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**SOCIAL POLICY FOR OLDER WOMEN
IN THAILAND**

by

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the degree of Doctor of Philosophy (PhD)**

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ABSTRACT

Thailand is ageing at an unprecedented pace. The older population is feminised as Thai women have longer life expectancies than men. The Royal Thai government responds to this phenomenon with various policies and services while treating older persons as a homogenous social group. However, research shows that older women are more likely to be disadvantaged than men due to gender inequality and gendered ageism in the Thai patriarchal society. Therefore, this thesis explores the extent of the disadvantages of older Thai women and how women are figured in the ageing policies. The thesis investigates the status and position of older women compared to older men. It also examines the key determinants of women's disadvantages and the government's gender perspective on ageing-related policies. In doing so, this thesis employs a life course approach embedded in the political economy perspective. It applies a mixed methods approach to analyse quantitative and qualitative data to address gender inequality in older age and gender dimensions in ageing-related policies.

The findings of this thesis reveal that older Thai women are disadvantaged over older men in several aspects of life, including educational attainment, employment and income, health condition, and domestic and caring responsibility. The findings further demonstrate that women's statuses and circumstances differ between and within genders which are consequences of the social construction of institutions, policies, individuals' experiences prior to older age and social structures, such as gender, class, age, and ethnicity, as well as norms and cultural beliefs, across women's life course. These findings challenge the assumption that older women benefit from the notion of parent repayment. Moreover, it indicates that government ageing-related policies are gender-blind, which is likely to be problematic considering the feminisation of ageing and economic and social changes in Thai society. This thesis, therefore, concludes with practical implications for future policies on ageing in Thailand.

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LIST OF ABBREVIATIONS

| | |
|-------|--|
| AAI | Active Ageing Index |
| ASEAN | Association of Southeast Asian Nations |
| CPS | College of Population Studies |
| DOP | Department of Older Persons, Thailand |
| ESCAP | Economic and Social Commission for Asia and the Pacific |
| EV | Eldercare Volunteer |
| FGD | Focus Group Discussion |
| IGO | International Governmental Organisation |
| ILO | International Labour Organization |
| IMF | International Monetary Fund |
| LAO | Local Administrative Organization |
| LTC | Long-term Care |
| MIPAA | Madrid International Plan of Action on Ageing |
| MOL | Ministry of Labour, Thailand |
| MOPH | Ministry of Public Health, Thailand |
| MSDHS | Ministry of Social Development and Human Security, Thailand |
| NCE | National Committee for the Elderly |
| NESDB | Office of the National Economic and Social Development Board, Thailand |
| NESDC | Office of the National Economic and Social Development Council, Thailand |
| NESDP | National Economic and Social Development Plan |
| NFPP | National Family Planning Programme |
| NHES | National Health Examination Survey |

LIST OF ABBREVIATIONS

| | |
|-------|--|
| NHSO | National Health Security Office, Thailand |
| NPE | National Plan on the Elderly |
| NSF | National Savings Fund |
| NSO | National Statistical Office, Thailand |
| OAA | Old Age Allowance |
| OCSC | Office of the Civil Service Commission, Thailand |
| ODI | Overseas Development Institute |
| OECD | Organisation for Economic Co-operation and Development |
| OPP | Office of Promotion and Protection of Children, Youth, the Elderly and Vulnerable Groups, Thailand |
| PPI | Pension Policy Institute |
| PSDHS | Provincial Social Development and Human Security Office |
| SAO | Subdistrict Administrative Organization |
| SCCT | Senior Citizen's Association of Thailand |
| SES | Socioeconomic Status |
| SOPT | National Survey of the Older Persons in Thailand |
| SSF | Social Security Fund |
| TCIJ | Thai Civil Rights and Investigative Journalism |
| TDRI | Thailand Development Research Institute |
| TFR | Total Fertility Rate |
| UCS | Universal Health Coverage Scheme |
| UNFPA | United Nations Population Fund |

LIST OF ABBREVIATIONS

| | |
|-------|---|
| UNECE | United Nations Economic Commission for Europe |
| VIPAA | Vienna International Plan of Action on Ageing |
| VHV | Village Health Volunteer |
| WHO | World Health Organization |
| WTO | World Trade Organization |

CHAPTER 1

INTRODUCTION

Introduction

Despite ageing and gender being of increasing interest among the policy community and the public in Thailand, these two topics are rarely linked (Knodel and Chayovan, 2014). The Thai government has attempted to grapple with the challenges and disadvantages older persons face in light of population ageing. However, the gender dimension has not been addressed in ageing policies, even though Thai women still outnumber men, particularly at the oldest ages. They are more likely to be disadvantaged than men in several aspects of life (National Statistical Office (NSO), 2018a). Most people expect to change with ageing, at least physically, in terms of changing appearance and age-related health conditions. They expect to be called an older person once they reach a certain chronological age. At the same time, the role of women is likely to remain the same for female individuals in later life, regardless of class. Women are expected to carry out their gender roles and responsibilities throughout their life course. As a result of Thailand's development, their status is undoubtedly elevated, yet they are still disadvantaged in some aspects of their lives. In the context of patriarchal Thai society, women's disadvantages in both public and private lives are seen as the 'normal' situation. However, as shown by research and the media, this situation has had an adverse impact on the lives of many older Thai women (Vichit-vadakarn; 1994; Sobieszczyk et al., 2003; Moroko-Durand, 2007; Komolvadhin, 2008; Hanklang et al., 2015; Chandoevwit and Phatchana, 2019).

This thesis explores gender inequality in old age, particularly differences in socioeconomic status (SES) and circumstances between older men and women in Thailand. SES is generally defined as a measure of one's combined economic and social status and has three common measures of socioeconomic status; education, income, and occupation (Baker, 2014). In this thesis, SES is described as high and low. People with high SES usually have more access to financial, educational, social, and health resources than those with a lower SES. This thesis examines key

factors influencing older women's statuses and circumstances. It also investigates how the gender dimension is incorporated into social policies towards older persons. The government's perspectives on older women and gender in ageing-related policies are analysed. This topic is crucial given an increased female older population and the government's presumed gender-neutral policies on ageing.

The thesis applies a mixed research method approach to analyse quantitative and qualitative data to address gender inequality in older age and gender dimensions in ageing-related policy. The 2017 National Survey of the Older Persons in Thailand (SOPT) was the primary dataset used for quantitative analysis since it was the most recent dataset available when the research was conducted. The sample size of the 2017 SOPT was 83,880 private households in all 77 provinces in Thailand. This dataset included data on educational level, health and economic status, and levels of dependency among older persons which was used to present a picture of the circumstances of older Thai women. However, the major development of older persons' situations found in the 2021 SOPT, and the updates from other sources were also addressed in the thesis. Focus group discussion (FGD) and semi-structured interviews were selected as tools for qualitative analysis. Six FGDs (three groups of six participants, two groups of seven participants and one group of eight participants) were conducted with older women (defined as over 60) in three different areas (Sing Buri, Samut Sakhon, and Phrae provinces) in Thailand. At the same time, 15 people from the policy community were interviewed in the three mentioned settings and Bangkok. By using a mixed-methods approach, it provided a macro-level account of older women's characteristics, status, and ageing experiences. At the same time, the government's view on older women and gender dimensions in the ageing policy were also addressed. The thesis employs a life course approach embedded within a political economy perspective to examine differences in SES and circumstances between older women and men. Rather than considering experiences of ageing as a stage of life in isolation, the life course approach views an individual's economic, political, and social situation as a consequence of events and experiences earlier in the life course (Walker, 2005; Foster, 2006; Hunt, 2016). The thesis concludes with practical implications for future policies on ageing in Thailand.

Thailand

The Kingdom of Thailand or Thailand, historically known as Siam, is situated in Southeast Asia. The country is south of China, north of Malaysia, east of Myanmar, and west of Lao PDR and Cambodia. The Sukhothai Kingdom was established in 1232 and is known as the first Thai kingdom, followed by Ayutthaya, Thonburi Kingdom, and Rattanakosin Kingdom in Thai historiography. During Western imperialism in Asia, Thailand was the only nation in the region to survive colonial threat due to the centralisation and transformation of the system of government into an absolute monarchy. Following the revolution in 1932, it became a constitutional monarchy and is currently ruled by King Maha Vajiralongkorn, who serves as head of state. Thailand comprises four main regions: the North, the Northeast, the South, and the Central region. Chiang Mai and Ubon Ratchathani locate in the North and the Northeast, respectively. Surat Thani, Songkhla, Hat Yai, and Phuket are in the South, while Bangkok is the capital city in the Central region (Figure 1.1).

However, such a classification does not necessarily mean urban and rural divisions, as Thailand has no clear definition of urban and rural areas. Following the National Statistical Office (NSO) 's guidelines, this thesis distinguishes areas using administrative boundaries (NSO, nd.). Therefore, 'municipal area' refers to urban areas while 'non-municipal area' denotes rural areas. In this context, the urban population is defined as persons living within officially designated municipal areas, while the rural population refers to persons who live outside municipal areas. The total population of Thailand approximates 69.63 million (United Nations, 2019). Most of the population (93.5 per cent) are Buddhists (NSO, 2018b), and most reside in

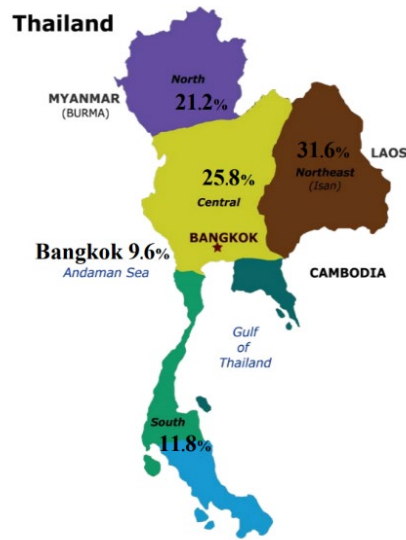
Figure 1.1 Map of Thailand



rural areas. The number of people living in urban and rural fluctuates due to the expansion of designated municipal areas.

The age structure of the population of Thailand has been rapidly changing, which led the country to consider itself an ageing society in 2005 when people aged 60 years and over who are legally defined as older persons (the Act on the Elderly, B.E 2546) reached 10 per cent of the total population (Prutipinyo, 2015; Phetsitong and Soonthorndhada, 2015). In 2017, 16.7 per cent of the total population was defined as older persons (NSO, 2018a). An increase in the number of older persons derives from two main drivers, the ongoing decline in the fertility rate and an increase in life expectancy (Knodel and Chayovan, 2008; Knodel et al., 2015; Phetsitong and Soonthorndhada, 2015). Before the 1960s, Thailand had a high Total Fertility Rate (TFR) due to the successful pronatalist government policies encouraging people to have children to stimulate the country's economy. The population growth was a concern of the government. It led to the launch of the National Family Planning Programme (NFPP) in 1970, which, as a result, dropped the TFR drastically (Keeratipongpaiboon, 2012). Consequently, Thailand has drastically declined its fertility rate from 6.1 to 1.3 live births per woman in 1950/55 and 2019. It is one of the most populous countries with below replacement fertility (United Nations, 2017). At the same time, Thai people live significantly longer than in previous decades. Life expectancy at birth in Thailand rose from 70 years in 1990/95 to 75 years in 2010/15 and is expected to reach 81 years in 2045/50 (United Nations, 2017; World Health Organization (WHO), 2018). Women's life expectancy is generally larger than men's (Arber and Ginn, 1991; 1995; Calasanti and Slevin, 2001). In 2017, women globally outlived men by an average of 4.6 years (United Nations, 2017). Likewise, Thai women have longer life expectancy than men, 80.7 and 73.6 years, respectively, in 2022 (NSO, nd.). The number of older persons varies among regions. In 2017, the most populous region of old-age people was the North-East, with the share of the older population at 31 per cent, followed by Central (26 per cent), North (21 per cent), and South (12 per cent). The lowest older population were in the capital city, Bangkok (10 per cent), as shown in Figure 1.2. Furthermore, the highest proportion of the older population was in the North (21 per cent), and Bangkok had the lowest proportion of the older population.

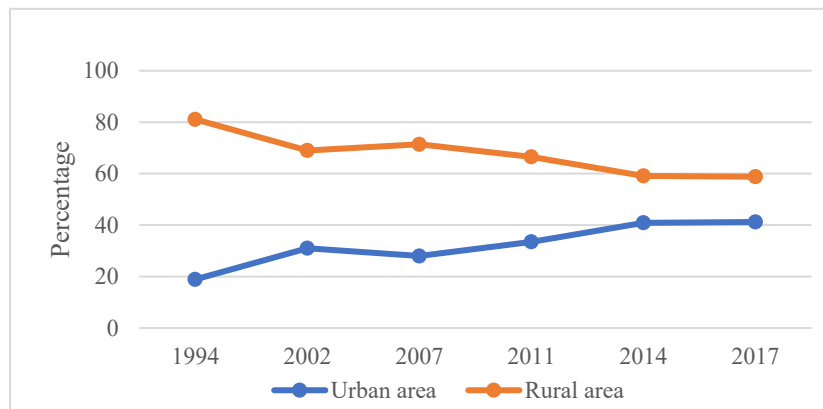
Figure 1.2: Percentage of people aged 60 years and over by region of Thailand, 2017



Source: NSO (2017). Report on the 2017 Survey of Older Persons in Thailand.

Even though regional divisions do not identify urban and rural density as briefly described above, the trend of urban-rural migration in Thailand, which is the fashion of most developing countries, led to population ageing in urban areas growing faster than in rural areas. Figure 1.3 shows the narrowed gap in age distribution between the location of residence over the past decades. The proportion of the older population residing in urban areas was only 19 per cent in 1994 and has risen rapidly to 41 per cent in 2017, while the opposite has occurred with those residing in rural areas, where rates dropped from 81 per cent in 1994 to 59 per cent in 2017.

Figure 1.3 Percentage of older population by urban/rural area, 1994 - 2017



Source: NSO (2018a) Report on the 2017 Survey of the Older Persons in Thailand.

Population ageing inevitably triggers the need for a country to address the issue of ageing and older persons through legislation and policies concerning older persons at all levels. This does not mean there were no policies or interventions for older persons when the population was younger. Instead, the Thai government has provided services to older individuals, albeit based on problem alleviation, in the form of means-tested benefits for older vulnerable or marginalised groups since the 1950s (Thailand Development Research Institute (TGRI) and College of Population Studies (CPS), 2011; Jitramontree and Thayansin, 2013). However, the eldercare system where the family assumes the most caring responsibility for older persons following norms and cultures of familism and parent repayment. Since the fourth National Economic and Social Development Plan (1977-1981), the government has also emphasised the family's caring responsibility. The country's ageing-related policies have been improved alongside economic and social development. They are also driven by an external force, such as the power of the International Governmental Organisations (IGOs) and Western models, as well as population ageing. For instance, various plans and policies on ageing in Thai society, such as the national plan on ageing and the concept of active ageing, were influenced by the IGOs and Western countries (Whangmahaporn, 2003). Meanwhile, the ageing phenomenon and the country's economic development increased concerns among policymakers (Knodel et al., 2013; TGRI, 2014). It is argued that, however, caring responsibility for older persons remains with older persons and their families (Jitapunkul and Wivatvanit, 2009).

Ageing and Gender in Thailand

Women in Southeast Asian communities, including Thais, were considered to occupy superior status to others in other parts of the world:

Focusing the analytical lens on Southeast Asia in an attempt to understand gender and ageing makes for an interesting and important exercise since the region, unlike the rest of Asia or, for that matter, other parts of the world, is marked by significant measures of gender egalitarianism as expressed in several arenas

(Devasahayam, 2014, p.5).

Thai women were deemed to have higher economic and political power than those in some societies in Asia, such as South Asian countries and Japan (Vichit-vadakarn, 1994). Later life brings both advantages and disadvantages to them. On the one hand, older women are likely to benefit from their motherhood and the norm of parent repayment as they can expect financial and non-financial support from their adult children, spouse, and others (Knodel and Chayovan, 2014; Sripakdee, 2017). On the other hand, older women are also considered infirm, disadvantageous and dependent (Romanow, 2012; Buaphet, 2019). They are also more likely than men to be affected by gender discrimination and negative public attitudes towards gender roles and ageing (Sobieszczyk et al., 2003; Knodel et al., 2015; Thai Health Promotion Foundation, 2015).

According to recent statistical data on the older population, older women are more likely to be disadvantaged than men regarding health status, educational attainment, employment and income (NSO, 2018a). At the same time, older women tend to undertake disproportionate domestic and care responsibilities, even though an issue is given limited attention in Thai society. These reflect the lifetime gender disparity that continues into older age and, in many cases, exacerbates the status and situation of older women, especially those with more limited access to resources (Manasatchakun et al., 2016; Sinchaiwanichakul and Kespichayawattana, 2018; NSO, 2018a). This means that older women are often challenged by unfair treatment in public and private spheres of life deriving from structural constraints on agency and women's fewer opportunities and access to resources. Furthermore, older women's disadvantages are not consistent across the older female population but depend on several factors, including influences from social institutions, social policies, and their position and status experiences throughout their life course, as well as individual social structures, including class, gender, ethnic, and so on.

However, gender disparities are not likely to be incorporated into ageing policies in Thailand. Older men and women are entitled to receive similar services, assuming they have similar experiences in their earlier life courses. For example, older persons with a corresponding work history in the formal sector are eligible to receive some income in their retirement. In contrast, those in the informal sector or unemployed are likely to gain a social pension which is much lower than the former. Given that the Thai government has attempted to guarantee women's rights in

both public and private spheres of life to counter the prevailing gender inequality, these efforts are likely to be disregarded in women's later life. This may be because legislation and policies on ageing and older persons are provided on the basis of universality and equitability (TGRI and CPS, 2013). Thus, older persons are considered a homogenous group in society. This also led to gender inequality in older age receiving insufficient attention from policymakers or the public (Sobieszczyk et al., 2003; Tantiwiranond, 2007; Knodel and Chayovan, 2008).

As a female Thai government official who has worked in social policy and development, it appeared to me that the issues of gender and ageing are often detached in public administration. For example, two agencies are responsible for 'women's affairs' and 'older persons'. The former aims to promote gender equality and empower female individuals, while the latter aims to grant older individuals rights and access to necessary services. The government's acknowledgement of older persons as a group who require support can be observed through policies, practices, and public perception. The lack of debate on gender inequality in old age appears to be one of the reasons that have prevented the equitable development of my country. This issue has never really been discussed in either ageing or gender discourses. The above situation, combined with population ageing and the feminisation of ageing, strengthened my interest in ageing research and urged me to study whether ageing and policies for older persons are appropriate for older women in patriarchal Thai society. Therefore, this thesis investigates older Thai women's position and circumstances and the social policy responses to their needs since I believe it to be a major manifestation of ageing-related challenges that are becoming one of the most pressing issues in Thailand.

Research Questions

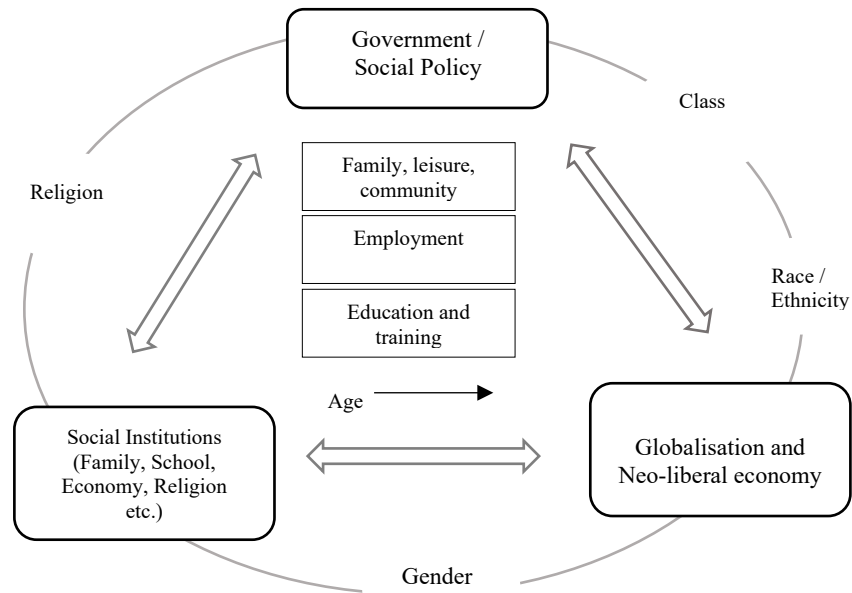
Three key research questions guided this thesis:

1. What is the social and economic status of older women in Thailand?
2. What are the key determinants of the status of older Thai women?
3. How do older women and gender figure in the government's ageing-related policies?

With the guidance of these questions, the thesis aims to examine the issues of older women and the ageing policy in Thailand from factual and experiential perspectives. The thesis defines the position, status, and circumstances of older Thai women as described by statistical data and women's self-perceptions and experiences. It also investigates how older women are considered and treated by government ageing-related policies by exploring the realities and views of people involved in the ageing policy arena. It is essential to understand why and how gender differences in older age occur to answer these questions. This is particularly important because men and women are theoretically granted equal rights, but social roles and responsibilities are rigid in Thai society. This requires an analysis of differences in the position and status of people between and within genders which involves structural, cultural, and personal factors. Therefore, this thesis utilises a political economy perspective incorporating a life course approach to indicate the implications of older women's lives and how they are treated by the state and society (Estes, 2004).

The political economy framework enables researchers to examine the multilevel relationships between social structure, social functions, and agency (macro-, meso-, and micro-level). The central idea of the political economy perspective of ageing involves the three milieus of work, education and leisure, family and community in people's life course as a horizontally 'age integrated' (Walker and Maltby, 2012, p.127) rather than using the traditional three phases of life approach. Ageing is thus a socially constructed experience and process (Vincent et al., 2003). The political economy framework also underscores gender, religion, and racial and ethnic inequalities as widespread structural problems (Minkler and Estes, 1991; Estes, 2004; Walker, 2005; Katz, 2006). The political economy of ageing further incorporates an international perspective to interpret the changes in and circumstances of older persons' lives deriving from globalisation and influences of neo-liberal economy (Vincent et al., 2003; Walker, 2005). The details of these perspectives are discussed in Chapter 4. By using this approach, this research was able to assess the extent to which social institutions, such as family, education, religion, economy and employment, and law, as well as individual interactions with social structures across their life course, have influenced differences in older age. It could also investigate whether older women's opportunities and access to resources have been assisted or hindered by government policies. Figure 1.4 shows the theoretical framework of this thesis.

Figure 1.4: Theoretical Framework



Source: Author's own model

Methods

This section summarises the methodology and methods used within the thesis, which are discussed in more detail in Chapter 5. This research used a mixed- methods strategy that combined quantitative and qualitative research approaches, which enabled the researcher to understand the complexity of gender differences in later life by adding the potencies of one method to address the flaws of another. Secondary data analysis was chosen for this research as it helps researchers save resources, such as time, money, and personnel (Bryman, 2012). This research used the 2017 SOPT as it was the latest dataset at the time this research was conducted. The significant findings from the 2021 SOPT, such as the growth older population and older women and the changing urban and rural older populations and other connected survey data [The 2015-2016 Survey of Population Change, the 2018 employment statistics for workers aged 60 years or over in Thailand, The 2019 Socio-economic Household Survey, The informal employment survey 2020, etc.] were further included in order to provide a macro-level account of the status and circumstances of older women, especially those in rural areas, compared to older men and older women in urban areas. The SOPT

is the only series of national surveys of the older population in Thailand and covers a range of social, economic, and health status statistical data of older persons (Knodel et al., 2015). It was appropriate for this research since such data can also be examined to assess differences in gender and area of residence among the older population. The study aimed to identify significant numerical features of the data instead of proving any specific hypothesis, so descriptive statistical analysis was used (Antonius, 2017). This could depict older women's position and status in Thai society by interpreting a collection of values into a specific value (Turner and Houle, 2019), which reflected older women's characteristics.

At the same time, focus group discussions and interviews were chosen for qualitative data collection. The direction of discussions and interviews was guided by the main findings of the SOPT combined with a literature review. Group discussion aimed to validate the status and circumstance of older women in rural areas and the key factors affecting their situations. Organising groups containing older women with similar SES facilitated them to articulate their ideas and opinions on facts and perceptions of their status compared to older men. It also indicated the nature and reasons for disadvantages among older women than males and other females, particularly regarding SES and area of residence. Meanwhile, interviews aimed to investigate the government's point of view on older women from people within the policy community. Semi-structured interviews selected for this research provided an opportunity for the researcher to handle the interviews in ways that were not too rigid. This approach acquired real experiences and views on ageing-related policies from people with knowledge and experience. Analyses of group discussions and interviews further presented the relationship between older women and policies on ageing, with particular reference to the social perception of older women and the gender dimension in ageing-related policies.

