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**FACTORS AFFECTING SATISFACTION OF THAI SENIOR  
CITIZENS LIVING WITH THEIR CHILDREN**

**MADEE KANCHANAKITSAKUL**

**With compliments  
of**  
ศาสตราจารย์ ดร. นพ. พงษ์เทพ

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OF THE REQUIREMENTS FOR  
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A rapid decline in both fertility and mortality had affected age-structure of the Thai population. With the decline in average number of children living with old-aged parents, senior citizens' quality of living is an important issue. In this study, three objectives are (1) to study living arrangements of senior citizens, (2) to examine their satisfaction, and (3) to investigate factors affecting satisfaction of senior citizens living with their children. The analysis uses data from the 1994 Survey of the Elderly in Thailand, conducted by the National Statistical Office. Data concerning 6,233 senior citizens were employed and analyzed by frequency, percentage, cross-tabulation, mean, standard deviation, correlation and multiple regression analysis.

The results showed that majority of Thai senior citizens live with their children; a household usually consists of children, spouse, grandchildren, and others. Approximately 30 percent live without children and the majority of these senior citizens live with spouse only. There is a difference in arrangements of living with children between urban and rural areas. However, senior citizens in both areas have high scores of satisfaction.

Significant factors explaining the satisfaction in the *aggregate* model in declining order of importance are support from children, income sufficiency, marital status of senior citizen, health status, need to be cared for by children, and education. Although area of residence does not have any effect on satisfaction score, factors affecting satisfaction score are different between senior citizens living in urban and rural areas. That is to say, significant factors explaining the satisfaction in *urban areas* are, in declining order, income sufficiency, support from children, health status, marital status of senior citizens, and marital status of children. Significant factors explaining the satisfaction in *rural areas* are, in declining order, support from children, income sufficiency, marital status of senior citizens, health status, and need to be cared for by children. The effects on senior citizens' satisfaction of these factors are significantly *positive*, except for that of marital status of children which is *negative*.

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น ำ ย เ พ ี ย ัง ไค ซึ่ง ความ พ ื ง พ อ ใจ เ ป ็ น เ ร ื่ อ ง ของ จ ิ ด ใจ และ ความ ร ู้ ส ี ก อ ี ก ท ัง ย ัง เ ป ็ น เ ค ื่ อ ง บ ัง ช ี ้ ต ี ง การ มี  
สุ ข ก ำ พ จ ิ ด ที่ ต ี อ ัน ส ะ ท ำ อ ั น ถึง การ มี ค ุ ณ ก ำ พ ช ี วิ ต ที่ ต ี ค ั ง น ำ น วั ต ถ ุ ปร ะ ส ะ ก ์ ต ำ ค ำ ค ุ ของ การ ส ี ก ำ ข ำ คร ี ง น ำ น ี จ ี ง  
เ พ ื่ อ ส ี ก ำ เ บ ำ น เ พ ำ น การ อยู่ อ ำ ศ ัย ความ พ ื ง พ อ ใจ ใน การ อยู่ ร ่วม กั บ บุ ตร และ ป ัจ จ ัย ที่ มี อ ิ ท ธิ พ ล ต ่อ ความ  
พ ื ง พ อ ใจ ใน การ อยู่ ร ่วม กั บ บุ ตร ของ ผู้ ส ู ง อ ย ู ไท ย ไค ย ใช้ อ ำ น ุ ก จาก การ ส ำ ร ำ ว ปร ะชา กร ส ู ง อ ย ู ใน  
ปร ะเท ศ ไท ย พ.ศ.2537 ของ ส ำ น ัก ก ำ น ส ติ ต ิ เ ห ำ ง ชา ต ิ ต ำ ย ำ ง ท ัง ส ี น 6,233 ค ุ น ส ติ ต ิ ที่ ใช้ ค ือ ความ ต ี  
ร ำ ย ละ ค ำ เ ฉ ล ี ย ์ ส ำ น เ ป ี ย ัง เ บ น มา ต ร ช ู ำ น ส ห ส ัม พ ัน ธ์ และ การ วิ เ ค ร ะ ห ์ ต ล ด อ ย เ บ ำ น พ ุ ก ุ ณ

พ ล ก ำ ส ี ก ำ พ บ ำ ว ำ ส ำ น ใหญ่ ผู้ ส ู ง อ ย ู ไท ย จะ อ ำ ศ ัย อยู่ ร ่วม กั บ บุ ตร ก ำ ย ใน ค ร ัว เร็ น จะ ปร ะ ก ะ บ  
ด ำ ย บุ ตร ก ุ ้ ส ม ร ส ท ล ำ น และ ค ุ น อ ี น ำ มี เ พ ี ย ัง ร ำ ย ละ 30 อ ำ ศ ัย ไค ย ปร ำ ส ำ ก จาก บุ ตร อยู่ ร ่วม ด ำ ย ซึ่ง ไค ย  
มาก จะ อยู่ ร ่วม กั บ ก ุ ้ ส ม ร ส เ ท ำ น ำ น เ บ ำ น เ พ ำ น การ อยู่ อ ำ ศ ัย ใน การ อยู่ ร ่วม กั บ บุ ตร ระ ห ำ ง เ ช ต เ ม ี อ ง และ เ ช ต  
ช น บ ท มี ความ เ ต ก ต ำ ง ก ัน อ ย ำ ง ไค ้ ท ำ ม ผู้ ส ู ง อ ย ู ท ัง ส ะ เ ช ต ที่ อยู่ อ ำ ศ ัย ต ำ ง ก ี มี เ ค ื่ น ความ พ ื ง พ อ ใจ ส ู ง  
ส ำ น ป ัจ จ ัย ที่ มี อ ิ ท ธิ พ ล ต ่อ ความ พ ื ง พ อ ใจ ใน การ อยู่ ร ่วม กั บ บุ ตร ใน ก ำ พ ร วม ได้ แ ก ่ การ ได้ ร ำ บ การ ก ี อ ุ ้ ห ุ น  
จาก บุ ตร ความ เ พ ี ย ัง พ อ ของ ร ำ ย ได้ ส ต ำ น ก ำ พ ส ม ร ส ของ ผู้ ส ู ง อ ย ู ก ำ ว ะ สุ ข ก ำ พ ความ ต ี อ ั ง การ เ ล ี ย ์ คุ  
จาก บุ ตร และ การ ส ี ก ำ พ ตาม ล ำ ค ั บ และ แม็ ว ำ เ ช ต ที่ อยู่ อ ำ ศ ัย จะ ไม่ มี อ ิ ท ธิ พ ล ต ่อ ความ พ ื ง พ อ ใจ ใน การ อยู่  
ร ่วม กั บ บุ ตร แ ต ่ ป ัจ จ ัย ที่ มี พ ล ต ่อ ความ พ ื ง พ อ ใจ ของ เ ต ้ เ ช ต ที่ อยู่ อ ำ ศ ัย น ำ น มี ความ เ ต ก ต ำ ง ก ัน อยู่ บ ำ ง  
ก ล ำ ว ค ือ ป ัจ จ ัย ที่ มี พ ล ใน เ ช ต เ ม ี อ ง ได้ แ ก ่ ความ เ พ ี ย ัง พ อ ของ ร ำ ย ได้ การ ได้ ร ำ บ การ ก ี อ ุ ้ ห ุ น จาก บุ ตร ก ำ ว ะ  
สุ ข ก ำ พ ส ต ำ น ก ำ พ ส ม ร ส ของ ผู้ ส ู ง อ ย ู และ ส ต ำ น ก ำ พ ส ม ร ส ของ บุ ตร ตาม ล ำ ค ั บ ส ำ น ป ัจ จ ัย ที่ มี พ ล ใน  
เ ช ต ช น บ ท ได้ แ ก ่ การ ได้ ร ำ บ การ ก ี อ ุ ้ ห ุ น จาก บุ ตร ความ เ พ ี ย ัง พ อ ของ ร ำ ย ได้ ส ต ำ น ก ำ พ ส ม ร ส ของ  
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# CONTENTS

Heading	Page
<b>ACKNOWLEDGEMENT</b>	<b>iii</b>
<b>ABSTRACT</b>	<b>iv-v</b>
<b>LIST OF CONTENTS</b>	
<b>LIST OF TABLES</b>	
<b>CHAPTER 1 INTRODUCTION</b>	<b>1-4</b>
1.1 Background and problem statement	1
1.2 Objectives of the study	4
<b>CHAPTER 2 LITERATURE REVIEW AND RESEARCH METHODOLOGY</b>	<b>5-24</b>
2.1 Literature review	5
2.1.1 Definition and basic concepts of senior citizens	5
2.1.2 Definition and basic concepts on satisfaction	7
2.1.3 Living arrangements of senior citizens	9
2.1.4 Research related to studied variables	12
2.1.5 Conceptual framework	21
2.1.6 Hypothesis	23
2.2 Research methodology	23
2.2.1 Data source	23
2.2.2 Planning of analysis	24
2.2.3 Limitation of the study	24
<b>CHAPTER 3 GENERAL CHARACTERISTICS OF SENIOR CITIZENS</b>	<b>26-31</b>
3.1 Demographic characteristics of senior citizens	26
3.2 Socio-economic characteristics of senior citizens	28
3.3 Conclusion	31
<b>CHAPTER 4 LIVING ARRANGEMENTS AND SATISFACTION</b>	<b>32-38</b>
4.1 Living arrangements	32

## CONTENTS (Continued)

4.1.1	Arrangements of living without children	32
4.1.2	Arrangements of living with children	33
4.2	Living satisfaction	34
4.3	Conclusion	37
<b>CHAPTER 5</b>	<b>FACTORS AFFECTING LIVING SATISFACTION OF SENIOR CITIZENS</b>	<b>39-53</b>
5.1	Multivariate Analysis	41
5.2	Factors affecting living satisfaction of senior citizens - The aggregate model	46
5.3	Factors affecting living satisfaction of senior citizens - The urban and rural models	50
5.3	Conclusion	53
<b>CHAPTER 6</b>	<b>SUMMARY AND RECOMMENDATIONS</b>	<b>54-59</b>
6.1	Summary	54
6.2	Recommendations	58
<b>REFERENCES</b>		
<b>APPENDIX</b>		
<b>BIOGRAPHY</b>		

## LIST OF TABLES

Table Number		Page
<b>Table 1.1</b>	Numbers, percentage and dependency ratio by age group in 1960, 1970, 1980 and 1990	2
<b>Table 3.1</b>	Percentage distribution of demographic characteristics of senior citizens by area of residence	27
<b>Table 3.2</b>	Percentage distribution of socio-economic and health characteristics of senior citizens by area of residence	29
<b>Table 4.1</b>	Percentage distribution of living arrangements of senior citizens living <u>without</u> children by area of residence	33
<b>Table 4.2</b>	Percentage distribution of living arrangements of senior citizens living <u>with</u> their children by area of residence	34
<b>Table 4.3</b>	Percent of respondents answering “yes” to question by indicator and areas of residence	36
<b>Table 4.4</b>	Average satisfaction score and S.D. of senior citizens by living arrangement and areas of residence	37
<b>Table 5.1</b>	Percentage distribution of senior citizens’ marital status of children having lived with senior citizens by area of residence	40
<b>Table 5.2</b>	Percent of respondents having received supports from children by types of supports and area of residence by area of residence	40
<b>Table 5.3</b>	Percentage distribution of senior citizens’ need to be cared for by children by area of residence (in cases of living with children)	40
<b>Table 5.4</b>	Variables and scales of measurement	43
<b>Table 5.5</b>	Mean, standard deviation and number of cases of variables for all variables of the urban, rural, and aggregate models	45
<b>Table 5.6</b>	Standard scores (Beta) co-efficient of factors affecting satisfaction of senior citizens living with their children for the aggregate	47
<b>Table 5.7</b>	Standard scores (Beta) co-efficient of factors affecting satisfaction of senior citizens living with their children by area of residence	51

# CHAPTER 1

## INTRODUCTION

### 1.1 Background and problem statement

The achievement of an effective National Family Planning Program in 1970, the consequences of the social and economic developments, together with the advances in public health services cause rapid decline in both fertility and mortality in Thailand. These phenomena highly affect the age-structure of the population. The rapid decline in fertility has brought about a decrease in the number and proportion of young citizens, while the slow decline of mortality is bringing about an increase in the number and proportion of senior citizens (Siriboon, 1995).

