

Impact of Living Arrangement on Well-Being of Thai Rural Elders: Case Study of Bangkontee District, Samut Songkram Province

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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 was to identify the pattern of living arrangement and its impact on well-being of rural elders. The research was based on field survey with Thai citizens 60 years and older in Bangkontee district, Samut Songkram province. Random sampling was utilized to select 76 respondents for analyzing data regarding demographic profile, living arrangement, and quality of life indicators. Social scaling technique was used to quantify qualitative data and the impact of the living arrangement was analyzed using t-test statistical evaluation. The findings indicated that living arrangement had significant impact on the health and financial condition of the rural elders. Older persons living along had less satisfaction for health well-being significantly (p -value 0.045). In addition, older persons living with family member gained higher satisfaction for financial well-being (p -value 0.020). Policy recommendations include supporting local government to establish financial security for the elderly regularly and promoting elderly values within the family institutions.

Keywords: Living Arrangement, Well-Being, Older Persons, Rural Thailand

Introduction

Thailand is now an aging society due to increase in life longevity of baby boomers and decline in fertility rate. According to World Population Ageing report, total fertility rate from 2010-2015 has declined to 1.5 children per woman while life expectancy at birth has increased to 70.8 years for male and 77.6 years for female (United Nations, 2015). 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 elderly (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). Similar to other Asian countries, such as Singapore and Hong Kong, the governments enforce laws that family must provide care for elders instead of relying on expensive government welfare (Sodei, 2004).

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

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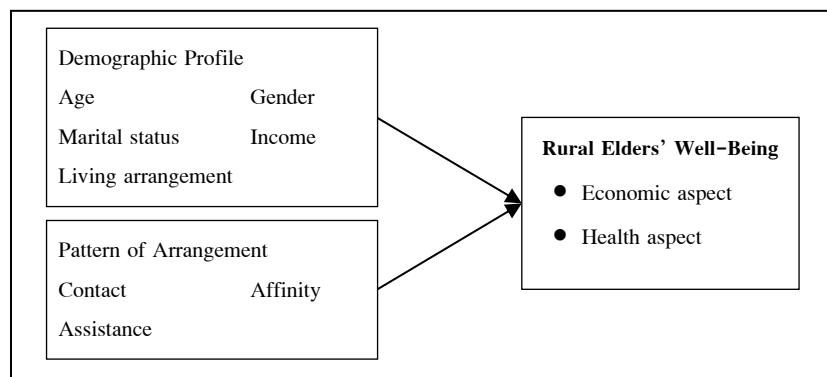
family. Previous perception of extended family where grandparents, parents, and children reside in the same family has been replaced by the smaller family size living separately from the previous generation. The economic transformation from agriculture to industry pulled out young adults in the rural 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.

Families play a 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. Previous empirical research examined the contemporary families and had shown that 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 (Bengtson & Putney, 2006).

Quality of living arrangement stems from scrutinizing relationships between older persons and their family members. Quality of relationships between family members can be classified 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 had the elderly seen their children in the last week. One dominant factor that affects the amount of contact is distance. According to research by Cherlin, if the grandparents live within two kilometers from their family members, they are typically being visited more often. The second characteristic of living arrangement is affinity. Affinity 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 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. 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 (White, 2015). Types of assistance include providing personal support such as comfort care during illness and financial aid. Overall, it is necessary to understand the type of living arrangement of 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 a person's quality of living. The study of well-being relies on the individual's perspective of their quality of life (White, 2015). This research focused on two dimensions of well-being which are economic and health. The economic aspect comprises assets and materials necessary for living sufficiently. The subjective aspect of economic well-being is measured by the satisfaction with income, standard of living in comparison with others. Health well-being dimension comprises of capability in carrying out daily activities, and health status. The subjective measurement of health 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 and economic well-being is estimated in order to recommend appropriate policy related to aging.

Outline of conceptual framework for this research is illustrated in figure 1. The variables include demographic profile of the respondents and the pattern of living arrangement.

**Figure 1** Conceptual Framework

Methods and Materials

The study is an explanatory type research aiming to assess the pattern of living arrangement on well-being of Thai older persons using quantitative analysis. The analysis is conducted at Bangkontee sub-district, Samut Songkram province. This area is purposively selected due to the following criteria. Firstly, Samut Songkram is the province with the lowest number of population in the central region but consists of aging population at 11.8 percent (National Statistical Office, 2016). Moreover, the majority of the older persons in the province are actively working in the agricultural sector (NESDB, 2016). Secondly, the ratio of working adults migrated to work in urban area is more than 50 percent (NESDB, 2016). Thirdly, Bangkontee sub-district is selected since it is the area with the ratio of older persons to total population is the highest among all the other sub-districts at 29.2 percent (National Statistical Office, 2016). Overall, the sub-district represents the rural aging population that is occurring in the Thai society.

Population of Thai citizens aged 60 years or over in this sub-district was 540 persons. Sample size for this research according to Yamane formula with 12.5 percent margin of error was 57. The average age of the sample size for this study was 72. The sampling selection of the respondents is designed in the following process. The respondents were selected randomly from the list of older person recorded by sub-district administrative organization with rights to receive government welfare under Older Persons Fund. Stratified sampling is applied in order to compare the well-being satisfaction based on the pattern of living arrangement and gender.