By adopting the triangulation technique, the thesis was able to explain the breadth, complexity or depth of understanding of the research question (Denzin, 2012; Natow, 2020). In particular, analyses of multiple data sources, namely, surveys, focus group discussions, and interviews, minimised biases and limitations within research methods (Greene et al., 1989; Johnson et al., 2007) and further enhanced the reliability of the conclusions (Bryman, 2003). For example, the

complex statistical data became more comprehensible through the descriptive details of the qualitative data analysis. The research was then able to explore in greater detail the richness and complexity of human behaviour and situation and present the results to others to understand the phenomenon.

Key Contributions of the Thesis

Population ageing poses several challenges to the government of Thailand, and it has dealt with such challenges in various dimensions, except gender. This is even though older women outnumber older men, and more older women live in poverty than older men (NSO, 2018a). These numbers reflect an increase in support needed for older women. In Thailand, gender inequality in older age has received little attention from policymakers, scholars, and the public. At a glance, Thai women are portrayed as being secured by rights and various services granted by government agencies. They enjoy a higher status than their counterparts in other societies in the region. These, in part, led to the assumption that women are hardly discriminated against, and thus their position and status are unproblematic. While the status of Thai women in the contemporary world has improved, and gender inequality has been narrowed through legislation, women appear to be restrained from having equal access to the opportunities men have. They are confronted by discrimination in several dimensions of life.

Male domination in Thai society has derived from a combination of interrelated factors, including absolute monarchy, Buddhism, matrifocality, and ingrained gender role expectations, in addition to traditional patriarchy. Only men were formerly valued as economically active, particularly in the royal service, while women were assigned household activities. Religious beliefs emphasised women's subordination by allowing only men to enter monkhood, requiring formal education in the temples. This continued with women's lower formal educational attainment until the 1990s, when the gender gap in educational attainment closed at all levels (Knodel, 1997). However, the parent's gendered preference in providing education to children and the gender role endured lower educational opportunities among girls and women (Costa, 1997; Ministry of Education, 2016). Furthermore, only men are allowed to pay a moral debt to parents by entering monkhood which can ensure special merits for parents. By contrast, women need to repay debt with support and care

until the death of their parents. This duty is added by a matrifocal kinship system in which the daughter inherits the parental house whilst assuming economic and caring responsibilities for her parents. These traditions are rooted in the patriarchal Thai society and have thus far contributed to women's limited resources and opportunities. The lifetime gender role also coerces women to behave and bear disproportionate household responsibilities throughout their life course.

The development of female status and opportunity, such as having equal opportunity in education and the labour market to men and being highly represented in the modern economic sector, needs to cover women of older age in this generation. This is indicated by lower levels of educational attainment and formal labour market participation among older women compared to older men (NSO, 2018a). The disadvantages of older women are likely to be considered a shared and private matter. Otherwise, such drawbacks are neglected by the presumed safeguard attained by older women through social and cultural norms, especially parent repayment expectations. Combined with the assumed gender-neutral ageing policies for older persons, the research focusses on gender disparity in older age became ambiguous or was left behind. To address this issue in the policy and research community, research was required to show older women's current position and status and reveal differences in later life between men and women in Thailand. A collection of literature and research in Western societies that experienced population ageing earlier have incorporated the issue of ageing and gender. Many studies also adopted the political economy perspective and the life course approach to identify the cause and effect of gender disadvantages in later life (Arber and Ginn, 1991; Arber and Evandrou, 1993; Estes et al., 2003; Estes, 2004; Walker et al., 2007, Walker and Foster, 2014; Foster and Ginn, 2018; Foster and Heneghan, 2018).

In Thailand, however, most research is conducted in isolation rather than as a combination between ageing and gender, which aligns with the general views of these two issues and the government's functioning. Several Thai ageing research studies have focused on older persons' physical and mental health, their well-being and active ageing level, as well as caring for older persons (see, for example, Rittirong et al., 2014; Prachuabmoh, 2015; Knodel and Teerawichitchainan, 2014; 2017; Thanakwang et al., 2014; Haque; 2016; Loichinger and Pothisiri, 2018). Alongside population ageing, recent ageing studies further relate to older persons' employment and income

(Keeratipongpaiboon, 2012; Kongboon and Pongpanich, 2016; HealthAge, 2017; Sripakdee, 2017). On the other hand, the gender dimension is more applied to the problems of those of working age instead of older age, including women's position and status, their political rights, and gender differences in employment opportunity and income (Tantiwiranond, 1997; Vichitvadakan, 1998; 2008; Arttachariya, 1997; Tippavan; 2001; Komolvadhin, 2008; Buranajaroenkij, 2017). Although the more accurate representation of both women and older persons in Thai society has been described, the disadvantages of women in older age remain concealed since these prejudices are more likely to be a combination of their basis of ageing and gender.

The linkage between ageing and gender dimensions has been found in only a few pieces of literature and research (Knodel and Chayovan, 2008, 2014). Only one study explicitly adopted a life course perspective to investigate the relationship of gender differences between earlier and later life experiences (Sobieszczyk et al., 2003). Although these works provide comprehension of gender inequality in later life, they are predominantly based on quantitative data analysis and do not portray the current situation of older women. Considering the likelihood of accepting disproportionate dual responsibilities, at work and home, among women due to gender role expectations and social norms along with the aim of government's policies to treat older persons with a comprehensive and unbiased approach (TGRI and CPS, 2013), differences in older age between men and women tend to be unrevealed. This could be further challenged by globalisation, migration, and the country's development, which tends to affect older women more than older men in terms of employment and income, especially for those with fewer resources and living in rural areas (Adhikari et al., 2011; Keeratipongpaiboon, 2012; United Nations Population Fund (UNFPA) and Office of the National Economic and Social Development Board (NESDB), 2015). Thus, it is crucial that older women's current status and situation and ageing policies in response to their needs require further research to understand their circumstances better and could promote these issues among policymakers and the public.

To achieve the aims mentioned earlier, this research utilised a political economy perspective with the life course approach to identify older Thai women's disadvantages compared to men and how

their status and circumstances have been socially constructed through social institutions, state interventions, and gendered society throughout their life course rather than being determined by the chronological age itself (Walker, 1981; Estes, 1981). This perspective enables the researcher to analyse such complex situations of older women at both societal and individual levels. Using a political economy perspective, older women are viewed heterogeneously instead of homogeneously. Thus, their diverse experiences deriving from different social structures, such as class, gender, and ethnicity, are recognised (Arber and Ginn, 1991). The thesis considers that the interaction between such determinants in women's younger age, leading them to have few life opportunities, has influenced their ageing experiences. In the case of Thai society, patriarchy and cultural contexts, including women's roles and responsibilities, across their life course have affected women's position and status as well as their situation in later life. This thesis describes older Thai women's position and circumstances and ageing-related policies and implementation provided for them and other older persons.

The National Survey of the Older Persons in Thailand (SOPT) is the primary source of secondary data for this research. This survey enabled a macro analysis of differences in position and status between older men and women, including educational attainment, partnership status and living arrangement, employment and income, and health status. This thesis largely used the 2017 SOPT since it was the most recent survey when conducting this research. Other surveys, consensus and the major updates from the 2021 SOPT were added to bring an up-to-date analysis of older women's position and status and show the reality of their situation. At the same time, older women's direct experiences collected from group discussions help validate the role and status of older women in rural areas while explaining some apparent issues within the statistical analysis. Although some older women used to join community activities, such discussions offered a rare opportunity to express their opinions on their situation. When combined with interviews with people from the policy community, the research depicts a broader context of the position and status of older women in Thai society. This was also the first time these participants had been interviewed about their perspectives on older women and the gender dimension in the ageing-related policy. Surprisingly, as indicated by the findings, despite women's disadvantages being apparent in the data, such issues are not likely to be problematic in Thailand. These situations are not only shown

by quantitative or qualitative data analyses but also by the process of triangulation. This process also helps indicate a lack of gender perspectives in ageing policies and sheds light on the future ageing policy with more careful consideration of gender.

This thesis points out the disadvantaged position of older women led by a patriarchal society and traditional beliefs and norms. It addresses various political, societal, and cultural factors affecting older women's disadvantaged status and circumstances. It also analyses self-perceptions and public perceptions of older women in modern Thai society while disclosing the position of older women in society and ageing policies. This analysis thus identifies inequalities in older age and the needs of older women with significant policy implications. Therefore, the ability of this thesis to enclose the description of older women's status and circumstances and reasons behind the disadvantaged positions of older women and to identify gender dimensions in ageing-related policies in Thailand can help fill the knowledge gap in this field. At the same time, it provides an account which puts the importance of gender dimensions in ageing policies at the forefront of ageing research. In other words, this research adds to the deficient literature on synthesising ageing and gender in Thai research.

All in all, this research makes at least four contributions to scientific knowledge. First, it provides the knowledge base surrounding gendered disadvantages throughout the life course. It fills in knowledge gaps about the cause and effect of gender inequality for older women in Thailand. It emphasises individuals' social structures as important variables that have a relationship with other variables to differ the lives of older women. Second, it demonstrates the importance of gender role expectations and cultural contexts in constructing ageing experiences which are likely to have differed between those in Western and Eastern societies. Third, this thesis is the first in the Thai research community to provide mixed-methods research to the ageing study by combining the two quantitative or qualitative accounts dimensions. Lastly, considering the unusual association between gender and ageing, particularly in Thai society (Knodel and Chayovan, 2014), the thesis links gender to ageing to demonstrate the insufficient focus on the disadvantages of women in older age both in political and academic spheres.

Structure of the Thesis

This thesis is structured into ten chapters. This chapter has introduced the entire thesis and outlined the position of Thai women, their ageing experience, and government policies concerning ageing and older persons. It explored the theoretical approaches employed and discussed the methodology and methods used within the thesis. It further displays and synthesises the contributions of the thesis and then provides concluding remarks. The detailed information of each chapter is provided as follows.

Chapter 2 describes the historical determinants, namely absolute monarchy, Buddhism, and matrifocality, that have interacted with and situated women in Thai society. These determinants have socially constructed women's position and status and how others perceive and expect them. Women's position and status, particularly legal status, have been elevated along with the country's development. The perception of women as an asset has gradually been changed to be theoretically more equal to men. Women have better political and social rights and better opportunities in life. They can also access various services on a par with men. However, the perception mentioned above and role expectations of women rooted in society remain throughout the life course and thus led women of all ages to shoulder responsibilities within and outside the house. Modern Thai women are required to concurrently play the roles of money earner and housekeeper, being both a good wife and a good mother. With the lifetime of gender roles and responsibilities, older women appear disadvantaged in public and private spheres. Chapter 2 also shows that women's ageing experience is not likely to evolve and, in many cases, exacerbate their position and status in earlier experiences.

Chapter 3 discusses the ageing policy formulation and its influence on Thai society. It also gives details of policy implementations, programmes, services, and activities provided by the government for older persons. Since the 1940s, the Thai government has offered several old-age services, but the focus was primarily on alleviating difficulties in life for some social groups. In 1982, policies on ageing were officially launched with motivation from international organisations and global trends (Whangmahaporn, 2003). Such influences helped to guide or improve several

plans and policies on ageing in Thailand, including the pension system and the concept of active ageing. Legislation, policy, and guidelines have facilitated better accessibility to older Thai persons' services indicated by various financial and non-financial assistance and services, albeit as a homogeneous group. This chapter further explains how older persons are perceived in policy and how ageing policies manage gender dimensions.

Chapter 4 examines the development of the ageing paradigm and theory, which shows the shift in thinking about ageing from individualism to heterogeneity. It describes a theory explaining why and how disadvantages have been socially constructed throughout people's life courses. The chapter then provides a framework for analysing the ageing experiences of women and the repercussion of the gendered division of labour in their later life by exploring the political economy theory of ageing, which incorporates the life course perspective. The latter helps to see ageing as a dynamic social process occurring throughout the life course rather than a distinct phase of life that aligns with a paradigm shift in approaching ageing (Walker and Maltby, 2012; Hunt, 2016). This chapter also points out the lens of inequality encompassed in the political economy perspective of ageing, which enables researchers to identify differences between people in terms of gender, region, race, and ethnicity (Minkler and Estes, 1991; Hooyman et al., 2002; Estes, 2004; Katz, 2006). In addition to an individual's experiences and social structure prior to later life, this chapter examines how gendered differences in opportunity and access to resources across the life course have influenced the lives of older women.

Chapter 5 starts by discussing the methodological strategies and methods appropriate for addressing the gendered nature of ageing. It reviews debates regarding positivist and interpretivist ideologies and justification for the methodological choices made. It then shows the potential benefits of using mixed research methods and discusses how it can help investigate the situation of older Thai women. It allows for an account of the quantitative data analysis conducted for this study. Secondary data analysis of the SOPT was chosen to analyse older women's status and circumstances. It further explains the reasons for deciding to perform qualitative data analysis: group discussions with older women in rural areas and semi-structured interviews with people involved in a policy community. The former examines older women's status and self-perception

in society, while the latter reflects the government's view of older women and the gender dimension in policies. These methodological choices are based on the subsequent three chapters, interpreted into the thesis results. Last but not least, this chapter discusses ethical issues concerning this thesis.

Chapter 6 analyses the statistical data of the 2017 SOPT and other surveys relating to old age and gender issues to present the position and status of older Thai women. With statistical indicators, it provides a better understanding of the extent and depth of the situation of older women. The chapter describes an overview of the demographic characteristic of older persons, followed by the feminisation of ageing and the attributes of older rural women in Thailand. This chapter also examines older women's economic and social characteristics with reference to their partnership status and living arrangement, education attainment, employment and income, and the caring relationship within a family. The findings of this chapter show that older women are more disadvantaged than men in most aspects of life. It shows that older women and future generations are at risk of material and non-material deprivation. Moreover, it reveals how older women perceive their particular domestic responsibilities.

Chapter 7 depicts the realities of older women's status and their perception of ageing. This concurrently reflects gaps in knowledge of older Thai women's circumstances in existing research and literature. As group discussions allow participants to express their factual and perceived stories, the chapter shows older women's positive and negative perspectives on ageing regardless of their SES. While disadvantages and gender inequalities throughout the life course are tangible, most older women accept them as part of their lives and relate such situations to their roles and responsibilities as women. Their status and circumstances are likely to be stable or even worse in some cases. Older women affirm gender inequalities and discrimination in older age. This chapter also reflects the gender-blind perspective of government treatment for older persons, indicated by older women's hopelessness and desperation.

Chapter 8 also addresses gaps in knowledge of the relationship between older women and policies on ageing. Interviews with people within a policy community are an asset in gaining a better

understanding of gender considerations in ageing-related policies as it reveals both the government and the public perception of older women. The findings show that gender differences are often acknowledged or experienced and perceived, by participants, as normal conditions. Older women's disadvantages are further complemented by their more frequent participation in government programmes and services than men. This, therefore, led to gender consideration being deemed minor in Thai ageing policies. This chapter, however, finishes with participants' aspirations regarding gender mainstreaming in policy on ageing.

Chapter 9 synthesises the thesis's key findings, covering the three research questions. First, it concludes that older Thai women's status and circumstances derive from inequitable access to material and non-material resources across women's life course. It also focuses on the situation and circumstances of older rural women. Second, it discusses how structural and cultural determinants of gender disparity affect women at younger and older ages. It then highlights the traditional gender role expectation as a key element to enduring gender differences in older age in Thai society. It also points out that older women's disadvantages are not uniform, and the heterogeneity of older women is thus addressed. This chapter concludes with an analysis of the extent of gender consideration in ageing-related policies through the government's perspectives on older women and their response to the needs of older women.

Chapter 10, the conclusion chapter, provides a summary of the key findings of the thesis. Firstly, it reviews the rationale and motivation behind this research. Secondly, the chapter summarises the status and position of older women in Thailand and how their disadvantages have been constructed throughout their life course. Thirdly, it discusses the implications of the research and highlights the importance of applying a life course perspective and a gender perspective embedded in the political economy of ageing in formulating future Thai policy on ageing.

CHAPTER 2

THE POSITION OF OLDER WOMEN IN THAILAND

Introduction

The position of Thai women is complex. On the one hand, they were expected to be better off than those in some societies in the region (Vichit-vadakan, 1994; Devasahayam, 2014). On the other hand, they did not hold a higher status than men to the same extent as those in other communities within the region:

It was only in Thailand, and among the overseas Chinese communities in Southeast Asia, that the traditional status of women was considerably inferior to that of the men.

(Wong, 1979, p. 188).

Thai women were visible in the public sphere but were rarely found to be in the top positions in various sectors. For example, in 2019, Thailand ranked second in the world for the percentage of women with jobs in senior management in the private sector (Kersley et al., 2019), which is concentrated in the service sector rather than operational decision-making (Bangkok Post, 2020). Moreover, it is not very common to see women in governing positions in other sectors, including the public sector (OCSC, 2018) and national and local political levels (Iwanaga, 2008; UN Women, n.d.). Meanwhile, several studies have revealed gender inequality and women's subordination in public and private spheres of life across their life course (Tantiwiramanond, 1997; Sobieszczyk et al., 2003; Komolvadhin, 2008; Rommanow, 2012; Knodel and Chayovan, 2014). To understand more clearly and deeply whether and how older women are affected by gender inequality, this chapter explores the origin and development of women's position and status and how these determinants determine their roles and responsibilities in Thai society. It also investigates the current situation of older Thai women, constructed by the interaction between historical, political, economic, social, and cultural factors across their life course (Chapter 4).

The chapter is divided into three main sections: the first part looks at factors that have influenced women's positions from the outset, and the second considers women's roles and responsibilities

expected by social systems and how they react to them. In contrast, the third part examines Thai women's ageing experiences. Moreover, the incorporation of theoretical and empirical knowledge from both the developed and developing world in this chapter can help to fill some of the gaps in Thai literature on gender and ageing since the issues have not received much attention from policymakers and scholars despite gender issues having been raised since the 1970s (Sobieszczyk et al., 2003; Tantiwiranond, 2007; Knodel and Chayovan, 2008).

A Gendered History of Thai Women's Position

Women in ancient Siam (Thailand), i.e. the Sukhothai period (1238-1438), were deemed to have a relatively high status and enjoy their economic and social freedom through, for instance, bilateral and matrifocal kinship system, land inheritance, control over money and household finances as well as their presence in village markets (Devasahayam, 2014; Booth, 2016; Andaya, n.d.). These women, especially in the peasantry, enjoyed equal rights to men as they played significant roles in agriculture and trade and were also central to a family as well as incorporated into a community (Tantiwiranond and Pandey, 1987; Arttchariya, 1997; Tantiwiranond, 1997). These statuses and autonomy were substantially changed in the Ayuthaya period (1350 -1767). According to Tantiwiranond and Pandey (1987), women's subordination during this period derived from a patriarchal ideology that was made up of the interrelations of three factors; (i) absolute monarchy, a form of monarchy in which a monarch holds a supreme autocratic authority that has been influenced by the Brahminic cosmological concept of semi-divine kingship, (ii) Buddhism, the principal religion which is followed by the vast majority of Thai population, and (iii) matrifocality, a kinship system that kinship lineages evolve around the female members of related families (Tantiwiranond, 1997).

Absolute Monarchy: The Corvée System

The Ayuthaya period accepted the concept of divine kingship. The king's absolute power led people to become the king's subjects, meaning everybody was utterly controlled and arranged by the king (Onozawa, 2002). Under the *Sakdina* (ศักดินา) (corvée labour) system, people were classified, into two main social strata, upper and lower class, by their closeness to the absolute

monarch. The upper-class men comprised royals and noblemen who were close to the absolute monarch. Meanwhile, healthy men in lower-class were designated as royal commoners (phrai luang, ไพร่หลวง). They were obliged to render corvée/military service to the king for a certain period each year (Junko, 2002). This male segregation further affected the lives of women. The upper-class women, including royals and aristocrats, were utterly dependent on men, a father and a husband. They were taught to be virtuous, obedient, submissive, and strictly well-trained in women's roles, particularly domestic skills and entertainment arts, to serve and delight their male partners (Moffat, 1961, cited in Tantiwiranond and Pandey, 1987). Simultaneously, the lower class were forced to manage agricultural labour and household work to maintain their family's economic and social status. At the same time, husbands had left their homes to perform corvée duties (Kittitornkool, 2000).

Buddhism

Buddhism plays a significant role in Thai society as the vast majority (94 per cent) of Thai people are Buddhists (Onozawa, 2002; NSO, 2016a; NSO, 2018a). It also often intertwines with other social institutions in placing a higher premium on masculinity than it does on femininity, which has contributed to the hierarchical gender relations throughout women's life course, enforcing their subordination in Thai society (Tantiwiranond and Pandey, 1987; Promphakping, 2000; Komolvadhin, 2008). For example, Buddhist salvation allows men to be monks as patrons of merit. Women are only confined as merit clients, who can obtain merit through bestowing alms and serving Buddhist monks. Buddhism also compels women's roles and access to resources, especially educational attainment. Thai boys and men were privileged to obtain formal education provided only in the temple as a necessary requisite for entering monkhood. On the other hand, girls and women were not allowed to enter monkhood or have physical contact with monks, which discriminated against them enrol in the class. Women's low education, in turn, limited their work opportunities. Buddhism also influences Thai people's beliefs and ways of life concerning parent repayment, which is equal to the term 'reciprocity' in other traditions (Chapter 4). Children's obligation lies in obeying and repaying their parents, which are ways to express gratitude in Buddhist thinking. Economically active adult children are expected to repay their parents, particularly those too old to work or care for themselves (Knodel et al., 1987, p.144). Repayment

can be material and non-material support, including ‘unspecified help in old age’ and ‘companionship, comfort, care in old age’ (Buripakdi, 1977 cited in Basten et al., 2014, p.112).

Repayment can also be taken as an investment reflecting how well parents have provided their children and their childrearing efforts. Adult children with better education are likely to occupy better jobs and take better care of their ageing parents compared to their low-educated counterparts (Moriki-Durand, 2007). However, the ways of repayment differ between sons and daughters. Men can repay by becoming monks to ensure their parents’ enhancement in their next lives. At the same time, women can only take care of and provide their parents with monetary, nonmonetary, physical, mental and social support until their death. In this context, Buddhism serves as an ideology for the oppression of Thai women (Knodel et al., 1995; Knodel & Saengtienchai, 1996; Tantiwiranond, 1997; Kittitornkool, 2000; Sukhothai Thammathirat Open University, 2002; Manomaiabul, 2006; Komolvadhin, 2008; Hansatit, 2014).

Matrifocality: An Advantage of Women?

Thai family relations are traditionally governed by matrifocal and matrilineal domestic forms (Yoddumnern–Attig, 1992), which are similar to some countries in Southeast Asia but different from those in East Asia. Married men were expected to move into their wife’s parental houses and serve as labourers in their wives’ families. The couple was free to move out to establish their household on the wife’s parents’ land when their children were old enough to help to do household chores and farm activities. The youngest daughter frequently inherited the parental house whilst assuming economic and caring responsibilities for a wife’s parents (Moriki-Durand, 2007). This pattern was particularly evident in rural areas (Promphakping, 2000). Daughters’ inheritance does not necessarily mean their authority within the household. Family authority remained with men passing from father-in-law to son-in-law (Tantiwiranond, 2007), and women were obliged to shoulder agricultural labour work and trade management as well as their household and care jobs, especially when their husbands left the house to perform corvée duties. It is argued that although family authority was with men, women, widowed mothers, or wives still possessed other household decisions (Yoddumnern–Attig, 1992). Women also benefited from matrilocality as they stayed at their parental homes and were materially and emotionally supported by their families. In

this sense, a distinct gender division of labour within a family is common with women's complementary roles and responsibilities rather than a superior-subordinate hierarchical arrangement (Yoddumnern–Attig, 1992).

However, such matrilineal agrarian culture was lessened, and gender inequality in Thailand was strengthened through urbanisation (Manomaipaibul, 2006; Andaya, n.d.) and the power of Western Colonialism (Jongwilaiwan and Thompson, 2013). The male-dominated culture has existed and is explicitly prevalent in Thai society. In 2017, most of the head of households was men (NSO, 2018). The combination of these structural and cultural determinants has constructed a patriarchal system in Thai society. In particular, the Buddhist teachings and Thai cultural norms on family life have contributed to women's disproportionate moral obligation towards their parents, their instinctive subordination to men, and the wide power gap between a Thai husband and wife (Tantiwiranond, 1998; Xu et al., 2010).