The changing in the age-structure of population has also affected the dependency ratio that is the number of dependent (immature, incapacitated, retired, or otherwise non-working) persons to the number of active wage earners in the population (Aiken, 1995) as the demographic statistics shown in Table 1. It indicates that the young dependency ratio has decreased, while the old dependency ratio has increased. Moreover, it also shows that the number and proportion of the young citizens are decreasing, while the number and proportion of the senior citizens are increasing. Therefore, the characteristics and situations of senior citizens should be attended and studied because of the growing number and proportion of senior citizen, combined with rapid socio-economic and cultural changes.

**Table 1.1 Numbers, percent and dependency ratio of population by age group in 1960, 1970, 1980 and 1990**

Age group	1960			1970			1980			1990		
	Numbers	Percent	Dependency Ratio	Numbers	Percent	Dependency Ratio	Numbers	Percent	Dependency Ratio	Numbers	Percent	Dependency Ratio
Total	26,257,900	100.0	91.6 <sup>1J</sup>	34,397,400	100.0	100.1 <sup>1J</sup>	44,824,500	100.0	77.8 <sup>1J</sup>	54,532,300	100.0	56.5 <sup>1J</sup>
0-14	11,339,600	43.2	82.7 <sup>2J</sup>	15,525,900	45.1	90.3 <sup>2J</sup>	17,165,700	38.3	68.1 <sup>2J</sup>	15,710,300	28.8	45.1 <sup>2J</sup>
15-59	13,708,000	52.2		17,188,300	50.0		25,213,500	56.2		34,847,100	63.9	
60 and over	1,210,300	4.6	8.8 <sup>3J</sup>	1,683,200	4.9	9.8 <sup>3J</sup>	2,445,300	5.5	9.7 <sup>3J</sup>	3,974,900	7.3	11.4 <sup>3J</sup>

$${}^{1J} \text{ Total dependency ratio} = \frac{\text{Population aged 0-14 years old and 60 years old and over}}{\text{Population aged 15-59 years old}} \times 100$$

$${}^{2J} \text{ Young dependency ratio} = \frac{\text{Population aged 0-14 years old}}{\text{Population aged 15-59 years old}} \times 100$$

$${}^{3J} \text{ Old dependency ratio} = \frac{\text{Population aged 60 years old and over}}{\text{Population aged 15-59 years old}} \times 100$$

Source : National Statistical Office (NSO), 1990.

Traditionally in Asia, care for the senior citizens has been a family responsibility (Westley, 1998). There is an expectation that the fertility decline in Thailand would be a negative impact upon family supports for the senior citizens especially being supported by children. In Thai society, although there is at least one child to live with them (Chayovan, 1995), the most important issue is the quality of living, that is, how well their children take care of them. And the satisfaction of senior citizens living with their children is a way to reflect the quality of living.

Globalization has affected greatly both socio-economic and cultural changes. These changes cover not only urban areas but also rural areas. In addition, it has also affected family structures, faiths, values, and living arrangements of Thais, especially senior citizens who are familiar with the old pattern. It is difficult for senior citizens to adjust themselves to any situations in a modern society (Boonyanupong, 1991a).

In the past, the disharmony between senior citizens and the young was not found because the young strictly obeyed the senior citizens which is hardly found in this present time (Boonyanupong, 1991b). Hence, the senior citizen's problem in the family is a special issue that should be attended and studied because the roles and relationships in the family have tremendous affects on the mental health of senior citizens (Kingkeaw, 1997). Furthermore, the positive mental health can also indicate the quality of life. Therefore, living arrangements, satisfaction levels, and factors affecting the satisfaction of senior citizens living with their children are issues attended and examined in this study.

**Objectives of the study:**

1. To study living arrangements of senior citizens
2. To investigate satisfaction of senior citizens living with their children
3. To examine factors affecting the satisfaction of senior citizens living with their children



## CHAPTER 2

### LITERATURE REVIEW AND RESEARCH METHODOLOGY

#### 2.1 Literature review

In the study about factors affecting satisfaction of Thai senior citizens living with their children, there are four parts that are reviewed. The first is definition and basic concepts of senior citizens. The second is definition and basic concepts on life satisfaction. The third is living arrangements of Thai senior citizens. And lastly, the study mentions about the research related to the studied variables.

##### 2.1.1 Definition and basic concepts of senior citizens

Aging (senior citizen process) is a broad concept that includes physical, psychological, and social changes. It is common to describe the human life cycle and begins long before it becomes obvious (Atchley, 1991). There are many definitions of senior citizens and each definition depends on the aspect of the study. Definitions of senior citizens can be abridged to the person who has degenerated in not only physical and mental changes but also social role and status in society (Pornsiripong et al., 1996).

Senior citizen can be considered in two aspects. The first one is a burden to society, while the other one is an advantage for society since they can bring about their experiences to be useful (Rattavichit, 1995). The beginning age of aging is different in each country because of the rate and pattern of development (Aiken, 1995;

Kaukulnuruk, 1997). In Thailand, senior citizen begins at 60 years old because the age is computed in twelve-year cycles and the sixtieth birthday marks the completion of the fifth cycle (Cowgill & Holmes, 1972, Chayovan, 1990).

The theories of aging are able to explain the causes of physical aging and characteristic changes. They attempt to analyze the status of senior citizens in social change including suggestions for life satisfaction and well-being enhancements. The theories can be summarized into three aspects; biological, psychological and sociological as follows:

1. *Biological theories*: to explain the causes of physical aging such as *immunological theory* which views aging as a result of the gradual deterioration of the immune system. The body no longer protects itself adequately against injury, disease, and mutant or foreign cells. Thus, the body cannot fight the infection so well and this finally brings about illness due to the malfunction of the immune system. Unlike the immune theory of aging, *auto-immunity theory* emphasizes the fact that the aging body becomes unable to differentiate between normal and abnormal cells; consequently it creates antibodies to attack both types of cells and thereby rejects its own tissues (Aiken, 1995).

2. *Psychological theories*: to explain the causes of characteristic changes. For example, *intelligence theory* said that the senior citizens remain brilliant persons since they are on the lookout for learning all the time. The senior citizens who would have these characteristics must be supported by good health and sufficient income (Pornpiboon, 1983).

3. *Sociological theories*: to analyze the status of senior citizens in social change and also to suggest for well-being in society. For instance, *activity theory* said that even if the society and children regarded senior citizens with declining importance, they should not worry. On the contrary, they should be additionally confident and maintain their health. This theory also suggests that elements conducive to the successful aging are to stay active in organizations and physical activity (Palmore, 1979 cited in Hooyman & Asuman, 1996). The opposite theory, *disengagement theory*, said they should decrease the responsibilities and concerns for their children together with social activities (Pornpiboon, 1983).

In sum, there are three aspects to explain the aging. First, *physical aging* involves a group of processes that reduces the viability of the body and increases its vulnerability to disease. Second, *psychological aging* concerns with the interchange between the person and her or his physical and social environments and with the person's adaptation to internal as well as external experiences. The last is *social aging* that involves the society's role in assigning people to positions and opportunities based on chronological age or life stage. Therefore, senior citizens are the persons who have lived through the period of many changes, that are divided into internal (physical and psychological) and external (social or environmental) changes. These will possibly affect the satisfaction of senior citizens living with their children. The beginning age of senior citizen process used in this study is 60 and higher.

### **2.1.2 Definition and basic concept on life satisfaction**

According to the dictionary of behavioral science, satisfaction is the state of pleasure in an organism when it has achieved the goal of the dominant motivating

tendencies. On the other hand, it is the state of feeling in a person who has gratified an appetite or motive (Wolman, 1989).

Powell (1983) defined that satisfaction is not dependent on total fulfillment in any realm of living, but it is the capacity to enjoy life, to be contented, or to be free from displeasure. It occurs when a person compares the current situation with the expected situation (Campbell, 1976). Baur & Okun (1983 cited in Magilvy 1984) suggested that satisfaction is an individual's desire. It represents a significant composition of happiness in living and reflects the quality of life.

Quality of life is an issue about well-being that is driven by need. When the need is met with success, the positive feeling will occur. Otherwise, the negative feeling will occur when the need does not meet with success (Andrews, 1986). Many academics have used satisfaction to evaluate the quality of life because the socio-psychological adjustment concept can fathom into individual's real feelings. It is a subjective method to study the quality of life. (Campbell et al., 1976; Neugarten et al., 1961; Suthangkul, 1997). Hence, definition for satisfaction can be abridged to the internal feeling of a person in adjusting to environments or situations. It is a feeling of being that can indicate physical well-being and reflect on the quality of life in each person (Neugarten et al., 1961; Leelakulthanit & Day, 1992 cited in Grisurapong, 1996; Thammarak, 1996).

The rating scales are devised for five components of *life satisfaction* (Neugarten et al., 1961) as following:

*Zest*: takes pleasure from whatever the round of activities that constitutes his everyday life.

*Resolution or fortitude:* regards his life as meaningful and accepts resolutely that which life has been.

*Congruence between desired and achieved goals:* feels that he has succeeded in achieving his major goals.

*Positive self-concept:* holds a positive image of self.

*Mood tone:* maintains happy and optimistic attitudes and moods.

It should be noted that the Life Satisfaction Rating (LSR) is not limited to the feelings of satisfaction with one's present situation. Two of the five components (Resolution or fortitude and Congruence between desired and achieved goals) are based upon a person's attitude toward his life as a whole. The subject is still given fairly high ratings if he accepts resolutely and positively that which life has been for him and if he feels that he has achieved his personal goals in life (Havighurst et al., n.d. cited in Neugarten, 1968).

In conclusion, satisfaction is very difficult to evaluate and it is not up to a certain criterion because it links between the desires and requirements of individuals, especially for the elderly or senior citizen who has to face several physical, mental, and social changes. Therefore, the adjustment abilities of senior citizens who are used to the pattern of other days probably affect the satisfaction of senior citizens living with their children in this study.