The analysis is based on field survey collecting data relating to living arrangement and well-being satisfaction of Thai citizens aged 60 years or over. living in. Questions in the survey comprised factors related with respondents' demographic profile, living arrangement, family structure and well-being satisfaction. Questions in the survey are based on World Health Organization Quality of Life Survey (WHO, 1998). The survey is developed to assess the quality of life that would be applicable cross-culturally. By measuring life satisfaction with subjective well-being as dependent variables reduced the problem of endogeneity (Chen & Short, 2008). Hence, social scaling technique was used to assess the self-perception of older persons on well-being and transform the complex qualitative data into quantified variables. Tabulations and analyzing mean differences are used to study the causal relationship between the demographic profile and quality of living arrangement on the well-being of rural elders.

Results

Table 1 illustrates the holistic view of the respondents' characteristics profile in relation to their living condition. The table provides background information regarding common socio-economic condition of the older persons in the rural area.

Table 1 Demographic Profile of the Respondents Classified by Living Condition

Respondents' Characteristics	Living Condition				p-value	
	Live Alone		Live with Others			
	Frequency	%	Frequency	%		
Gender						
Male	0	0.0	14	100.0	0.000	
Female	8	18.6	35	81.4		
Marital Status						
Single	2	22.2	7	77.8	0.021	
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	-0.018	
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	-0.004	
Main provider of income for family	5	13.5	32	86.5		

Majority of older persons in this study did not live in isolation. More than 50 percent of the sampled population resided with others household member. According to mean differences analysis, there are significant differences between living conditions for all types of demographic characteristics (p-value less than 0.05). Certain demographic characteristics of older persons had the tendency to live alone. In terms of gender, more female are likely to live alone than male. According to Table 1, 18.6 percent of female lived alone. Similarly, widowed rural elders also had the highest proportion of residing alone in comparison with other types of marital status. Likewise, those with less than 12 years of education and those without main source of income had higher numbers of living alone.

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 and their financial satisfaction. Average value and standard deviation of satisfaction along with mean statistical testing 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		Financial Well-Being Satisfaction		(p-value)	
	Mean	SD	Mean	SD	Health	Financial
Gender						
Male	2.50	0.76	2.21	0.89	0.498	0.712
Female	2.35	0.53	2.12	0.70		
Education						
< 12 years	2.39	0.57	2.06	0.75	0.964	0.020*
> 12 years	2.38	0.74	2.63	0.52		
Home Owner						
No	2.32	0.63	2.00	0.76	0.476	0.214
Yes	2.44	0.56	2.25	0.71		
Actively Working						
No	2.40	0.60	2.25	0.79	0.537	0.340
Yes	2.38	0.59	2.08	0.72		
Living Condition						
Live Alone	2.00	0.54	2.00	0.76		
Live with Others	2.45	0.58	2.16	0.75	0.045*	0.584
Household Members						
Spouse	2.48	0.68	2.14	0.79		
Children	2.47	0.62	2.06	0.76	0.452	0.596
Grandchildren	2.43	0.65	2.21	0.69		

According to Table 2, demographic profile and living condition had significant impact on financial and health well-being of rural elders respectively. According to mean differences, older persons living alone had less satisfaction for health well-being (p-value: 0.045) significantly than older persons living with other household members. Educational background also significantly showed differences in the financial satisfaction by rural elders. According to t-statistical testing, those with less than 12 years of education significantly had less satisfaction for financial well-being (p-value: 0.020). Contrary, gender, homeownership and the ability to work have no significant differences on well-being outcome.

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. Mainly it is because 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 3 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. Social scaling techniques with response ranged from 1 (dissatisfaction) to 3 (satisfaction) were utilized for measuring older persons' well-being satisfaction. Majority of older persons are still actively working and

able to maintain simple tasks and live independently. The next highest satisfaction is for their living condition and the sanitary environment surrounding the households. Health satisfaction is also ranked as the least satisfaction by the rural elders. According to the survey, older persons visited district hospitals occasionally according to the doctors' appointment. The occurred disease included chronological diseases mainly diabetics, hypertension, and stomach problems.

Table 3 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

In summary, living arrangement of older persons in rural area comprises of the individuals residing mainly with at least one family member. There is at least one person who mainly provides accessibility for the older persons to maintain necessary well-being condition. In addition, the older persons also receive care and remittances occasionally from their children who migrate to work in provinces nearby. Hence, the quality of living arrangement is considered at the assistance level with mainly rural elders residing with one main caregiver.

Discussion

Rapid socio-economic and demographic changes in Thailand brought significant changes to the way families maintain well-being for their elderly. This phenomenon is occurring similarly in developing countries where the population is aging and the older persons still rely heavily on family members for their well-being. 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, Phillipson, & Downs, 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 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 caregiver 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 designated family member is likely to continue the family business and replace the retired parents' previous occupation. According to the result, the average number of immediate offspring is ranged from zero to nine with average of 2.8 children per member. Therefore, it is possible to find main at least one assistant for the elder who is related 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. The phenomenon 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 data, majority of these households receive regular remittances from the parents of the grandchildren. This reduces the financial burden for it provides informal source of financial security for the active older persons in the rural household.

Conclusion and Suggestion

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 caregiver of the grandparents. That main family member responsible for their parents provides economic and physical assistance necessary for enhancing the well-being of rural elders. According to the finding, living arrangement without family member only has significant impact on satisfaction related to health. The lack of facilities for access to health care reduced the satisfaction for health well-being. As a result, those that live alone rated less satisfaction for their health due to the inconveniences in commuting to nearby hospitals. 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. In term of policy recommendation regarding health well-being, it is suggested 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. Finally, overall well-being is possible by their ability to have access to financial security. Hence it is recommended that the government at national level formulates policy which enhances financial sustainability for rural elders occupied in informal sector. By creating such atmosphere, the rural elders would be able to maintain their quality of life regardless of their type of living arrangement.

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