Women's Statuses and Roles

This section elucidates the development of Thai women's statuses, roles, rights, and circumstances. It considers the influences on women's lives and how they have experienced older age. Although gender is a key dimension of inequality (Arber et al., 2003), it is essential to consider class distinctions, including their SES and consequences, among women and the interaction between them and the state when discussing their statuses and roles.

Women as an Asset

The Ayutthaya period marked a turning point in Thai women's status in public and private spheres of life. The male-dominated legal and social system influenced women's lives, and these determinants dominated their lives. Parental control was transferred into the conjugal power of their husbands after their marriage (Komolvadhin, 2008). Women's obedience to men was not only an expectation but was also enforced in law. This male supremacy legislation placed women as mere assets to men. For example, a husband or father was free to sell his wife or daughter, whilst a husband was permitted to kill his wife and their lover if he caught her committing adultery. The Family Code of 1361 further classified women who married a nobleman into four categories –

‘those given by the king, by parental approval and ceremonially wedded, those who married through personal choice, and slave wives’ (Tantiwiranond and Pandey, 1987, p.135). Such classification determined the treatment and privileges of women and the possessions and inheritances of these women and their children. Even though all women were expected to be good wives and good mothers who were faithful and assumed domestic and caring responsibilities, women’s class decided their expectations as a wife before marriage. Upper-class women were typically well-trained to be a wife; they thus were not required to work but expected to stay at home and satisfy their husband’s sexual desires (Tantiwiranond and Pandey, 1987; Patana, 2004 cited in Komolvadhin, 2008). Women who played a political role as a diplomatic gift tended to compete further against one another for the affection of the husband (Tantiwiranond, 1997). Lower-class women, in contrast, who often became slave wives, were required to work physically.

In 1805, polygyny was applied to all men by ratification of the Three Seal Laws Code (Office of the Council of State, 2004). Men were allowed to have multiple wives who could be classified into three categories; major, minor, and slave wives. Since all wives depended on their husbands, the number of wives reflected men’s economic, political, and social status. A man’s right was still superior to their wife’s life, including selling, punishing, or killing them if adultery occurred. The termination of marriage was allowed only if it was men’s choice. For example, the conjugality would be over if men decided to enter monkhood, seethed with intense rage, and left their wives or abandoned them without grounds (Office of the Council of State, 2004). This legislation and practice made polygyny socially acceptable for men only and invalid for women (Tantiwiranond and Pandey, 1987; Arttachariya, 1997). The development of the modern legal system in relation to women’s status also prevailed during the reign of King Rama V (1868-1910)—initially, the Slavery Abolition Act in 1905 elevated Thai women’s statuses. Women were no longer allowed to be sold into slavery, punished or killed by men. Polygyny was forbidden by the decree of the new family law (the Civil and Commercial Code, Section 1452). Under this provision, ‘a marriage cannot take place if the man or woman is already another person’s spouse. Added by Western ideology, Thai women have increasingly disapproved of events of adultery (Limsuwan and Kongsakon, 1998). Western ideology largely influenced these changes (Arttachariya, 1997; Komolvadhin, 2008; Suklarbkit, 2014). However, polygyny practices still

exist as men's nature in all social classes in Thai society (Wanwittayapa, 2004), and a wife who tolerates and negotiates with an unfaithful husband to preserve the marriage for the sake of the children is considered a 'strong woman' (Bao, 2008, p.158). Polygyny thus conceals power relationships and compels a couple to perceive conjugal problems as a family rather than social issues. According to Rangsvivek (2018), despite the government having propagated monogamous marriage as the basis of a well-functioning society, polygyny and monogamy coexist as multiple truths in Thailand. The practices of polygyny are accepted by men, especially elites and politicians, as long as they present the public image of their monogamous life whilst keeping their engagement in polygynous marriages in private.

Development of Women's Rights

The significant changes in women's status and rights continued to the reign of King Rama VI (1910–1925). In 1913, a married woman was allowed to choose whether to bear her husband's surname or keep her maiden name (The Surname Act of 1913). This right was terminated in 1941 by the Personal Name Act which forced women to use their husband's surnames after marriage. In 2002, the revision of the Personal Name Act 2002 resumed women's right to select a surname. In the Rattanakosin period (starting in the 17th century), there were also big changes in attitudes and behaviour towards women in Thai society (Arttachariya, 1997). For instance, girls' rights and opportunities for education were significantly improved due to the first compulsory four-year primary schooling for all children, regardless of gender and class, in 1921 (Costa, 1997). Formal education was later developed and substantially increased women's education attainment (Kittikornkul, 2000; Manomaipaibul, 2006). However, in 2017, it was found that the educational gap remained, particularly between urban and rural areas (Jeerasathotporn, 2017).

In 1932, Thai women were given equal political rights on par with men. They were entitled to vote and to stand as a candidate at elections when the country was transformed from an absolute monarchy into a constitutional monarchy (Arttachariya, 1997; Sopchokchai, 1998; Phujeenaphan, 2020). Women's other rights were advanced in 1974 as Article 28 of the 1974 Constitution stated that women and men have equal rights (Wanwittayapa, 2004). Women's rights to employment started to be improved in 1975 when some barriers to career progression were diminished, and

women in the public sector were no longer restrained from becoming judges, government attorneys and prosecutors (Kachacupt, 2008). This was considered a big step in women's rights and statuses since they rarely participated in formal employment and were often prohibited from obtaining employment opportunities by some regulations or social norms (Siengthai and Leelakulthanit, 1993). There have also been several laws and legislation to improve women's status, protect their rights, eradicate gender discrimination and promote gender equality in Thai society, including the Civil and Commercial Code B.E. 2550 (2007), the Criminal Procedures Code B.E. 2550 (2007), the Criminal Code B.E. 2550 (2007), the Victims of Domestic Violence Protection Act of B.E. 2550 (A.D. 2007), the Gender Equality Act B.E. 2558 (2015), and 1974, 1997, 2007, 2017 Constitution of the Kingdom of Thailand (The Government of Thailand 2014; Sai-orn, nd.; Suksri, 2021).

At the same time, the country's economic development and capitalist industrialisation challenged the traditional *Sakdina* social strata. People's class became modifiable, in which those with the lower social strata could rise to a higher social position with their increased income (Funatsu and Kagoya, 2003; Anon., 2014). The middle-class people (*chonchan klaang*-ชนชั้นกลาง) emerged and were a mixture of social origins (Funatsu and Kagoya, 2003; Komolvadhin, 2008). Women were deemed able to improve their social status; however, they were less likely than men to have the opportunity to raise their social class. This is partly because the patriarchal social system and Thai regimes have been dominated by the military by the bureaucratic elite for several decades, albeit sporadically (Iwanaga, 2008). Some women who could step up into a more affluent life may use marriage as a vehicle for upward mobility, such as becoming a minor wife (Bao, 2008).

The Model of the Good and Modern Woman

During the military regime of Field Marshal Phibunsongkhram (1939 – 1944 and 1948 - 1957), the distinct gender identities were marked as parts of attempts to represent the nation as civilised (Komolvadhin, 2008). For example, men were expected to engage in state affairs. At the same time, women, only in the upper class, were foreseen to be beautiful, modest, polite, and well-dressed, complying with the ideology of 'Flower of the Nation' (Subhimaros, 2016). The latter later encompassed women of all classes, particularly those who were educated (Buranajaroenkij,

2017) and became the standard of ‘Kulasatrii Thai’, which is defined as women who are proficient and sophisticated in household obligations, graceful, pleasant with modest manners and conservative in sexuality (Lapanaphan and Chinakkarapong, 2019). When presented by the media, the image of modern Thai women is often associated with ‘youthful, outgoing, gregarious, fun-loving and often rather ‘girlishly’ cute, yet avoids any suggestion of her sexual agency or availability’ (Harrison, 2001 cited in Komolvadhin, 2008, p. 31).

Thai women are generally anticipated to follow gender role expectations throughout their life course. Regardless of class, they are expected to adhere to the ideology of being good wives and good mothers, such as loyal, submissive, and supportive of their husbands (Tantiwiranond, 1997; Komolvadhin, 2008; Hansatit, 2014). These expectations are well-represented by the Thai proverb ‘Cháng táo nâ - Cháng táo lǎng’. Alongside the country’s development and urbanisation, women are also required to be educated and economically active in their adulthood to be modern and help develop the country’s economy (Buranajaroenkij, 2017). This was problematic because an educational opportunity for girls was likely to be limited due to gendered parental attitudes toward giving education to their children. In particular, rural parents believed that education was not necessary for girls since they would soon be married and dependent on their husbands (Costa, 1997). The reverse was true for sons, as they would be the head of the family, and thus, they did not need to learn about doing domestic chores (Knodel, 1997). In modern times, women’s better education, employment and income are not likely to facilitate them to escape from traditional patriarchal relations. Rather, they were likely to shoulder both work and household responsibilities (Hanklang, 2014). Moreover, the ideal image of women and the notion of a good woman is likely to continue into women’s later life.

Roles of Women in Society

Gender role expectations in Thai society manifest throughout people’s lives (Aewsriwong, 1993). In childhood, even though the traditional beliefs of the sex-role stereotype appeared to be more egalitarian among Thai parents in the 1990s when women’s education was improved remarkably with the closing of the gender gap in educational attainment at all levels (Knodel, 1997; Costa, 1997), girls’ educational opportunity is still impeded by parents’ gendered expectations towards

areas of study (Chamsanit, 2020) and their greater responsibility for the family's necessities, particularly among those in rural areas (The Government of Thailand, 2014). In adulthood, gender expectations also influence the work society. While more girls than boys were qualified at all levels of education (Ministry of Education, 2016), women were given fewer opportunities than men to participate in the labour market, in particular among those aged 15-29 years and those who held a higher educational qualification (Chandoevrit, 2018). Employment opportunity also involves areas of study and employers' attitudes toward employees. Females are more likely to graduate with humanities and social sciences degrees (Trusz, 2020) and unemployed than men who are likely to graduate with engineering or technology (The Nation, 2020). At the same time, employers often perceive women's double roles as a worker and a wife as negative, which impedes their career progression (Arttachariya, 1997; Komolvadhin, 2008; Hansatit, 2014).

In marriage, Thai husbands traditionally earn the most income in a family as breadwinners and usually hand the total or some amount of income to wives who often play the role of family finance manager (Mapraneet, 2009), particularly those in the lower class (Mensendiek, 1997). Wives, therefore, attempt to accumulate all material resources, including their income, as the family's income to manage the budget to meet the family's needs and deal with financial problems (Siengthai and Leelakulthanit, 1993; Richter and Havanon, 1995 cited in Kittikornkool, 2000) as well as to avoid arguing with their husbands (Richter and Havanon, 1995 cited in Kittikornkool, 2000). At the same time, they are not allowed to spend this budget on their preferences but on family necessities, such as meals, clothes, and children's upbringing (Siengthai and Leelakulthanit, 1993; Kibria and Mowla, 2004; Mapraneet, 2009). This means that husbands still hold a monopoly on executive financial power and an unequal power relationship between genders in a family where a man is often a leader and superior to a woman in the family.

In modern society, expectations for men remain focused on the breadwinner's role. On the other hand, women are expected to undertake double roles as family earners and homemakers—this expectation, together with modernity, led to a significant female workforce participation in Thailand. Compared with countries in the Asia-Pacific and other parts of the world, Thai women's participation in the labour market was rather high (Paitoonpong and Akkarakul, 2009). In 2021,

the female labour force participation rate was 59 per cent, while the global rate was 46.3 per cent (The World Bank, 2021). It is also worth mentioning that Thai women's employment is informal (Siengthai and Leelakulthanit, 1993; Komolvadhin, 2008). Informal employment involves routine, semi-skilled, and poorly paid jobs, such as the labour-intensive industries, including textiles and clothing (Siengthai and Leelakulthanit, 1993), which also has higher demand than skilled- or professional labour (Chandoevwit, 2018) and is also likely to exclude women from labour law protection and pension coverage (Ministry of Social Development and Human Security (MSDHS), 2007; Mekrungruengkul, 2011; Romanow, 2012; NSO, 2016b, 2019; 2020; International Labour Organization (ILO), 2018). Along with modernisation, there is an increase in concerns about the incompatibility challenge faced by women, including the burdens of their multiple roles and a lack of freedom to choose to perform one or both of a worker role and a housewife role, in some Asian societies, such as Hong Kong and Taiwan. It is also suggested that the government's policies, such as childcare support and retirement protection measures for non-workers, have the potential to assist women in tackling these challenges (Yu et al., 2021).

These determinants contribute to the gender gap in employment and income in Thailand (Charoenloet, 2015; Loichinger et al., 2018), which affects women in both the informal and formal sectors (Vichit-vadakan, 2008; Kachacupt, 2008; Office of the Civil Service Commission (OCSC), 2018), similarly to many Western societies (Arber and Evandrou, 1993; Foster, 2010). Even though employment gaps are deemed to be narrowed or diminished by globalisation and modernisation (Katsushi and Bilal, 2018), the gender wage gap, which is also a global phenomenon (Terada-Hagiwara et al., 2018; Foster and Ginn, 2018), is significant (Nimchainan and Osathanankul, 2013; Jithitikulchai, 2016) in both urban and rural settings in Thailand (NESDB, 2020). Women's structural and cultural barriers in life potentially lead them to mental health problems, such as stress and depression (Rungreangkulkij et al., 2019).

Being Homemaker and Carer

Discriminatory social institutions and stereotypes of gender roles are further associated with an unequal share of household responsibilities (Ferrant et al., 2014). Women, in general, undertake more unpaid work than men, including housework, care services, and community services (ILO,

2019; Vlachantoni and Palmer, 2019). Globally, they spent two to ten times more time on unpaid work than men. Women are also deemed more important than men in maintaining family relations (Arber and Ginn, 1991). They are crucial in assisting younger generations through childcare and domestic chores (Russel, 1987; Moriki-Durand, 2007; Glaser et al., 2013; 2018; Ingersoll-Dayton et al., 2018). Women's caring responsibility thus inextricably portrays them as 'natural carers' (Walker, 1996, p.31). However, women's experience of unpaid work and care varies greatly between high-income and lower-income countries and between different income groups within countries (Seedat and Rondon, 2021). As for Thai women, they likewise assume disproportionate unpaid work in the house. In 2015, Thai women spent 1.33 hours a day more than men providing unpaid care for their family members (NSO, 2016c), including a husband and children as well as parents, grandchildren, siblings and close relatives (Vichit-vadakan, 1994; Arttachariya, 1997; Hansatit, 2014). Also, in 2017, many women cared for at least two family members (Boonchutima, 2018).

Thai women's performance is linked to gender roles and the ideology of a good woman. For instance, a wife must wake up earlier than a husband to prepare breakfast in the morning and must, clean the house after dinner and go to sleep later at night (ตื่นก่อน นอนทีหลัง) (Lapanaphan and Chinakkarapong, 2019). However, this notion has different implications for women of different classes, depending on their resources. Household responsibilities are less likely to be strenuous for upper- or middle-class women as they can hire maids or workers to lighten these burdens compared to their lower-class counterparts (Chareonlerd and Kanchana-aksom, 1999 cited in Kittikornkul, 2000; Komolvadhin, 2008). This means that women who cannot pay for helpers are likely to shoulder multiple tasks, limiting their socialising and leisure time and challenging their physical and mental conditions (Yokying et al., 2016). Thai wives, nevertheless, still value their excessive household labour and childcare (Surinya, 2000) and perceive gender power relationships within a family, i.e. decision-making power, as unbiased (Detboon et al., 2017).

Ageing Experiences of Thai Women

People's ageing does not happen immediately after a particular stage of life or chronological age; instead, it is a changeable process that has been socially constructed through historical, social, economic, and environmental factors (Dannefer and Phillipson, 2010) as well as social policy (Dannefer and Setterson, 2010) across their life course (Chapter 4). However, people 60 years old in Thailand are considered old, legally and socially (Prachuabmoh, 2015; Gray et al., 2015) (Chapter 3). The likelihood of ageing well among Thai persons is closely associated with individuals' social positions and other circumstances, including gender, partnership status, income, physical function, nutrition, self-esteem, and social relationships (Manasatchakun et al., 2016; Sinchaiwanichakul and Kespichayawattana, 2018). This section discusses how older Thai women live and how determinants have shaped their lives: educational attainment, work and income, and family relationships throughout their life course. It also examines how older women perceive themselves and are perceived by the public.

Older Women's Partnership Status and Living Arrangement

Partnership status is generally associated with many aspects of life. In marriage, husbands are expected to play the role of economic providers, whilst wives play a housekeeper responsible for domestic chores and caregiving. It is well established that married people fare better in terms of health (Clouston et al., 2014), economic (Zissimopoulos et al., 2013; Department for Work and Pensions, 2018) and psychological well-being (Wright and Brown, 2017) than their other partnership status counterparts. Married people in all cultures, including Thais, can primarily expect economic, social, and emotional support and personal care from their spouse (Arber and Ginn, 1991; 1995; Knodel and Chayovan, 2008). However, there are gender differences in this advantage since women tend to be younger than their spouses, who also often have a lower life expectancy, and thus are likely to be widowed and to live alone in older age. Marriage is also a gendered institution where men typically have greater power than women (Bernard, 1972, cited in Wright and Brown, 2017, p.5). While husbands can expect to cease work in formal or informal sectors at an older age, women continue to perform their multiple roles. Women are likely to

undertake emotional and caregiving burdens disproportionately, potentially leading them to experience psychological distress (Wong and Waite, 2015; Brown and Wright, 2017).

A transition in partnership status affects both older men and women, albeit in different aspects of life. For instance, the loss of a spouse decreases older men's life satisfaction (Chipperfield and Havens, 2001), whereas marital dissolution has consequences for older women in terms of financial (Joyce, 2005), physical and mental well-being (Perkins et al., 2016; Brown and Wright, 2017), in particular for those with relatively low status (UN Women, 2019). Given the traditional financial independence of women over men, widowhood is deemed to be a root cause, among others, of older women's poverty and deprivation (Arber and Ginn, 1991; Jone, 2010; Zissimopoulos et al., 2013). Their poverty does not stem solely from marriage dissolution (Sefton et al., 2011) but rather their material subjugation within their partnerships and unequal resource sharing within a family (Hall et al., 2019). In this regard, women's higher proportion of singlehood and widowhood (UN Women, 2019) in both developed (Austen, 2016; Pew Research Center, 2016; Age UK, 2018) and developing countries (Knodel and Ofstedal, 2003; Carr and Bodnar-Deren, 2009) are more likely than men to be financially disadvantaged. However, women's widowhood is a two-sided issue. While widowed older women in both Western and Eastern societies tend to be worse off than those who are married, single or never married, they are more likely to have a sense of security that they can call upon their children to provide informal care should they need it (Falkingham et al., 2014; Zhang and Lin, 2017; Hu and To, 2018).

The living arrangements of older persons vary depending on several factors, including the country's income level, cultural context, gender, age, area of residence, changes in family structures, family size, absence of kin, and financial concerns (United Nations, 2017). The trend toward independent forms of living arrangement - living alone or with a spouse only - has been widespread among older persons in developed countries, especially in Western countries (United Nations, 2017c; Glaser et al., 2018). This trend has also increased in developing countries, such as Asia, Latin America, the Caribbean, and Africa, even though co-residence with children remained dominant (United Nations, 2017c). At the global level circa 2010, while the number of older men and women who lived independently was nearly the same, older women were more likely than

men to live alone (17 per cent of older women and only 9 per cent of men). Regardless of gender, the likelihood of living alone increases with age. Thirty-two per cent of oldest-old women (aged 80 and over) lived independently compared to 15 per cent of women aged 60-79 (United Nations, 2017c). The number of children is closely associated with co-residence with a child in both developed (Tomassini et al., 2004) and developing countries, including Thailand (Knodel and Teerawichitchainan, 2017). Older persons with more adult children are more likely to live with their child(ren) than those with fewer adult children. Additionally, the increased migration of adult children and women's participation in the labour market in most parts of the world has further contributed to the rise in skipped-generation households (consisting of grandparents and grandchildren but without parents) (Glaser et al., 2013; 2018). These households are headed by older women who also provide care for grandchildren.

The choices of living arrangements also involve older persons' and families' decisions and attitudes towards living arrangements. Western older persons who have a high level of education and financial resources are likely to prefer to live independently (Timonen, 2008), while Asian ageing parents' living arrangements are largely determined by their adult children (Ng et al., 2002), especially those who were the only child (Moriki-Durand, 2007). However, the choice of residential homes appears to be an alternative for older Western persons who need personal care (Arber and Ginn, 1991). This living arrangement is contrarily likely to be restrained by the philosophical and religious influences of child obligations (filial piety or parent repayment) for those in Asian societies (HealthAge International, 2013). Nonetheless, institutional care is increasingly accepted among older persons and their families in some Asian modernised societies, such as Hong Kong (Ng et al., 2002).

In Thailand, adult women are traditionally married, as in most Southeast Asian countries (Jone, 2010). Thai married women are likely to rely on their spouse financially, physically and emotionally (Surinya, 2000; Komolvadhin, 2008). However, the financial status of married women is unlikely to be entirely affected by the loss of husbands due to the Thai partial pension system. Only wives of husbands who had worked in the formal sector (i.e. the public sector) are able to receive a lump-sum payment, while wives of those who worked outside the formal sector do not

receive a pension. Living arrangements of older Thai persons are chiefly governed by adult children rather than older persons' decision-making, similar to those in Asian societies (Knodel et al., 2015). Overall, Older Thai women often co-reside with adult children, particularly those of advanced age. They also predominantly receive income from these children who secure their old-age income rather than a pension (Sripakdee, 2017; Teerawichitchainan et al., 2019). By contrast, those who are childless and living alone are considered vulnerable to the risk of desertion or neglect by their family members (Knodel and Teerawichitchainan, 2017). In modern society, independent living has become more acceptable among older Thai women, including living alone and living only with a spouse (Punpuing et al., 2017; Teerawichitchainan et al., 2019), due to several factors, such as the steady decline in the number of living children and the privacy of older persons, particularly for those in good health (Sobieszczyk et al., 2003; Knodel et al., 2015; NSO, 2018a). An increased rate of female singlehood (women who remain single in their late 40s) and women having relatively high education and career advancement opportunities combined with growing confidence in self-reliance and independence have contributed to a rise in the number of childless and solo-living older women and also became a concern among policymakers (Chuanwan and Katewongsa, 2014).

The living arrangements of older Thai persons are also determined by their area of residence. Older Thai persons living in urban areas are more likely to co-reside with their children than their rural counterparts (Moriki-Durand, 2007; Knodel and Teerawichitchainan, 2017; Ingersoll-Dayton et al., 2018). Meanwhile, a consequence of urbanisation and migration has increased the number of skipped-generation households in Thailand (UNFPA and NESDB, 2015), in particular among rural low-income households (Knodel and Nguyen, 2015) and in rural areas (Ingersoll-Dayton et al., 2017). In Thai society, even though residential homes are uncommon and often criticised as parental abandonment (Narknisorn and Kusakabe, 2013; Sasat and Bowers, 2013), the number of older persons living in residential homes has increased (Thai Health Promotion Foundation, 2011) and a demand for private residential homes has been growing among older and younger people (Ngamyang and Phaophoo, 2012; Pattanapruteep, 2020). Entering into residential homes is traditionally gendered, considering women's greater longevity and the feminisation of poverty (the phenomenon that women are disproportionately represented among low-income

individuals globally (Christensen, 2019)). This gender gap, however, has been narrowed in some countries, such as the UK, due to the increasing life expectancy of males (Office for National Statistics, 2014). In Thailand, this gender gap in public residential homes was moderate (Chapter 6). Still, the number of women, especially the never-married, who are required to live in residential homes increased compared to men (Bangkokbiznews, 2020).

