

## IMPACT OF LIVING ARRANGEMENT ON WELL-BEING OF THAI RURAL ELDERS

Buraskorn Torut

### ABSTRACT

*Thailand is facing aging society under the circumstances where the perspective of caring for older persons by the family is less emphasized than 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 rural elders. The research was based on field survey with Thai citizens 60 years and older in Bangkotee 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 access to medical services and financial reliability from their lack of family members' residency. Policy recommendations include supporting local government to establish financial and health security for the rural elderly and promoting elderly values within the family institutions.*

Key words: 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). Thailand has similar moral obligation where the kin is responsible for providing care for their parents.

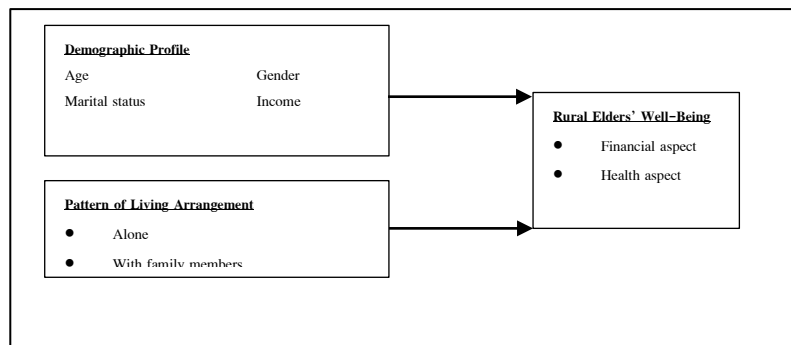
Despite the filial code of conduct, the changes in the living arrangement and family structure have discouraged family to support for older members. The transformation from agriculture to industrial economy pulled out young adults in the rural area to search for employment in the urban area. Such trend exposed older persons to live in vulnerable condition by being left behind with young grandchildren. In addition, some older parents had to delay their retirement decision in order to generate earnings to support young dependents left behind by working adults who migrate to find work in urban area. This research aimed to assess the quality of living arrangement and the possible effects on the well-being of older persons in rural area. The objectives of the research aimed to identify the quality of living arrangement of rural elders and analyzed the impact of living arrangement on overall well-being of older persons in local area.

According to previous researches, 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).

Various researches regarding the well-being of Thai older persons focused on examining the pattern of household structure using secondary data at the national level (Thanakwang & Soonthornhdada, 2006). Given the diversified characteristics of social and economic conditions in different regions, previous studies did not take into account the impact of the varying socio-economic condition that exist in different regions of Thailand. Moreover, previous research based their studies on the quantitative data in order to explore the demographic characteristics of the family living arrangement (Knodel & Chayovan, 2008). Qualitative research which analyzes in depth relationship between the family members and older generations is still limited.

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 financial and health. The financial aspect comprises assets and materials necessary for living sufficiently. The subjective aspect of financial 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. In order to understand the well-being of older persons, satisfaction assessment of their health and financial well-being is estimated 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



## METHODOLOGY

The analysis is based on field survey collecting data relating to the quality of living arrangement and well-being satisfaction of Thai citizens aged 60 years or over living in Bangkotee sub-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 sub-district was selected due to its proportion of older persons to total population was more than 10 percent. The criteria is based on the United Nations benchmark which considered a country as an aging society if the proportion of citizens aged 60 years and over is more than 10 percent. Population of Thai citizens aged 60 years or over in the sub-district was 540 persons. Sample size for this research according to Yamane formula with 12.5 percent margin of error was 57.

The research was based on primary data obtained from survey collected at individual level. Respondents for the survey were selected randomly from the Thai citizens qualified for the older person's welfare scheme registered at the sub-district administrative office. Stratified sampling was applied to compare respondents according to their living arrangement status. Once the samples were selected, reconnaissance survey was conducted at a sub-district with the same criteria before data collection. Primary source of data were obtained for factors related with individual and household demographic profile, living arrangement, family structure, and well-being of the research samples.

Questions in the survey comprised frequency of contacts, emotional support, and quality of assistance received by the older persons from the primary caregivers within the household. In addition, satisfaction ranking of their well-being with regards to health and financial condition were included. By measuring life satisfaction with subjective well-being as dependent variables reduced the problem of endogeneity (Chen & Short, 2008). Social scaling techniques with response ranged from 1 (dissatisfaction) to 3 (satisfaction) were utilized for measuring older persons' well-being satisfaction.

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. Assumptions for unbiased and robustness of coefficients were tested in order to verified 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.

## 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				Mean differences
	Live Alone		Live with Others		p-value
	Frequency	%	Frequency	%	
Gender					
Male	0	0.0	14	100.0	0.000*
Female	8	18.6	35	81.4	
Marital status					

Respondents' Characteristics	Living Condition				Mean differences
	Live Alone		Live with Others		p-value
	Frequency	%	Frequency	%	
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	

\*significant at 0.05 level

Source: Field survey, 2017

According to the field survey, 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 were 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 were 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. Means 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		Means differences (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		

Demographic Variables	Health Well-Being Satisfaction		Financial Well-Being Satisfaction		Means differences (p-value)	
	Mean	SD	Mean	SD	Health	Financial
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	0.045*	0.584
Live with others	2.45	0.58	2.16	0.75		
Household members						
Spouse	2.48	0.68	2.14	0.79	0.452	0.596
Children	2.47	0.62	2.06	0.76		
Grandchildren	2.43	0.65	2.21	0.69		
*significant at 0.05 level						

Source: Field survey, 2017

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 had 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 was 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 survey, it can be concluded that those living with grandchildren received 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 lived with their adult children felt less secure for their financial satisfaction was due to their kins' inability to find employment in the formal sector in the urban area. Hence, older persons perceived children residing with them were those in need of financial support from the older parents.

Table 3 describes the overall rating for well-being satisfaction. According to the survey, older persons ranked highest satisfaction for their ability to conduct daily activities and least satisfaction for their financial condition. Majority of older persons were still actively working and able to conduct simple daily activities independently. Health satisfaction was 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 common illness included chronological diseases mainly diabetics, hypertension, and stomach problems.

**Table 3: Well-being ranking by the respondents**

Well-Being Condition	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

Source: Field Survey, 2017

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 POLICY CONTRIBUTION

According to the finding, living arrangement without family member has significant impact on satisfaction related to health and financial security. 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. 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. Another factor that impacts the well-being of rural elder is financial insecurity. Hence it is recommended that the government at national level formulate policy which enhances financial sustainability for rural elders occupied in informal sector. 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. 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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Dr. Buraskorn Torut  
Faculty of Social Sciences and Humanities  
Mahidol University, 999 Putthamonthon 4 Rd. Salaya, Nakhon Pathom, Thailand  
Email: buraskorn.tor@mahidol.ac.th