### **2.1.3 Living arrangements of senior citizens**

Living arrangements are related to the well-being and life satisfaction of senior citizens. As Boonyanupong (1991) found that the family and closely related person are

key factors to support the good health for senior citizens. Cowgill (1972) suggested that, in all parts of Thailand, Thai senior citizens are usually surrounded by some of their children. Similar to the studies of Knodel et al.(1995) and Chayovan (1995) found that, in the case of Thailand, there is at least one child to live with their old-age parents. Documentation from the 1980 and 1990 censuses also indicate that co-residence between senior citizens and their children remained constant during the intervening decade (Knodel et al., 1994).

Cowgill (1972) also proposed even some of rural senior citizens who nominally live alone, in reality, are closely surrounded by relatives and friends. Knodel & Saengtienchai (1996) argued that although senior citizens are not living with their children in rural areas, the children are living adjacent to them. However, a great deal of researches indicates that the majority of senior citizens live with the family and that the arrangement of living with children is mostly common for Thai senior citizens (Chayovan, 1995; Chayovan & Knodel, 1996).

The living arrangements of senior citizens can be grouped as: alone; with spouse only; with others\* only; with spouse and others\*; with children only; with children and spouse; with children and others\*; and with children, spouse, and others\* (Chayovan & Knodel, 1996). In terms of the type of living arrangements with children, it can be summed up into four categories as follow:

1. With children only
2. With children and spouse
3. With children and others\*
4. With children, spouse, and others\*

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\* *Others* means the *persons* who dwell with senior citizens such as daughter in law, son in law, grandchildren, parents of senior citizens etc.

As above classification, majority of senior citizens falls into the category of living arrangement with children is children, spouse, and others pattern (the fourth category). The first three categories are found more in urban than rural areas, while the fourth category (children, spouse, and others pattern) is found more in rural than urban areas. Furthermore, large numbers of others are grandchildren (Chayovan & Knodel, 1996).

Mason (1992) characterizes four major processes linking modernization with the decline of household extension among the senior citizens. With industrialization, family enterprising production has changed to wage employment in which involves a loss of potential power over the younger generation. Moreover, industrialization and the associated growth of employment opportunities in urban areas encourage the selective migration of rural youth population to urban areas. The growth of urban economic opportunities increases the need for formally educated workers. The growing formal education not only propagates Western norms and values that are conflicting with traditional filial piety but also affects the declining fertility which decreases kin availability. Ogawa (1992) proposed that the urbanization process is also likely to affect the welfare of the senior citizens. Urbanization has a tendency to lead both increase in nuclear families and decrease in traditional extended families. It also brings about life-style changes in both young and senior citizens. Changes in family structure, life-styles and economic development cause an increase in rural-urban mobility. These are the geographical obstacles to reciprocal family support and bring to weakening the intergenerational relationship.

Change (1992) noted that living arrangements are not indicative of care and support that is received by parents. In other words, living in an extended family

system with one's children is no guarantee that adequate care is being provided, and living independently does not mean that one's needs is not being met by family members. Furthermore, evidence shows that family members are still important in providing emotional support and care to senior citizens living alone or apart from their family members.

In conclusion, changes in family structures, during a period of globalization, that bring forth the differences in patterns of living arrangements, may affect the care and support forms of family members especially senior citizens' children. This may influence the variable degrees of senior citizens' satisfaction as well. Consequently, the above various living arrangements are attended and investigated in this study.

#### **2.1.4 Research related to studied variables**

As mentioned earlier, satisfaction has involved the quality of life and well-being. Thus, the research related to studied variables is covered by those. The factors, which are examined, are categorized into three categories; demographic related factors (sex, age, marital status, and marital status of children), socio-economic and health related factors (education, health status, income sufficiency, and status in the family), and intergenerational related factors (need to be cared for by their children, and support from children).

##### ***Demographic related factors***

###### **Sex**

Sex is an important variable that should be attended because many studies have found that sex has an effect on satisfaction. Miller et al. (1980) found that females

have higher satisfaction than males since large numbers of females experience no changes in roles and functions, but in males, roles and functions such as earner and occupation are changed in negative directions. Therefore, disappearances of social status and income have varying effect on different sexes. Eliopoulos (1979) discusses that the feeling of disappearances has an effect on adjustment capability in senior citizens. Hence, it finally has an effect on satisfaction. Many studies, however, have found that sex has no relationship with satisfaction (Somboonsith, 1992; Tanadul, 1990; Nuchsangplee, 1989). Therefore, the relationship between sex and satisfaction are examined in this study to determine whether any correlation exists.

#### Age

Age is a variable that reflects the experiences of a person and also has an effect on adjustment, together with the capability in problem solving. The older persons will have the better adjustment than the younger since they can use their experiences to enhance their flaws (Padilla & Grant, 1985 cited in Kuramasuwan, 1989). Hence, it is a key factor affecting the satisfaction. Some researches related to the study of this variable, however, have found that age has no effect on satisfaction (Edwards & Klemmack, 1973; Nuchsangplee, 1989; Somboonsith, 1992). Nevertheless, the efficiency of senior citizens' organ often declines due to the growing age (Chayovan et al., 1989). This highly affects the participation in social activities that influence on the life satisfaction (Somboonsith, 1992). Therefore, this study intends to prove the possible relationship between age and satisfaction.

### Marital status of senior citizens

Marital status of senior citizens is considered as a demographic characteristic. The importance of this characteristic has rested not only in its meaning for individuals but also on its impact on the family status, living arrangements, and support system of senior citizens. Nuchsangplee (1989) has proved and found that the marital status of senior citizen is significantly related to life satisfaction. The living with their spouse present has positive effect on the life satisfaction. This finding corresponded with the study of Somboonsith (1992). Kuramasuwan (1989) explained that the state of living with spouse has positively affected the well-being because their couple can yield the consolation, encouragement, assistance, and help decrease tension. Consequently, the relationship between marital status of senior citizen and satisfaction should be tested and considered carefully during this examination.

### Marital status of children

The marital status of children is an important factor affecting the satisfaction. In Asian countries, a son has a financial responsibility to support aging parents, while daughters or daughters in law are more responsive in terms of instrumental and emotional support (Kendig et al., 1992). In general, Thai senior citizens will have at least one child to live with them (Chayovan, 1995). Marriage is a symbol of the additional status and also implies the increasing role of a person. Thus, married children must have at least one additional role. This may affect the pattern of practices to take care of their own aged parents. Yordpetch (1993) found that the care and responsibility for housework are assumed by the son's spouse (daughter in law) and grandchildren. Therefore, married children seem to have more help for their old-aged parents than unmarried children. Nevertheless, this study would also like to test the

possible relationship between marital status of children and satisfaction to complete this study.

### ***Socio-economic related factors***

#### ***Education***

Education is the basis for development in many aspects. It is an important factor affecting the satisfaction. In many studies, the educational attainment of senior citizens has consistently been shown to be important factor in explaining the variable degrees of satisfaction. Wilkening & McGranahan (1978) found that the educational levels have the relationship with life satisfaction. Similar to the studies of Nuchsangplee (1989) and Somboonsith (1992) they are found that the educational levels have significant positive effect on the life satisfaction. Nuchsangplee (1989) explained that the educational levels have affected the adjustment capability of a person which was reflected by the differing uses of their leisure times. Moreover, the senior citizens who have high educational level attainment are often found in professional and managerial occupations, while the lower educational level attainment ones are often found in service and labor occupations that have the lower wage. All these have effect on the self-concept of senior citizens as the research by Kunksanaruk & Koachapukdee (1990 cited in Somboonsith, 1992) in Ban-Bangkea reported that the senior citizens who have a bachelor degree educational level seem to have more positive self-concept than those with just a secondary school educational level. Therefore, the relationship between educational levels and satisfaction are attended and examined in this study.

### Health status

Health status is a very important factor affecting the satisfaction of senior citizens since it is a result of changes in physical, psychological and social aspects of senior citizens and such changes cause mutual effects. Chatfield (1977) found that the health status is related to income and this relationship has an effect on the life satisfaction. That is to say, the decline in economic activity for senior citizens due to the age limitation to continue their occupations has influenced on the decrease in their income and thus brings out the ineffective self-care of senior citizens. Shanas et al. (1968 cited in Hess and Markson, 1980) proposed that health status is the best variable to explain the life satisfaction of senior citizens especially health assessment performed by themselves. In addition, health status has also influenced on the participation in family, work, community, and leisure. Namely, good health allows them to perform their activities easily and lead to the life satisfaction (Atchley, 1980 cited in Nuchsangplee, 1989). In many studies, the health status has consistently been shown to be important factor in explaining variation for the life satisfaction (Somboonsith, 1992; Nuchsangplee, 1989; Chinuntuya; 1993; Auppayokin et al., 1998). Consequently, the relationship between health status and satisfaction will be verified again in this study.

### Income sufficiency

As mentioned earlier, the limitation of the increasing age is related to occupational performance capability of senior citizens. This has influenced on the decline in their income and brought about the ineffective self-care that also has an effect on the life satisfaction. Somboonsith (1992) suggested that the economic status should be considered in the assessment of senior citizens. Since although the senior

citizens will have the equal income, the individual expense is probably employed differently. In many studies, the income sufficiency of senior citizens has consistently been shown to be important factor in explaining variation degrees of satisfaction (Sillapakampisead, 1984; Nuchsangplee, 1989; Tanadul, 1990; Somboonsith, 1992; Thammarak, 1996; Auppayokin et al., 1998). However, the income sufficiency is a part of an equilibrium between receipt and expenditure of income. As Chinuntuya (1993) indicated that the expenditure management is a very important factor for well-being. Therefore, the relationship between income sufficiency and satisfaction will be analyzed in this study.

#### *Status in family*

Status within the family is an important factor affecting the satisfaction of senior citizens living with their children since it can indicate authority within family. Cowgill & Holmes (1972) indicated that age is a basic determinant of status in Thailand. Besides, there are several indicators to point the status of senior citizen in a family such as the main earner of the family, the role to decide, the role to consult within the family, head of household and owner of the dwelling (Thammarak, 1996). Many researches found that although the majority of Thai senior citizens sense a declining respect from new generation, they still have the good status in their family (Sukon, 1983 cited in Thomas, 1988; Boonyanupong, 1991). Nevertheless, the status of senior citizens would decrease as their age increase (Chayovan et al., 1989). Plainoi (1984) proposed that social status of senior citizens would be affected by socio-economic change. That is to say, the socio-economic change brings down the status of senior citizens. Cowgill & Holmes (1972) noted the experience that comes with age tended to be the best source of such knowledge in the past. Hence, it brought

forth the high status for them. On the contrary, the main targets of modernization have tended to develop activities such as new educational program aim at the young, and this may lead to the young being better educated than their parents. This further exacerbates the status of the older citizens since it leads to a greater intellectual and moral (or value) distance between the generations. (Cowgill, 1979 cited in Weeks, 1981). Consequently, the relationship between status in the family and satisfaction are dealt with in this study.

#### Area of residence

The area of residence is a significant factor affecting the satisfaction. Boonyanupong (1991) found that there are no differences in satisfaction levels between those living in urban and rural areas. Other researches, however, found that there are differences in activities between urban and rural areas such as infrastructure, public health, and educational services. These activities are found more in urban than in rural areas (Juntarodjana, 1998). This implies that the standard of living is higher in urban than rural areas. Hence, the differences in activities in each area may affect the differences in factors affecting satisfaction of senior citizens living with their children in this study. Therefore, this study will analyze three separate models; urban, rural, and the whole country model. The urban and rural models are aimed at testing whether or not there exist the differences in factors affecting the satisfaction, while the whole country model aimed at verifying whether or not there exists the relationship between area of residence and satisfaction.

