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Family Support for Older Persons in Thailand: Challenges and Opportunities
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INTRODUCTION

Population aging and the wellbeing of older persons are major emerging challenges for families, communities, and government in Thailand as in much of Asia. Traditionally, support and care for the elderly are met within the family. Adult children are important providers of material support as well as other forms of assistance to their older-age parents. The state and communities typically provide limited care services for the older population. Currently, Thailand is facing demographic and socioeconomic changes that pose significant challenges for the roles that family members, especially adult children, play in providing support for the elderly.

The Thai government has been giving very serious attention to population aging issues. This was clearly indicated by the adoption of the Second National Plan for Older Persons covering 2002-2021, the prominence of aging issues in the 2012-16 National Economic and Social Development Plan, and a 2015 establishment of the Department of Older Persons with expanded authority to carry out programs to support elderly Thais. Importantly, the Old Age Allowance program was expanded in 2009 into a universal social pension for persons aged 60 and older who lacked other pension coverage. At the same time, there has been a significant increase in public awareness regarding population aging in the last decade. Furthermore, efforts to strengthen community support for older persons have also arisen in various parts of the country (HelpAge International, 2014).

Looking ahead, Thailand will increasingly grapple with how the state, community, and families can collaborate to provide support and caregiving for its rapidly aging population and what are appropriate and sustainable roles of each stakeholder. In order to effectively formulate policies and programs, policy makers will benefit from an evidence-based assessment of the situation of older Thais with regards to family care provision and intergenerational support. Thailand is fortunate in having a series of national surveys of the older population that detail their situation. The present position paper focuses on persons age 60 and older and draws primarily on the 2014 national Survey of Older Persons in Thailand (SOPT) conducted by the National Statistical Office but also incorporates results from earlier surveys of older persons to document national trends. Our analysis recognizes the diversity among older Thais in terms of their health status and socioeconomic characteristics as well as their capacity in contributing to their family and the society.

The key objective of this position paper is to empirically examine how family cares for older persons in various aspects (such as material and social support as well as personal care) and what challenges and opportunities are facing the family. This position paper is organized into the following sections: 1) demographics of aging; 2) availability of children and old-age living arrangements; 3) material support for older persons; 4) social support; 5) personal care support; 6) older persons’ contributions and; 7) discussion and conclusion; 8) policy recommendations.

**DEMOGRAPHICS OF AGING**

Population aging is well underway in Thailand. According to the most recent United Nations estimates, the number of persons aged 60 and above in the Thai population increased more than seven-folds between 1960 and 2015 rising from 1.4 million to 10.7 million (United Nations, 2015). The increased aging of the Thai population resulted from the precipitous fall in fertility since the late 1960s from 6 children per woman to only 1.5 as measured by the total fertility rate, in combination with increasing survival at older ages. Among the 10 ASEAN countries, only Singapore has a higher percentage of older persons than Thailand. Given that fertility remains well below the replacement level of 2 children per woman, population aging in Thailand will become far more pronounced in the coming decades.

**Rapid projected population aging:** The UN population projections for Thailand show that the future growth of both the number of older persons and their share of the total population are likely to be extensive in the next three and a half decades. The number of persons aged 60 and above will substantially more than double between 2015 and 2050 rising from 10.7 million to 23.1 million. Depending on Thailand’s future trend in fertility, at least a third or slightly over two fifths of Thailand’s population will be aged 60 and over by midcentury. The UN projections also indicate that in just a few years from now 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. By midcentury, the projected share of older persons is threefold the share of children. While there is no way to be certain about what the fertility trend will be in the future, previous trends in Thailand and other low fertility countries in Asia provide little compelling evidence that fertility levels will increase.

**Feminization of aging:** Like most countries, Thailand’s older population is disproportionately female due to lower female mortality rates throughout the life course. According to the 2014 SOPT, women constituted 55% of the total Thai population aged 60 and older. The excess of women over men becomes more pronounced as age advances, especially after age 70. Among persons 80 and older, for instance, women constituted slightly more than 60%. According to the UN projections, women will represent 54% of the population 60 and older both in 2025 and 2050, while the share of women aged 80 and older is 59% in both years (United Nations, 2015). Thus the extent of the gender imbalance in Thailand 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, their predominance may add to the challenge for provision of adequate healthcare posed by rapid population aging.