Population ageing and the increasing prevalence of independent living directly affect carers' availability and the quality of eldercare (Arber and Ginn, 1991; Walker, 1996; Centre for Policy on Ageing, 2014). Older persons in co-resident or multi-generational households or those better off are more likely to benefit from informal carer availability than those who live alone or the oldest old who are most likely to be poor. The situation is expected to be exacerbated, particularly for those living in developing countries where accessing caring resources is unequal, including Thailand (Balaswamy and Adamek, 2017). It is argued that geographic distance does not necessarily trigger support from and social interaction with children. Older persons living nearby or adjacent to their children in both developed (Timonen, 2008) and developing countries, including Thailand (Ng et al., 2002; Knodel et al., 2015), can still receive such support from their children. In addition, older Asian persons who live adjacent to their children may receive better daily care support than those without children or who have non-coresident children (Knodel and Debavalya, 1997; Ng et al., 2002). However, while the changing trends in partnership status and living arrangement patterns have an impact on intergenerational relationships within the family in some countries (Timonen, 2008), it was likely to be absent in Thailand. The norm of parent repayment remained intact in Thai society (Knodel, 2014) even though people's expectations to be cared for by their children when they get older have declined (Basten et al., 2014).

How Educational Attainment and Employment Have Influenced Women's Later Life

Education is strongly associated with other aspects of life in older age, including employment and income, health status, partnership status, living arrangement, the quality of later life and ability to negotiate old-age transitions (Harold, 1992; Freedman and Martin, 1999). People's educational attainment is gendered, especially in a patriarchal society (Dom and Yi, 2018). Educational

disparities among women (Harold, 1992) and their different social classes (Dom and Yi, 2018) produce differences in employment status, income, and pension entitlements. Gender division of labour, combined with the country's labour market structure and social policy, particularly in countries with conservative gender norms, led women, on average, to occupy relatively low employment status and income (Bussemakers et al., 2017). Women's educational deprivation also contributes to poor earning opportunities (Dom and Yi, 2018). While economic development increasingly requires women to participate in the labour market, they are generally likely to carry out their families' domestic and caring roles, which, in turn, considerably impact their employment and income, particularly those in formal employment. Women in developed countries are more likely than men to engage in part-time jobs with relatively low pay (Grady, 2015; Foster, 2010, 2017). Their lifetime domestic and caring responsibilities are likely to lead these women to cease paid work or reduce working hours (Vlachantoni and Palmer, 2019). Their interrupted work histories have led them to have smaller pensions than men in later life (Foster and Heneghan, 2018). Meanwhile, although it is argued that globalisation and urbanisation have a positive impact on women in developing countries, particularly for their employment and income benefits (Chen et al., 2013) as well as their bargaining power and social rights (Komolvadhin, 2008; Neumayer and De Soysa, 2011), in practice, they are likely to work in low-skill, labour-intensive, and low-paid jobs (Razavi, 2001; Chang and England, 2011).

In Thailand, older women, particularly in rural areas, still received lower formal education degrees than older men (Knodel et al., 2015) despite the improvement of the education system and the closed gender gap in schooling, as noted above. These women were less likely than men and their better-educated counterparts to have a decent workplace status and income and make pension contributions (O'Rand, 2001; Moriki-Durand, 2007; Keeratipongpaiboon, 2012) in working age as well as to rely on professional pensions. While people tend to cease work at an older age, old-age income security partly enables people to choose their later life ways. Older women who received better education could leave work earlier than their counterparts (Moriki-Durand, 2007). Income security also allows older persons to provide financial assistance to their children or grandchildren following the traditional family support exchanges (Knodel et al., 2013; Teerawichitchainan et al., 2018). Education further facilitates people to access information which

enhances their problem-solving ability and lifestyle behaviours in several domains of life, including health, material and caring resources (Freedman and Martin, 1999; E. Dupre, 2007; Solé-Auró and Alcañiz, 2016). Therefore, well-educated older women are more likely than the less educated to be able to improve their health conditions (Loichinger and Pothisiri, 2018) and get a better quality of life and well-being (Knodel et al., 2015). However, women's educational opportunity is increasingly limited with advancing age due mainly to their domestic and economic restrictions, socialisation patterns, and forms of discrimination (Minkler and Estes, 1991; Harold, 1992). The Thai government has attempted to encourage older persons to attain additional education through lifelong education. However, these programmes focused mainly on maintaining their wellness and healthy relationship with their families and communities (Rattana-ubol et al., 2011).

People's decision to work longer is also driven by other significant predictors, including age, gender, level of education, partnership status, living arrangement, health, pension eligibility, household size and hardship, employment sector, number of earners in a household and debt status (Adhikari et al., 2011; Kiratipongpaiboon, 2012; Paweenawat and Vechbanyongratana, 2015). Oldern with low education and those who were the heads of households and advanced age were likely to continue working in later life (beyond 60, a mandatory retirement age for government employees) (Loichinger et al., 2018). Although the number of Thai female older workers increased (NESDB, 2018; NSO, 2018; 2019), the majority of them have been in the informal sector (Chapter 6) or occupied inferior statuses and income compared to men in the same sector (Arttachariya, 1997; Soonthornchawakarn and Chintrakulchai, 2009; NSO, 2019b) and excluded from pension coverage (NSO, 2019c; Keeratipongpaiboon, 2012;). Moreover, the decision to extend working lives for older women with low socioeconomic status or those who faced financial difficulties, such as receiving less financial support from children, having fewer savings, being in debt (HelpAge International, 2017) , living in small households, including skipped- generation households, with economic tensions (Adhikari et al., 2011; Kiratipongpaiboon, 2012), were likely to be obligations rather than choices.

Those who worked in the informal sector engaged in agriculture were also more likely to continue working at an older age than their formal sector counterparts (Paweenawat and Vechbanyongratana, 2015). Some women who received an adequate or inconsistent remittance from absent adult children were obliged to earn a living and support their family members, including grandchildren (UNFPA and NESDB, 2015). The reverse was true of older persons with fewer financial problems, more family members, living with children, multi-morbidity, poor health, and functional limitations (Adhikari et al., 2011). Employers also considerably influence older persons' decisions to work themselves. In addition to negative attitudes towards women's double roles, employers also took workers' educational qualifications and level of work status into account when hiring older persons. For example, only employees with literacy and high education were required by private enterprises (Adhikari et al., 2011), while skilled workers were often hired into skilled-labour positions when they were older (Kittisakkul and Umpai, 2018). In contrast, low-skilled or unskilled workers are likely to remain in the informal, unregulated sector, such as agricultural or fishery works, where educational qualifications are less required.

In light of population ageing, most governments, particularly in developed countries, have encouraged workers to prolong their working life by establishing various policies aimed at eliminating age discrimination and barriers to employment in older age, including abolishing retirement ages, raising the state pension age (Lain, 2016; Foster, 2017), retaining, and recruiting, and facilitating efficient extended working lives for older persons (Loretto and Vickerstaff, 2015; Department for Work and Pensions, 2015). An increase in the older workforce also raises concerns about age stereotyping at work, including age diversity climate and intergenerational relationships (Truxillo et al., 2016). Alongside these policies and practices, age discrimination exists in Western societies (Smeaton et al., 2009), in particular across different occupational groups of the labour market (i.e. between those with seated and physical work) (Anderson et al., 2019). It is asserted that policies against age discrimination in the workplace are generally gender-blind, potentially intensifying older women's inferior employment status and hindering them from participating in the labour market (Walker et al., 2007; Walker, 2010; Foster and Ginn, 2018). In addition to distinct discrimination that laws and regulations can prohibit, older women are more likely than men to experience and be affected by interpersonal age discrimination (Stypinska and Turek,

2017). The trend of working longer has also been observed in Asian countries and requires many governments to implement policies regarding workforce management. For example, countries like Japan, China, and Singapore raised their mandatory retirement age and applied approaches to extending working life. At the same time, governments in less developed countries (i.e. middle-income countries) have begun to encounter the dual challenges of developing their work and pension systems while trying to expand coverage to informal sectors (World Bank Group, 2016). It was suggested that Eastern cultures might be less prone to ageism due to the traditions and cultural norms of respecting, obeying and caring for older persons (Vauclair et al., 2017; Wilińska et al., 2018). However, this traditional culture is in decline (Economic and Social Commission for Asia and the Pacific (ESCAP), 2020). Workers in Asia and the Pacific perceived the highest discrimination compared to Europe, North America and Latin America (Yildirmaz and Klein, 2020), and younger Easterners have more negative attitudes towards older persons than Westerners (North and Fiske, 2015). In Thailand, population ageing has also challenged the government. It has led to attempts to encourage older persons to continue working beyond 60 years by launching policies on employment promotion for older persons. These policies included eliminating age discrimination in the workplace which was one of the hindrances to employment among older persons (Chapter 3).

Regarding income, older persons in most countries likely rely on at least four main sources; work and income-generating activities; assets and savings; family support and private transfers; and social protection to meet their financial needs (UNFPA, 2017). Sources of income in older age are diverse between countries and individuals. Older persons in developed countries could rely on public pensions, albeit with considerable variation between countries (Naegele and Walker, 2007). On the other hand, only a few older persons in developing Asian countries were under pension coverage since the informal economy plays a vital role in these countries. In contrast, most relied primarily on their earnings (i.e. informal employment) and financial support from adult children and relatives (ESCAP, 2019). As mentioned earlier, Thai women mainly worked in the informal sector at the working age. This resulted in their older age, in which their main source of income was work and social pensions (the Old Age Allowance in Chapter 3) (Lloyd-Sherlock, 2012) rather than professional pensions (Chapter 3). In general, older women are likely to receive lower

pensions and live in poverty in later life compared to men (Walker, 1980; Arber and Ginn, 1991; Arber, 2004; Sefton et al., 2011; Foster, 2010; 2016; Foster and Ginn, 2018). The likelihood of receiving less income at an older age than at a working age also raised concerns about income adequacy in both developed countries (Organisation for Economic Co-operation and Development (OECD), 2017) and many Asian countries (OECD, 2018b). Income adequacy is problematic in, particular for older women, due to their lifetime work profiles and the lack of pension knowledge, as well as fewer assets and savings accumulated over their life course (Malroutu and Xiao, 1995; Wimer and Manfield, 2015; Foster and Heneghan, 2018; ESCAP, 2019).

Savings was another source of income in later life for many Western people (d'Addio et al., 2020) but not Asian people, who often withdrew their savings before retirement (OECD, nd.). However, the rapid pace of economic growth, less reliance on public transfer systems for old-age support, and the speed of the population ageing contributed to an increase in the saving rates in Asia (Jha et al., 2009; Horioka and Terada-Hagiwara, 2010; Kim et al., 2020). Saving ability is gendered. Women generally tend to save less than men even when earning the same amount, which increases the risk of poverty for older women (European Commission, 2018; US Census Bureau, 2018; ESCAP, 2019). Women's less saving ability derives from several facts, including their other priorities to be paid off, such as education debt, housing, childcare, the lack of pension knowledge, and their delayed and uncertain decision-making for saving (Malroutu and Xiao, 1995; Foster et al., 2016). For example, British women's lower pension savings were partly derived from their attitudes, knowledge, expectations and savings habits during their working life (Foster and Heneghan, 2018). In Asia, gendered savings were apparent in Malaysia, Indonesia, and Thailand (Tsao Foundation's International Longevity Centre Singapore and Mercer and Marsh & McLennan Companies' Asia Pacific Risk Center, 2018; Pothisiri and Quashie, 2018).

In the case of Thailand, poverty and income deficiency in older age are problematic but have been declining along with the expansion of the Old Age Allowance (OAA), the living allowance programme, which was introduced in 2009 (Knodel et al., 2015; NSO, 2018a). The OAA is essential for many older persons, particularly those who receive low income and live outside

Bangkok or are unlikely to be economically active (Paweenawat and Vechbanyongratana, 2015) even though the OAA is relatively small and unlikely to cover their living expenses (Rittirong et al., 2014; Paweenawat and Vechbanyongratana, 2015). Moreover, older men and women reported they were satisfied with their income (NSO, 2018a) even though older Thai women earned less than men (Knodel, 2016; Table 6.12). This may not reflect the actual level of inadequacy since the NSO's data presented the whole family's income rather than older persons' (Khongboon et al., 2016). Meanwhile, older persons' savings have decreased (NSO, 2018a), and many older persons are still in debt (Bank of Thailand, 2018; Pothisiri and Quashie, 2018).

Taking Care of Older Women: Whose Responsibility?

Health is the primary factor behind independence and the quality of later life. Demographic characteristics, including age, gender, class, race, and ethnicity, are crucial in determining people's health status (Arber and Ginn, 1991; Arber and Evandrou, 1993; Walker, 2005; Timonen, 2008; WHO, 2016). While most older persons are in good health, older women and those with lower SES are more likely to encounter illness or disability than their male and higher SES counterparts (WHO, 2015). Like other parts of the world, older Thai women with lower SES were more likely to experience physical (Zimmer and Amornsirisomboon, 2001) and mental health problems (Hanklang et al., 2018) than men and higher-SES women. This indeed increases the demand for healthcare services, long-term care, and carers with personal assistance, particularly among the oldest-old persons (who are chiefly women) in both developed (Brodsky et al., 2002; Timonen, 2008) and developing countries (World Bank Group, 2015; WHO, 2016). The availability and types of formal healthcare services differ between countries depending on the country's resources and policies on healthcare and ageing (Brodsky et al., 2002). In this sense, developing and low-income countries are likely to be in precarious positions due to their more limited resources than developed ones (Hao et al., 2020). Among low-income countries, barriers to access to healthcare services for older persons also include transportation, environment, and natural disaster (WHO, 2016). This is particularly problematic for older women in many countries, including Thailand, considering the gendered access to healthcare services, the feminisation of ageing, and the rise in seeking treatment among older women more than men (Zimmer and Amornsirisomboon, 2001; World Bank Group, 2016; Loichinger and Pothisiri, 2018; Chandoevwit and Phatchana, 2019).

The formal health and social care shortage in the face of population ageing has increased the need for informal care in many societies. Informal and unpaid eldercare is mainly provided by a spouse, family members, close relatives, friends, neighbours, or volunteers (Triantafyllou et al., 2010; WHO, 2015) and can be emphasised by a policy with the ideology of familism (Walker, 1996; 2012; HelpAge International, 2012; Yeung and Thang, 2018). This type of care is widely accepted as potential eldercare in most societies (Pickard et al., 2000; HealthAge International, 2013; WHO, 2015; Broese van Groenou and De Boer, 2016). For many Asian societies, including Thailand, informal eldercare is common and largely influenced by religious beliefs, traditional family hierarchy, and patriarchal norms of obedience (Knodel et al., 1995; Baider and Surbone, 2014; Miyawaki, 2015; Knodel and Nguyen, 2015). Caring for ageing parents is also interpreted as a ‘lifetime reciprocity’ arrangement in which children are expected to repay their parents for their parental care in children’s life course (Department of Economic and Social Affairs, 2005, p.5; Basten et al., 2014; Knodel et al., 2016). In Thai society, daughters are most likely to be expected and preferred to care for their ageing parents with various kinds of support, monetary and non-monetary (Knodel & Chayovan, 2012; Knodel, 2014), especially for those in Thai rural areas (Rittirong et al., 2014). Such support also provides greater psychological benefits, such as having feelings of affection, sympathy or understanding, to ageing parents (Rittirong et al., 2014; Knodel et al., 2015; Teerawichitchainan et al., 2015). Furthermore, the partnership status of co-residing adult children influences ageing parents’ well-being, economically in particular. For example, married adult children were more likely than unmarried ones to provide financial assistance to their ageing parents (Moriki-Durand, 2007). Nonetheless, informal eldercare concomitantly increases financial and caring burdens on older persons and their family members, especially women (Arber and Ginn, 1991; Crystal, 2006) with their role of ‘natural carers’ (Walker, 1996). By contrast, women were not likely to receive care from male family members even though they were more likely to have functional limitations and disabilities than men (Cameron et al., 2010; Rodgers and Zveglich, 2021).

Older Women's Domestic Responsibility and Contribution to Society

Women are obliged to assume disproportionate domestic and care responsibilities (Arber and Ginn, 1991,1995; Devasahayam, 2014; ODI, 2018). It was argued that the gap between women's and men's share of domestic labour becomes narrow at an older age (ILO, 2019). However, past studies showed that older women continue to carry out the majority of household responsibilities (Habib et al., 2016), regardless of their prior occupations (Wong and Almeida, 2012). Women's caring role remains salient in older age (Colombo et al., 2011, Carers UK, 2015, HealthAge International, 2012). Older women often provide care for others, both within their households, such as spouses, older relatives, and grandchildren (Arber and Ginn, 1991; Pickard et al., 2000; Ng et al., 2002; Knodel and Nguyen, 2015; Glaser et al., 2013; 2018) and outside their households, such as friends and neighbours (Arber et al., 2003; Triantafyllou et al., 2010; Aldridge and Hughes, 2016). In some Asian societies, women's caring responsibilities were not limited to their family members but also those of family-in-law (Sung, 2013). In the Thai context, family members include relatives who live together or are close to the couple, such as aunts, uncles, cousins, nephews, nieces, and grandparents (Vichit-vadakan, 1994). This inextricably increases older women's care work.

Household responsibilities differ between older women who live in different areas and living arrangements. For instance, along with adult children's migration seeking income, the role of grandmothers appeared to be increasingly paramount for Thai older women, particularly in skipped-generation households in rural areas (Knodel and Chayovan, 2012; Ingersoll-Dayton et al., 2017; 2020). While their parents principally take financial support for the grandchild(ren) (Knodel et al., 2015), several grandmothers showed some worry about family relationships, finances, the risky behaviour and safety of their grandchildren, and their grandchild(ren)'s future (Ingersoll-Dayton et al., 2020). Grandparenting enables adult children to be economically active. The reciprocal intergenerational relationships between grandparents and grandchildren also benefit both sides. While grandchildren can be fostered with love and warmth, grandparents tend to feel less lonely than older persons (i.e., those living alone). In addition, older grandchildren

often lighten the load of household chores or assist their grandparents with daily living activities instead of placing any burden of care on them (Knodel and Nguyen, 2015).

Older women also play a significant part in social activities, such as community services and volunteer activities in many societies, including in Europe (Joseph Rowntree Foundation, 2005; Gonzales et al., 2015; ILO, 2019) and Thailand (Cheungsateinsap et al., 2006; Suwanrada et al., 2014). The likelihood of being a volunteer is associated with their work, household responsibilities, and health conditions. Those with free time after retirement or grandparenting could be volunteers, whereas some refrained from joining volunteer activities because of their physical deterioration (Nazroo and Matthews, 2012). Older women's role as volunteers contributes to service recipients and society. It positively impacts the quality of life, including physical and mental health, life satisfaction and social support of those who engage in it (Age UK, nd.; Parkinson et al., 2010; Nazroo and Matthews, 2012). However, women's multiple roles in family, community, and society can have negative repercussions for them in older age, including physical strain and psychological distress by lack of leisure time, as well as social and financial caregiver burden (Baider and Surbone, 2014; Carers UK, 2015; Broese van Groenou and De Boer, 2016; Aldridge and Hughes, 2016; Sharma et al., 2016). This is also the case for Older Thai women, particularly those who continue working in the informal sector with low income and a lack of access to leisure activities (Hanklang et al., 2015).

Perceptions of Older Women in Thailand

Thai citizens, regardless of gender, are legally defined as old at age 60, the age at which the vast majority of people are entitled to receive a social pension. This chronological age is also the mandatory retirement age for government employees (Chapter 3). Thus, this age is a mark to divide people into the elderly and non-elderly (TGRI, 2019). Thai people perceived themselves (Gray et al., 2015) and were perceived by others and the public (Saengthong, 2017) as old at 60. These perceptions involved physical and mental deterioration, reduced working ability, and the loss or change of social status are disadvantages of old age. Ageing is sometimes perceived as positive regarding having social value and dignity and a sense of autonomy in some people (Burasith and Sasiwongsaroj, 2018; Sanamkhet, 2019). Traditionally, older Thai persons are expected to be

respected, honoured, and cared for by their children and younger people. Meanwhile, they are also required to behave appropriately and maintain their mental and spiritual health to live peacefully with their family and community. To meet these expectations, older Thai persons were recommended to adopt ingrained Buddhist principles into their daily life, such as joining religious activities, practising mindfulness, and making merit, such as helping others and giving money to street beggars (Chandee and Rithirod, 2015; Phrakruteratpaisan et al., 2019). By following Buddhist teachings, it was further believed that older persons would accept their ageing as a natural process or hold positive attitudes towards old age whilst being able to determine the pathways of their present and future lives (Kanchanachitra, 2014), which could also lead into life satisfaction in older age (Phramongkolthammavithan and Srathorng, 2017).

Perceptions of ageing, however, differ by gender. Overall, women are generally perceived as older than their same-aged male counterparts, particularly in physical appearance (Chapter 4). Likewise, Thai women are often portrayed as infirm, disadvantageous and dependent (Romanow, 2012; Buaphet, 2019) and more likely than men to confront discrimination and exclusion. This perception derived from the prevalent gender discrimination in both public and private arenas across their life course, particularly with advanced ages (Sobieszczyk et al., 2003; Knodel et al., 2015), combined with negative public attitudes towards gender roles and ageing (Thai Health Promotion Foundation, 2015). Women have also experienced physical and mental ageing (Zimmer and Amornsirisomboon, 2001; Loichinger and Pothisiri, 2018) and cognitive ageing (Vicerra and Pothisiri, 2020) faster than men. Since impermanence is central to Buddhist teachings, many Thai women were likely to accept the reality of change, deviating from the youth, thin, and beautiful ideal at an advanced age (Taifahpoon, 2015). This view is likely to change for older female generations, as evidenced by an increased acceptance of cosmetic surgery among working women, especially the middle-class living in Bangkok (Srichumpon and Samphanwattachai, 2018). This change was also evidenced by the significant growth of Thailand's beauty industry over the last decade (Thailand Creative & Design Center Research Center, n.d.; Department of Commerce, USA, 2019).

Although the issue of women's body image in the ageing process received little attention in Thai society (Sharps et al., 2001), several works indicated that the association between the 'old age' status and expectations of appropriate behaviour and obligation, keeping themselves healthy, being economic dependency, managing their living arrangement properly, and maintaining a familial and communal relationship, such as looking after younger family members, are prevalent among Thai people. These expectations included behaving respectfully, dressing correctly and being discreet and unbiased (Wachirapetchpranee, 2010; Phrakruteratpaisan et al., 2019). The media repeatedly presented the ideal image of older Thai women, such as in magazines and television. Older Thai women with pleasant lives were determined by three main attributes; happiness, work, and health (Buaphet, 2019). Along with population ageing and economic and societal changes, older Thai persons have increasingly been represented as a financial and social burden (Supawan and Kanganakitsakul, 2014, cited in Buaphet, 2019), similar to other parts of the world (Chapter 4). This was followed by concerns about intergenerational relationships in Thai society (Knodel et al., 1995; Sanamkhet, 2019). These challenges also have a detrimental effect on the self-perception of ageing among older persons and public attitudes towards them (Saengthong, 2017). These perceptions have the potential to preclude older persons from society (Thai Health Promotion Foundation, 2015) even though it was affirmed that positive attitudes towards older persons remained intact among Thai people, including children (Seefeldt and Keawkuungwal, 1986), adolescents (Runkawatt et al., 2013), and working-age people (Chatrungrueangchai, 2016). These attitudes, however, differed by age, income, gender and their social interaction with older persons, at the same time, were likely to be declined concerning the area of residence and modernisation (Eiamkanchanalai et al., 2017; Yoon et al., 2017).

Conclusion

This chapter has identified that Thai women have historically been secondary to men in several social and economic aspects, derived partly from the nature of a patriarchal society (Vichitvadakarn, 1994; Komolvadhin, 2008; Hanklang, 2015) combined with three main components: absolute monarchy, Buddhist teachings, and the ideology of matrilineal cultures. Thai women's position and status have been elevated over time from being an asset of male family members (i.e. a father and a husband) to holding equal rights to men, at least in terms of legislation. The chapter

has further revealed that the traditional gender role expectations and social structures have implicitly, if not explicitly, constructed the position and circumstances and the ageing experiences of Thai women. Women have remained in disadvantaged positions throughout their life course. While Thai women have played a significant role in economic activity by driving the country's economy and managing family finances, they assume domestic and caring responsibilities. Throughout the country's development, Thai women have also increasingly been expected to play multiple economic, social, and cultural roles in public and private spheres of life. The lifetime gender inequality also negatively affects women in older age, leading them to remain in inferior positions to men in several aspects of life, including educational attainment, partnership status, work and income, and their responsibilities both within and outside the house. However, such issues have received little attention from scholars and policymakers in Thailand.