### *Intergenerational factors*

#### *Need to be cared for by children*

The need to be cared for by children depends on the cultural contexts. There is a remarkable difference between western and oriental cultures. Cantor (1986 cited in Thomas, 1988) found that American senior citizens do not want the care from their children because it clearly indicates the presence of an inferiority complex within themselves. This finding is also stated in the previous research by Harris & Cole (1972). As mentioned earlier, there are differences in cultural contexts. Nuchsangplee (1989) tested and found that the dependent levels of Thai senior citizens have the positive effect on the life satisfaction for them. She explained in her findings that Thai senior citizens may be proud of their children simply because their children treat them with deep gratitude. The filial duty is a role attached to children status that has long been expected and set by members of the Thai society. Moreover, it is a mark of the good person in Thai society. (Siriboon, 1993). Although there are many changes in society nowadays, many behaviors that the young practices to the older such as respect and gratefulness can still be found in Thai society (Vitchawoud et al.,1988). During a period of globalization, however, this study would like to verify whether the relationship exists between need to be cared for by children and satisfaction. And the relationship is changed in which direction.

#### *Support from children*

Support from children factor probably has a significant effect on the satisfaction of senior citizens living with their children. In Buddhism, the main religion of Thais, parents seem to be Brahma of children since they not only gave them their lives but

also take care in nurturing the children to be come good members of the society. Siriboon (1993) stated that children should take care of their old-age parents because it is the norms of filial obligation in Buddhism especially in Thai society. SECAPT\* (1989) divided the pattern of support into share consumption, money, provision of food and clothing, payment for medical care, general visit, work or housework, and provision of care when sick. Finley et al. (1988) studied about the norms of filial obligation among 667 adults living with old parents. They found that there is a high percentage who are willing to share their home, take care of their parents when they are sick and daily rather than send them to social agencies, and help their parents financially when necessary. Similar to research by Chang (1992) stated that the care and support provided to parents are usually in the form of shared housing, food and other necessities and less often in the form of direct transfer of income. Nevertheless, the transfers or remittances are more likely for those children who have migrated. Ninlert (1996) found that the respect, financial help, acceptance of senior citizens' ideas, forgiveness of senior citizens' mistakes, and spending time with their parents are the positive factors significantly affecting the quality of life of senior citizens. Kuramasuwan (1989) suggested that support from children have a significant positive effect on the senior citizens' quality of life. Consequently, the relationship between support from children and satisfaction are examined in this study to verify whether it exists or not.

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\* Socio-Economic Consequences of the Aging of the Population in Thailand, conducted by Institute for Population Studies, Chulalongkorn University.

### ***Satisfaction of Thai senior citizens living with their children***

As mention earlier, satisfaction is very difficult to evaluate because it is a link between the individual's desires and needs. Many researches found that conditions such as the living with their children, receiving obedience of the children, and not left feeling lonely together make up the senior citizens' happiness. Furthermore, the life satisfaction in the family also has a high positive effect on the life satisfaction of senior citizens (Somboonsith, 1992; Kingkeaw, 1997). Grisurapong (1994) pointed that the life satisfaction of senior citizens can be largely explained by the life satisfaction in family, wealth, and health status. Therefore, the satisfaction of senior citizens living with their children is a way to reflect the quality of living that involves satisfaction within the family.

#### **2.1.5 Conceptual framework**

This study intends to analyze the following three main parts; living arrangements, satisfaction, and factors affecting satisfaction for senior citizens living with their children as follows:

1. *Living arrangements*: This part focuses on the types of senior citizens' living arrangements grouped by co-residents with senior citizens. Grandchildren will be separated from others in order to indicate whether or not to have arrangement of living with an extended family in this study. They are children, spouse, grandchildren, and others. There are sixteen types: living alone; living with spouse only; living with grandchildren only; living with others only; living with spouse and grandchildren; living with spouse and others; living with grandchildren and others; living with

spouse, grandchildren, and others; living with children only; living with children and spouse; living with children and grandchildren; living with children and others; living with children, spouse, and grandchildren; living with children, spouse, and others; living with children, grandchildren, and others; living with children, spouse, grandchildren, and others. These types of living are divided to probe into two sections; living with children and living without children.

2. *Satisfaction of senior citizens:* The satisfaction scores consist of nine indicators; happiness, warmness, accommodation, loneliness, confined dwelling, confused living with others in household, earning obedience of the children, children complaint, and neglected. These indicators are derived from the questionnaires of the survey. There is one mark for answer “yes” in the positive indicators and “no” in the negative indicators. On the contrary, there is zero mark for answer “no” in the positive indicators and “yes” in the negative indicators. The highest score of satisfaction is nine. The lowest score of satisfaction is zero.

3. *Factors affecting satisfaction of senior citizens:* Two main sections are examined in this part. The first part is to study factors affecting satisfaction of senior citizens living in urban or rural areas. The second part is to investigate the significant factors to explain the senior citizens’ satisfaction living in urban areas, and living in rural areas. The literature points that there are differences in activities such as infrastructure, public health, and educational services of urban and rural areas. These services are found more in urban than rural areas. Hence, significant factors affecting the senior citizens’ satisfaction may be different in area of residence\*. In conclusion,

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\* *Area of residence* is divided as *urban areas* (municipal areas and sanitary district) and *rural areas* (non-municipal areas and outside sanitary district)

three models employed in order to determine the significant factors are (1) the whole country model, (2) the urban model, and (3) the rural model. The variables investigated are sex, age, education, marital status of senior citizens, health status, income sufficiency, need to be cared for by children, and status in the family, marital status of children and support from children.

The data obtained from the 1994 Survey of the Elderly in Thailand, conducted by the National Statistical Office (NSO). The study emphasizes only population aged 60 and over who are directly interviewed. Thus, there are 6,233 cases employed for this analysis.

### **2.1.6 Hypothesis**

The hypothesis is that having income sufficiency, health status, support from children, and area of residence have the positive effects on the satisfaction of senior citizens.

## **2.2 Research methodology**

### **2.2.1 Data source**

The analysis employed data from the 1994 Survey of the Elderly in Thailand, conducted by the National Statistical Office (NSO). It is a national survey using a two-stage stratified design and covers the elderly samples in every province. The data are collected in May 1994. Bangkok and regions are stratum. Blocks (in municipal areas) and villages (in sanitary district or non-municipal areas and outside sanitary district) are the first sample unit. Household numbers were the second sample unit

(NSO, 1994). This nationally representative survey covers the population aged 50 and higher as well as successfully completes interviews for 14,439 persons, but this study emphasizes on the population aged 60 and higher answering the questionnaire by themselves. Hence, there are only 6,233 cases employed in this study.

### **2.2.2 Planning of analysis**

In this study, both descriptive and inferential statistics are used for data analysis using the Statistical Package for Social Sciences (SPSS). The descriptive statistics are used to explain the general characteristics of the samples such as frequency, mean, standard deviation (S.D.), percentage, and cross-tabulation to demonstrate the distribution of living arrangements and satisfaction levels. The inferential statistics, which are correlation and multiple regression analysis, are used to examine the relationship between independent and dependent variables as well as accountability.

### **2.2.3 Limitation of the study**

As mentioned above, this study uses secondary data from the 1994 Survey of Elderly in Thailand, conducted by National Statistical Office (NSO). Certainly, the data limitations are unavoidable due to the difference of the objectives for each study.

According to the literature review, there are many other indicators to indicate the status of senior citizens in the family such as the main earner of family, head of household, owner of the dwelling, the role of decision making, together with the role of consultant within family. The survey did not collect all of these indicators. Thus, there are only two indicators; head of household and owner of the dwelling variables that can be used to indicate the status of senior citizens in the family for this study.

In deed, the factors of children living with senior citizens may have strongly effects on this living satisfaction such as sex of children because of the differences in patterns of support or practices to their old-aged parents. It is not collected in the survey.

This study is interested in only satisfaction of senior citizens living with their children (physical living). It should be noted that approximately two-fifths of respondents were not private interviewed at the time of the conversation (see details in appendix). This probably influenced the senior citizens' answers since they may be concern and considerate of their children's feeling. Hence, these answers may be distorted from the truths.

## **CHAPTER 3**

### **GENERAL CHARACTERISTICS OF SENIOR CITIZENS**

Characteristics of senior citizens are a vital background relating to their present situations of them at present. Both demographic and socio-economic and health characteristics of senior citizens are discussed in this chapter as follows:

#### **3.1 Demographic characteristics of senior citizens**

The demographic characteristics of senior citizens are presented in Table 3.1. It shows that the majority of respondents are females. This is noted from the sex ratio (number of males per 100 females) that is less than 100. This is possible since males have higher risks of dying than females in every age group (Prasartkul et al., 1988). Therefore, more females survive to be the senior citizens than males. A large of respondents are in the aged 60-64 group, followed by the aged 65-69, 75 and higher, and 70-74 group, respectively. Nearly two-fifths of respondents age more than 70 years old. This implies that Thais have a long life expectancy and reflects the advances in public health services, together with consequences of the social and economic developments. Over half of respondents are currently married and live with their spouses. The largest proportion of respondents living without spouse presence is widow, followed by married and no spouse presence, separate and divorce, respectively. Remaining 2.5 percent of respondents are single.

**Table 3.1 Percentage distribution of demographic characteristics of senior citizens by area of residence**

<b>Characteristics</b>	<b>Urban</b>	<b>Rural</b>	<b>Total</b>
<b>Sex</b>			
Male	43.1	45.3	44.2
Female	56.9	54.7	55.8
<b>Total</b>	100.0	100.0	100.0
<b>Sex ratio</b>	75.9	82.8	79.3
<b>(Cases)</b>	(3095)	(3138)	(6233)
			p = .087
<b>Age (years)</b>			
60-64	36.3	38.2	37.2
65-69	26.8	25.5	26.1
70-74	18.0	17.2	17.6
75 and higher	19.0	19.2	19.1
<b>Total</b>	100.0	100.0	100.0
<b>Mean</b>	68.3	68.2	68.3
<b>(Cases)</b>	(3095)	(3138)	(6233)
			p = .356
<b>Marital Status of senior citizens</b>			
Single	3.2	1.8	2.5
Married and spouse presence	57.6	63.3	60.5
Married and no spouse presence	3.0	1.8	2.4
Widowed	32.6	30.9	31.8
Divorced	1.4	.4	.9
Separated	2.1	1.7	1.9
<b>Total</b>	100.0	100.0	100.0
<b>(Cases)</b>	(3093*)	(3135*)	(6228)
			p < .001

(\*) missing cases excluded

In terms of demographic characteristics of senior citizens, only marital status of senior citizens has a statistical difference between urban and rural areas as observed from p-value in Table 3.1. It indicates that in living with spouse is more commonly found in rural than urban areas as well. Nevertheless, there is no statistical difference in sex and age of respondents between urban and rural areas (see Table 3.1).