**AVAILABILITY OF CHILDREN AND OLD-AGE LIVING ARRANGEMENTS**

**Smaller family size and increasing childlessness:** The past history of fertility decline sharply affects the family sizes of current and future cohorts of older Thais. According to the 2014 SOPT, mean number of living children among persons aged 50-54 is only 2, compared to more than four children among persons aged 80 and older. In addition, the percentages of persons that have no children at all are increasing. In 2014, over 10% of persons in their 50s are childless, compared to less than 5% among those aged 80s and older. Modest urban-rural differences in family size and childlessness are noteworthy, given that fertility decline began somewhat later among the rural population. Nevertheless, low
fertility and higher levels of childlessness are almost certain to continue into the future for both urban and rural older populations.

**Changing patterns of old-age living arrangements:** Availability of adult children to coreside with aging parents is likely affected by smaller family size and increasing childlessness. An analysis of aging surveys reveals a steadily declining trend in coresidence with adult children during the last 25 years, with the percentages of older Thais who live in the same household with a child falling from 77% in 1986 to only 55% in 2014. Further analysis indicates higher levels of urban coresidence than rural coresidence; however, declines are evident among both urban and rural older persons. Also of interest are the rising proportions of older Thais who live independently of others, either alone or with only one’s spouse. By 2014, over one fourth of Thais aged over 60 live independently, up from 11% in 1986. Despite downward trends in coresidence, many older Thais tend to live in close proximity to a child. According to the 2014 SOPT, almost two thirds of older persons reside either with or next to a child. Living adjacent to a child (but not coresident) may meet many of the same needs as coresidence (Knodel & Saengtienchai, 1999).

Thailand’s upward trends in domestic and international migration particularly among working-age populations lead many to hypothesize that there is greater geographic dispersion of adult children and thus lowering their availability to coreside with/live in close proximity to older-aged parents. However, only a relatively modest proportion of them is geographically separated by substantial distances from all of their children. According to the 2014 SOPT, under one percent (0.4%) of older persons’ nearest child is outside Thailand and for only 13% is their nearest child in a different Thai province. While these percentages are low, they represent an increase from the 2011 SOPT (0.3% and 11% respectively).

One important influence on living arrangements of future generations of older persons will be their progressively smaller family sizes. The 2014 SOPT reveals an important association between the number of adult children of older persons and coresidence. Among persons aged 60 and older that have adult children, the percentage coresiding with a child is higher for those with four or more adult children but does not vary much among those that have fewer adult children. A much clearer association is apparent between the number of adult children and the percentage of older-aged parents that neither coreside with nor live adjacent to an adult child. Although 38% of older Thai persons 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 quarter with four or more children.

**MATERIAL SUPPORT FOR OLDER PERSONS**

Given the traditional reliance of older Thais on adult children for material support, smaller family size and declining coresidence may significantly affect the traditional intergenerational support system and in turn, older persons’ material wellbeing. Empirical evidence reveals nuanced patterns and notable changes.

**Changing patterns of filial material support:** Analyses of the surveys of older persons suggest that adult children continue to be an important source of material support for elderly parents in Thailand. However, there has been a significant shift in the distribution
of main sources of material support. In all the surveys, over 80% of older-aged parents reported income in the prior year from children. While there was a slight decline between 1994 and 2011, this trend did not carry through to 2014. A much more pronounced decline is evident from 56% of older persons that cited children as their main source of income in 1994 to 43% in 2011 and below 40% in 2014.

Despite the reduced share of elderly Thais that cited children as their main source of income, evidence does not suggest a reduction in substantial monetary filial support. According to Figure 1, the percentage of older-aged 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 reported receiving at least 10,000 baht from their children in the prior 12 months while in 2014 this increased to over half (52%). The percentages receiving the relatively large amounts of at least 30,000 baht or at least 50,000 baht likewise increased after 2007 and especially by 2014. Even allowing for inflation, these changes suggest that substantial financial support from children has remained high and likely even increased following 2007.

**Figure 1.** Percentages who received income from children during the prior year by total amount received, among those 60-plus with at least one living child, 2007, 2011 and 2014


Note: At the time of the surveys US$1 ranged in value from about 30 to 32 baht.
Apart from monetary support, children also provide other forms of material support such as food, clothing, and goods. Figure 2 shows the percentages that received food during the past year from at least one non-coresident child increased modestly over the periods of 2007-2014\(^2\). By 2014 over two-fifths received food at least weekly and 60% received food at least monthly. Moreover, the vast majority received food at least once during the past year with a slight but steady increase evident across the three surveys. Furthermore, while it was less common for older-aged parents to receive clothing/goods on a weekly or monthly basis compared to receiving food, over 80% received clothing/goods from their non-coresident children at least once during the past year. Additionally, the proportions who received clothing/goods more frequently than once a year remained rather stable across the surveys.