CHAPTER 3

AGEING-RELATED POLICIES IN THAILAND

Introduction

Before 1982, the Thai government only provided monetary and non-monetary support to specific groups of older persons, such as people experiencing poverty and the most vulnerable in society. The first Thai policies for all older persons were pushed by the international debate at the First World Assembly on Ageing in Vienna in 1982 (Whangmahaporn, 2003). These policies included establishing the National Elderly Council and a national plan for older persons (Jitapunkul and Vivatvanit, 2009; Knodel et al., 2015; Teerawichitchainan, 2019). Like many developing and Asian countries, Thailand has been challenged by drastic demographic ageing and has seen to grow old before growing rich (Mehta, 2013; Bank of Thailand, 2018). Public finances were challenged by the older population's increased health and care needs (Health Systems Research Institute, 2016). Communal and familial caring relationships were questioned (The Secretariat of the House of Representatives, 2018). These challenges also raised the notion of the older population as an economic and social burden (Thaipublica, 2016; Bangkokbiznews, 2022). At the same time, the trend of women outliving men, the feminisation of ageing, is becoming more prominent in Thailand, similar to other ageing societies. However, Thai ageing-related policies that principally treat all older persons as a homogenous group have been taken for granted as gender-neutral. Thus, gender inequality is scarcely specified in Thai society, particularly in the policy cycle. Therefore, it is important to understand the history of Thai policies on ageing, how the government has placed older persons in society and dealt with population ageing and gender issues, all of which have primarily influenced the direction of present and future policies.

This chapter investigates policies concerning ageing and older persons in Thai society. It also looks at how these policies treat older persons, particularly women. It is divided into three sections regarding ageing-related policies and implementations in Thailand. The first section explores national and international forces that have influenced the formation of policies for older persons whilst describing the development of policies regarding ageing and older persons. It also highlights

the concept of active ageing, a contemporary concept used globally (Maltby and Walker, 2012; Foster and Walker, 2013). This concept has been applied to several Thai ageing policy initiatives (Jitapunkul and Chayovan, 2001; Jitapunkul, 2009). The second section thus examines the government's perspective of older persons through ageing-related policies and their approaches to essential domains in later life: health, employment and income, social assistance, and social participation. The last section looks at the gender perspective in policies and whether a gender lens is used by policymakers when formulating such policies.

The Formation of Ageing-related Policies in Thailand

When the populations of East and Southeast Asian countries were still relatively young, social policy and welfare provisions for older persons were previously not of interest to these governments (Fu and Hughes, 2009; Izuhara, 2013). The family typically undertakes eldercare in these countries due to the traditional norms and cultures of familism and filial piety (Fu and Hughes, 2009; Izuhara, 2013; Yeung and Thang, 2018). The rapid population ageing has subsequently challenged these countries more than Western countries (World Bank, 2015). Many countries had to alter their policy responses (United Nations, 2015). However, their welfare strategies were dissimilar due to differences in social and economic conditions, norms, and cultures (Walker and Wong, 2005; Fu and Hughes, 2009). For instance, some higher-income countries, such as Japan, provide their citizens with welfare benefits, such as public and private pension schemes and health care insurance. Welfare development in such countries can be considered welfare state regimes since basic social protection is provided for citizens (Walker and Wong, 2013). In contrast, even though the Western power pressured lower-income countries, including Thailand, needed to be equipped to deal with these challenges since they grew old before growing rich (Whangmahaporn, 2003; Mehta, 2013; Bank of Thailand, 2018). The ideal welfare strategy has three key players: the government, the community, and the family. Most governments, in both Western (Walker, 1996; Pickard, 2018) and Asian countries (Mehta, 2013; Basten et al., 2014), intentionally or unintentionally, often place the caring responsibility for older persons on the family while playing a supporting role in eldercare.

The Push Towards Thai Ageing Policy

In most Asian countries, the family traditionally cares for ageing parents and older relatives. Still, ageing policies have become more significant alongside the population ageing phenomenon and globalised influences. Thailand is no exception. Since the 1940s, the initial services provided for older persons, such as health and social services, were based on problem alleviation (TGRI & College of Population Studies, 2011). For instance, the first residential home, Ban Bang Khae, which was established in 1953, and the first healthcare unit, found later in 1963, aimed to provide means-tested benefits for vulnerable or marginalised groups of older persons as well as to protect or assist them from a hostile environment or personal difficulties (Jitramontree and Thayansin, 2013). Qualified older persons were to be deserted, homeless, or in extreme poverty and had to be aged over 60 and 65 years for men and women, respectively. In the late 1970s, the first recognition of older persons was in the fourth National Economic and Social Development Plan (4th NESDP, 1977-1981), where the government encouraged families to perform their caring roles for older persons increasingly. These means-tested approaches could only assist a limited number of vulnerable older persons (Whangmahaporn, 2003). It was thus alleged that the eldercare system in this period was safeguarded by a solid foundation of parent repayment even though the number of the older population increased (Jitapankul and Chayovan, 2001; Whangmahaporn, 2003; Jitapankul and Wivatvanit, 2009).

In 1982, the Vienna International Plan of Action on Ageing (VIPAA) was adopted as the first international instrument on ageing in the First World Assembly on Ageing in Austria. It provided guidelines on ageing-related policies and programmes for member states. It aimed to guarantee economic and social security for older persons and their opportunities to contribute to national development (United Nations, 1982). Thailand also appealed to achieve the VIPAA recommendations by establishing the National Committees for the World Assembly on Ageing to implement programmes concerning older persons at the national level (Whangmahaporn, 2003). Soon afterwards, the first National Committee for the Elderly (NCE), with 25 members, was established (Jitapankul and Chayovan, 2001; Jitapankul and Wivatvanit, 2009). This international influence, rather than internal political and social forces, considerably shaped the early stage of a

formal policy on ageing in Thailand (Whangmahaporn, 2003). It was not surprising that a gender issue was not even mentioned in these policies and interventions, chiefly formed by the country's leader and bureaucratic polity, composed of elite male members (Whangmahaporn, 2003). This also explains the Thai patriarchal society where the social system is dominated by men and 'defined by the absence of women' (Acker, 1992, p.567), resulting in differences in access to resources and life circumstances between older women and men (Acker, 1988).

The First National Plan on the Elderly (1st NPE, 1982-2001)

The First National Plan on the Elderly (1st NPE, 1982-2001) was drafted 1982 by the NCE and later approved by the Thai cabinet. It was considered the first concrete policy for older persons (Whangmahaporn, 2003; TGRI and College of Population Studies, 2011). The principle of this plan emphasised the caring relationship within a family where older persons should be respected and cared for by family members, their children in particular. It focused on four aspects of older persons' life: health; education; income and employment; social welfare, and social and cultural elements (Jitapunkul and Chayovan, 2001). In 1982, the 13th of April was also marked as the Older Persons' Day expecting people to annually celebrate, acknowledge, and appreciate the contributions and achievements of older persons (Peerayanant and Patharanarakul, 2017). Subsequently, other pursuits, including the Senior Citizen's Association of Thailand (SCCT) and the Senior Clubs, were set up. In 1989, the SCCT was initially formed with 25 elected members of the Executive Committee and 11 members of the Management Committee and other members were added later (Whangmahaporn, 2003). There was also an operational system to encourage members to establish at least one Senior Club in each province. Senior Clubs have latterly become pervasive because older persons themselves or with support from public agencies can form these clubs (Chantarapidok, 2017). In 2019 there were 28,245 Senior Clubs nationwide (Department of Older Persons (DOP), 2020b).

Although the 1st NPE was deemed the first national plan on ageing, it was criticised as largely controlled by the politicians, the bureaucratic elites, and the emerging middle class. The greatest caring responsibility remained on families. Older persons were still seen as a homogeneous group, ignoring their dependency and diverse needs despite these issues emphasised in the VIPPA (United

Nations, 1982). In 1991, Thai policies on ageing progressed again by adopting the United Nations Principles for Older Persons. The NPE also supported the launch of Long-term Policies and Measures for the Elderly (1992 – 2001). The right of older persons was first addressed in this plan (Jitapunkul and Chayovan, 2001; Jitapunkul and Wivatvanit, 2009). However, the government likely used one-size-fits-all approaches to older persons with different backgrounds. This direction was likely to be opposed to the UN's principle, particularly Article 18, which indicates that 'older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other statuses, and be valued independently of their economic contribution' (United Nations, 1991, p.2).

Following these Long-term Policies, the lives of older persons were improved by the substantial development of financial support measures and medical and health care services. For instance, the living allowance programme was introduced in 1993. This programme provided a small amount of money for a limited number of poor older persons (200 Baht or £5 per month for 20,000 persons) (Whangmahaporn, 2003), however, it improved financial situation of these older persons. It became widely acknowledged as the Old Age Allowance (OAA) during the 2nd NPE (see next section). At the same time, the Universal Health Coverage Scheme (UCS) was implemented, under the Social Security Act B.E. 2533 (1990), in 2002. Medical and health care services subsequently expanded nationwide to cover older persons formerly excluded from the healthcare system, especially those who are vulnerable or impoverished. The health insurance under this scheme, together with other government health care schemes, namely, Social Security Scheme, Civil Servant Medical Benefits Scheme, and medical benefits for state enterprise employees, cover the majority of older Thai citizens (Ministry of Public Health (MoPH) and MSDHS, 2007; Tangcharoensathien et al., 2018; National Health Security Office (NHSO), 2019).

A further important step in ageing-related policy development in Thailand was in 1997. Sections 54 and 80 of the 1997 Constitution were devoted to them by stating that 'a person who is over 60 years of age and has insufficient income shall have the right to receive aid from the State' and 'the State shall provide aid to the elderly...for their good quality of life and ability to depend on themselves', respectively (Constitution of the Kingdom of Thailand B.E.2540 (1997 p.20 and 27).

The 1997 Constitution also emphasised the importance of community participation, which led to the enactment of the Determining Plan and Procedures in Decentralization to the Local Administrative Organization (LAO), B.E. 2542 (1999), aiming at providing infrastructure and public services for people, including older persons, residing in the community. Some welfare provisions and assistance for older persons have been transferred to the LAOs, such as the OAA, primary health service, and means-tested subsidy. The LAOs are also meant to promote the physical and mental health of older persons while encouraging them to do good self-care and live with their families for as long as possible (Department of Local Administration, nd.), which means that families are still expected to be involved in support where possible. It is argued that the LAOs acted as the brokers between the public sector and older persons instead of the leading provider of the eldercare system due to the government's operational regulations (Whangmahaporn, 2016a) and/or the LAOs' ineffectuality (SAO, 2020). The year 1997 was also the beginning of the 8th NESDP (1997-2001), which cited older persons as one of the important groups in society. The government's perspective on eldercare was shifted to some degree. Although the significance of older persons remained the focus of family members, the community, and the public, older persons were also expected to care for themselves concerning health and general care.

The 1997 financial crisis further contributed to a shift in the ageing policy system since more older persons appeared to face difficulties in life and require social assistance. The government, therefore, announced the creation of a social safety net for older persons by sharing eldercare responsibilities between the family, community, and the State (TGRI & College of Population Studies, 2011). Meanwhile, with an increase in the older population, early retirement was introduced in 2000 to downsize government agencies and increase efficiency (Cabinet Resolution, 1999). For the first couple of years, many government officials over 50 became retirees eligible for professional pensions (OCSC, 2002). This programme has become more limited with an annual quota of government retirees. The United Nations further announced the declaration of the International Elderly Year in 1999, which spurred the corresponding declaration in Thailand in the same year. The Declaration on Thailand's older persons (1999) aimed to promote and protect the rights of older persons and to affirm commitments and obligations among various sectors in improving older person's quality of life (Sudsomboon, 2014).

The 15-year NPE received both positive and negative feedback. On the one hand, it helped improve the lives of older persons by, for example, promoting positive attitudes towards them and providing health and social protection for older persons (Jitapunkul and Wivatvanit, 2009; HelpAge International, 2017). The ageing issue also attracted attention in academic and other sectors, expanding research on older Thai persons and increasing ageing-related personnel training (Jitapunkul and Chayovan, 2001). These led to the assumption that older persons received more comprehensive ageing-related services after this plan (Jitapunkul and Chayovan, 2001; Whangmahaporn, 2003). On the other hand, state interventions did not shift from the main principle of helping poor and vulnerable older persons. Moreover, the plan was criticised as an incoherent process, including a need for some key indicators and diversity in concerned sectors and the preparation process for people prior to older age (Jitapunkul and Chayovan, 2001; Pruetipinyo, 2015). Even though the 1st NPE was strongly motivated by national and international forces, it was manipulated by the male supremacy of the Thai bureaucratic system. Therefore, the perception of older persons as a homogeneous group was maintained, and their diversities, including gender, were inextricably overlooked (Whangmahaporn, 2003). However, these recommendations were not abandoned but rather incorporated into the 2nd NPE, together with the emerging concerns about the rapid speed of population ageing, which was approved afterwards by the cabinet in 2002 (Jitapunkul and Chayovan, 2001; The National Committee on the Elderly, 2009).

The Second National Plan on the Elderly (2nd NPE, 2002-2021)

After the adoption of the Madrid International Plan of Action on Ageing (MIPAA), the second international plan, in Madrid, Spain, in 2002, Thailand's response was the promulgation of the 2nd NPE to carry out and develop ageing-related work (Jitapunkul and Wivatvanit, 2009). The focus of the 2nd NPE shifted, to some extent, from problem alleviation to approaches that were more proactive and oriented to older persons' potential (Whangmahaporn, 2003). Its vision was modified again in 2010, emphasising that older persons should be considered valuable assets to society rather than a vulnerable group or social burden. Healthy older persons were still expected to care for themselves, and carers and assistants should be in readiness for those facing life

difficulties. Older persons having poor health and financial or social problems should be able to be cared for and supported by their families, the community, and the state (The National Committee on the Elderly, 2009). During this plan, many ageing-related policies were developed significantly. For example, the former monthly living allowance, which was transformed into the OAA, has increased its amount of money from 200 baht (£5) per month in 1993 to 300 Baht (£7.50) and 500 Baht (£12.50) per month in 2002 and 2007, respectively (Rose, 2016). In 2009, its coverage became a non-contributory universal social pension (HelpAge International, 2017). Older persons, except government officials, are eligible to receive this lifetime pension regardless of gender and income (discussed later) (Ratanabanchuen, 2019). In 2012, the OAA became incremental based on age; 600 baht (£15) for people aged 60-69 years, 700 baht (£17.50) for aged 70-79 years, 800 baht (£20) for aged 80-89 years, and 1,000 baht for aged 90 years and over (Policy Statement of the Council of Ministers, 2011; TDRI and Office of Promotion and Protection of Children, Youth, the Elderly and Vulnerable Groups (OPP); 2012).

The number of older beneficiaries of the OAA has also increased over time, from 5,652,893 to 9,093,916 (82 per cent of the older population) between 2009 and 2019 (TGRI, 2009; DOP, 2019). The others who did not receive the OAA were those who already received other government benefits, those who resided in residential homes, and those who might not know their rights or could not access such allowance (Satidporn et al., 2017). There was positive feedback on the development of the OAA (from means-tested to universal welfare and its expansion of coverage) in improving older person's quality of life and their financial, physical, and mental well-being (Rose, 2016), particularly for those who were poverty-stricken (HelpAge International, 2012). In contrast, its insufficient payment for living expenses and the inequitable aged-progressive payment model was also criticised (Satidporn et al., 2017). Several initiatives on ageing-related policies were also apparent, including the system of paid volunteers and awareness-raising on people's life-course planning to prepare for old-age security (Jitapunkul and Chayovan, 2001). Nevertheless, the government's capacity was still highly limited (Basten et al., 2014); for example, the government's residential homes, where older persons do not need to pay, or pay a small amount of money for the cost of accommodation, were restricted for only a few thousand older persons (Knodel and Chayovan, 2011). The dearth of state-led services increased the need for informal

familial care. This was supported by the government's assumption that the family is the most crucial safeguard for older persons (Jitapunkul and Wivatvanit, 2009). Thus, the greatest eldercare responsibility remained on the family.

It is argued that the 2nd NPE filled some gaps in the first plan, including the absence of the supervisory part and the fragmented and disunion work system. For instance, the Office of Promotion and Protection of Children, Youth, the Elderly and Vulnerable Groups was established as the responsible agency for ageing-related policy in 2002 under the Ministry of Social Development and Human Security (MSDHS) (Pruetipinyo, 2015). This organisation was latterly restructured as the Department of Older Persons in 2015 (DOP, 2020). This plan's implementation also inserted a monitoring and evaluating process into the five-year assessment. Overall, the positive and negative aspects of the results were not much changed. Besides, the quantitative instead of qualitative indicators in measuring the quality of life of older persons were likely to be problematic. For instance, the number of community activities of older persons who participated in such activities did not always mean an improvement in older persons' well-being (CPS and OPP, 2013). Alongside the attempts to improve the operational approach, criticism of the administrative structure existed, and this fragmentation resulted in organisations' inappropriate performances and inefficient systems (The World Bank, 2012; CPS and DOP, 2017). While most Thai policies, including those on ageing, have been dominated by the country leaders and top executives of the public sectors, this point was first mentioned as a barrier to the plan's achievement (CPS and OPP, 2013). However, a gender dimension remained unrevealed by all assessments.

The Act on the Elderly, B.E. 2546 (2003 A.D.)

The first national legislation, the Act on the Elderly, B.E 2546 (2003), was ultimately introduced in 2003 after nearly a decade of formation (Jitapunkul and Wivatvanit, 2009). According to Article 3 of this act, Thai individuals are legally 'older persons' at the age of 60 years. The Nation Committee on the Elderly or NCE establishment is also indicated by Article 4. The NCE consists of the Prime Minister as chairman, the Minister of MSDHS as first deputy chairman, the President of the SCCT as second deputy chairman, several top posts within the Thai Government, the

President of the National Council on Social Welfare of Thailand and the Secretary General of the Thai Red Cross Society as ex officio members, five representatives from the private sector and five experts appointed by the cabinet. The primary aim of this act was to exercise the rights of older persons and grant them access to necessary services based on extensiveness and equitability (TGRI & College of Population Studies, 2013). The area of services and benefits provided for older persons are as follows (the Act on the Elderly, 2003):

Section 11. The elderly shall have the right to access the following protection, promotion and support:

- (1) Medical and public health services are particularly provided by taking account of convenience and rapidness for the elderly.
- (2) Education, religions, and useful information and news for their living.
- (3) Appropriate occupations or occupational training.
- (4) Self-development and participation in social activities, grouping as a network or community.
- (5) Facilities and safety are directly rendered to the elderly in buildings, places, vehicles, or other public services.
- (6) Appropriate support for transport fares.
- (7) Exemption from entry fees to government places.
- (8) Assistance for any elderly person facing the danger of torture or unlawful exploitation or abandonment.
- (9) Provision of advice and consultation on other proceedings in connection with a case or the remedy of family problems.
- (10) Extensive provision of housing, food, and clothing where necessary.
- (11) Extensive and fair provision of monthly old-age pension.
- (12) Assistance in holding their traditional funerals.
- (13) Other matters stipulated by the Committee in an announcement.

However, as Thongraweewong et al. (2017) argued, this Act focuses mainly on older persons' rights, promotions, and benefits and thus lacks precise statements regarding the prohibition of age discrimination.

Ageing Issues as a National Agenda

While older persons' care and support needs are challenged by population ageing and changes in family and social structures, most services for older persons, except the healthcare system, are fragmented (Health Systems Research Institute, 2016) due partly to the strained public budget. Combined with academic and public persuasion, these led to an impetus in the hope that the crux of the problem of implementing ageing-related policies can be diminished by placing more importance on ageing issues. Consequently, the cabinet approved the National Agenda on Aged Society in 2018. It provides a paradigm shift in thinking about living in older age through the launch of Measures to Implement the National Agenda on Aged Society (6 Sustainable 4 Change) with its three priority goals: Healthy, Security, and Participation (DOP, 2020a). Older persons were expected to be 'active ageing' (the concept of active ageing will be explained in the next section). People in other age groups (children, youth, and working age) were also told to prepare themselves before getting old and to live with older persons. Six ministries, namely, MSDHS, MOPH, the Ministry of Science and Technology, the Ministry of Labour, the Ministry of Interior, and the Ministry of Education, and other institutions at regional and local levels, including the LAOs and temples, were responsible for engaging this agenda to their missions about older persons and communities (DOP, 2018).

In 2020, this National Agenda was developed into Measures of Thai Aged Society in four dimensions. Under these measures, Thai people are expected to be prepared and age gracefully in life's economic, environmental, health, and social aspects (DOP, 2020c). However, as this agenda was still in its beginning stages, it has yet been formally evaluated or academically critiqued. It further required academics to familiarise themselves with an ageing society and focus on ageing-related innovations (Luewanit, 2019). By implementing this National Agenda, there has been a rise in public spending on economic and social benefits for older persons. The annual expenditure has significantly increased from 4.3 to 7.5 hundred billion Baht (3.35 to 4.43 per cent of Thailand's GDP and equivalent to £10.5 billion to £18.8 billion) between 2013 and 2021. The bulk of the spending in 2021 was on professional pensions for retired government employees (5.2 hundred

billion Baht or £13 billion). This was expected to reach one trillion Baht (£25 billion) in 2033 (Bangkokbiznew, 2022).

Adoption of the Concept of Active Ageing

The concept of ‘active ageing’ (Chapter 4) can be traced back to the 1990s when it emerged as the major policy response to population ageing in Western societies. This concept has been defined as a profound strategy to maximise the participation and well-being of older persons (Walker, 2002). It aims to enhance older persons to improve their health, participation, and security (WHO, 2002; Walker, 2006a). The concept of active ageing was defined by WHO in 2002:

Active ageing is the ‘process of optimising opportunities for health, participation, and security, to enhance quality of life as people age’ (WHO, 2002, p.12).

The principle of active ageing employs a life-course-oriented approach to connect ageing experiences to various dimensions of life, which can also be viewed as an attempt to ‘re-negotiating the meaning and duty of old age’ (Dyk, 2014 cited in Foster and Walker, 2021, p.1). In the case of Thailand, this concept was previously adapted into the 2nd NPE in 2002 before setting it as the main aim of the above national agenda. ‘Active ageing’ in the Thai context has focused on encouraging older persons to remain physically and socially engaged in society (Thanakwang et al., 2014) and to be part of the country’s development (DOP, 2018). In 2012, Thailand issued an Active Ageing Index (AAI), in keeping with the WHO’s AAI framework, to monitor the overall progress of relevant policies. The Thai version of the AAI consisted of four determinants: health, participation, security, and enabling environment indexes (NSO, 2017b). The health index looked at older persons’ health conditions and how they take care of them while maintaining their health. Older persons’ participation in employment and social activities was considered as their contribution to society and could be assessed as the AAI’s second index. The third index was associated with the life security of older persons in terms of finance, housing, living arrangement and environment. While the last index focused on older persons’ literacy and ability to access information and communication technology as it was considered crucial in the modern world (NSO, 2017b).

When compared with the version developed by Western organisations, i.e. United Nations Economic Commission for Europe (UNECE), the Thai AAI focused more on individuals' potential to live in older age rather than identifying policy areas presenting the active potential of older persons as well as comparing the country's situation, opportunities and policy orientation and inequalities among its older persons to others (UNECE, 2019). In 2016, the active ageing level of older persons in Thailand was moderate, with the highest health index and the lowest score on the participation index (NSO, 2017b). This result also pointed out that active ageing among older Thai persons was gendered, as men had a higher active ageing level than women (Haque et al., 2016; Punyakaew et al., 2019), particularly in terms of literacy and technology accessibility (NSO, 2017b). Not surprisingly, Thai AAI received criticism. On the one hand, it lacked the diversity of the older population, particularly cultural and gender differences (Haque, 2016; Haque et al., 2016). On the other hand, the AAI was unduly concerned with Thai culture, norms and religious context. For example, to be active ageing, older persons were further expected to follow age-appropriate behaviours or Buddhist doctrines, such as being grandparents/great-grandparents, cared for by family members, and able to make merit (Nantsupawat et al., 2010; Thanakwang et al., 2014; Poonsri, 2011). The concept of active ageing in Thailand somehow engaged with the life course approach by focusing on the old-age preparatory process among younger generations. It was then found that the quality of preparation for older age was influenced by knowledge, positive attitude, a resource available, and individuals' socioeconomic status (Pothisiri and Quashie, 2016; CPS and DOP, 2017).