### **3.2 Socio-economic and health characteristics of senior citizens**

The socio-economic and health characteristics of senior citizens are introduced in Table 3.2. The majority of respondents have received some education and the common education is primary. Approximately 30 percent of respondents have not received any education. This is possible because all respondents (aged 60 and higher) are born before 1934, while the law governing educational system come into being since 1921 (Norsuvaporn, 1975). Therefore, this system may not cover in every part of the country. More than three-fifths of respondents have sufficient income or have savings, over three-tenths of those have insufficient or no incomes. In terms of status in family that consists of head of household and owner of the dwelling, almost two-fifths of respondents are qualified in both cases. More than one-fourths of respondents are either head of household or owner of the dwelling, about three-tenths of respondents are not both of them. This implies that the senior citizens still have rather high status in the family. It seems to be the same as the previous researches (Sukon, 1983 cited in Thomas, 1988; Boonyanupong, 1991). Almost one-fourths of respondents have poor and very poor health conditions. Approximately two-fifths of respondents have good and very good health and more than three-tenths of respondents have fair health. This may indicate that Thai senior citizens have rather

**Table 3.2 Percentage distribution of socio-economic and health characteristics of senior citizens by area of residence**

Characteristics	Urban	Rural	Total
<b>Educational levels</b>			
None	27.2	33.1	30.2
Primary	58.7	64.2	61.5
Higher than primary	14.1	2.7	8.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>(Cases)</b>	<b>(3118*)</b>	<b>(3071*)</b>	<b>(6189)</b>
			p < .001
<b>Income sufficiency</b>			
No income	0.8	1.0	0.9
Insufficient	27.8	39.7	33.8
Sufficient	67.4	56.8	62.1
Have saving	3.9	2.5	3.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>(Cases)</b>	<b>(3093*)</b>	<b>(3137*)</b>	<b>(6230)</b>
			p < .001
<b>Status in family</b>			
Head of household	20.8	17.3	19.0
Owner of the dwelling	5.3	7.4	6.4
Both	41.1	44.4	42.7
Neither	32.8	30.9	31.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>(Cases)</b>	<b>(3022*)</b>	<b>(3065*)</b>	<b>(6087)</b>
			p < .001
<b>Health status</b>			
Very poor	1.6	1.9	1.8
Poor	20.7	22.8	21.7
Fair	35.0	37.2	36.1
Good	35.5	31.9	33.7
Very good	7.2	6.3	6.8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>(Cases)</b>	<b>(3094*)</b>	<b>(3137*)</b>	<b>(6231)</b>
			p = .007

(\*) missing cases excluded

good health. It seems to reflect the advances in medicine, nutrition, and disease prevention or health knowledge.

Considering the socio-economic characteristics of senior citizens, there are differences between urban and rural areas. This is observed from the p-value as demonstrated in Table 3.2. It implies that the urban respondents seem to have higher standard of living than the rural because partly, the urban respondents have better health status, income sufficiency, and educational levels than respondents living in the rural areas. Findings on health status and income sufficiency are possibly supported by the study of Chatfield (1977) which found that income has a positive relationship with health status. The decline in economic activity of senior citizens due to the limitation of the increasing age has influenced the decrease in their income. This brings about the ineffective self-care of senior citizens. Senior citizens in urban areas have not only received more education but have also a higher educational level than those in the rural areas. The rural senior citizens seem to have higher status in family than the urban. This is observed from percentage of qualification in head of household and owner of the dwelling than the urban. Nevertheless, the rural senior citizens are dwelling owner more than senior citizens living in urban areas. This may be since the urban senior citizens could not afford to be owner of the building. In addition, the owner of dwelling in rural areas may come from heritages, meanwhile, the owner of dwelling in urban areas may come from personal grab. Hence, the rural senior citizens tend to be house owners more than the senior citizens in urban areas. However, the head of household is approximately reigned by senior citizens in both areas.

### 3.3 Conclusion

The majority of senior citizens are females surviving to be the senior citizens more than males due to the higher risks of dying of males in every age group, with age-group 60-64 years old implying a long life expectancy, the health services, together with consequences of the socio-economic developments. Over half of respondents are currently married and with spouse present, and include having received some education. The common education is primary level. A large number of respondents have rather sufficient income as well as are qualified as both head of household and owner of dwelling. Due to the advances in health services as above mentioned, the majority of respondents have rather good health.

In terms of area of residence, however, there are statistical differences between urban and rural areas in marital status of senior citizens, educational level, income sufficiency, status in family, and health status except sex and age. What are factors affecting satisfaction for each area? How are these effects progressed? The answers will be discussed in Chapter 5.

## CHAPTER 4

### LIVING ARRANGEMENTS AND SATISFACTION

The living arrangements have related to the family support affecting well-being of senior citizens. During a decade from the 1980 and the 1990 censuses, it is found that co-residence between senior citizens and their children remained constant (Knodel et al., 1994). Nevertheless, some senior citizens do not dwell with their children. Both living arrangements with children and those without children will be examined in the study. Furthermore, marital status of children, support from children, need to be care for by their children, and satisfaction will also be discussed in this chapter.

#### 4.1 Living arrangements of senior citizens

##### *4.1.1 Arrangements of living without children*

Approximately 30 percent of respondents have lived without children as presented in Table 4.1. The living with their spouse only type is found at most in these arrangements of living and the living alone type is found at least. The result shows that nearly 80 percent of respondents living without children have spouse presence as well. It implies that senior citizens' spouses are very important persons within a household since they may be the close person to affect the well-being of their couple (senior citizens). The finding corresponds to the previous examination

**Table 4.1 Percentage distribution of living arrangements of senior citizens living *without* children by area of residence**

Living arrangements	Urban	Rural	Total
1. Alone	0.4	0.1	0.2
2. Spouse only	45.9	48.4	47.2
3. Others only	12.6	10.7	11.6
4. Grandchildren only	9.2	4.2	6.5
5. Spouse and grandchildren	14.7	22.4	18.9
6. Spouse and others	4.5	3.4	3.9
7. Grandchildren and others	10.3	7.7	8.9
8. Spouse, grandchildren, and others	2.4	3.2	2.9
<b>Total (Cases)</b>	100.0 (739)	100.0 (862)	100.0 (1601)
			p < .001

in Chapter 3. There are differences in arrangements of living between urban and rural areas as observed from p-value in Table 4.1. The spouse and grandchildren type is found more in rural than urban areas. This may be able to reflect the rural-urban migration of rural senior citizens' children for better economic opportunities.

#### 4.1.2 Arrangements of living *with* children

Nearly 70 percent of respondents have lived *with* one of their children at least. Co-residence between senior citizens and their children is prominently a significant phenomenon in Thai society. The majority of respondents being in these living arrangements are in the type of living with children, spouse, grandchildren, and others (see Table 4.2). It is obviously different between urban and rural areas. The children and spouse type is found mostly in urban areas, while the children, spouse,

**Table 4.2 Percentage distribution of living arrangements of senior citizens living *with* their children by area of residence**

<b>Living arrangements</b>	<b>Urban</b>	<b>Rural</b>	<b>Total</b>
1. Children only	9.3	7.2	8.3
2. Children & spouse	22.6	18.0	20.3
3. Children & grandchildren	7.7	7.2	7.5
4. Children & others	3.3	2.9	3.1
5. Children & spouse & grandchildren	9.8	12.0	10.9
6. Children & spouse & others	4.7	3.9	4.3
7. Children & grandchildren & others	20.5	20.9	20.7
8. Children & spouse & grandchildren & others	21.9	27.8	24.9
<b>Total (Cases)</b>	100.0 (2156)	100.0 (2130)	100.0 (4286)

p < .001

grandchildren, and others type is found mostly in rural areas. Namely, the urban senior citizens seem to live in nuclear families composing of parents and children in a household. On the other hand, extended families seem to be distinguishable living arrangements of rural senior citizens. This is supported by Ogawa (1992) who suggested that urbanization has tended to lead to an increase in nuclear families and a decrease in traditional extended families.

#### **4.2 Living satisfaction**

Satisfaction of senior citizens living with their children is a way to reflect the quality of living especially quality of children's practice towards their old-age parents. It is measured by nine indicators; happiness, warmth, accommodation, loneliness, confined dwelling, confusion living with others in household, earning obedience of the children, children complaint, and neglected. There is one mark for answer "yes"

in positive questions “no” in negative questions, meanwhile, there is no mark for answer “no” in positive questions “yes” in negative questions.

The data are in order of percentage as demonstrated in Table 4.3, there is high percentage in every positive indicator and low percentage in every negative indicator. It implies that the senior citizens have got a respect from new generation or their children as indicated in previous studies (Sukon, 1983 cited in Thomas, 1988; Boonyanupong, 1991). The neglected is found at least in negative indicators. This may indicate that senior citizens’ children have constantly behaved this way towards them. The children complaint is found the most in positive indicators. It is probably that senior citizens’ children have better education than their old-aged parents, consequently, there is a greater intellectual and value gap between the generation (Cowgill, 1979 cited in Week, 1981). Happiness is the highest degree of positive indicators, followed closely by warmness, accommodation, and earning obedience of the children, respectively. Children complaint is the lowest degree of negative indicators, followed by loneliness, confined dwelling, confusion living with others in household, and neglected, respectively. There are no remarkable differences in degrees of these indicators between urban and rural areas since the satisfaction scores are in the same line (see Table 4.3).

**Table 4.3 Percent of respondents answering “yes” to question by indicators and areas of residence**

<b>Indicators</b>	<b>Urban</b>	<b>Rural</b>	<b>Total</b>
1. Happiness	98.4	97.8	98.1
2. Warmness	97.9	97.6	97.8
3. Accommodation	95.0	94.7	94.9
4. Earning obedience of the children	94.9	94.5	94.7
5. Children complaint*	15.1	15.4	15.2
6. Loneliness*	13.7	13.1	13.4
7. Confined dwelling*	11.2	10.9	11.0
8. Confusion living with others in household*	7.6	6.8	7.2
9. Neglected*	3.5	3.7	3.6

\* Negative indicators

Association between living arrangements and average score of satisfaction are presented in Table 4.4. Every types of living arrangements have got a high score of satisfaction in both urban and rural areas. That is to say, there is no difference in average score of satisfaction between those. Overall, type of children and spouse is the highest average score. Nevertheless, there are differences in orders of average scores for each living arrangement. The highest average score is found in arrangement of living with children, spouse, and others in urban areas, meanwhile, children, spouse, and grandchildren type is the living arrangement having the highest score in rural areas. A finding observed is that spouse presence seems to affect a high score. Therefore, arrangements of living with spouse presence may have an effect on satisfaction of senior citizens in this study.