**Figure 2.** 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-plus with at least one non-coresident child, 2007, 2011 and 2014

It should be noted that the provision of monetary or non-monetary material support is sometimes made during children’s occasional visits and likely of symbolic value than meaningful material support. Provision of modest amounts of cash during holidays such as

\(^2\) Surveys of older persons provide information related to non-monetary forms of material support from non-coresident children. The focus on non-coresident children 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 households particularly with respect to food and goods.
the Songkran New Year festival is common at least as a symbolic gesture. Thus, this helps explain high percentages of older Thais reporting having received filial material support.

Evidence further reveals a possibility that smaller family size may be associated with the probability of older persons receiving financial support from adult children. Based on the 2014 SOPT, descriptive results presented in Table 1 indicate that percentages reporting children as a source of income and as the main source of income 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 versus those with more than one. Although this finding is based on cross-sectional data and does not take confounding influences into account, it suggests that declining family sizes could lead to less financial support from children.

### Table 1. Percentages receiving income during past year from children by number of adult children, parents 60 and older of adult children, 2014

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

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.

**Importance of monetary support from non-filial sources:** According to the 2014 SOPT, almost all elderly (97%) have more than one source of income. Children remain a pervasive source of monetary support although their significance as the main source has somewhat declined as mentioned earlier. In some cases, children’s monetary contributions may be merely symbolic. Still, much of the support that children provide to aging parents is in kind and not directly in cash, especially if they coreside with their elderly parents.

Work is another common source of old-age income. Analyses of the 1994-2014 aging surveys consistently show that around 40% of older persons reported receiving income from work. Furthermore, income from interest, savings or rent increases steadily across the aging surveys likely reflecting the growth and changing nature of the Thai economy. Moreover, pensions as an income source steadily increases through 2011 although it remains quite low at just 8% and declines in 2014 to only 6%.

In the last few decades, formal mechanisms of financial support for older Thais have been expanding, including the establishment of a social security system and the recent implementation of a modest yet universal social pension for persons aged 60 and older. Most striking 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 likely...
largely reflecting its transformation in 2009 from a means-tested program to a virtually universal social pension for anyone who did not receive other government pensions. According to the 2014 SOPT, there was a further increase to 85% reporting income from the allowance. 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 of older persons that cite the old age allowance as their main income source. Even though the allowance is quite modest (equivalent of approximately US$20-US$30 per month) the amount can be substantial for the extremely poor. It also can be a significant share of cash income for those coresident with adult children who cover household expenses, thus obviating the need of children to give their older-aged parents monetary support.

**Improved subjective material wellbeing among older Thais:** The percentages of older persons who reported that their income is adequate or better rose from 58% in 2007 to 64% in 2014. Meanwhile, proportions of those who were satisfied with their financial situation increased from 72% in 2007 to almost 80% in 2014. Nevertheless, it is important to point out that over a third of older Thais in 2014 indicated that their income was only sometimes adequate or consistently inadequate and that over one fifth indicated they were dissatisfied with their financial situation. An older person’s main source of income is closely linked to their subjective assessment of their economic situation. 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. 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. According to the 2014 SOPT, approximately 68% of elderly Thais whose main income came from children expressed adequate or more than adequate income, while 82% reported satisfied or very satisfied with their financial situation.

**SOCIAL SUPPORT FOR OLDER PERSONS**

The migration of children reduces opportunities for face-to-face interactions with parents and thus can undermine intergenerational social support. Nevertheless, in recent years the dramatic increase in access to mobile phones greatly expanded the ability to keep in touch with migrant children. In addition, transportation system improvements likely facilitate visits and contacts.

**Intergenerational social contacts facilitated by improved technology:** As Figure 3 indicates, it is relatively rare for elderly parents not to see any of their non-coresident children during the year. This is also true for parents who have no children living in their locality. Furthermore, evidence suggests that having visits with children increased during 2007-2014, regardless of frequency of visits being considered. This likely reflects improvements in the means of transportation including the omnipresent private-run vans that supplement normal bus and train 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. By 2014, almost half see a non-coresident child weekly and 30% see one on a daily or almost daily basis. Even parents whose children all live outside their locality experience at least an occasional visit during the year and fully half see a child at least monthly.
According to Figure 3, telephone contact between parents and non-coresident children is also frequent, especially if their children all live outside their locality. Clearly, telephone contact increased over the period 2007-14, likely reflecting increased ownership or access to mobile phones. By 2014, 91% of parents whose children all lived outside the locality had at least monthly telephone contact and over two thirds at least weekly contact. The increase in social contact suggests that intergenerational solidarity is not deteriorating even though older persons are less likely to report children as their main source of income.