Overall, policies and implementations on ageing are supervised by the NCE with secretarial and technical support from the Department of Older Persons (DOP) under the MSDHS. Duties and responsibilities are also assigned to government agencies at ministerial, regional, and local levels according to their missions and expertise and their involvement with older persons. For instance, MOPH is in charge of providing physical and mental health-related services for older persons, while DOP provides social services and assistance to vulnerable older persons, such as an allowance for families and for a funeral ceremony of older persons who are in need or poor. Other necessary infrastructures, public services and assistance, including the OAA, are provided and allocated by the Local Administrative Organisations (LAOs) to improve older people's quality of

life. LAOs' duties include encouraging people of all age groups to prepare for their quality older age and be a part of an ageing society (Sudsomboon et al., 2016). At the same time, the Elderly Fund was set up as a source of cash to protect and support projects for older persons and a source of loan funding for occupational development (TGRI, 2017). Other incentive measures were subsequently enforced, such as an income tax deduction for adult children who provide for their ageing parents (Keeratipongpaiboon, 2012). In sum, the consequences of this Act, the 2nd NPE, and other interventions made older persons increasingly recognised, at least among responsible agencies (Whangmahaporn, 2003; Damrongwattanapokin, 2018). Unsurprisingly, ageing-related work still received criticism for the enduring problem-alleviating approaches. At the same time, the fragmentation among concerned agencies and intermittent and insufficient expenditure fragmented execution (Whangmahaporn, 2003), even though some inequalities and barriers to service delivery were redressed to a certain degree by the amendment of the Act on the Elderly in 2009 and 2017. For instance, the monthly old-age pension was legitimised as an older person's right on a universal basis, and the Elderly Fund's spending coverage was expanded (TGRI, 2017). Nevertheless, there were no signs of a shift in the government's perspective on older persons as they are still seen as just a group of people aged 60 years and over. This homogeneous view of older persons inevitably ignored their social and economic differences.

At present, ageing-related administration and implementation in Thailand are governed by several legislations and plans, including the Constitution of the Kingdom of Thailand (B.E.2560 (2017)), the Act on the Elderly Persons, the 2nd NPE, the National Agenda on Aged Society alongside the MIPAA, as well as other policies and programme to promote the quality of life and wellbeing of older persons. Table 3.1 illustrates the evolution of policies on ageing in Thai society.

**Table 3.1: Development of Policies and Implementations Relating to Older Persons
in Thailand**

| Year | Government actions |
|------|--|
| 1953 | - Establish the first residential home for older persons (Ban Bang Khae). |
| 1963 | - Establish the first healthcare centre for older persons at the designated hospital. |
| 1977 | - the first recognition of older persons in the national plan (the fourth National Economic and Social Development Plan (1977-1981)) |
| 1982 | - The Royal Thai Government attended the First World Assembly on Ageing in Vienna, Austria, where the Vienna International Plan of Action on Ageing was adopted. - Establishment of the National Committee for the Elderly. - The First National Plan on the Elderly (1982-2001). - 13 th of April was marked as Older Persons' Day. |
| 1989 | - Establishment of the Senior Citizen's Association of Thailand (SCCT) and Senior Clubs in provinces. |
| 1992 | - Long-term Policies and Measures for the Elderly (1992 – 2001). |
| 1993 | - Introduction of the Old Age Allowance (OAA) as a means-tested programme for qualified older persons. |
| 1997 | - Constitution of the Kingdom of Thailand, B.E.2540 (1997), with two sections devoted to older persons. - The Eighth National Economic and Social Development Plan (1997-2001). |
| 1999 | - The Declaration of Thailand's older persons, 1999. - The Determining Plan and Procedures in Decentralizations to the Local Administrative Organization B.E. 2542. |
| 2002 | - The Second National Plan on the Elderly (2 nd NPE, 2002 - 2021). - Establishment of the Office of Promotion and Protection of Children, Youth, the Elderly, and Vulnerable Groups under the Ministry of Social Development and Human Security (MSDHS). |

| Year | Government actions |
|------|---|
| | <ul style="list-style-type: none"> - Establishment of the Universal Health Coverage Scheme (UCS) - An operation of the OAA is transferred to the Local Administrative Organisations (LAOs). |
| 2003 | <ul style="list-style-type: none"> - The Act on the Elderly Persons Act, B.E. 2546 (2003). - The Elderly Fund. - The Eldercare volunteers |
| 2005 | <ul style="list-style-type: none"> - Incentive measures for taking care of older persons (i.e. tax deduction) |
| 2009 | <ul style="list-style-type: none"> - Elderly Persons Act B.E. 2550 (2007) (Second Amendment) - The revised version of the 2nd NPE. - The OAA is transformed into a non-contributory universal social pension. |
| 2015 | <ul style="list-style-type: none"> - Establishment of the Department of Older Persons under MSDHS. |
| 2017 | <ul style="list-style-type: none"> - Elderly Persons Act B.E. 2560 (2017) (Third Amendment). |
| 2018 | <ul style="list-style-type: none"> - The National Agenda on Aged Society and six ministries were appointed responsible agencies. |

Source: Author's own research

Thai Perspectives and Approaches on Ageing

Under the legislation and plans above, the Thai government has implemented several programmes and activities to improve older person's quality of life. Still, old age is also an outcome of the structural and cultural determinants as well as individuals' social positions that have shaped their experiences before and in older age. This section looks at the links between policies on ageing and the situation of older persons regarding health, employment and income, social assistance and social participation.

Who is an Older Person?

Like most countries, Thailand uses chronological age as a marker to segregate older persons from other age groups. Thai people have historically been considered elderly at the age of 60 years. In the Ayuthaya period, men's duty under the corvée system was terminated when they hit 60 years old (Gray et al., 2015). Recently, this chronological age legitimises people as older persons (the

Act on the Elderly Persons B.E. 2546 (2003)), which is consistent with the conventional practice of the United Nations (Paitoonpong, 2018). Policymakers and scholars have used it to examine the country's population ageing trends (Prachuabmoh, 2015) whilst being used by practitioners for categorising this group of people in practice. It is also argued that the recent definition of old age may not match the reality of the older population since advanced public health and healthcare technology have led to people's greater longevity and thus can posit people aged over 60 as more vulnerable, with increased care and support needs, than their younger counterparts (Gray et al., 2015). The age of 60 is also a retirement age for government employees, as declared by the Gratuity and Pension for Official Act B.E. 2494 (1951). Still, it will be extended shortly for some professions in the public sector (see the Employment and Income section). This mandatory retirement age is no longer exclusive to public workers by the Labour Protection Act (No. 6), B.E. 2560 (2017). If the contract sets out a higher retirement age, workers in the private sector can retire at the age of 60 and are entitled to claim severance pay. Those whose contract sets out 60 years as the retirement age can do so. However, this law does not apply to informal workers, such as self-employed, domestic or home-based workers. They are still free to cease work at any age. Furthermore, 60 is the age at which people, except those who receive government benefits, can begin to receive government old-age benefits and services, including free healthcare, social pension, and other assistance.

Healthcare Provisions

Thailand is one of the countries with efficient and successful healthcare models. As revealed by the 2019 Global Security Index Report, the country ranked 6th in the world regarding countries with the most robust health security in 2019. A Thai older person is entitled to one type of government health insurance that covers the vast majority of older persons, the Universal Coverage Scheme (UCS), a non-contributory scheme financed by general government taxation (Office of the National Economic and Social Development Council (NESDC), 2017). A very tiny minority of older persons (0.8 per cent), such as those who were bed-ridden (those living with immobility or palliative care), disabled, or resided in a remote area (NHSO, 2019), were still left behind (NESDC, 2017). Under the UCS, preventive, curative, and palliative health services are provided comprehensively to people nationwide by the MoPH, the leading responsible agency for the Thai

health system. In 2019, 12,234 registered healthcare facilities were under this scheme (NHSO, 2019). A health screening programme is performed to classify older persons into three main groups; active or independent, home-bound (those with some functional limitations), bed-bound or bedridden, for receiving appropriate services. In 2015, nearly four in five (6.4 million older persons) were categorised as dependent older persons (NHSO, 2016). Even though most older persons were healthy, they still constituted one-third of the top 20 diseases in-patient admissions. There was also a gap between people's health needs and the services available, and remained some barriers to health services under the UCS (NHSO, 2019). Beneficiaries who utilised care within the UCS boundaries were likely to have limited alternatives to healthcare. This group included those with low incomes, the unemployed, those with chronic health conditions, and many females (Paek et al., 2016). However, improved healthcare access and utilisation led to a reduction in out-of-pocket payments, catastrophic household health expenditure and medical impoverishment among Thai citizens, particularly people experiencing poverty, older persons, women, and unemployed people (Paek et al., 2016; Tangcharoensathien et al., 2018; MoPH, 2019; Sumriddetchkajorn et al., 2019). This reduction is likely to exclude non-medical expenditure (Wibulponprasert and Chandoevmit, 2016), which was a result of gaps in access to designated healthcare services and fell considerably upon those who were oldest-old, poor and in rural areas by the lack of affordable transportation options to access health facilities and the lack of availability of carers (World Bank, 2016).

Alongside the cornerstone of familial eldercare support in Thai society, the government observed a rapidly increased need for long-term care (LTC), especially among the oldest-old population. However, the government was limited in providing LTC and community care (Knodel et al., 2016). While the LAOs are responsible for providing necessary professional and personal care through care managers and caregivers to older persons, such care needs to be more robust than needed (NESDB, 2017; DOP, 2017). Only around 8 per cent of dependent older persons could access such services (NHSO, 2016). Alternatively, the aged, infirm, decrepit, and disabled can receive community care mainly performed by the Village Health Volunteers (VHVs) and the Eldercare Volunteers (EVs). The former was introduced earlier than the latter (1997 and 2003), and there were more than one million VHVs in 2020 and over 85,000 EVs in 2018 across the country

(Bangkokbiznews, 2020; DOP, 2018). The differences between these two types of volunteers are their caring responsibilities and the compensation they are entitled to. While each VHV serves as a health counsellor and surveyor for 20 households (all member includes older persons in the household) in their communities, EV provides assistance, care, and protection for older persons (20 older persons consisting of 5 dependent and 15 independent cases (CPS, 2014)) in a community based on the concept of LTC development (Whangmahaporn, 2016b). Only VHVs have been paid monthly compensation, which has increased from 600 Baht (£15) in 2009 to 1,000 Baht (£25) in 2020 (MOPH, 2009; Bangkokbiznews, 2020). It is then asserted that the progress of the EV programme has been driven by volunteers' intentions and satisfaction to assist older persons (CPS, 2014; Whangmahaporn, 2016b). Volunteers, by and large, play a vital part in managing and sustaining the Thai eldercare system at the individual, local, and national levels (NHSO, 2016).

Nevertheless, although healthcare is principally universal and gender-neutral, some services are provided for specific groups of people. For example, diabetes and hypertension screening tests were only offered to persons aged 35-74, while cervical cancer testing was temporarily for women aged 30-60 (Royal Thai Government, 2021). Older persons are able to utilise other healthcare services without gender discrimination, but older women are more likely than men to be service users. In 2019, there were slightly more female than male in-patients of all ages (NHSO, 2019). Older women reported utilising healthcare services more than older men (NSO, 2018a), but men used more health resources, such as staying in hospital longer, than women (Chandoevmit and Phatchana, 2019). However, in conjunction with an increase in health expenditure, particularly on non-communicable diseases of older persons (TDRI, 2018a), the rhetoric about the older population becoming a burden to society was raised (Pussayapibul et al., 2009; Sudsawad and Sra-Keaw, 2014; TDRI, 2018b; MOPH, 2019).

Employment Status

In light of population ageing, the older workforce has become increasingly essential for the economy, at least in developed countries. However, the rapid population ageing in Thailand has yet to raise the employment rate of older persons. Rather, the number of Thai workers aged 60 years and over decreased slightly during the last 15 years (from 39 per cent to 35 per cent between

2004 and 2019), whereas the proportion of women's participation in the workforce has remained around 40 per cent of older workers since 2012 (Soonthorndhada, 2014). Almost 90 per cent of these workers were informal (older men 58 per cent and women 42 per cent) (NSO, 2016d). Nearly 90 per cent of these older workers were informal (older men 58 per cent and women 42 per cent) (NSO, 2016d). The data from the Department of Employment (n.d.) further showed that four-fifths of workers aged 50-59 wanted to stop working at 60 because of their physical conditions and caring responsibility. Meanwhile, the proportion of workers aged 60 – 64 was lower than that of the 55 – 59- year group (59 versus 78 per cent) (TDRI, 2018). It could be implied from these data that prolonging working life beyond the age of 60 is likely to be uncommon among Thai people. It is also worth noting that these numbers may not reflect the situation considering the nature of the informal economy in Thailand. Moreover, there appeared to be an oversupply of older labour in the formal sector (Asavanirand et al., 2020), while the demands for low-educated and non- or low-skilled were higher than for high-educated and high-skilled older workers.

As briefly mentioned above, the Thai government has attempted to increase the older workforce's participation rate in several ways, such as retaining older persons in the labour market, encouraging employers to hire older workers and improving pull factors to draw older persons to the labour market (Department of Employment, n.d.; Keeratipongpaiboon, 2012). These measures were primarily applied to particular sectors. For example, the plan to extend the retirement age for government officials with special professions (jurisprudents, doctors, dentists, veterinarians, artists, musicians, vocalists, and dancers) from 60 to 63 years old (OCSC, 2019). This extension was projected to be effective after the end of the covid-19 pandemic (an ongoing global pandemic of coronavirus disease) (Secretariat of the Prime Minister, 2020). Whether mandatory or not, the retirement age does not restrict these older persons from returning to work. Other measures to prolong working life were also announced, such as screening older persons who desire to work, providing them with knowledge and skills training, and allocating loans for individuals or groups' occupational choices (Soonthorndhada, 2014). Although various policies have assisted older persons in participating in the labour market, there remain barriers to working longer among them. For example, there was no definition of older workers, protection against dismissal, and specific treatments for different types of older workers in the labour law (Kittisakkul

and Umpai, 2019). Moreover, the employment status of older persons did not appear to be improved. The majority of them still worked in the informal economy, in the agricultural sector and as self-employed, which often led them to be excluded from formal work protection (TGRI, 2018).

The Thai government also encouraged employers, especially private companies, to hire older persons, and these expenses can become tax-deductible (Paitoonpong, 2016). The government's recent regulations also established the minimum hourly wage for older workers, which was 45 Baht (approximately one pound). This amount was considered a subminimum wage (Paitoonpong, 2020). These rules also advised employers to offer jobs without physical risks, with a maximum of seven hours per day and six days per week, to older workers (MOL, 2019). However, not too many employers, except for some trade and service businesses, responded to these measures despite acknowledging population ageing and labour shortages (Srisuchart et al., 2015). The drawback in retaining or recruiting older workers for employers is likely to associate with a higher cost in providing an appropriate environment and paying wages for older workers compared to younger workers as well as employers' negative attitudes towards older workers (Wutthiwatchaikeaw, 2016). Overall, the government's measures still could not draw older workers to the labour market as expected. There is still room for improvement. For example, the average working hours of older persons in the formal sector is no less than those of working age, but their income is likely to be much lower. Moreover, even though these disadvantages are more likely to be problematic for older women than men, given women's lower education, employment status and income (Knodel et al., 2014), the gender difference is likely to be disregarded in policy on old-age employment as it is deemed gender-neutral, similar to other ageing policies.

Old-Age Income Security

While adult children and work are the most and second main income source for older Thai persons (Knodel, 2014), it cannot be denied that many older persons are not likely to have adequate income, including those who are childless, deserted, or vulnerable older persons (Whangmahaporn, 2003) even though the Thai government has attempted to secure old-age income, particularly for those who live in poverty and vulnerable groups. For example, the renowned Old Age Allowance (OAA)

developed from a means-tested programme provided for a finite number of older persons to a universal social pension for nearly all people over 60 years. More comprehensive coverage of the OAA resulted in the improved financial status of older persons, as it has increasingly been reported as their main income since its introduction in 2009 (NSO, 2017a). The OAA is necessary for many older persons, especially for those who have no other income or need to share their pensions within the household, even though the amount of money is rather small (Sasat and Bowers, 2013; Manasatchakun et al., 2016). However, the OAA does not only help older persons to live for themselves and their families and feel more dignity (Satidporn et al., 2017). Work can be an important source of income for older persons only if they continue working. However, as most older workers are likely to be informal workers, income from work is rather low, and the suggested hour wage is only subminimum.

Pensions and savings were not considered the main sources of income for Thai people (Keeratipongpaiboon, 2012) but were reported by some older persons in 2017 (NSO, 2018a). The Thai pension system is multi-pillar and influenced mainly by the three-pillar pension system from the World Bank (Paitoonpong et al., 2010; Keeratipongpaiboon, 2012). Formal and informal Thai workers can receive pensions, both contributory and non-contributory schemes, in different ways at different pensionable ages (Ratanabanchuen, 2019). For example, Thai government retirees are eligible to receive professional pensions at 60. This type of pension was considered the only type sufficient to maintain an adequate standard of living (Ratanabanchuen, 2019). Meanwhile, others are eligible to receive pensions from different schemes, depending on their work histories and pension plans, together with the OAA. Following the Labour Protection Act (No. 6), B.E. 2560 (2017), those in the formal sector are entitled to retire before (if stated in the employment contract) or at 60 years old and receive one-time severance pay with their pension, often the Social Security Fund (SSF). Meanwhile, the government raised the age at which one can apply to be an insurer under the social protection programmes from 60 to 65 (Social Security Office, 2017). This means that workers in other sectors who voluntarily pay to secure their old-age income have a more extended period to accumulate their pensions before retirement. Informal workers' pension entitlements lean on their voluntary contributions to the programmes before retirement (Paitoonpong et al., 2010; The Secretariat of the House of Representatives, 2018). Thus, those with

low incomes who cannot contribute to such programmes are not likely to have pensions other than the OAA.

Savings and assets were likely independent of many older persons (NSO, 2018a). Workers in the formal sector were likely to have more savings than those in other sectors (Ngamyang and Phaophoo, 2012). The low rate of savings among Thais appears to have been a concern of the government as they have encouraged people to increase their savings through the National Savings Fund (NSF), which was established in 2011 (Paitoonpong, 2010; Soonthorndhada, 2014; Bank of Thailand, 2018; Pothisiri and Quashie, 2018), and other forms of savings; namely, Community Fund Institutions and Community Saving Groups, in the community (Paitoonpong, 2010). However, until 2017, only slightly over half a million older persons were members of the NSF (Ratanabanchuen, 2019). The study by Lamsam et al. (2019) revealed that the savings rate in Thailand had decreased each year even though the number of deposit accounts had increased at both individual and household levels. The money in their deposit accounts also tended to be insufficient for their monthly living expenses. In general, the income from all sources is still relatively low to cover bills and living expenses, resulting in over one-third of older Thai persons (34 per cent) living in poverty in 2015 (TGRI, 2016). Older women's uncounted accounts as unpaid family workers (NSO, 2019b) and the nature of the gendered wage gap (Chapter 2) contribute to their income adequacy. While women are deemed to benefit from receiving income from children (Chapter 2), the gender gap in old-age income is likely to be ignored, by the government, in policy on income security in older age.

Social Assistance and Social Participation Activities

Social welfare provision is a long-established programme. Since the 1940s, vulnerable or marginalised older persons have received social assistance, such as a residential care home supplied for free or with a small fee (1,500 baht or £38 per month), cash transfer, and in-kind support. From the principle of problem alleviation, several services were transformed into rights and, for some measures, on a universal basis, such as discounted transportation fees and waived admission fees. Meanwhile, others remain means-tested benefits for qualified older persons, including accommodation, sustenance, and clothing. These measures include a funeral payment,

of 3,000 Baht or £75, for arranging traditional funerals when poor older persons are deceased (MSDHS, 2020). Older persons who have certain conditions, such as those with disabilities and living with HIV, can also apply for specific allowances and necessary assistance. The recent National Agenda on Aged Society further added age-friendly housing programmes for low- and middle-income older persons. Residential care homes and house improvements are provided for the former group depending on their housing problems, whereas the mixed-use residential home project applies to the latter group (TGRI, 2019). Furthermore, there are programmes for improving the environment older persons live in and specific measures available for older persons with difficulties. For example, those who face maltreatment or economic and social deprivation are entitled to request assistance from government agencies and be taken care of by trained staff to seek suitable solutions and services (Thairath, 2017; Thai Health Promotion Foundation, 2018). Also, legal support is provided for those illegally exploited or needing legal consultation.

Vocational skills development and a zero-interest loan are provided for those who wish to be self-employed to increase workforce participation (TGRI, 2017). Social participation activities are government programmes aiming to improve the lives of older persons. These programmes were often held in community centres located in 7,850 LAOs (Department of Local Administration, 2020) and Senior Clubs (28,245 places across the nation in 2019) (DOP, 2020b). Older persons can also request other services, including assistance in cash and kind. Some programmes aim to improve older persons' life skills and encourage them to live with dignity through lifelong learning (DOP, 2016; MSDHS, n.d.). Typically, these programmes and services are free or inexpensive and non-gendered. Participants are more likely to be older women than men (NSO, 2018a). As can be expected, such activities also face criticism. For example, transportation and places where older persons can get discounts are limited and benefit only those in urban areas. It is argued that vocational training programmes, which focus on older persons' occupational skills, should engage support from marketing experts (Kitatorn et al., 2017). Furthermore, the limitation of cost-free facilities can further convert public services into commodities and may affect the poorest older-age group (Phillipson et al., 2016). This issue has received very little attention from the Thai government (Pattanaprateep, 2020), but it is argued that it could at least contribute to the notion of the ageing well (Chong and Cho, 2018).

Policies and Gender

While most policies regarding people's lives over the past several decades have been deemed gender-neutral (Arttachariya, 1997; Iwanaga, 2008), the government has also attempted to promote gender equality and empower women in most spheres of life (The Government of Thailand, 2014) which has been influenced by international trends, such as the UN conventions and international cooperation frameworks, and governed by the Constitution of the Kingdom of Thailand and national plans on women (Bhongsvej, 2009). Policies on women's empowerment and gender equality have been implemented at national and organisational levels. For example, the national mechanism is run by the National Commission on Policy and Strategy for Improving the Status of Women and the Department of Women's Affairs and Family Development. Some legislations aim to improve women's status and eliminate maltreatment of women and girls, such as the Victims of Domestic Violence Protection Act B.E. 2550 (2007) and the Gender Equality Act B.E. 2558 (2015). The latter provoked all public agencies to build mechanisms, such as designating a Chief Gender Equality Officer and incorporating gender dimension and gender-responsive budgeting into policies to promote gender equality within their organisations (The Government of Thailand, 2014). Despite the efforts to eliminate gender discrimination and promote gender equality through the Gender Equality Act B.E. 2558 (2015), it was found that there was no significant change in the issue of gender equality and gender discrimination has continued in a more complicated way (Suksri, 2021).

Such policies contribute to improving women's status, particularly in terms of educational attainment (Ministry of Education, 2016) and the accessibility of healthcare (Sumriddetchkajorn et al., 2019). However, in 2020, more women remained unemployed than men, especially those who are of the youngest working age (15 -25 years old) (Chalamwong and Wirojsattabud, 2020) and among those with higher educational degrees due to the labour market demand for unskilled or low-skilled rather than high-skilled workers (Chandoevrit, 2018). Work status also determines how much they are physically and financially protected from work. According to the Labour Protection Act B.E. 2541 (1998), formal male and female workers are supposed to be treated equally, including wages and overtime payments, except that work conditions do not allow this to

happen. For example, female workers are not allowed to work in dangerous jobs or jobs that can increase the risk of injury or death. In contrast, some work conditions and working periods are prohibited for those with pregnancy. The labour laws also imply gender role expectations. While women are entitled to maternity leave of not more than 98 days, wages during the leave differ between government officials and those in the private sector (Labour Protection Act (No.7) B.E. 2562 (2019); Royal Thai Government, 2022). Only fathers who are government officials are granted paternity leave of not more than 15 working days. This also means these protections do not cover workers outside the formal sector. However, legal instruments do not indicate the refutation of evidence regarding gender discrimination since the low rate of female employment and gender pay gap (Chandoevmit, 2018; Chalamwong and Wirojsattabud, 2020) demonstrate the existence of gender discrimination and gendered employment and income in the Thai labour market (Vichitranonda and Bhongsvej, 2008). Nonetheless, there are some measures designed for informal workers. For example, women in the informal sector can seek funding for job creation from several sources (The Government of Thailand, 2014). The non-discrimination principle also applies to healthcare policies, as both men and women have equal entitlement to healthcare services. However, when it comes to older persons, women are deemed to consume greater health resources than men due to their higher rate of morbidity, even though men in all age groups usually stay longer in hospital per visit and thus use health resources more than women (Chandoevmit and Phatchana, 2019).