**Table 4.4 Average satisfaction score and S.D. of senior citizens by living arrangement and area of residence**

Living arrangements	Urban		Rural		Total	
	Score	S.D.	Score	S.D.	Score	S.D.
1. Children only	8.19	1.38	8.05	1.59	8.13	1.47
2. Children & spouse	8.53	0.92	8.40	1.08	8.48	1.00
3. Children & grandchildren	8.07	1.48	7.93	1.60	8.00	1.54
4. Children & others	8.46	0.89	8.02	1.50	8.26	1.23
5. Children & spouse & grandchildren	8.28	1.16	8.51	0.86	8.41	1.01
6. Children & spouse & others	8.58	0.87	8.27	1.24	8.44	1.06
7. Children & grandchildren & others	8.27	1.18	8.32	1.26	8.29	1.22
8. Children & spouse & grandchildren & others	8.38	1.28	8.49	0.98	8.44	1.13

### 4.3 Conclusion

The major living arrangement of senior citizens having lived without children in both urban and rural areas is the type of spouse only. However, there are some differences in arrangements of living between urban and rural areas. In other words, the type of families is a difference between those. The urban senior citizens tend to live with nuclear families, while the rural senior citizens have lived with traditional extended families. It is in line with findings from the study of Ogawa (1992). Moreover, the types of livings with spouse presence have affected the satisfaction of senior citizens as well. Every types of living arrangements of senior citizens in both urban and rural areas have got a high satisfaction score. The senior citizens have got a respect from new generation or their children because of the high percentage in

positive indicators as well as the low percentage in negative indicators. It corresponds with the previous studies (Sukon, 1983 cited in Thomas, 1988; Boonyanupong, 1991). The significant factors affecting satisfaction in each area will be investigated in the next chapter.



## **CHAPTER 5**

### **FACTORS AFFECTING LIVING SATISFACTION**

This chapter will discuss the effects of senior citizens' demographic, socio-economic and health factors, together with intergenerational factors on satisfaction of senior citizens living with their children. Using multiple regression analysis, it aims to determine the significant factors affecting satisfaction on each area. How do these factors influence the satisfaction in each area?

Marital status of children is a demographic factor that is examined in this study as shown in Table 5.1. The majority of respondents have dwelled with married children. There is a remarkable difference between urban and rural areas. In other words, living with married children is found more in rural areas. It implies that the pattern of families in urban areas tends to be nuclear families, while the pattern of extended families is more common in rural areas. This corresponds with the previous examination in chapter 4 (as demonstrated in Table 4.2).

Supports from children and need to be cared for by children are intergenerational factors investigated as well (as details in Table 5.2 and Table 5.3). The finding still confirms the norms of filial obligation that remained constant in Thai society since most of the respondents have received the supports from their children. Degrees of supports in medical care payment aspect comes to light the first rank. Every aspect of supports is a high percentage. The order of percentage on each aspect of supports is

**Table 5.1 Percentage distribution of senior citizens' marital status of children having lived with senior citizens by area of residence**

<b>Marital status of children</b>	<b>Urban</b>	<b>Rural</b>	<b>Total</b>
Married	47.2	55.5	51.4
Unmarried	37.7	29.2	33.5
Both	15.1	15.3	15.2
<b>Total</b> <b>(Cases)</b>	100.0 (2156)	100.0 (2130)	100.0 (4286)

p < .001

**Table 5.2 Percent of respondents having received supports from children by types of supports and area of residence**

<b>Types of supports</b>	<b>Urban</b>	<b>Rural</b>	<b>Total</b>
1. Medical care payment	99.6	99.5	99.6
2. Accompany	96.8	97.7	97.2
3. Housework	94.1	96.0	95.0
4. Providing food	94.6	95.2	94.9
5. Money	88.5	91.1	89.8
6. Take care when sick	85.6	88.7	87.2
7. Work	84.2	89.4	86.8
8. Providing clothes	82.5	82.8	82.7

**Table 5.3 Percentage distribution of senior citizens' need to be cared for by children by area of residence (in cases of living with children)**

<b>Need to be cared for by children</b>	<b>Urban</b>	<b>Rural</b>	<b>Total</b>
Need	95.6	98.4	97.0
No need	4.4	1.6	3.0
<b>Total</b> <b>(Cases)</b>	100.0 (2152*)	100.0 (2130)	100.0 (4282)

p < .001

(\*) missing cases excluded

in the same way in both urban and rural areas (as presented in Table 5.2).

A large number of respondents still need to be cared for by their children (see Table 5.3). This may reflect the expectation of senior citizens about the filial duty that their children should treat them as norms of the Thai society. It should be noted that cases of no need are found more in urban areas more than in rural areas. This may be since the urban respondents have higher standard of living than the rural as presented in Chapter 3. Consequently, the urban respondents may have received less care than the rural.

### **5.1 Multivariate Analysis**

As mentioned above, the study will use multiple regression analysis so as to ascertain the significant factors affecting as well as the direction of relationships. The variables or factors examined are sex, age, marital status of senior citizens, education, health status, income sufficiency, status in family, need to be cared for by their children, marital status of children (who lived with senior citizens), supports from children, and area of residence.

There are differences in activities on each area of residence as the literature reviews. The significant factors may have a difference to explain the satisfaction between urban and rural areas. Three models implemented in order to find the answers are the aggregate, urban, and rural models. The satisfaction scores are dependent variable in an ordinary least square regression analysis of the models.

$$Y = a + b_1(\text{sex}) + b_2(\text{age}) + b_3(\text{education}) + b_4(\text{marital status of senior citizens}) + b_5(\text{health status}) + b_6(\text{income sufficiency}) + b_7(\text{need to be cared for by children}) + b_8(\text{status in family}) + b_9(\text{marital status of children}) + b_{10}(\text{supports from children}) + b_{11}(\text{area of residence})$$

Y = Satisfaction scores of senior citizens living with their children

$b_1 \dots b_{11}$  = Regression coefficients of each independent variables

a = Constant or intercept

In this study, the models implemented are (1) the aggregate model, (2) the urban model and (3) the rural model as details follows:

***The aggregate model:***

$$Y = a + b_1(\text{female}) + b_2(\text{age}) + b_3(\text{education}) + b_4(\text{spouse presence}) + b_5(\text{good health}) + b_6(\text{sufficient income}) + b_7(\text{need to be cared for by children}) + b_8(\text{status in family}) + b_9(\text{married children}) + b_{10}(\text{supports from children}) + b_{11}(\text{area of residence})$$

***The urban and rural models:***

$$Y = a + b_1(\text{female}) + b_2(\text{age}) + b_3(\text{education}) + b_4(\text{spouse presence}) + b_5(\text{good health}) + b_6(\text{sufficient income}) + b_7(\text{need to be cared for by children}) + b_8(\text{status in family}) + b_9(\text{married children}) + b_{10}(\text{supports from children})$$

The measurement scales of each variable are presented in Table 5.4.

**Table 5.4 Variables and scales of measurement**

<b>Variables</b>	<b>Scales of measurement</b>	
Satisfaction	Interval	Scores of satisfaction (0 through 9)
Sex	Dummy variable :	1 if female 0 if male
Age	Interval :	Years of age completed (aged 60 and higher)
Education	Interval :	Years of school completed (0 through 18)
Marital status of senior citizen	Dummy variable :	1 if spouse presence 0 if no spouse presence
Health status	Dummy variable :	1 if good health 0 if poor health
Income sufficiency	Dummy variable :	1 if sufficient income 0 if insufficient income
Need to be cared for by children	Dummy variable :	1 if need 0 if no need
Status in family	Interval :	Scores of status in family (0 through 2)
Marital status of children (who lived with senior citizens)	Dummy variable :	1 if with married children 0 if with unmarried children
Supports from children	Interval :	Scores of supports (0 through 8)
Area of residence	Dummy variable :	1 if in urban areas 0 if in rural areas

Mean and standard deviation of variables concerned in each model are demonstrated in Table 5.5. For the aggregate model, about half of respondents are females. Average age is 68.2 years old, 60 percent have married with spouse presence. Average year of education is 3 years, more than 70 percent have good health. Over three-fifth of respondents have sufficient income, approximately 96 percent need to be cared for by their children. Average scores of status in family is 1.10 point, nearly 70 percent dwell with married children and average support score is 7.33 point. Half of respondents live in urban areas.

In view of urban areas, slightly more than half of respondents are females, average age is 68.2 years old. Almost 60 percent have got married with spouse presence, average of complete educational years is 3.4 years. Nearly four-fifths of respondents have good health and approximately 70 percent have sufficient income. About 96 percent need to be cared for by their children, average scores of status in family is 1.06 point. Slightly more than three-fifths of respondents co-reside with married children and average support score is 7.26 point (see Table 5.5).

According to the rural areas, slightly more than half of respondents are females, average age is 68.3 years old. Slightly more than 60 percent have got married with spouse presence, average of complete educational years is 2.55 years. Over 70 percent have good health and almost three-fifths of respondents have sufficient income. About 98 percent need to be cared for by their children, average scores of status in family is 1.14 point. Approximately 70 percent co-reside with married children and average support score is 7.40 point (see details in Table 5.5).

**Table 5.5 Mean, standard deviation and number of cases of variables for all variables of the urban, rural, and aggregate models**

Variables	Urban			Rural			Aggregate		
	Mean	S.D.	Cases	Mean	S.D.	Cases	Mean	S.D.	Cases
Female	0.56	0.50	2156	0.54	0.50	2130	0.55	0.50	4286
Age	68.22	6.90	2156	68.26	7.16	2130	68.24	7.03	4286
Spouse presence	0.59	0.49	2154	0.62	0.49	2154	0.60	0.49	4281
Education	3.43	3.13	2142	2.55	2.02	2118	2.99	2.67	4260
Good health	0.78	0.41	2156	0.76	0.43	2130	0.77	0.42	4286
Sufficient income	0.71	0.45	2154	0.59	0.49	2130	0.65	0.48	4284
Need to be cared for by children	0.96	0.21	2152	0.98	0.13	2130	0.96	0.17	4282
Status in family	1.06	0.86	2101	1.14	0.86	2077	1.10	0.86	4178
Married children	0.62	0.48	2156	0.71	0.45	2130	0.67	0.47	4286
Supports from children	7.26	1.16	2155	7.40	1.05	2128	7.33	1.11	4283
Urban areas	-	-	-	-	-	-	0.50	0.50	4286

It is the restriction of multiple regression that the predictor variables should not be highly correlated (Prasithratthasin, 1998). The correlation matrix of all included variables provides a basis to check collinearity and multicollinearity (high correlation) among independent variables, together with the correlation between dependent variables and independent variables. The result shows that correlation of all independent variables is in the expected direction and is not highly correlated (less than .8) (see details in appendix).

## **5.2 Factors affecting satisfaction of senior citizens living with their children**

### *The aggregate model*

This model is examined in order to ascertain the significant factors affecting satisfaction throughout the country. All of entered variables can explain only about 9 percent of the variation in the satisfaction. This is because there are more important factors affecting satisfaction. The standardized regression coefficients (Beta) indicate the relative importance of each explanation. It is found that supports from children are the strongest explanation followed by sufficient income, spouse presence, good health, need to be cared for by children, and education (see in Table 5.2).