In 2014 only 4% of older-age parents with non-coresident children had online contact through email, messaging or chats over the internet up from only 1% in 2011. 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.

Rarity of desertion by children: Migration of adult children, especially from rural to urban areas, is one aspect of the development process that is often singled out as threatening the wellbeing of parents left behind (United Nations, 2002)\(^3\). Such claims tend to derive from anecdotal evidence rather than population-based evidence. Analyses of the 2007-2014 aging surveys presented in Table 2 indicate that desertion is very rare in Thailand. Less than monthly contact with any child is very low and declined from 3% of older persons 60 in 2007 to only 1.5% in 2014. The percentage that had no contact during the prior year was only a fraction of one percent by 2014. Some with infrequent or no contact nevertheless received remittances including sizable amounts in some cases. Only 1% of older persons with children in 2014 had no contact and received less than 10,000 baht in remittances. Only a tiny fraction (0.5%) in all three years had no contact and no remittances at all and thus appeared 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 few.

### Table 2. Summary indicators of isolation from children during past year, parents 60 and older with at least one living child, 2007, 2011 and 2014

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2011</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with less than monthly contact</td>
<td>3.3</td>
<td>2.4</td>
<td>1.5</td>
</tr>
<tr>
<td>% with less than monthly contact and under 10,000 baht remittances</td>
<td>2.5</td>
<td>1.8</td>
<td>1.2</td>
</tr>
<tr>
<td>% with less than monthly contact and no remittances</td>
<td>1.0</td>
<td>0.9</td>
<td>0.9</td>
</tr>
<tr>
<td>% with no contact during year</td>
<td>1.3</td>
<td>0.9</td>
<td>0.6</td>
</tr>
<tr>
<td>% with no contact and no remittances</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
</tbody>
</table>

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

\(^3\) In this paper, 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.
Figure 3. 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 and 2011 Surveys of Older Persons in Thailand
Note: Same locality refers to same village or municipal area.
One reason for the very low levels of desertion is that most older-aged 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). If migration is leading to desertion of parents this should be most evident among this group. The 2011 survey indicates that only 5% had no contact during the prior year and 3% neither had contact nor received any monetary support. Thus the vast majority of even parents whose children all are outside their province appear not to be abandoned.

**Potential vulnerability of childless older persons:** The minority of childless older persons might be more vulnerable to the risk of desertion or neglect by their family members. Unfortunately, the 2014 SOPT data do not include adequate information to assess this. Still, evidence suggests that childless persons who live alone are more likely to report significantly greater psychological distress (Teerawichitchainan, Knodel, & Pothisiri, 2015). Also, they are modestly more likely to report that their income is inadequate or that they are not satisfied with their income. Although this does not necessarily imply desertion or neglect by other family members, it underscores the need for research that examines the full range of vulnerabilities among childless elderly.

**PERSONAL CARE SUPPORT**

Thailand is experiencing increasing demand for long-term care (LTC). The proportion aged 80 and older, a major driver of LTC needs, is estimated to rise tenfold between 2000 and 2050, accounting for 10% of the total population or 6.2 million in absolute number by midcentury. Medical advances permit older persons to survive to more advanced ages extending not only periods in good health but also periods of frailty, chronic illness, and disability when personal care is required (Murray et al., 2015). The provision of personal care requires geographical proximity between caregiver and recipient and is particularly facilitated through coresidence in the same household. Thus, decline in coresidence, increased out-migration of adult children, and geographic dispersion of non-coresident children all raise concerns about availability of filial personal care and sustainability of home-based care in the near future (Knodel et al., 2013; Knodel, 2014).

**Physical difficulties and need for personal care support increase sharply with age:** One serious consequence of declining health and increased frailty associated with aging is greater difficulty of physical movement often referred to as functional limitations. Aging is also associated with increased difficulties in carrying out basic self-care tasks, known as activities of daily living (ADLs), as well instrumental activities of daily living (IADLs) that let an individual carry on with life independently. As functional limitations and ADL and IADL difficulties increase, assistance by caregivers becomes increasingly necessary.