While women's life improvement initiatives were viewed as a good opportunity for women and society as a whole, Thai women remain subordinate to men in several aspects, such as educational attainment, employment and income. These gender disparities may derive from obstacles or barriers to achieving gender equality, including officials' attitudes on this issue as irrelevant to the organisation's mandates (Bhongsvej, 2009). At the same time, gender equality and gender mainstreaming strategies, a strategy towards realising gender equality, have been set as a framework for Thai policies and implementations, such as employment policies and a gender-responsive budget approach (The Government of Thailand, 2014). These policies focus on girls and women aged between 15 – 59 years in certain areas, such as education, domestic violence and employment, or on specific groups of women, i.e. government employees (The Government of

Thailand, 2014; Department of Women's Affairs and Family Development, 2020) even though feminisation of ageing is an emerging issue on the international women agenda. Thus, the perceived gender equity in Thai society may lead to ignorance of the gender dimension in ageing-related policies.

Women's underrepresentation in decision-making and higher-administrative levels, both in elected and appointed positions (The Government of Thailand, 2014). Otherwise, gender awareness and gender sensitivity could potentially be given more consideration through policy and implementation (Vichit-vadakan, 2008). Thailand has been acknowledged as having relatively high levels of gender equality. For example, the country had its first female prime minister in 2011. In 2020, it had a higher percentage of women in senior management and leadership roles in the private sector compared to the average percentage of other countries (32 versus 27 per cent) (Cruz and Changchit, 2020). But the low number of women occupying high positions in the public sector, local administration, and politics is still problematic. In particular, female political participation at national and local levels is low. In 2020, only 10 per cent of senators (Inter-Parliamentary Union, 2020) and local administrative officials and politicians nationwide (TCIJ, 2020) were female. Women's fewer opportunities to hold high-rank or political positions are partly due to a negative connotation of women's capabilities and domestic and caring obligations (Khachacupt, 2008; Vichit-vadakan, 2008; Sritanyarat and McLean, 2017). Furthermore, it is argued that women who entered politics or held top positions in ministerial agencies were likely to be associated with men involved in a 'patron-client structure' based on male domination (Vichit-vadakan, 2008, p. 29) or being a member of the socially well-situated family in addition to their well-educated and well-performed career history (Khachacupt, 2008).

Conclusion

This chapter has revealed that global trends and international organisations have facilitated the development of policies on ageing and older persons in Thailand and are in line with the embedded norms and cultures in Thai society. These policies have improved the quality of life among older persons through several establishments, initiatives, and implementations, such as national committees, organisations, national plans, legislations, and social welfare and assistance

concerning older persons. Various social services, including living allowances and healthcare, are also given to older persons as their rights. As the population ages, Thailand's sustainability of public spending on older persons and the availability of carers have been challenged. The country thus adopted a contemporary comprehensive approach to ageing, i.e., the concept of active ageing, into its policies. It also placed more importance on ageing issues, including the National Agenda on Aged Society proclamation, which aims to encourage older persons to age well. The government has also dealt with the growing notion of the burden of population ageing by, in part, attempting to create positive attitudes towards older persons among the public whilst encouraging the older population to be economically active. At the same time, the government's limited role in caring for older persons has concomitantly placed the eldercare responsibility on the family, which is consistent with some Western countries, such as the UK (Walker, 1996). Yet, there has been no sign of gender dimension in ageing-related policies. One may argue that gender dimensions have already been applied to several policies, including education and employment and legal and social rights to access basic services. These policies are more likely to focus on girls and women of reproductive age than those of older age. The ignorance of gender views in ageing-related policies reflects the government's perspectives of gender inequality in older ages as normal and also the scarcity of women at the decision-making level of both the public and political institutions. These perspectives have further contributed to gender-blind ageing policies (Knodel et al., 2015; Narknisorn and Kusakabe, 2013).

CHAPTER 4

A POLITICAL ECONOMY OF AGEING AND GENDER

Introduction

The previous two chapters have revealed the position and circumstances of older women in Thailand and how the Thai government has treated them. Some disadvantages are common among older persons globally, albeit with heterogeneity. These disadvantages derive from structural constraints on agency and social order (Estes, 2000), which have been socially constructed throughout their ageing process rather than being a function of ageing itself, and can be explained by using a political economy of ageing (Walker, 1981; 2005; Katz, 2005; Foster, 2006; Dannefer; 2013). This perspective is embodied in the life course approach and latterly incorporates a feminist approach and an international dimension (Walker, 2005; Torben and Rosenbluth, 2010) . Furthermore, the standard tools of the political economy of ageing can help to analyse older women's statuses and disadvantages, which have been influenced by several factors, including social structures, institutions, policies, and other forces, as it enables researchers to consider key components at personal-, societal-, and global-level that have influenced older persons' life circumstances throughout their ageing process. To adequately understand the relationships between social structure, individual socio-economic status, gender, ethnicity, life course and the state, which are rooted in the political economy of ageing (Walker, 2005), it is necessary to look at the development path of ageing theory and at what point the political economy of ageing became a key paradigm in social gerontology. The chapter elucidates the theoretical development in ageing research and is followed by the use of the political economy of ageing in analysing gender inequality at the macro- and micro-level. It also looks at the empirical findings of older women's common disadvantages and uncertainties that the political economy of the ageing perspective has addressed.

This chapter is divided into three major themes. Firstly, it explains the initial conceptualisation and perception of ageing and older persons, including how older women are conditioned as economically, socially, and politically inactive social groups. It addresses development in

theorising ageing in sociology. It points out that ageing experiences are heterogeneous and that old age should only be partially understood as a self-contained individual process. Secondly, the chapter identifies the political economy perspective as the analytical framework required for analysing the later life of older persons. It also describes the central role of the life course, feminist viewpoints and an international form within the political economy of ageing. Lastly, it defines older women's experiences, disadvantages, and vulnerability risks in the modern world. This section starts with how older persons are perceived and why perceptions of ageing are gendered, which can exert an influence on older women's social status and policies towards them. Then it looks at how older women are discriminated against based on gender and ageing. The chapter concludes by considering intergenerational conflict linked to globalisation and the influence of neo-liberal ideology. It investigates intergenerational relationships at societal and family levels and their impact on the lives of older women. While the larger body of literature is borrowed from Western societies because demographic ageing began much earlier in the West, and the academic and policy research have deep roots there, the chapter also considers differences in cultural and societal contexts between the West and the East which is helpful for analysing Thai society. Additionally, as Thailand is a newcomer to the ageing world with a faster speed of ageing relative to many Western countries, this theoretical and empirical knowledge will simultaneously help fill a gap in ageing issues within academic and political spheres.

The Historical Development of the Ageing Paradigm

In the initial stage of ageing theory, old age was considered the last phase in the tripartite model of the life course: a period of inactivity and rest from work, following childhood and education and adulthood associated with work (Guillemard and Rein, 1993; Guillemard, 2005). While this last phase can be delineated by several means, including age-related segregation, functional age and some significant life events (Arber and Ginn, 1991; Grenier, 2012), certain chronological ages often marked the key life transitions in Western societies. For example, in the UK, the age of 65 years was set as the default retirement age (it was later eradicated (discussed below)), or the age at which a person is expected or required to cease work (Foster, 2012), regardless of their physical health and work capability (Walker, 2006b). A retirement age, at least in the first half of the twentieth century (Lynott and Lynott, 1996), was thus considered a critical age-based transition

for most Western people (often those in formal employment), and they were most likely to be affected physically, mentally, and financially (Grady, 2015).

Individualistic Perspective on Ageing

The early literature on the sociology of ageing was dominated by functionalism and the concept of individual adjustment. These perspectives examine how older individuals could accomplish optimal and dysfunctional adjustment patterns (Bengtson and Schaie, 1999). Functionalists, introduced in 1942, view society as a machine of the interaction between social structure and other institutions of society. All parts are required to work together to keep society running smoothly. As a group, older persons are one of society's vital parts that need to adjust to a new role in their older age (Estes et al., 2003). It emphasises the importance of individual personal adjustment because of their loss of roles through retirement from employment which led them to be perceived as having less productive capacity compared to younger counterparts, as well as physical and mental deterioration in advanced ages (Bury, 1995, Walker, 2006b; Walker and Maltby, 2012).

Consequently, disengagement theory was introduced in 1961 and provided a functionalist account of old age as a distinct stage in adult development, part of a homogenised normative life course (Foster and Walker, 2021). Following this theory, growing old involved a gradual and 'inevitable mutual withdrawal or disengagement, resulting in decreased interaction between an ageing person and others in the social systems he belongs to' (Cumming and Henry, 1961, p. 14). They contended that disengagement was a universal and inevitable process and attempted to engage older individuals in the social system. People of advanced age tended to be increasingly self-interested and decreasingly respond to their social settings while being forced into the new role following their long-time occupied ones (Arber, 2003; Estes et al., 2003). This theory was critiqued, for example, for neglecting older persons' perceptions of the meaning of engagement and the heterogeneities in how individuals experience later life (Hochschild, 1975). During the early 1960s, activity theory emerged in opposition to the assumption of disengagement theory (Walker and Foster, 2014). The former was concerned about individuals, while the latter focused on social systems (Lynott and Lynott, 1996). Activity theory was initially developed to focus on the relationship between people's continuing roles and activities and their satisfaction and well-being

in later life. It was characterised by an argument that older persons should remain active and perform their positive roles within, rather than withdraw from, societies (Hunt, 2017).

Although these approaches represented an attempt to be more optimistic about ageing, old age was still interpreted as a natural and unavoidable process. Accordingly, older persons were also forced to accept the consequences of growing old, including poverty and dependency, as a ‘fact’ of old age (Walker and Foster, 2014). In short, ageing and life changes under a functionalist perspective were considered a matter of individual and family responsibilities (Walker, 1981; Calasanti and Slevin, 2001; Phillipson, 2005). Thus, social status and resource availability differences define the ability to live well in later life. Those who have better resources and stay active in other roles can adjust better to old age and have more choices to participate in activities (Crosnoe and Elder, 2002; Baltes & Baltes, 1990; Ilinca et al., 2016). Meanwhile, alongside the dominant traditional male breadwinner work patterns, women were initially ignored from this perspective and perceived to have a smoother transition through continuing their roles and responsibilities of homemakers and carers within the family (Russel, 1987). However, the above perspectives maintained a homogenous stance towards older persons as a socially distinct group. The state provided them with resources, support and services, such as income, health and social care (Estes et al., 2003). It was argued that these interventions without heterogeneity in older individuals concomitantly placed older persons in dependency status (Walker, 1980; Townsend, 1981; Phillipson, 1992).

The Creation of Dependent Status in Later Life

Social policy has tended to employ an assumed standardised or normative life course, where retirement was seen as a period between when a person stopped working and died (Marshall and Müller, 2002). In industrial societies, traditionally valued workers or those who could work full-time within the formal economy were expected to stop working and conditioned a right to rest and enjoy pensions at the end of their life course as workers (Guillemard, 2005; Foster, 2012). At retirement age, they are concurrently deemed to have accomplished their responsibilities, such as working in paid employment and raising a family (Guillemard, 2005; Grady, 2015; Hunt, 2017). In contrast, retired people had to face the loss of income, authority, and status (Arber and Ginn, 1991). This retirement age or pension age (the age at which pension benefits first become available

(Hofäcker and Unt, 2013)) thus led them to be dependent on pensions and savings, albeit with a variation between countries (and within countries) (Foster and Ginn, 2018). At the same time, medical, social and residential care services may be required for older persons who have deteriorated physically or mentally, particularly those frail or disabled, older women, and the oldest-old (Townsend, 1981).

Given that social policy is malleable and subject to situations, the lives of older persons were thus inevitably defined by the state. For example, British policies have encouraged older workers to leave or to be retained in the labour market depending on their political-economic situations (Phillipson, 1982). Policies regarding residential care access, as well as the cost and quality of care, were determined by the state (Walker, 1999). These policies play a vital role in structuring ageing experiences and the representation of the older population. Therefore, providing services and support without heterogeneity to older persons led them to be perceived as a group of decrecence, dependency, and poverty (Townsend, 1981; Walker, 1981). Such disadvantages are common but different due to older persons' SES and circumstances before and after retirement. For example, pensions, generally lower than their income before retirement (Walker, 1982; Bardasi and Jenkins, 2002), become a new (and maybe only) source of income for older persons. This income is unlikely to be enough for their livelihood in older age, particularly for people with lower earnings in their working life and those with relatively low status, including older women, disabled older persons, and the oldest-old persons (Walker, 1980). Workers who earn at the median to high levels in their working life may also face income inadequacy in older age if they do not use, or have enough of, savings and assets (Pension Policy Institute (PPI), 2009). This was shown by an increased number of future British pensioners at risk of not receiving adequate income throughout retirement, including those earning median levels or below, women, the self-employed, and some groups of people (PPI, 2021). Income adequacy has thus increasingly been seen as problematic among policymakers and scholars.

In the late 1970s, the social construction of dependency theory emerged in opposition to the assumptions of the functionalistic perspectives. This theory pointed out that the homogeneity of views regarding older persons is erroneous (Walker, 1980), and the state and social institutions

have gradually constructed the dependent status of older persons (Townsend, 1981; Walker, 1981; Minkler and Estes, 1991), for example, through the role and action of the state and society, exclusively through retirement, pensions, and residential care (Phillipson and Walker, 1986; Walker and Foster, 2014). These interventions could also reduce the social status of large numbers of older persons, especially social minorities, because of 'structural dependency' ('a structurally determined denial or restricted access to a wide range of social resources, including income status and power' (Walker, 1982, p.121)). This is particularly true for women who experience the serious repercussions of structural dependency led by functionalism and patriarchy (Walker, 1981; Estes, 1981; Minkler and Estes, 1991). Given that 'gender differences and inequalities are a fundamental feature of social exclusion and poverty, especially in old age' (Corsi and Samek Lodovici 2010, p. 7), they are also less likely than men to receive a decent lifetime welfare return from the labour market, the marriage opportunity, and parenthood (Kohli, 2007). While retirement may be considered the time for resting for some men, older women tend to have lower average incomes than older men and are more likely to be at risk of poverty (Foster and Ginn, 2018). These are arguably a result of their limited access to opportunities and resources combined with domestic and caring responsibilities throughout their life course (Arber and Ginn, 1991; Estes, 2004; Foster, 2012). It was argued that treating older persons as a socially distinct group has a limited capacity to deal with differentiation and structural inequalities faced by older persons (Walker, 1980). It was necessary to have wider political-economic perspectives to investigate ageing experiences as postulated by Walker (1981, p.75):

Approaches to age and ageing based on the implicit assumption that the elderly can be treated as a distinct social group, in isolation from the rest of the social structure, have provided a totally inadequate basis for an explanation of the persistence of poverty in old age, and continues to obstruct the formation and application of social policies aimed at solving this problem. Thus little attention has been paid to the *differential* impact of social processes on elderly people.

In this sense, structured dependency theory explains that disadvantages faced by older persons by no means occur at older ages since they are an outcome of an enduring relationship between their social class, gender, ethnicity and other sources of structural inequality throughout their life course, combined with their employment history and their savings (Walker and Foster, 2006). The

interactions between individuals' physical characteristics of natural and built environments and influences from the social structures, their interrelationships, and their development throughout their life course have significant effects before the conventionally defined old age (i.e. retirement age) and create differences in ageing experiences and their physical and mental capacities among people (Walker, 2018). It also emphasises that the lack of heterogeneity in the state's interventions may lead to inappropriate public policies (Walker, 1980). However, with the shift in thinking about ageing from an overconcentration of individual characteristics to an emphasis on structural factors that work against ageing persons, this theory has not survived without criticism. For example, it was critiqued for its capability of reinforcing ageist policy and practice (Wilson, 1995), the lack of attention to linkages with more micro-processes and differences within birth cohorts (Arber and Ginn, 1991; Arber and Evandrou, 1993; Estes et al., 2003), an overdetermined focus on external forces, as well as a neglect of agency (Walker, 2006b).

Consequently, critical perspectives emerged in response to the limitations of traditional theorising of ageing (Baars et al., 2006). These build upon the political economy of ageing framework, feminist perspectives, and critiques of previous humanities and biographical theories and perspectives about ageing (Minkler, 1996; Estes et al., 2003). Critical perspectives on ageing have attempted to bridge some fragmentations and the macro-micro factors concerning the ageing process in the above-stated ageing theories. Multilevel relationships between social structure, social functions, and the population are considered, and ageing is seen as a social rather than simply a biological process. In particular, when applied within the political economy framework, the ageing analysis includes the relationship of all levels (macro-, meso-, and micro-level) as well as power, ideology and stratification of ageing (Estes et al., 2001; Barrs et al., 2006). As part of critical gerontology, political economy, with the central idea that ageing is a socially constructed experience and process (Vincent et al., 2003), became a prominent stance in social gerontology in the late twentieth century (Phillipson, 2006). It reflects the role and action of social elements, including the state, the economic system, and other institutions and the interaction between them in socially constructing people's ageing experiences and inequalities in old age. The use of the political economy perspective, particularly in analysing the social construction of old age and older women, is further elaborated later in this chapter.

Ageing Well and the Concept of Active Ageing

There are several approaches to ‘ageing well’, including healthy ageing, positive ageing, productive ageing, successful ageing, and active ageing. These terms are often used interchangeably, but they are inherently different in their portrayal of the role of older persons and the extent to which they incorporate a life course perspective (Foster and Walker, 2015). However, the most prevalent terms employed over recent decades have been successful ageing in the United States and active ageing in Europe (Foster and Walker, 2021). During the 1960s, successful ageing emerged and was perceived as the continuation of activity in older age (Havighurst 1963). It has been widely recognised by the model of Rowe and Kahn (1987) as a shift in focus from illness and disability at advancing age to a more positive outcome (Foster and Walker, 2014). According to Rowe and Kahn (1987), ageing and illness are distinct processes. Thus, people can age successfully by ‘three main components: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life’ (Rowe and Kahn, 1997, p. 433). This model also paved the way for the possibility that people can be aged without age-linked disease and/or major physical deterioration, albeit with a tiny proportion (Edward Masoro, 2001, cited in Strawbridge et al., 2002, p. 727). However, it has been criticised for its rigid definition and detrimental implications. Only a certain number of people could triumph at ageing alongside the more stringent criteria applied to individual subjects under this perspective. Many people, such as the oldest old, who were excluded from this definition of successful ageing, still showed considerable levels of psychological well-being (Cho et al., 2015, cited in Foster and Walker, 2021, p.3). On the other hand, people classified as ageing successfully appeared to be significantly increased after modifying Rowe and Kahn’s model (Strawbridge et al., 2002; Boudiny, 2013). This perspective was also critiqued for its sole focus on people’s later life with a failure to engage the life course perspective and the developmental processes and trajectories of continuity and change in function over time (Stowe and Cooney, 2014). Nevertheless, successful ageing, by implication, attributes more responsibility to individuals to sustain their physical and cognitive capabilities whilst reducing the state’s commitment to providing essential resources for older persons, which could, by contrast, maintain the social and structural inequities throughout people’s life course (Foster and Walker, 2021).

Although the emergence of the activity perspective tools places in the US, the concept of active ageing was developed and has subsequently been widely used as the contemporary comprehensive approach to ageing in Europe (Walker and Maltby, 2012; Walker and Foster, 2015). Many countries, including Asian countries (Zaidi and Um, 2009; Aspalter and Walker, 2014) and Thailand (Thanakwang et al., 2014). Like other approaches to ageing well, the central core of this concept is opposed to the theory of disengagement, which contends that people's withdrawal from roles and relationships in old age is universal and inevitable (Walker 2006). As mentioned in Chapter 3, the concept of active ageing was designed explicitly for policy-making (Foster and Walker, 2021). It has developed, emphasising the association between health and activity (Walker, 2015), and connects ageing experiences to various dimensions of life. Following the most widely used definition of WHO (Chapter 3), this concept was adopted into the global guideline on ageing, the MIPAA (Chapter 3), which prioritised actions in less developed countries (Foster and Walker, 2015), including Thailand (Thanakwang et al., 2014). Active ageing, by the concept itself and the WHO's definition, focuses not just on physical health and employment aspects but includes both subjective and objective domains of life at the individual- and societal level across the life course, which contribute to the quality of life, social participation, and mental and physical well-being in later life (Walker, 2002; 2008; Foster and Walker, 2015).

Even though the Thai version of 'Active Ageing Index' (AAI) was in part adapted from the EU version (UNECE, 2019), the Thai AAI is not identical to that of Europe due to the countries or region's contexts (NSO, 2017b; Zaidi and Um, 2019). The EU version of AAI emerged as a composite quantitative measure in 2012 and consisted of four domains: Employment; Participation in society; Independent, healthy and secure living; and Capacity and enabling environment for active ageing (UNECE, 2019). This AAI can be used for measuring and comparing policies, including gender dimensions, between countries. However, it has also been criticised for how it was developed and operationalised. São José et al. (2017) denounce the AAI for its under-theorized foundation, which led to a specific active ageing model. The tool could only measure older persons' current achievements instead of capabilities. The diverse sources and utilisation of data were also problematic. Lacking identical indicators and consistency among variables and the issue

of weights for each indicator, i.e. the fixed equal weights for each country, can potentially disregard the heterogeneity of the social, economic, political, and cultural reality between countries (Foster and Walker, 2021). The gendered nature of ageing and previous life course events is likely to restrain older women from active ageing, even though gender is one important dimension in measuring AAI (Foster and Walker, 2013).

The concept of active ageing was not without criticisms. It appeared problematic when used for academic and pragmatic purposes (Boudiny, 2011). It has been argued that the concept focuses narrowly on a productivist approach, such as raising the retirement age, limiting early retirement, and advancing employment in older age rather than enhancing opportunities for personal development. This was deemed to be the case for the EU and the UK. In particular, when combined with neoliberal policies, it aims to strengthen economic growth and reinforce individual responsibility by encouraging older persons' continuation of work (Foster and Walker, 2021). By overemphasising the physical activity and productivity of older persons, active ageing implementation neglects other dimensions, such as mental capacity and lifestyles, of the older population and application for other aged groups (Walker and Foster, 2014). This overstatement, not surprisingly, occurred along with its broad acceptance that could raise the risks of coercion (Walker, 2002). It concurrently hindered or even prevented older persons' opportunities to develop other spheres of life. For example, in the UK, relevant active ageing policies assign the role of education to promote older-age employment rather than personal development (Boudiny, 2011). Such policies did not focus on older persons' activity participation, including leisure activities outside the house and volunteer work (Joseph Rowntree Foundation, 2005). Furthermore, the application of active ageing in some places, such as the EU, has been criticised for being gender blind even though gender differences and inequalities in old age are prevalent in several aspects of life, such as employment and income, education and health (Foster and Walker, 2013). Nevertheless, other barriers to active ageing are associated mainly with political, cultural, bureaucratic, and societal institutions and unequal ageing (Walker, 2015). For instance, policy prioritising working-life extension can distort the comprehensive approach. At the same time, the rigid organisational structure of all levels of government led to its operations regarding active ageing to be applied only to the older age group rather than all age groups covering the entire life

course. The societal barriers include the age-based segregation often used by policymakers and practitioners and the ingrained negative stereotypes of older persons, particularly age discrimination in employment (Walker and Maltby, 2012). Furthermore, the ‘one size fits all’ active ageing strategy cannot respond to the existing differences and inequalities between people and countries (Walker, 2015, p. 23) since there are huge disparities between rich and poor countries and individuals of both older ages and different age groups.

In sum, theoretical perspectives on ageing and older persons have developed from an individualistic view of ageing within a structure to a structural perspective on ageing and a more holistic view of ageing, such as ageing well and the concept of active ageing. To a certain extent, these views have influenced social policy design. For example, social scientists have effectively legitimised incrementalistic and individualistic approaches to public policy for older persons in the United States and the UK (Estes et al., 2001; Phillipson, 2015). Many governments have recently adopted the concept of active ageing and the life course approach into their policies on ageing (Kuh, 2007; Foster and Walker, 2021). In the case of Thailand, even though the ageing theory has received little attention from policymakers, policies on ageing have been influenced considerably by the IGOs and global trends that link to dominant gerontological perspectives (Chapter 3).