Supports from children has the strongest positive significant relationship with the satisfaction of senior citizens living with their children in urban areas at .001 level of significance after all the variables are entered. It can be interpreted that, after controlling the effect of other variables, the senior citizens who have received supports from their children are more likely to be satisfied higher than the senior citizens who do not receive the supports. This may be possible that the senior citizens are proud of their children (Nuchsangplee, 1989) since it is a traditional filial

**Table 5.6 Standard scores (Beta) co-efficient of factors affecting satisfaction of senior citizens living with their children for the aggregate**

Variables	Beta co-efficient
Sex	
Male (reference category)	
Female	-.0010
Age	-.0130
Marital status of senior citizens	
No spouse present (reference category)	
Spouse present	.1194***
Education	.0338*
Health status	
Poor health (reference category)	
Good health	.1145***
Income sufficiency	
Insufficient income (reference category)	
Sufficient income	.1648***
Need to be cared for by children	
No need (reference category)	
Need	.0344*
Status in family	.0030
Marital status of children	
With unmarried children (reference category)	
With married children	-.0139
Supports from children	.1651***
Area of residence	
Rural (reference category)	
Urban	-.0060
<b>Cases</b>	<b>4121</b>
<b>R<sup>2</sup></b>	<b>.0883</b>

\*\*\* P < .001,    \*\* P < .01,    \* P < .05

obligation that is a mark of the good person in Thai society (Siriboon,1993).

Sufficient income has also a positive significant relationship on the satisfaction after all variables are controlled. The finding can be interpreted that the senior citizens with sufficient income are more likely to have higher satisfaction than those with insufficient income. This corresponds with many previous studies (Chatfield, 1977; Somboonsith, 1992; Chinuntuya, 1993; Nuchsangplee, 1989; Thammarak,1996). Furthermore, this finding is also supported by a recent research of Auppayokin et al. (1998) which found that money is a major factor affecting happiness of senior citizens because they can spend the money to buy food, clothes, and necessary things for their well-being. The money use to contribute for virtuous causes can provide that is a mental happiness as well. Hence, this implies that the sufficient income is a key factor affecting satisfaction of senior citizens in this paper.

Spouse presence has a statistical positive significant relationship on the satisfaction after controlling the effect of other variables. In other words, the senior citizens living with spouse presence have higher satisfaction than those living without spouse presence. This may be since their spouse can yield the consolation, encouragement, assistance, and help decrease tension (Kuramasuwan, 1989). In other words, their spouse seems to be a close partner or friend. This finding also corresponds to the studies of Nuchsangplee (1989) and Somboonsith (1992).

Good health also has a statistical positive significant relationship with the satisfaction after the other variables are controlled. The meaning of the standardized regression coefficient (Beta) of this relationship indicates that the senior citizens with good health are more likely to have higher satisfaction than the senior citizens with

poor health. This is supported by the study of Chatfield (1977) which found that the decline in economic activity for senior citizens due to the age limitation to continue their occupations has influenced the decrease in their income. It brings out the ineffective self-care of senior citizens. Moreover, health status has also influenced the participation in family, work, community, and leisure. Consequently, the good health may lead them to perform their activities and bring forth the life satisfaction (Atchley, 1980 cited in Nuchsangplee, 1989).

Need to be cared for by children has a significant positive effect on the satisfaction of Thai senior citizens living with their children. The finding can be interpreted as that the senior citizens having the need to be cared for by their children have higher satisfaction than those having no need to be cared for by their children after the other variables are controlled. This is possible since the previous result revealed that large numbers of senior citizens have received supports from their children. This corresponds with the basic concepts on life satisfaction, that is, the positive feeling will occur when the need is met with success.

Finally, education has a positive significant relationship on satisfaction of Thai senior citizens living with their children. This can be interpreted that, after controlling the effect of other variables, the senior citizens with higher educational level tend to have higher satisfaction than those with lower educational level. This is possible because large numbers of respondents are adjustable to situation because of the educational attainment as an explanation in the study of Nuchsangplee (1989) which explains that the educational attainment has related to the adjustment capabilities of a person (Nuchsangplee, 1989). This seems to be harmonious with the

definition of satisfaction of Powell (1983) which indicates that satisfaction is not dependent on total fulfillment in any realm of living, but it is the capacity to enjoy life as well as to be free from displeasure.

The result shows that sex, age, status in family, and area of residence do not have significant statistical effects on satisfaction. It may be possible that the senior citizens are commonly impressed in traditional filial obligation of their children. In addition, status in family is not a significant factor since it is possible due to the indicators as previous mentioned in limitation of the study. As previous above mentioned in limitation, there are many indicators to indicate the status of senior citizens in family. Indicators employed in this study may be inadequate to indicate the real status of senior citizens.

### **5.3 Factors affecting satisfaction of senior citizens for each area**

#### ***The urban and rural models***

Although the finding indicates that living in urban areas does not have an effect on the satisfaction, the significant factors may be different to explain for each area. Thus, both urban and rural models are examined so as to answer this issue.

The result shows that the significant factors affecting satisfaction are different between urban and rural areas. In urban model, the standardized regression coefficients (Beta), which show the relative importance of each explanation, indicate that sufficient income is the strongest explanation followed by supports from children, good health, spouse presence, and living with married children. For rural model, the standardized regression coefficients (Beta) indicates that sufficient income is the best

**Table 5.7 Standard scores (Beta) co-efficient of factors affecting satisfaction of senior citizens living with their children by area of residence**

<b>Variables</b>	<b>Urban</b>	<b>Rural</b>
Sex		
Male (reference category)		
Female	.0214	-.0266
Age	-.0031	-.0263
Marital status of senior citizens		
No spouse presence (reference category)		
Spouse presence	.1074***	.1312***
Education	.0441	.0048
Health status		
Poor health (reference category)		
Good health	.1445***	.0863***
Income sufficiency		
Insufficient income (reference category)		
Sufficient income	.1740***	.1534***
Need to be cared for by children		
No need (reference category)		
Need	.0198	.0609**
Status in family	-.0081	.0116
Marital status of children		
With unmarried children (reference category)		
With married children	-.0540*	.0246
Supports from children	.1642***	.1682***
<b>Cases</b>	<b>2064</b>	<b>2047</b>
<b>R<sup>2</sup></b>	<b>.0981</b>	<b>.0881</b>

\*\*\* P &lt; .001, \*\* P &lt; .01, \* P &lt; .05

explanation followed by supports from senior citizen's children, spouse presence, good health, and need to be cared for by children (see Table 5.7).

Considering the married children, it has statistically a negative significant effect on satisfaction in the urban model only. The result implies that the senior citizens living with married children are more likely to have lower satisfaction than those living without married children. Although the income sufficiency is the best explanation in urban areas, the financial supports of children to their old-aged parents is high level. Therefore, a possible reason is due to the additional roles of senior citizens' married children. That is to say, marriage of children may have affected the pattern of practices to take care of their old-aged parents especially in urban areas where there are hasty conditions. Moreover, the educational service is more active in urban than rural areas (Juntarodjana, 1998). Consequently, an intellectual and a value gap between senior citizens and their children may have negative effect on the satisfaction (Cowgill, 1979 cited in Week, 1981).

In addition, the finding also indicates that need to be cared for by children has a statistically positive significant effect on satisfaction in the rural model only. This may be possible because the previous result revealed that the rural senior citizens have lower standard of living than the urban. Hence, they may have higher expectation in their children's care than the urban. When the rural senior citizens have greatly received supports from their children, the positive satisfaction has occurred since their need is met with success.

The findings indicate that supports from children, income sufficiency, marital status of senior citizens, and health status have significant positive effects on the satisfaction in all models, but area of residence has no effect on the satisfaction.

#### **5.4 Conclusion**

In this study, the senior citizens living in urban areas have not affected the variation in satisfaction. The senior citizens have a high satisfaction score in both urban and rural areas. There are differences in significant factors to explain the satisfaction for each area. Married children has statistically a statistical negative effect on satisfaction in the urban model only, since the additional roles due to marriage of senior citizens' children and facing the hasty urban life-style have affected the pattern of practices to take care of their old-aged parents. Need to be cared for by children has a significant statistical effect on satisfaction in the rural and aggregate models because the rural senior citizens have lower standard of living than the urban and it is an expectation of members in Thai society including senior citizens. Education is able to explain the satisfaction in the aggregate model only, since the education has affected the capability to adjust to situation in the persons (Nuchsangplee, 1989). The findings correspond with the hypotheses of this study except area of residence.

## CHAPTER 6

### SUMMARY AND RECOMMENDATIONS

The rapid declines in both fertility and mortality rates have highly affected the age-structure of the population in Thailand. Although the trend of a decrease in the average number of children will be strongly concerned, the quality of living is a more important issue. The satisfied living of senior citizens can reflect the quality of living.

#### 6.1 Summary

In the study, three main objectives are (1) to study living arrangements, (2) to examine the satisfaction and (3) to investigate the factors affecting satisfaction of senior citizens living with their children. The analysis uses the data from the 1994 Survey of the Elderly in Thailand, conducted by the National Statistical Office (NSO). There are 6,233 cases employed and analyzed by frequency, percentage, cross-tabulation, mean, S.D., correlation and multiple regression analysis.

The result is found that majority of respondents is female, with a mean age at 68.3 years old, more than half is currently married and living with spouse. A large number of respondents have received some education and the common education is primary. More than 60 percent have sufficient income or savings. The head of household and the owner of dwelling are composition of status in family status. The result found that slightly more than 40 percent are both head of household and owner of dwelling, while approximately one-fourths of respondents either head of household

or owner of dwelling and around three-tenths are not both of them. Slightly more than three-tenths of respondents have fair health, and almost two-fifths of respondents have good and very good health. While one-fifths of respondents have poor and very poor health conditions. Considering these factors by area of residence, the result found that there are differences in factors between urban and rural areas except sex and age.

### **6.1.1 Living arrangements**

The large majority of Thai senior citizens have lived with their children. The most common arrangement of living is to live with a spouse, children, grandchildren, and others. However, approximately 30 percent have living without children and the most important arrangement of living is to live with their spouse only. There are differences in types of living between urban and rural areas. That is to say, the majority of urban senior citizens have lived within nuclear families, while the majority of rural senior citizens have lived within traditional extended family.

### **6.1.2 Satisfaction**

The result is observed that earning obedience of the children aspect is the least found in negative feeling indicators, while the happiness aspect is the most found in positive feeling indicators. However, the senior citizens in both urban and rural areas have a high satisfaction level. Namely, area of residence factor has no effect on satisfaction in this study.

### 6.1.3 Factors affecting satisfaction of senior citizens living with their children

The examination indicates that *area of residence* has not affected the variation in satisfaction of senior citizens, however, there are differences in significant factors for explaining the satisfaction on each area as details following:

*Marital status of senior citizens* has a significant positive effect on satisfaction of senior citizens in both urban and rural areas, together with the whole country. This implies that the senior citizens who live with their spouse are more likely to have higher satisfaction than those who do not live with their spouse.

*Education* has significantly affected the satisfaction of senior citizens only in the whole country, but it does not have significant effect on satisfaction in urban and rural areas. The relationship between education and satisfaction is a positive direction. This indicates that the senior citizens with higher educational level tend to have higher satisfaction than those with lower educational level.

*Income sufficiency* has a significant positive effect on satisfaction of senior citizens in both urban and rural areas, together with the whole country. This indicates that the senior citizens with sufficient income seem to have higher satisfaction than senior citizens with insufficient income.

*Health status* has a significant positive effect on satisfaction of senior citizens in both urban and rural areas, together with the whole country. The relationship between health status and satisfaction is a positive direction. This shows that the senior citizens with good health are more likely to have higher satisfaction than senior citizens with poor health condition.