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4 In recent surveys of older persons in Thailand, functional limitations refer to restrictions in lifting 5 kilograms, squatting, walking 200-300 meters, and climbing 2-3 stairs. Meanwhile, ADL difficulties refer to difficulties in getting up from lying down, using toilet, bathing, dressing, washing face/brushing teeth, grooming self, and eating. Difficulties in IADLs refer to restriction in taking bus or boat independently, counting change, and taking medicine. 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.
According to the 2014 SOPT, functional limitations, and difficulties with ADLs and IADLs increase sharply with age. Overall, around 40% of persons aged 60 and older experience at least one such difficulty. Figure 4 shows 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. 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.

**Figure 4.** 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

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 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.
Furthermore, increased need for personal assistance with daily activities is closely associated with increased chances of receiving it as evident from Figure 5. The percentages receiving assistance steadily increase with each additional problem experienced reaching close to 90% for those with nine or more problems. Overall, 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 the same time, persons most in need of assistance as indicated by number of difficulties are likely to have someone to provide it.

**Figure 5.** 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

![Graph showing percentages of older persons receiving assistance by number of difficulties.](source)

**Family remaining important source for personal care:** The 2014 SOPT indicates that among all persons who receive personal care support, 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.

The association between having a family member as the main caregiver and socioeconomic characteristics as measured by education or value of assets is quite weak once other
influences are taken into account. This underscores that there is a general normative prescription for family members to take on the role of long-term care provider. National surveys of adults aged 18-59 in 2007 and 2011 both show overwhelming preference for family members as main care providers with two-thirds specifically citing children as their preferred choice (Knodel et al., 2013).

**Gender dimension in personal care support:** The 2014 SOPT makes clear daughters and wives more likely to be the main care provider compared to sons or husbands. According to Table 3, spouses are far more commonly cited by men than by women. One factor contributing to this is that men are much more likely to be married than women while women are considerably more likely to be widowed than men. Spouses (wives in particular) 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 percentages that are currently married among persons in their 60s. In contrast, children especially daughters are far more likely to be the main providers for persons 70 and older who received personal assistance than those in their 60s. They are also considerably more likely to be the main providers of assistance for elderly 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.

**Table 3.** 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

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Gender</th>
<th>Area of residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>60-69</td>
<td>70+</td>
</tr>
<tr>
<td>All</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>spouse</td>
<td>28.9</td>
<td>56.2</td>
<td>18.4</td>
</tr>
<tr>
<td>son</td>
<td>13.4</td>
<td>11.8</td>
<td>14.1</td>
</tr>
<tr>
<td>daughter</td>
<td>41.9</td>
<td>19.3</td>
<td>50.6</td>
</tr>
<tr>
<td>son/daughter</td>
<td>5.7</td>
<td>3.1</td>
<td>6.7</td>
</tr>
<tr>
<td>grandchild</td>
<td>3.4</td>
<td>1.7</td>
<td>4.1</td>
</tr>
<tr>
<td>sibling</td>
<td>4.6</td>
<td>6.3</td>
<td>3.9</td>
</tr>
<tr>
<td>paid/professional</td>
<td>0.7</td>
<td>0.4</td>
<td>0.9</td>
</tr>
<tr>
<td>carer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>servant/employee</td>
<td>0.9</td>
<td>0.3</td>
<td>1.1</td>
</tr>
<tr>
<td>other</td>
<td>0.4</td>
<td>0.7</td>
<td>0.3</td>
</tr>
<tr>
<td>total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

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.

With reduced family size, the proportion of persons entering advanced ages that has only sons and no daughters will increase as average family size decreases. This increase is already evident. According to the 2014 SOPT, 22% of persons aged 50-54 have only sons compared to only 9% of those aged 80 and older. Given the deeply entrenched normative acceptance of women as the appropriate gender to provide personal care, whether sons will sufficiently take this responsibility is questionable. The prospect for this to change remains uncertain.
Limited role of non-familial personal care support: While it is assumed that the private sector including private nursing homes and paid home caregivers is increasing in Thailand’s major urban areas, there is little systematic evidence to document the trend (Kespichayawattana & Jitapunkul, 2009). According to the 2014 SOPT paid caregivers or helpers represent a small percentage as the primary source of personal care for elderly Thais in both urban and rural areas, thus raising questions as to the extent that non-familial carers can serve as a viable alternative or supplement for filial personal assistance.

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

CONTRIBUTIONS OF OLDER PERSONS

It is important to recognize that intergenerational exchanges flow in both directions. While some attention has been paid to the role that older-aged parents provide as caretakers for their grandchildren, attention to a broader array of older persons’ contributions is much less common.5

Older persons providing minor yet increasing financial assistance to family: Overall, the flow of money from parents to adult children is far less common than the flow of financial assistance in the opposite direction. According to Figure 6, 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 non-coresident children. Moreover the percentages that provided substantial amounts are considerably lower. However, the percentages of parents that provided financial assistance to coresident as well as non-coresident 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.

