The reason is because those that relied on their children on average aged over 75 and cannot be actively working to gain earnings.

Older persons with pension rate themselves with highest satisfaction for their financial security. The average satisfaction is 2.75 in comparison with older persons that rely mainly on their children for their financial support at 2.00. Similarly those that are still actively working rate higher satisfaction for income at 2.12 in compared with those that relied only on welfare at 2.10.

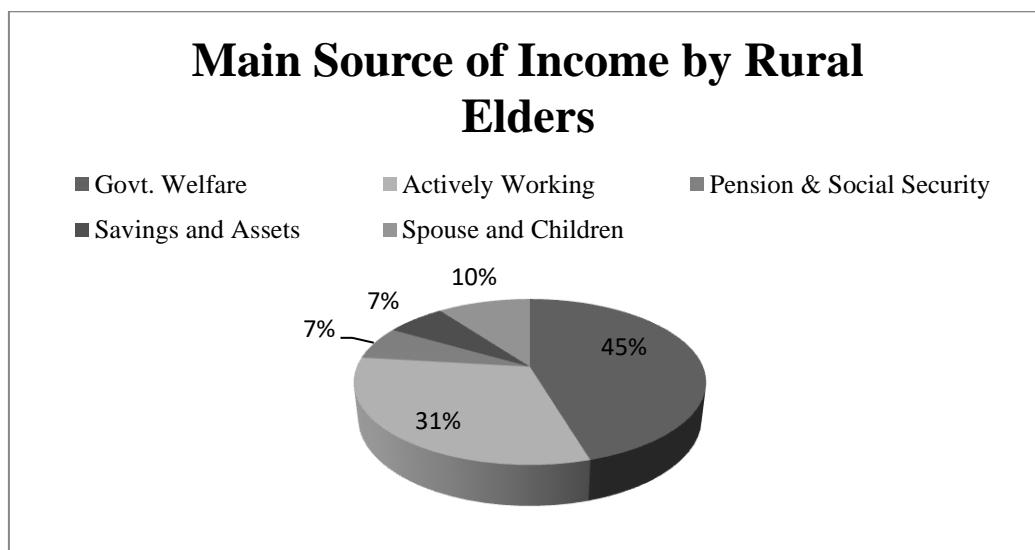


Figure 2: Distribution of the main source of income of the older persons

Figure 2 illustrates that older persons in rural area rely on government monthly welfare by more than 45 percent and 31 percent are actively working. Only 10 percent of the older persons receive income from spouse and children for financial security. The alarming result is the few numbers of older persons that relied on formal financial security. Only five percent of the respondents have access to pension and social

security. Moreover, those that received pension are those that earned more than 12 years of education and worked previously as the government officer. Hence, the financial well-being received the least satisfaction rating due to the lack of sustained financial flow of income from stable source like pension and savings.

Among the living arrangement variation, older persons residing with spouse or at least one adult children gain higher health well-being satisfaction than those living with other dependents like grandchildren. According to Table 5, the average satisfaction for health of those living spouse is 2.48 and 2.47 for those living with children respectively.

Table 5: Variations in well-being outcome in relations to living condition

Type of Family Member	Health Well-Being Satisfaction		Ability to Conduct Daily Activities Well-Being Satisfaction		Financial Well-Being Satisfaction	
	Mean	SD	Mean	SD	Mean	SD
Spouse	2.48	0.68	2.76	0.63	2.14	0.79
Children	2.47	0.62	2.81	0.54	2.06	0.76
Grandchildren	2.43	0.65	2.79	0.58	2.21	0.69

In terms of daily activity satisfaction, those that live with grandchildren have higher self-evaluation of their ability to conduct daily activities in comparison to those of living with just their spouses. The average independency satisfaction is highest for those living with children at 2.81, followed by those lived with grandchildren at 2.79 and the least with spouse at 2.76.

The group of older persons with higher satisfaction for their financial well-being is those living with their grandchildren. The average satisfaction is highest at 2.21 followed by those that lived with their spouse and the least with those that lived with their children at 2.14 and 2.06 respectively. From the interview, it can be concluded that those living with grandchildren receive constant remittances from their adult children that worked elsewhere and sent home for the necessary expenses of both the grandparents and grandchildren. The reason those that live with their children feel less secure for their financial satisfaction is due to their concern that the children residing with them still need financial support from the older persons. Hence, those living with older persons are less likely to find employment in formal sector. They then decided to live with their parents and continue the agricultural work that the family is originally inherited.

Table 6 describes the overall rating for well-being satisfaction. According to the survey, older persons in rural area rank highest satisfaction for their ability to conduct daily activities and least satisfaction for their financial condition. Majority of older persons with average age of 72 are still actively working able to maintain simple tasks and live independently. The next highest satisfaction is for their living condition and the sanitary environment surrounding the households. The statistical data indicates that the older persons who majorly lived with other members are having their basic needs quality of life fulfilled.