***Marital status of children*** has not significantly affected the satisfaction in rural areas and the whole country. It has a significant statistical effect on satisfaction of senior citizens in only urban areas. The relationship between marital status of children and satisfaction is a negative direction. It implies that the senior citizens who live with married children seem to have lower satisfaction than those who live without married children.

***Need to be cared for by children*** has a significant positive effect on satisfaction of senior citizens in only rural areas and the whole country. This implies that senior citizens who need to be cared for by their children are more likely to have higher satisfaction than those who do not need to be cared for.

***Support from children*** has a strong significant positive relationship with satisfaction of senior citizens in both urban and rural areas, together with the whole country. This indicates that the senior citizens who receive the support from children tend to have higher satisfaction than those who do not receive any support.

In conclusion, the major findings of the study indicate that support from children, sufficient income, spouse presence, and good health have significant positive effects on the satisfaction in all models, but living in urban areas (area of residence) has no effect on the satisfaction. Consequently, the findings are in line with hypotheses of the study except area of residence and correspond with the previous studies. That is to say, the senior citizens having received support from children are proud of their children (Nuchsangplee, 1989) since it is a traditional filial obligation and a mark of the good person (Siriboon, 1993). Income sufficiency is in line with a recent study of Auppayokin et al. (1998) which found that money is a major factor affecting

happiness of senior citizens because they can spend the money for their physical (well-being) and mental (virtuousness) happiness. Spouse presence has an effect on living of senior citizens because their spouses can yield the consolation, encouragement, assistance, and help decrease tension (Kuramasuwan, 1989) and seems to be a close partner or friend. Good health is a significant factor influencing the participation in family, work, community, and leisure and these activities bring forth the life satisfaction as the studies of Atchley (1980) and Nuchsangplee (1989).

## **6.2 Recommendations**

As a result of the above main findings, they bring to the recommendations that should be noteworthy as follows:

1. The result indicates that the senior citizens who received the support from their children strongly tend to have higher satisfaction than those who do not receive the support. Thus, this traditional filial duty of children (support from children) suits to be continuously sustained by socialization. Due to the limitation of this study, however, qualitative research should be undertaken to acquire the more detailed fact on the causes related to their shortage of the support.

2. Although the government organization has provided the living allowance for the poor senior citizens, this project is not visible in present time. Therefore, details about their program should be strongly promoted because it is a way to inform the people so that they will donate more financial support into the operation of this project. Furthermore, the tax system may be implemented to subsidize the social security of senior citizens in the future, because the result demonstrates that the senior

citizens having sufficient income are more likely to have higher satisfaction than those earning an insufficient income.

3. The result signified that the senior citizens living with spouse presence are more likely to have higher satisfaction than those living without spouse presence. Senior citizens' spouse seem to be the close-friend of senior citizens because they can yield the consolation, encouragement, assistance, and help decrease tension (Kuramasuwan, 1989). The social participation may be a way of approaching some friends who are in the same cohort with senior citizens. They may play the roles of yield the consolation, encouragement, assistance, and help decrease tension to senior citizens. Consequently, the related organizations should be concerned with this issue and create activities to draw them for social participation.

4. The efficiency of senior citizens' organ often declines because of the growing age (Chayovan et al., 1989). Mobidity of senior citizens seems to be special characteristics. The increasing of geriatricians should be consistent with growing of senior citizens since the senior citizens having good health are more likely to have higher satisfaction than those having poor health condition.

5. The result indicates that living in urban areas does not have a significant statistical effect on satisfaction of senior citizens living with their children, but there are differences in significant factors to explain the satisfaction in each area. Therefore, the next studies should not emphasize on the satisfaction. The studies should focus on other factors affecting satisfaction on each area.

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**Table A Percentage distribution of respondents by circumstance during with  
being interview and area of residence**

<b>Circumstance</b>	<b>Urban</b>	<b>Rural</b>	<b>Total</b>
1. No one presented	55.8	49.3	52.6
2. Other persons presented	44.2	50.7	47.4
<b>Total (Cases)</b>	<b>100.0 (2154*)</b>	<b>100.0 (2126*)</b>	<b>100.0 (4280)</b>
			<b>p = .000</b>

**Table B Simple correlation coefficients between variables of whole country**

Variables	Female	Age	Spouse present	Years of school completed	Good health	Sufficient income	Need to be cared	Status in family	Married children	Supports from children	Urban area	Satisfaction
Satisfaction	-.0372*	-.0327*	.1016***	.0554***	.1412***	.1820***	.0542***	-.0260	-.0006	.1641***	.0016	1.000
Urban areas	.0233	-.0032	-.0264	.1645***	.0244	.1242***	-.0808***	-.0424**	-.0901***	-.0651***	1.000	
Supports from children	.1277***	.1482***	-.1491***	-.1535***	-.0140	.0624***	.1976***	-.0553***	.2165***	1.000		
Married children	.1019***	.1814***	-.1660***	-.1374***	-.0460**	.0075	.0647***	-.0985***	1.000			
Status in family	-.4235***	-.0419**	-.1999***	.1255***	.0248	-.0449**	-.0198	1.000				
Need to be cared	.0435**	.0458**	-.0353*	-.1466***	-.0251	-.0369*	1.000					
Sufficient income	.0415**	.0843***	-.0563***	.0823***	.1106***	1.000						
Good health	-.0716***	-.1480***	.0910***	.0605***	1.000							
Year of school Completed	-.2279***	-.2363***	.1866***	1.000								
Spouse present	-.3801***	-.2466***	1.000									
Age	.0134	1.000										
Female	1.000											

\*\*\* Correlation is significant at the .001 level (2-tailed), \*\* Correlation is significant at the .01 level (2-tailed), \* Correlation is significant at the .05 level (2-tailed)

Table C Simple correlation coefficients between variables of urban areas

Variables	Female	Age	Spouse present	Year of school Completed	Good health	Sufficient income	Need to be cared	Status in family	Married children	Supports from children	Satisfaction
Satisfaction	-.0167	-.0400	.0880***	.0676**	.1616***	.1959***	.0425*	-.0351	-.0378	.1530***	1.000
Supports from children	.1386***	.1452***	-.1646***	-.1973***	-.0078	.0616**	.2442***	-.0660**	.2153***	1.000	
Married children	.1079***	.1701***	-.1835***	-.1544***	-.0246	.0111	.0472*	-.1084***	1.000		
Status in family	-.3865***	-.0386	-.1883***	.1288***	-.0316	-.0316	-.0433*	1.000			
Need to be cared	.0622**	.0603**	-.0505*	-.1740***	-.0372	-.0509*	1.000				
Sufficient income	.0348	.0464*	-.0705**	.1135***	.0999***	1.000					
Good health	-.0727**	-.1305***	.0789***	.0510*	1.000						
Year of school completed	-.2303***	-.2061***	.1931***	1.000							
Spouse present	.1079***	.1701***	1.000								
Age	-.0046	1.000									
Female	1.000										

\*\*\* Correlation is significant at the .001 level (2-tailed), \*\* Correlation is significant at the .01 level (2-tailed), \* Correlation is significant at the .05 level (2-tailed)

**Table D Simple correlation coefficients between variables of rural areas**

Variables	Female	Age	Spouse present	Year of school completed	Good health	Sufficient income	Need to be cared	Status in family	Married children	Supports from children	Satisfaction
Satisfaction	-.0578**	-.0257	.1155***	.0411	.1214***	.1714***	.0780***	-.0166	.0394	.1780***	1.000
Supports from children	.1197***	.1525***	-.1363***	-.0593**	-.0177	.0815***	.1098***	-.0499*	.2080***	1.000	
Married children	.1009***	.1946***	-.1534***	-.0809***	-.0645**	.0269	.0794***	-.0967***	1.000		
Status in family	-.4602***	-.0455*	-.2143***	.1508***	.0297	-.0485*	.0078	1.000			
Need to be cared	.0218	.0264	-.0187	-.0398	-.0032	.0057	1.000				
Sufficient income	.0428*	.1205***	-.0375	-.0043	.1161***	1.000					
Good health	-.0717**	-.1645***	.1044***	.0724**	1.000						
Year of school Completed	-.2568***	-.0257	.2054***	1.000							
Spouse present	-.3718***	-.2809***	1.000								
Age	.0309	1.000									
Female	1.000										

\*\*\* Correlation is significant at the .001 level (2-tailed), \*\* Correlation is significant at the .01 level (2-tailed), \* Correlation is significant at the .05 level (2-tailed)

## The 1994 Survey of the Elderly in Thailand

*(Questionnaire for Elderly)*

Region _____	Province _____	Area _____
Block/ Village _____	Household number _____	
Line number of aging _____		
Name-Surname _____		

**Please circle the figure on each question**

1. Sex

1. Male

2. Female

2. Age \_\_\_\_\_ (years of age completed)

3. Education (years of school completed)

4. Marital status

1. Single

2. Married and spouse presence

3. Married and no spouse presence

4. Widowed

5. Divorced

6. Separated

5. You need to be cared for by your children (children, step-children, adopted children)

1. Need

2. No need

3. No children

6. Who is the owner of dwelling?

- |                         |                           |  |             |
|-------------------------|---------------------------|--|-------------|
| 1. you                  | 2. spouse                 | 3. share                                 | 4. children |
| 5. your parents         | 6. parents of your spouse | 7. son/daughter in law                   |             |
| 8. children of children | 9. grandchildren          | 10. relative                             |             |
| 11. friend/ neighbor    | 12. rent                  | 13. pay rent and pay with a part of wage | 14. free    |

7. You live with whom?

1. alone (pass to 9<sup>th</sup> question)    2. many

8. In case of many co-residents, please check on each whom live with you?

- |                           |                         |                                   |
|---------------------------|-------------------------|-----------------------------------|
| 1. spouse                 | 2. unmarried children   | 3. married children               |
| 4. children of children   | 5. son/daughter in law  | 6. your parents                   |
| 7. parents of your spouse | 8. your brother/ sister | 9. brother/ sister of your spouse |
| 10. grandchildren         | 11. relative            | 12. Others (do not be relative)   |

9. Do you have the income sufficiency for expenditure?

- 10.0 sufficient income  
 10.1 insufficient income  
 10.2 have savings

10. How do you feel about your physical health? (In the previous week of the survey)

- 11.1 very good  
 11.2 good  
 11.3 fair  
 11.4 poor  
 11.5 very poor

11. The last cycle of year, What are your children supports?

11.1 Financial

1. yes                      2. no

11.2 Work

1. yes                      2. no

11.3 Housework

1. yes                      2. no

11.4 Take care when sick

1. yes                      2. no

11.5 Accompany

1. yes                      2. no

11.6 Providing food

1. yes                      2. no

11.7 Providing clothes

1. yes                      2. no

11.8 Medical care payment

1. yes                      2. No

12. How do you feel for living with your children? (specific question for elderly living with children, step-children, and adopted children)

12.1 Happiness

1. yes                      2. no

12.2 Warmness

1. yes                      2. no

12.3 Accommodation

1. yes                      2. no

12.4 Loneliness

1. yes                      2. No

12.5 Confined dwelling

1. yes                      2. No

12.6 Confusion living with others in household

1. yes                      2. No

12.7 Earning obedience of the children

1. yes                      2. No

12.8 Children complain

1. yes                      2. No

12.9 Neglected

1. yes                      2. No

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## BIOGRAPHY

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