5 The 2011 SOPT provides a more comprehensive information regarding contributions of older persons, compared to the 2014 SOPT. Thus, in this position paper, we rely on the 2011 survey for information regarding assistance provided by respondents with household chores, while information concerning financial assistance and grandchild care comes from the 2014 survey.
Figure 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

Note: Amounts are in Thai baht. At the time of the survey US$1 equaled about 32 baht.

Older persons actively contribute to household chores: According to the 2011 SOPT, among older persons that live with their children, a substantially large proportion help at least sometimes with all of the chores asked in the survey including buying food, cooking, doing laundry, cleaning house and minding the house. Such assistance ranges from 50% helping with laundry to 91% in helping to mind the house. Moreover, a substantial proportion does these chores regularly. More than half regularly mind the house and about one fourth do each of the other chores listed regularly. Taken together, over 90% do one or more of these chores at least sometimes and 65% do one or more of them regularly. Given that minding the house is a relatively inactive chore and probably requires less effort compared to the others, it is also of interest to explore the percent that do any of the chores excluding minding the house. In this case almost two thirds of older persons who live with their children do at least one chore excluding minding the house at least sometimes and just over one fourth do at least one such chore regularly.

Older persons typically provide care (not financial support) to young grandchildren whose parents are absent: Providing both coresident and non-coresident children assistance with the care of grandchildren 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. According to the 2014 SOPT, 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. A substantial majority of cases covered are skip generation households but in some cases other persons besides the parent of the grandchild or other grandchildren are also present.

In 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. Results shown in Figure 7 suggest that the level of grandparents’ involvement in grandchild care depends a great deal on the age of grandchildren. According to the top panel of Figure 7, 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 can more or less take care of themselves. While grandparents tend to be the main carer for young grandchildren whose parents are absent, it is usually the parents of the grandchild who take responsibility for their children’s financial support. Evidence presented in Figure 7 indicates that a substantial majority the grandchildren who are age 20 or younger are primarily supported financially by their absent parents. However for those who are age 21 or older, two thirds are supported by themselves or someone other than either the parents or the grandparents.

Figure 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
DISCUSSION AND CONCLUSIONS

Evidence based on recent nationally representative surveys of older persons demonstrates that family support for older persons is multi-faceted presenting both challenges and opportunities for us to consider. Alarming views concerning very negative implications of population aging for the traditional family support system and the wellbeing of older people may not be fully warranted. This position paper provides a nuanced portrayal of the situation regarding key domains of old-age support including material, social, and personal care support.

While coresidence has been declining and the share of older persons that live independently is on the rise, a majority of elderly Thais continue to live in a close proximity to adult children even if not coresiding with them. It is relatively uncommon for the current cohorts of older persons not to have the nearest child living at least in the same province.

For material support, while aging parents in Thailand are less likely to cite their children as the main source, they are nevertheless increasingly likely than before to receive significant monetary and non-monetary material support from children. There is a clear upward trend in improved material wellbeing among Thailand’s older-aged population, although economic disparities are stark.

As for social support, we find that the vast majority of older persons maintain at least occasional visits and contacts (particularly phone calls) with their non-coresident children.
Maintaining intergenerational social relationships during the last decade is clearly facilitated by improved infrastructure, transportation systems, and telecommunication technology. Complete desertion of older parents by their children is quite rare in the Thai setting.

As for personal care support, serious needs for personal assistance tend to be concentrated at advanced ages and for only a limited time within the old-age span. Family, particularly daughters and wives, remain the most important source for personal care assistance. Non-family sources such as paid caregivers are relatively uncommon. Elderly Thais with substantial numbers of physical difficulties are likely to have someone provide personal care. Unmet need for care tends to be among elderly with fewer physical difficulties.

At least for the current cohorts of older Thais, children remain devoted to their parents. In recent years, the Thai government has considerably expanded social pension and health insurance schemes to assist older people and their families and to give additional security for elderly poor. Such government benefits do not appear to have crowded out the assistance that adult children traditionally provide to their parents. Intergenerational solidarity is not deteriorating despite the fact that older persons are less likely to report children as their main source of income.

Nevertheless, such devotion faces challenges as family sizes decrease and larger proportions of younger adults migrate away from their hometown for work. At the same time, government schemes to assist older persons sometimes struggle to keep pace with rapid socioeconomic changes and continuing population aging within a context of constraints in resources and political will.