Table 6: Well-Being ranking by the respondents

Well-Being Survey	Mean	SD	Ranking
Able to conduct daily activities	2.84	0.46	1
Living condition/ sanitary condition	2.67	0.51	2
Health condition	2.39	0.59	3
Financial condition	2.14	0.74	4

Health and financial well-being are ranked as the least satisfaction by the rural elders. According to the interview with selected respondents, older persons visited district hospitals occasionally according to the doctors' appointment. The occurred disease included chronological diseases mainly diabetics, hypertension, and stomach problems. Financial well-being is the main concern for majority of older persons. Therefore, to increase the well-being of rural elders, the mechanism that enhances the constant flows of financial security after retirement other than relying on family members is necessary.

Discussion

Rapid socio-economic and demographic changes have reduced the extended household to nuclear size structure. This phenomenon is occurring mainly in developing countries where the population is aging and the older persons still rely heavily on family members for their well-being. This study attempts to examine the impact of living arrangement on the well-being of older persons specifically in the rural area. The data obtained from interviewing Thai citizens age 60 years or over in SamutSongkram province, located 70 kilometers west of capital city have shredded insights on the pattern of living arrangement and their current well-being evaluation.

In concordance with previous research, the study has shown that the number of residence in the household with older persons decreases. The change in the family size found in this research aligns with the overall changes in demographic pattern that is apparent nationally. According to population census conducted by the Thai National Statistical Office, the trend of extended family structure is declining and existed in both urban and rural area (National Statistical Office, 2010). Similar to other investigation, this research finds that older persons rarely live alone and reside with at least one adult child. Unlike previous generation, the older persons are living with at least one immediate kin instead of living with extended family of distant siblings or relatives (Prasartkul, 2010). Co-resident with one adult child is common for family in developing countries since it is embedded in the culture for the young to care for the old when need arises (Bongaarts & Zimmer, 2002). The similar pattern is still apparent for this study since the average number of children per parents in rural area is 2.8 members. Hence, the co-existence of migration due to urban growing industry with the ability to have one child stays with the parents is simultaneously possible in the rural area.

Many literatures hypothesize that the change in the family living arrangement has impact on the quality of life especially for the vulnerable elders (Carney, 1999). Environmental changes surrounding older persons at both macro and micro level can threaten the well-being of the older persons that relies their subsistence living on young working kin in the family (Vincent, et al., 2006). However, this study discovers diverge results from previous findings. According to the analysis, the changes in the living arrangement do not necessary deter the overall well-being of the older persons in the rural area. Previous research conducted with older persons in developed countries predicted that the future of old age will depend on unrelated family institution such as nursing care or government welfare (Knodel & Saengtienchai, 2005). However, in rural area specifically in Southeast Asia families, filial obligation is still vital. Therefore, family institution remains as the main provider for the health and financial well-being of rural elders. The significant determinants for well-being of rural elders in relations to living arrangement can be explained by factors related with the living arrangement and the capability to live independently by the older persons.

The first determinant is concerned with the arrangement among the immediate kin in selecting the main caretaker for their aging parents. According to the finding, majority of the household consists of at least one adult children co-residing with the parents. This family member is likely to continue the family business and replace the retired parents' previous occupation. According to the research, the average number of immediate offspring is ranged from zero to nine with average of 2.8 children per member. Therefore, it is likely to find main caretaker for the elder that has relationship status as immediate kin with the older persons.



Another pattern of living arrangement that emerges is the intergenerational family ties. This research also confirms the findings by Knodel and Chayovan (2008) that rural areas are more populated with older adults responsible for raising the young grandchildren. These dependents belong to the adult children who migrate to work in urban area mainly in Bangkok. With higher cost of living in the capital city, these workers send their young children to their rural hometown for affordable living expense. In addition, the long working hours in the formal sector limit their time to care for their young ones. Hence, the grandparents in the rural area provide suitable and trusting solution for raising their children. Intergenerational structure provides positive well-being outcome for the rural elders. According to the study, those that are still the main breadwinner for the young dependents are likely to rate higher satisfaction for conducting daily activities and financial security. According to the interview, majority of these households receive regular remittances from the parents of the grandchildren. This is to reduce the burden aging parents are facing for raising their child. However, it also acts as informal source of financial security for the active older persons in the rural household.

The capability to live independently, especially in conducting daily activities, also enhances the overall well-being satisfaction. The significant difference in terms of working status between the rural and urban aging population is their continuous work in their own agricultural area within their rural housing distance. The research finding is similar with a study done by Davidson which shown that older persons continuously involve in productive activities that they are accustomed to before their retirement (Davidson, 2012). The research has also shown that those living alone have higher satisfaction for their ability to conduct daily activities independently. This confirmed with the conclusion given by the Thai Social and Economic Development Planning of their confidence in the competency of older Thai citizens in this current time. Hence, older persons are not considered as vulnerable that seek assistance from family network or government welfare. The underlying reason for those living alone to be active is because their competency is the main source of income in the household. Therefore, their actual evidence of continuously working signifies their higher satisfaction for conducting daily activities than those that live with other family members.

