

The Preparation of Thai Older persons entering to the elderly

Sutthida Chaunwan

Teeranong Sakulsri

Institute for Population and Social Research, Mahidol University, Thailand

Abstract

Thailand is undergoing an extensive process of population ageing. The growth rate of the older-aged population in Thailand exceeds that of the overall population. The demographic transition that shift from high to low levels of fertility and mortality. These changes in fertility and mortality affect not only the share of the population in older age groups but the entire age structure. In addition, the demographic transition led to changes in living arrangements of older persons in Thai population. The increasing share of older persons in the Thai population, resulting in larger numbers of elderly being live alone. The person who has completed the age of 60 and older and holds Thai nationality is considered an aged person (Knodel&Chayovan, 2008).

Objective

This study aimed to examine the situation of the Preparation of Thai Older persons who living alone and living with spouse only entering to the elderly and provide recommendations based on the finding of this study.

Methodologies

The samples of this study were collected from the elderly 60 years and over. Older persons aged 50 to 59 years living in private were examined to study the preparation for entering to the elderly. The data are from The Survey of older persons in 2002, 2007 and 2011 conducted by National Statistics Office, Thailand.

This study was used quantitative research method. Descriptive Statistics was used to suggestion for the preparation of Thai older person entering to the elderly.

Results

This study focused on the living arrangements of older person. The basic types of living arrangements included five categories; 1) living alone 2) living with spouse only 3) living with a child (including adopted children), child-in-law or grandchild , 4) living with another relative (other than a spouse or child/grandchild) and 5) living with unrelated people only (United Nations,). Those living alone and living with spouse only seem to be most concerned. They are more likely to need assistance due to illness or disability.

Table 1 showed that the proportion of elderly who living alone and living with spouse only tended to increase especially elderly living alone. The percentage of elderly living alone tended to increase from 6 percent in 2002 to 8.6 in 2011 as of the percent of change was 36 percent. While the percentage of elderly living with spouse only tended to increase as well from 16 percent to 17 percent at the same time. However, the percent of change of elderly living with spouse only were less than elderly living alone (11 percent).

Table 1: Proportion of elder people living alone and living with spouse only

Living arrangements	2002	2007	2011
living alone	6.3	8.4	8.6
living with spouse only	15.9	16.3	17.6



Table 2 showed that female elderly were more likely to live alone than male elderly as showed the percentages tend to be higher from 8 percent in 2002 to 10 percent in 2011. Besides, the proportion of male elderly living with spouse only was more likely than female elderly. When classified by age group (table 3), the proportion of the older persons living alone has increased when age increased while the proportion of the older persons living with spouse has decreased according to the age. When considering on the elderly who living alone and living with spouse only by area, it is found that elderly living alone especially in rural tended to increase (table 4).

Table 2: Proportion of elder people living alone and living with spouse only classified by sex

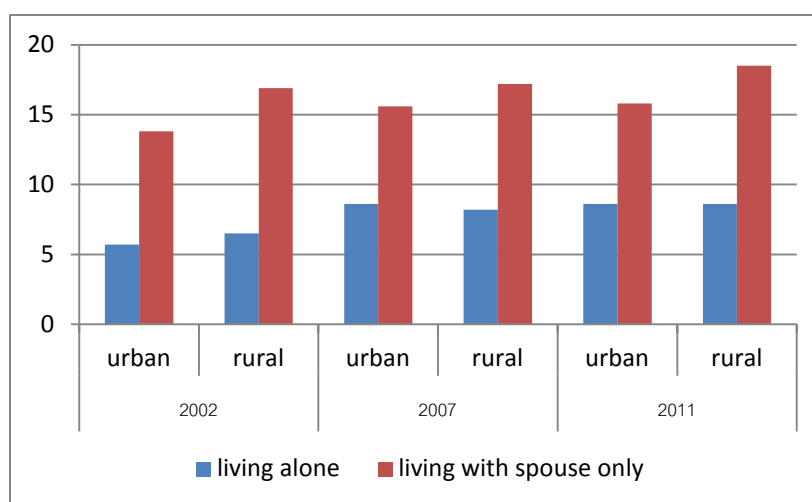
Living arrangement	2002		2007		2011	
	Male	Female	Male	Female	Male	Female
Living alone	4.5	7.8	6.3	10.0	6.3	10.4
living with spouse only	20.8	11.8	22.1	11.9	23.1	13.3

Table 3: Proportion of elder people living alone and living with spouse only classified by age group

Age group	2002		2007		2011	
	living alone	living with spouse only	living alone	living with spouse only	living alone	living with spouse only
60-69	6.2	17.9	7.1	18.8	7.6	19.1
70-79	8.6	14.3	9.7	15.3	10.4	17.2
80+	8.9	8.5	10.4	9.0	8.7	10.4

Table 4: Proportion of elder people living alone and living with spouse only classified by area

Living arrangements	2002		2007		2011	
	urban	rural	urban	rural	urban	rural
living alone	5.7	6.5	8.6	8.2	8.6	8.6
living with spouse only	13.8	16.9	15.6	17.2	15.8	18.5



Besides, this study also focused on the planned and/or prepared for retirement of elderly living with spouse only and living alone. It is found that more than half of both elderly living alone and living with spouse only have planned and prepared for entering to the elderly in every aspect. It is found that elderly living with spouse only were more likely to prepare in living quarters than other aspects while elderly living alone were more likely to prepare health (e.g. exercise, physical check-up, no alcohol, no smoke) than other aspects. Interestingly, elderly living with spouse only were more likely to plan and prepare about the arrangement for a caregiver than elderly living alone.

Table 5: The planned and/or prepared of elderly living with spouse only and living alone for entering to the elderly

Aspects of preparation	Plan and prepare	living with spouse only	living alone
Financially	No plan	7.2	5.6
	Plan and prepare	58.1	60.2
	Plan, but not prepare	34.7	34.1
	Total	100.0	100.0
Health	No plan	10.8	9.0
	Plan and prepare	59.9	62.6
	Plan, but not prepare	29.3	28.4
	Total	100.0	100.0
Living quarters	No plan	13.3	11.9
	Plan and prepare	60.5	62.3
	Plan, but not prepare	26.2	25.7
	Total	100.0	100.0
Spiritually	No plan	13.6	11.6
	Plan and prepare	58.3	61.8
	Plan, but not prepare	28.1	26.6
	Total	100.0	100.0
Arranged for a caregiver	No plan	25.0	21.4
	Plan and prepare	40.1	38.3
	Plan, but not prepare	34.9	40.2
	Total	100.0	100.0

Summary and conclusion

As the result, it can be concluded that most Thai elderly realized to be planned and prepared for entering to the elderly in the future. For the aspect of preparation which elderly can prepared by themselves including the aspect of Financially, Health, Living quarters and spiritually, most elderly are more likely to plan and prepare. For the aspect of arranged for the caregiver, even elderly have planned and prepared, but the results showed that there were only one fourth of elderly can be done. It might be due to the effect of low fertility changing the age structure of Thai population.

Presently, Thailand is continuing to plan and prepare for the aging society. The caregiver is quite most important for taking the elderly in the future due to the proportion of elderly and caregiver. Thus, the government should have a plan to training of health personnel and training of elderly caregivers.