In particular, 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, and dispersal of family members. Thus, many older people remain highly vulnerable despite the country’s economic development. Increasing inequality also contributes to their vulnerability. Poverty among older people is higher than the national average poverty rate. The gaps in social protection may widen as demographic changes continue into the future.

Looking ahead, there are numerous important issues that need to be addressed. The following questions highlight some of them.

- Will having fewer or no children permit future elderly to accumulate greater wealth for their own support in old age?
- Will fewer but better educated adult children (with increased income) compensate for smaller numbers in relation to financial support to elderly parents? Evidence from the 2014 survey shows adult children contribute substantially more than ever.
- Small but growing proportions of older persons report other major sources of income such as savings, investments, rent, and pension. Will increasing retirement and welfare benefits of future elderly crowd out or instead simply supplement material support from adult children?
- Will improving health of older persons enable them to work and support themselves longer?
• How can families, communities, and the State deal with decreased probability that no adult children are nearby when long-term personal care is needed?

In conclusion there are also numerous considerations that will likely moderate the challenges posed by population aging as the following ones illustrate.
• The decline in family size will take longest to affect the oldest age group for whom personal care is most needed, providing time to plan.
• Future elderly will have better education and health and hence better able to live independently.
• Continuous economic, social, political, and technological change will alter the environment and hence the living conditions of future elderly and their families.
• Parents and their adult children will exercise their human agency to adapt to changing circumstances in ways that minimize negative impacts and maximize potential benefits.
• Children will likely strive to meet their filial obligations to parents and continue to be influenced by strong cultural traditions.

In brief, any assessment of the future situation of older persons in Thailand is likely to have some margin of error. Continual monitoring of the changing situation of older persons in the context of demographic and societal change is important if policy and programs are to be evidence based.

POLICY RECOMMENDATIONS

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 wellbeing of older people. For example, 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. In responding to population aging issues, the Thai government has been translating some of the SDGs into practice. Thus far, Thailand has been viewed among the middle-income ASEAN countries as an example for developing policy and legal frameworks to support older persons. Notable progress has been made, including the revision of the 2003 Older Persons Act and inclusion of aging in the government’s national reform agendas. Nevertheless, further improvement is still needed. This section outlines policy recommendations related to various aspects of family support for older persons.

Income security
• To increase benefit levels of Old Age Allowance: The government is encouraged to increase the benefit level of the Old Age Allowance, given the evidence-based importance of social pension in addressing old-age income security among economically disadvantaged elderly and their families. Its benefit level should be standardized and linked to the nationally defined poverty line and regularly adjusted to reflect the cost of living and inflation.
• **To rigorously promote savings for old age especially among workers in the informal sector**: The government is encouraged to expand the implementation of the National Saving Fund (NSF) which began in 2015 and has remained under-subscribed. It should also facilitate smooth integration of the old age benefit under the Social Security Scheme article 40 to the NSF. Civil society networks and community-based organizations can support the expansion of NSF. It would be especially useful to incorporate the Community Welfare Saving Fund in this effort.

• **To integrate Thailand’s current fragmented pension systems**: The government is encouraged to improve the current old-age pension systems. A national body should be established to develop, coordinate, supervise, and regulate pension systems with the ultimate goal to improve their functioning and sustainability. This includes reviewing all current laws related to old-age pensions systems and introducing a comprehensive law on old-age security to strengthen the legal base of old-age pension schemes. The Old Age Allowance should be transformed to the universal basic pension.

• **To facilitate income-generating activities among older workers in the rural agricultural sector**: The government is encouraged to pay special attention to older workers in the informal sector in rural areas, particularly in agriculture (who presently comprise the majority of the older-aged labor force). Opportunities for different types of productive activities including community income generating activities should be made available. There should be equal opportunity for older men and women. Being engaged in these activities should not disqualify from being covered by social protection benefits.

• **To support older workers in the formal sector**: The government is encouraged to implement measures to support older workers in the formal sector, including introducing flexible retirement age, creating hire incentives for employers, expanding options in the work environment (e.g., flexible work hours, part-time arrangements). The government should prohibit age-discrimination practices in recruitment and at work. It should also modify the labor protection and social security laws to include older workers.

### Health and long-term care

• **To increase government resources for age related care**: The government is encouraged to continue prioritizing and increasing resources for age related care, particularly long-term care. The current strategic plan on addressing long-term care needs in older ages (2014-2018) should continue to be coordinated by the National Health Security Office.