Conclusion and Policy Recommendations

Overall, it can be seen that living arrangement in the rural area is composed of nuclear family size with at least one person as the main caretaker of the grandparents. That main family member responsible for their parents provides social, economic, and physical assistance necessary for enhancing the well-being of rural elders. Due to the limitation of study criteria and the specific socio-economic profile of the case study, the result cannot reflect the rural area in other parts of Thailand. However, policy



recommendation for the local government with similar background could be summarized in the following. According to the finding, living arrangement without family member only has significant impact on satisfaction related to health. The lack of public transportation creates obstacles to access of health care. As a result, those that live alone rated less satisfaction for their health due to the inconveniences in commuting to nearby hospitals. In term of policy recommendation regarding this matter, it is recommended for the local community to survey those that live alone and provide ease of access to health care. This can come in the form of providing public transportation or regular visits by local health staff at the household with older persons living alone.

Other than pattern of living arrangement, education is another determinant for the differences on the satisfaction for financial well-being. Those that earned higher education are more likely to be granted with pension rights given by their previous employment in government or formal sector. Since majority of the aging population is likely to work in informal sector, it is likely that their satisfaction for financial well-being is lessening by their insecurity to stable income after retirement. In terms of policy recommendation for financial well-being, it is suggested that the government should promote financial planning for retirement for working cohorts in the formal sector. The government should come up with scheme that allow those at working age to save simultaneously in order to have higher satisfaction for their well-being regarding financial and living standards.

Finally, overall well-being is possible by their ability to work independently. Hence it is recommended that the local government support active citizens to establish social networking activities within the local area regularly. By creating such atmosphere, the rural elders would be able to enjoy monthly social gathering, and gain access to useful information on how to maintain their quality of life regardless of their type of living arrangement.

References

Arber, S., & Attias-Donfut, C. (2000). *The Myth of Generational Conflict: the Family and Stage in Ageing Society*. New York: Routledge.

Bengtson, V. L., & Putney, N. M. (2006). Future Conflicts across Generations and Cohorts In J. A. Vincent, C. Phillipson & M. Downs (Eds.), *The Futures of Old age*. London: Sage Publications.

Bongaarts, J., & Zimmer, Z. (2002). *Living Arrangements of Older Adults in the Developing World: An Analysis of Demographic and Health Survey Household Surveys*. Journal of Gerontology, 57B(3), 145-157.



Carney, D. (1999). Approaches to Sustainable Livelihoods for the Rural Poor *Poverty Briefing* (pp. 1-3).

Chen, F., & Short, S. E. (2008). Household Context and Subjective Well-Being among the Oldest Old in China. *Journal of Family Issues*, 29(10), 1379-1403.

Cherlin, A. J. (1999). Going to Extremes: Family Structure, Children's Well-Being and Social Science. *Demography*, 36(4), 421-428.

Davidson, K. (2012). Flying Solo in Old Age: Widowed and Divorced Men and Women in Later Life *The Futures of Old Age* (pp. 172-179). London: Sage Publications.

Knodel, J., & Chayovan, N. (2008). Population Ageing and the Well-Being of Older Persons in Thailand. Ann Arbor: University of Michigan.

Knodel, J., & Saengtienchai, C. (2005). Rural Parents with Urban Children: Social and Economic Implications of Migration on the Rural Elderly in Thailand *Population Studies Center Research Report*. Ann Arbor: University of Michigan.

Mehta, K. K. (2006). A Critical Review of Singapore's Policies Aimed at Supporting Family Caring for Older Members. *Journal of Aging and Social Policy*, 18(3-4), 43-57.

National Statistical Office. (2010). *Population Census*. Bangkok: Ministry of Information and Communication Technology.

Prasartkul, P. (2010). Low Fertility Rate in Thailand. *Population and Development Newsletter*.

Sodei, T. (2004). Families in North-East Asia. *Gerontology International*, 4, 98-100.

Thanakwang, K., & Soonthorndhada, K. (2006). Attributes of Active Ageing among Older Persons in Thailand: Evidence from the 2002 Survey. *Asia-Pacific Population Journal*, 21(3), 113-135.

Tsuno, N., & Homma, A. (2009). Ageing in Asia - The Japan Experience. *Ageing International*, 34(1-2), 1-14.

United Nations. (2015). *World Population Ageing*. New York.

Vincent, J. A., Phillipson, C., & Downs, M. (2006). *The Futures of Old Age*. London: Sage Publications.

Westley, S.B. (1998). Asia's Next Challenge: Caring for the Elderly. *Asia-Pacific Population Policy*, 45, 1-4.

White, S. C. (2015). *Wellbeing and Quality of Life Assessment*. Rugby, UK: Practical Action Publishing.