• **To fully develop long-term care insurance system**: The system should be designed to share responsibilities among the government, families, individuals, and private sector. According to the system proposed recently by Thailand Development Research Institute, the government is encouraged to provide care managers and other public health services. Near-elderly population (ages 40-65) would contribute to long-term care funds. The amount of individual contributions should be adjusted periodically (e.g., every five years). The receiver of long-term care services would share the cost of the caregiving and related expenses. The private sector is encouraged to provide donations to the LTC
The LTC insurance system can be integrated into and supported by existing government systems e.g., the National Health Security Office.

- **To set up quality control system for non-familial old-age care:** Regulation such as portable accreditation for care workers needs to be expanded and coordinated between ministries to support these care 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. Such regulation should also be applied to institutions such as private nursing homes providing LTC.

- **To promote step down care system:** Intermediate care in health facilities should be promoted because older people’s need for comprehensive step down care is increasing. Step down care refers to community hospitals, nursing homes, home care, and other forms of healthcare for the elderly who require LTC. 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.

- **To provide support for family caregivers:** 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, and support in kind (such as assistive devices and necessary personal items for older persons under their care). There should also be financial assistance for house repair, housing arrangements or subsidies that encourage adult children to live close to their parents.

- **To develop home- and community-based care programs for older persons in need of LTC:** Home and community-based care should be fostered to bridge care gap likely resulting from recent demographic shifts (e.g., smaller family size, out-migration). 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 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.

- **To introduce new technologies in home- and community-based LTC:** 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.
Roles of government, local authorities, and civil society

- **To develop a comprehensive national database on older persons**: The government is encouraged to make the database and information systems on older people more comprehensive, integrated, up-to-date and accessible. For instance, one of the six components of the strategic plan for LTC 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 of LTC. This improvement would facilitate policy development, planning and service delivery.

- **To improve availability of safe and accessible housing and facilities**: Greater accessibility of public buildings and transportation (such as bus and train) and appropriately designed housing can assist many older people. Safe housing can reduce falls and injuries that lead to a need for LTC. A national campaign linked with the Age Friendly Cities program of the World Health Organization may be beneficial. Nevertheless, safe and accessible facilities and housing should not be limited to government services but include other sectors as well.

- **To expand IT capability, access and technology use among older persons**: Expanding IT access and familiarity would promote the social inclusion of older people, improve service delivery and help with maintaining family contacts.

- **To promote and enhance the roles of local governments**: Local authorities are encouraged to develop plans, local laws and ordinances, regulations and monitoring and evaluation systems to ensure that ageing issues are sufficiently addressed. The capacity of government agencies at different levels, including local levels, should be enhanced to respond effectively to the implications of population ageing. For example, 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 in order to better facilitate family support for older persons.

- **To invest in and strengthen local elder clubs**: 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. 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. Civil society organizations can play a role of facilitator and coordinator.

- **To improve the management of the Elderly Fund**: 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. 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.

- **To develop and promote social enterprises related to elderly care**: Civil society organizations are encouraged to develop and promote social enterprises related to elderly care. For example, a program called Buddy Home Care has been developed to train underprivileged students with skills of elderly caregiving. Trained students are then sent to take care of older persons in their communities in return for educational bursaries. Moreover, a shop was set up to receive donations of aid devices for daily living such as walkers and wheelchairs. The shop then re-sells or rents these devices for the elderly in need at a very affordable price.

**Roles of private sector and the media**

- **To complement efforts by the government**: The private sector could complement government provision of elderly care services. For instance, these efforts could be done through the promotion of Corporate Social Responsibility. Moreover, the private sector can invest in the development of consumer products that address the needs of older persons in their daily living (e.g., useful equipment, healthy food products).

- **To promote family friendly workplaces (including care for elderly family members) in the private sector**: 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.

- **To continue promoting public awareness on old-age preparedness**: Public awareness of the need to prepare for old age needs to be encouraged through various forms of media. This includes encouraging people to be realistic about future sources of income and means of support in retirement.

- **To give nuanced portrayal of older persons in society**: Messages portraying older people as a resource (e.g., highlighting their contribution to family) and not simply a burden to society should be conveyed using mass media, social media, relevant events and other approaches.
REFERENCES


The Population Studies Center (PSC) at the University of Michigan is one of the oldest population centers in the United States. Established in 1961 with a grant from the Ford Foundation, the Center has a rich history as the main workplace for an interdisciplinary community of scholars in the field of population studies.

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