The Political Economy of Ageing

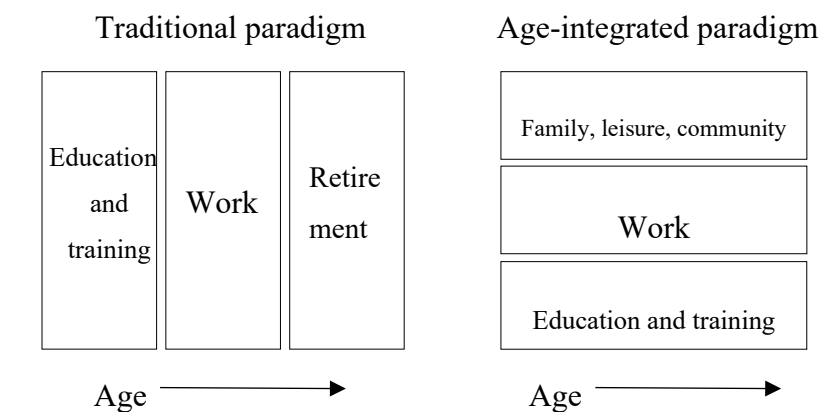
As previously discussed, the political economy of ageing framework emerged along with critical perspectives, feminist perspectives, and other critiques about ageing. This section explains the relationships between different perspective embedded in the political economy of ageing and how various determinants influence and differs ageing experiences of older persons between and within genders.

The Life Course Perspective in Political Economy

With societal, technological, and political changes in the modern world, old age and ageing experiences can no longer be seen as a distinct phase of life in the tripartite model of the life course (the normative life course) (Guillemand, 2005). Also, the timing and pattern of key transitions,

such as entry to and exit from the labour market and family formation and dissolution, have become increasingly blurred (Grenier, 2012; Falkingham et al., 2014; Hunt, 2016). This change in compliance with a paradigm shift in the societal understanding of the life course was mentioned by Walker and Maltby (2012). They argued that the life course and working life had been changed over recent decades from the traditional three phases of life to ‘a more horizontally distributed one called ‘age integrated’, and involve the three milieus of work, education and leisure, family and community (Walker and Maltby, 2012, p.127), as illustrated by Figure 4.1.

Figure 4.1 Paradigm of Ageing



Source: Walker and Maltby, 2012

This transformation has resulted in a reduction in the importance of chronological age, i. e. retirement age in many countries, including the UK (where the default retirement age was abolished in 2011), Australia, Canada, New Zealand and the US (Foster, 2017). At the same time, the fixed age of 60 or 65 years remains a marker for people as ‘older individuals’ in some countries (WHO, 2015; United Nations, 2017), including Thailand (Grey et al., 2015).

The life course approach then emerged and became a major paradigmatic approach (Arber and Ginn, 1995; Benston and Schaie, 1999) and afterwards was accepted as a social institution (Kohli, 2007). The life course approach sees ageing as a dynamic social process occurring throughout the life course rather than a distinct phase of life. It asserts that ageing experiences have been structurally and naturally influenced by historical periods in an individual’s life course. They differ

between people when combined with structured social inequalities – age, class, gender, and ethnicity (Hunt, 2017). When incorporated into political economy, the life course approach gives analytical priority at individual and societal levels (Walker, 2005; Grenier, 2012). It enables researchers to analyse how various factors have influenced people’s life experiences, historically, socially, economically, and environmentally, that occur at earlier ages (Arber and Evandrou, 1993; Phillipson and Barrs, 2007; Kohli, 2007; Dannefer and Phillipson, 2010; Hunt, 2017). It also enables the examination of ageing experiences, as a changeable process, with the interaction of individuals’ health, wealth, social relationship as well as social policy (Dannefer and Setterson, 2010), which have critical interactive effects on people’s later life and cannot be considered in isolation (Estes et al., 2003).

The life course approach embedded in the political economy of ageing also helps to analyse the causes and effects of inequalities in life that are collectively created throughout people’s life course, such as dependency, disability, and gender dimensions (Arber and Ginn, 1995; Phillipson and Barrs, 2007; Kohli, 2007; Dannefer and Phillipson, 2010). Given that gender is one crucial factor that frames people’s life chances through patriarchy and other social structures, the life course approach assists in explaining gender differences in older age. In other words, this approach facilitates understanding of women’s disadvantages derived from historical experiences rather than occurring once they enter into later life. This was pointed out by the recent work of Foster and Ginn (2018), that poverty among older women results from a lifetime of multiple and interconnected disadvantages. These include the role of capital and patriarchy, such as the gendered division of labour, unpaid domestic responsibility, and health and care policies which interact with women across their life course can jointly produce the disadvantaged position of older women (Arber and Ginn, 1991, 1995). Nevertheless, this was the case for a significant number of older women in developed and developing countries (Stewart and Lander, 2018).

Integrating Feminist Perspectives into Political Economy of Ageing

Even though the main thrust of the political economy perspective was the differential impact of social and economic status on ageing and old age between social groups – class, gender, race, and so on – and these differences are determined to a large extent prior to old age (Walker, 1981, 2006;

Arber and Ginn, 1991), its early works were critiqued for neglecting the gendered nature of the ageing process (Isakovic, 2018). These works were policy-oriented and policy-driven, which aimed to solve problems of ageing and the older population and, thus, caused the interaction between people's social positions, including class and gender, to be often implicit and not explicitly highlighted (Bury, 1995). Such limitations arguably failed to address the issue of gender adequately, which led to the underdeveloped perspective on gender differences and the effects of cumulative oppression on women across the life course (Minkler and Estes, 1991; Phillipsons, 1998). This was raised primarily in Western societies where the feminisation of ageing, particularly at the oldest ages, was observed as an ageing problem (Russell, 1987; Arber and Ginn, 1991; Harold, 1992). Women are more likely than men to be disadvantaged in both private and public spheres throughout their life course (Maltby, 1994). The disadvantages of women in earlier life experiences, including their roles and social positions, have consequences for their experiences of ageing (Hooyman, 1999) as gender inequalities remain and are often magnified in older age (Russell, 1987). As a result of the system of patriarchy, albeit in different degrees and ways in different societies, older women's dependency is socially constructed to a greater extent than men's (Connell, 1987). There is strong evidence that older women are more likely than older men to experience physical and mental health problems (Pratt, 1997, cited in Knodel and Ofstedal, 2003; WHO, 2016). They are more likely to occupy lower-paid employment and pensions and live in poverty than men (Arber and Ginn, 1991; Ginn et al., 2001; Foster, 2010).

Criticism of neglecting the gender dimension in the political economy of ageing did not mean the absence of a gender lens for academic work. Gender issues, on the contrary, have been broadly recognised as a fundamental organising principle in societal institutions since the late twentieth century. It formerly appeared to be an 'add-on' rather than being incorporated into ageing studies (Arber and Ginn, 1991; Estes et al., 2003), but became more comprehensive by looking at the broader picture, considering equal and just distribution of power and resources (Rhode, 1990; Isakovic, 2018). This feminist approach concentrated on thoughts and ideas on how injustice and subjugation shape women's experiences and understanding of the world, which also helped the gender analysis in the political economy of ageing to become more apparent. It was then

incorporated into the political economy perspective as a fundamental analytical approach to examine the traditional gender division of labour that typically separates the productive and reproductive spheres as well as interweaving social stratification (Arber and Ginn, 1991; Estes et al., 2003; Estes, 2004; Walker, 2005; Katz, 2009). Other social structures, especially race and ethnicity, were correspondingly incorporated into a political economy framework (Walker, 2005). Eventually, by the late 1980s and 1990s, the political economy of ageing underscored gender, religious, racial and ethnic inequalities as widespread structural problems (Minkler and Estes, 1991; Katz, 2006).

By using a gender lens, the political economy perspective of ageing helps to investigate unequal access to resources affecting older women's lives and inequalities, as well as how the state may ameliorate or exacerbate such inequalities (Quadagno and Reid, 1999; Estes, 2000; 2005; Phillipson; 2005; Walker, 2005; 2006a). It indicates that the negligence of differences in people's social statuses can potentially place older women as the most vulnerable group (Walker, 1981; Estes, 1991). The political economy of ageing and gender, therefore, focuses on the linkage between the state and gender divisions that jointly construct the institutions and potentially create inequalities for women throughout their life course, which lead to their precarious positions as well as their disadvantages in later life (Estes, 1991; Estes et al., 2003; Foster, 2008; 2010).

In addition to critiques on gender issues, the most sustained criticism of the political economy has been the neglect of agency within the context of cultural ageing (Walker, 2005; 2006). According to these contexts, Higgs and Gilleard (2000) equated the ageing process to a cultural phenomenon. They suggested that political economy perspectives are no longer relevant and have been replaced by a culture of personal identity. They also argued that the political economy of ageing is unable to clarify the link between structures and individual behaviour and action and concurrently plays down the meaning of everyday lives in old age. In this regard, Walker (2005, 2006a) argued that this view provides a false choice between agency and identity, on the one hand, and structural determination, on the other; moreover, these two perspectives have different focuses. Cultural ageing concentrates on human agency and people's choices in later life. At the same time, political economy addresses the structural impact of social and economic roles and statuses before

retirement and the effect of retirement itself, leading to old age inequalities (Phillipson, 2005; Walker, 2006a).

It is also argued that the overemphasis on the potential of agency and the degree of freedom older persons enjoy from a cultural perspective potentially neglect differences in opportunities and access to resources among older persons. Choices in later life depend not only on the level of material and non-material resources of people in older age but also on earlier ages and their access to resources managed by social policies (Arber and Evandrou, 1993; Walker, 2005). Furthermore, patterns of consumption and choices cannot be chosen by older persons but have been influenced by other structural and cultural circumstances, including class and gender. For example, their social class influences people's life chances throughout their life course, the pre-natal stage, upbringing, educational attainment, employment and access to pensions, and housing and living arrangement (Arber and Evandrou, 1993). Meanwhile, women's life chances and resources are more restricted than men's due to the gender division of labour and the male breadwinner model rooted in a patriarchal society, leading women to dependency and poverty in later life (Hunt, 2017).

Contemporary Approaches of the Political Economy of Ageing

During the 1990s, issues associated with globalisation were highlighted in many areas of sociology, especially social policy (Phillipson, 2006). Central to globalisation, there are increasing possibilities for the movement of capital and means of production, as well as technological changes that require both developed and developing nation-states across the globe to interconnect with others and make contributions to a global single economic, social, cultural and demographic system (Hunt, 2017). As a result, human beings and every aspect of culture are commodified (Walker and Deacon, 2003; Baars, 2006). This phenomenon also affected the older population at all levels. For example, population ageing was considered neither local nor global with a broader perspective. By the end of the 1990s, globalisation had a 'destabilising' effect on welfare states, particularly regarding policies in response to population ageing (Phillipson, 1998, p.48). In this regard, ageing could no longer be viewed as a national problem but as one that has affected individuals, groups, and communities all over the world, which required the reconfiguration of its conventional meaning and simultaneously increased the tension between nation-state-based

solutions to growing old (Estes et al., 2003; Hyde and Higgs, 2016). Older persons were seen as cultural innovators and bearers of new lifestyles (Phillipson, 2003). People's later life becomes more negotiated by the forms of individualised structures, such as privatised pensions, privatised health and social care, and targeted forms of social protection (Blackburn, 2002, cited in Phillipson, 2003, p.2). However, there remained a significant number of older persons, those with relatively low status, in particular, who could not make choices as they desired, such as their retirement age, pensions, and access to healthcare services. The ways of making decisions are also diverse among older persons, depending on the meaning given to ageing and their values on aspects of life. People's choices inevitably occur within immediate and historical structural relations (Walker, 2005; 2006a). At the same time, these choices have constructed people's self-identities (Walter, 1995, cited in Hunt, 2017), and their societal positions are also prescribed compared to others (Green, 2010). Moreover, when combined with population ageing, globalisation can have a detrimental effect on the older population. It has created more significant differentiation and fragmentation, including wider income inequalities (Hyde and Higgs, 2016) within- and between-generation (Phillipson, 1998).

Globalisation has also raised questions about the meaning of ageing in relation to national, regional, and global levels, even though globalisation has become an influential factor in constructing old age through social policies (Phillipson, 2015). At the same time, the political economy perspective was challenged for its capacity to deal with such changes (Hyde and Higgs, 2016). In response to these concerns, scholars have adopted an international perspective on political economy, which could interpret the changes and circumstances regarding ageing problems and promote the quality of older persons' lives (Vincent et al., 2003; Walker, 2005). Given that the central thrust of the political economy of ageing is on the relationships between social structure, individual socio-economic status, gender, ethnicity, the life course and the state, some would doubt that globalisation poses potential challenges to welfare states, at least in terms of public expenditure. However, Walker (2005) argued that the necessity of an international political economy of ageing does not derive from globalisation *per se* but its dominant neo-liberal economy, which includes the spread of transnational corporations and the power of IGOs, such as the World Bank, the International Monetary Fund (IMF), and the World Trade Organization

(WTO). IGOs play their roles as global regulatory organisations (Wilson, 2002). They often act as the ‘ideological driving force behind economic and social policy’ (Walker, 2005, p. 819), highly influential in nation-states’ actions. However, such global agendas require different actions between developed and developing countries (Vincent et al., 2003). Moreover, it was argued that these influences are more a matter of national ideological preference than an economic necessity for developed countries (Walker, 2005). For instance, some Western societies adopted the privatisation of pensions, a core element of neoliberal restructuring promoted by IGOs, to partly mitigate the political issue of old-age welfare costs. At the same time, many developing countries cannot choose but have been conditioned by the financial support from IGOs to comply with measures, including trade liberalisation, privatisation, and other actions (Walker, 2006b). In particular, the privatisation of pensions in many countries has diminished the states’ roles in financial and social support for older persons and concurrently increased personal responsibility and individualisation of risk, which was once carried by the state and social institutions (and employers) (Phillipson, 2015; Walker, 1990; Wilson, 2002; Estes et al., 2003; Foster and Ginn, 2018). This is exacerbated in developing countries, particularly for some vulnerable groups, including women (Powell and Khan, 2014), who could not afford privatised pensions and healthcare services (Cook and Powell, 2010). Although healthcare services are free of charge in Thailand, it can be the case for its pension system, which is mainly influenced by the World Bank (Chapter 3). Many Thai workers may be unable to afford contributory pension schemes and thus have to receive a certain amount of pension from non-contributory pension schemes only (Ratanabanchuen, 2019), which may not be sufficient for their older age.

The power of IGOs also includes attempts to interconnect the nation-states by creating international standards concerning policies on ageing through, for example, the 1982 VIPAA and the 2002 MIPAA (United Nations, 1982; 2002). Although the MIPAA provides a robust platform for agenda development for population ageing, it somehow increases inequalities within and between countries (Phillipson, 2005; 2015). The MIPAA has the ultimate goal to ‘improve the quality of life of older people based on security, dignity, and participation, while at the same time promoting measures to reconcile ageing and development, and sustaining supportive formal ... and informal ... systems of individual well-being’ (Sidorenko and Walker, 2004, p. 156). This

standard was viewed as one of the foundations of regional or global social standards in the face of neo-liberal globalisation. At the same time, such standards can adversely affect developing countries, including Thailand, considering their fewer resources than developed countries. In this regard, an international political economy of ageing points out that the consequences of such changes, globalisation, the power of IGOs and transnational corporations, have affected not only the older population in forms of segregation and exploitation, particularly for older women but the working class and minority ethnic groups but also widened global inequalities in old age (Walker, 2005; Phillipson, 2015). Following the move from a critique of conventional gerontology, the political economy of ageing became a crucial paradigm in social gerontology and has generated an ample flow of critical analyses (Walker and Phillipson, 1986; Minkler and Estes, 1984; Baars, 2005). This perspective is rooted in the relationships between social structure, individual socio-economic status, gender, ethnicity, life course and the state (Walker, 2005). It latterly incorporated an international perspective into its foundation. Therefore, the political economy of ageing is appropriate for analysing the position and status, including advantages and disadvantages, of older women, which are an outcome of social determinations and power relations deriving from the state and other social institutions across their life course (Quadagno and Reid, 1999).

One of the aims of this thesis is to investigate gender disparities in older age. In order to do this different, theories and perspectives can be employed. For instance, a structural functionalist perspective of gender inequality as advocated by Parsons (1951), links the division of labour to predefined complementary gender roles. This asserts that the division of labour derives from biological differences between men and women which provide functional prerequisites to create the smooth functioning of family, as men perform the breadwinner role, and women perform the expressive role of nurturing and housework (Ayisi and Tóth, 2022), and maintain a healthy society. Through a functionalist lens, gender-based divisions of labour in households and families not only strengthen the family, but also eliminate power or status competition between spouses (Szelényi and Olvera, 1996). However, given the changing family structures and society, 'the functionalist perspective no longer adequately describes – let alone explains – the realities of gender roles and gender inequality' (Wienclaw, 2011, p. 117). At the same time, Feminist theory examines how gender roles and inequalities perpetuate male dominance and invalidate women's existence and

viewpoints (Walby, 1989). Feminist perspectives have been used to explain gender inequalities in several fields, including education (Buchmann et al., 2007), employment (McDowell, 2014) and health services (Lorber, 2010). Nevertheless, the focus of feminism has largely been on women's roles in the workplace and, thus, it has often neglected ageing issues despite gender equalities often being exacerbated in later life (Arber and Ginn, 1995; Ahmed-Ghosh, 2009; Foster and Ginn, 2018).

This thesis places importance not only on the sex/gender system, but also on other social structures and forces in shaping and reproducing the prevailing power structure of society. Therefore, a political economy of ageing approach which incorporates a gender dimension was adopted, as it enables a systematic view of understanding older age in the context of social conditions and issues of the larger social order (Estes et al., 2001; Walker and Foster, 2014). This perspective also offers opportunities to understand better how the position and status of older women are created and also reinforced by political and economic structures and, at the same time, how these positions and statuses are exacerbated by their social structures (age, class, race and so on) (Phillipson, 2014; Holman and Walker, 2021). It also further links international perspectives to examine ageing and older persons, ensuring it represents a suitable approach.

As discussed earlier, the political economy perspective was critiqued, for example, for its negligence of agency, gender, and cultural dimensions. Such critiques or theories of political economy were likely to be unfamiliar to non-Western states, including Thailand (Adisa, 2015; Wongsatjachok, 2016). This absence is reflected in two ways: the primary focus of this perspective on Western states (Walker and Foster, 2014) or the Eurocentric hegemony of political economy (Wongsatjachok, 2016). The boundary of study, knowledge resources, and devalued non-Eurocentric knowledge in non-Western societies were more likely to be considered areas of study than theory. This further led to discrimination and scientific racism of knowledge on the non-Eurocentric foundation of political economy (Wongsatjachok, 2016). Moreover, the ignorance of multidisciplinary approaches in ageing studies in Thailand may derive from the fact that the families bear the majority of welfare responsibility, while the government has often been absent in Asian societies (Knodel and Chayavan, 2014; Rittirong et al., 2014; Meng and Zhong, 2022).

These factors indicate a need to utilise a political economy approach in international ageing research effectively. However, considering the commentaries on the political economy of ageing in terms of the ability to explore the interaction of economic and political forces in determining resource allocations to older persons in the policy sphere and gender inequalities in old age (Estes, 2001), this thesis adopted the political economy of ageing to answer the research questions.

The Existence of Ageing and Older Persons

This chapter argues that various factors have socially constructed ageing experiences. It has also explored how the lives of older women have been influenced by structural, cultural, and personal determinants throughout their life course. This section illustrates the prevailing disadvantages older women face at individual and societal levels across the globe. It also elucidates how several governments have responded to population ageing in the contemporary world.

Perceptions of Ageing

Similar to Thailand, ageing can be perceived by various factors, including chronological age, gender (Demakakos et al., 2006), socioeconomic status (Takatori et al., 2019), and cultural circumstances (Löckenhoff et al., 2009). The mandatory retirement age, which varies among countries, is likely to be a factor related to many people's perceptions about when to begin thinking of themselves as old, such as people in the UK (Demakakos et al., 2006). Perceptions of ageing, whether self-perceived or perceived by others, also influence several domains of the life of older persons, such as health conditions, well-being, and ability to cope with the ageing process (Demakakos et al., 2006; Parson et al., 2014; Benyamini and Burns, 2020). A political economy perspective points out that the structured nature of these and the state's role also determine people's perceptions of older age through the pension age, the amount of state pension and legislation around age discrimination in the workplace. Perceptions of ageing are also gendered in other parts of the world, such as OECD countries, which may derive from the different pension ages between men and women (OECD, 2017). These perceptions are also gendered in which women are often perceived as older than their same-aged male counterparts and are judged as old by their physical signs of ageing, such as looking old, having wrinkles, grey hairs, and sagging skin (Itzin and Phillipson, 1995; Hurd Clarke and Griffin, 2008).

At the same time, perceptions of ageing bring positive and negative attitudes toward ageing. On the one hand, ageing may engender accumulated knowledge, wisdom, and respect. But on the other hand, it may be perceived negatively due to its association with a decline in physical health, capability and cognitive ability (Parsons et al., 2014). It is worth noting that those older people who held positive attitudes toward ageing were likely to have better physical and mental health than the latter (Weiss and Lang, 2012; Zhao et al., 2017; Takatori et al., 2019). Public perceptions of ageing also link to self- and social expectations as well as social interactions toward older persons (Centre for Ageing Better, nd.). Concerning the social prejudice regarding women and old age where older women and dependency, social isolation and fragility are linked, Quéniart and Charpétier (2012) found that older women often rejected it while some women revealed their reluctance or refusal to define themselves as 'older women'. In Thai society, other characters than such stereotypes would not be accepted by society. Older Thai women also struggled to adapt to modernity whilst being expected to follow social norms and perform age-appropriate behaviours (Poonsri, 2011).

Perceptions of ageing further involve economic, social, and cultural determinants at both individual and national levels. For instance, wealthier and healthier people were likely to have a more positive attitude towards ageing compared to those with lower status (Lai, 2007); meanwhile, older persons in countries with a lower percentage of old-age employment were perceived to have a markedly lower status compared to their counterparts in countries with higher employment rate (Vauclair et al., 2014). While some basic patterns of ageing perceptions, such as an increase in wisdom and a decrease in the ability to perform everyday tasks, are shared across cultures, Asian people are likely to adhere to more positive societal views of ageing than their Western counterparts (Löckenhoff et al., 2009). In Thailand, although younger generations still have positive attitudes towards older persons, as described above, studies found no significant difference in positive attitudes between young people living in different cultures (Runkawatt et al., 2012; McCann and Keaton, 2013).

Stereotypes of ageing and older persons have become increasingly negative (Bowling, 2005; Abrams et al., 2011; Vauclair et al., 2014), particularly through the media (Vasil and Wass, 2006; Ng, 2021; Xu, 2021), which can also lead to discriminatory practices towards them (Centre for Ageing Better, nd.). A study by Ng (2021) showed that negative descriptions of older persons outnumbered positive ones six times in the US and the UK. The negative views of older persons and the associated effects can be seen as manifestations and consequences of ageism. Ageism is a form of bigotry that is ‘prejudice by one age group towards other age groups’ (Butler, 1969, p.243)). It also defines as stereotyping, prejudice, unfair treatment, and discrimination against people because of their age (Ayalon and Tesch-Römer, 2018). To avoid affiliation with a stigmatised group, people may report their subjective age (self-perceived age) as younger than their chronological age (Demakakos et al., 2006; Weiss and Lang, 2012; Chopik et al., 2018).

Ageism concerns people of all ages, and they can be victims of ageism at different ages and contexts since age is continuous, albeit moveable (Abram and Swift, 2012). However, ageism is not based on age alone but rather, often on a multiplicity of characteristics, including age, gender, appearance, financial status, and socioeconomic status (Krekula et al., 2018; Ayalon and Tesch-Römer, 2018). It is also argued that ageism is more prevalent and often experienced by people than the other major ism, namely sexism and racism (Ayalon, 2020). Taking cultural aspects into account, one may argue that Eastern cultures may be less prone to ageism due to the traditions and cultural norms of paying respect, obeying and taking care of older persons (Vauclair et al., 2017; Wilińska et al., 2018). This was contradicted by North and Fiske’s (2015)’s study that showed attitudes towards older persons were more negative among Easterners than Westerners. Likewise, younger workers in Eastern societies had more negative attitudes towards older workers than their Western counterparts (McCann and Keaton, 2013). Moreover, as the representation of older persons and ageism are produced in, and connected to, the context of an ageing population, the older population is increasingly depicted in policy and media as a burden on society which concurrently addresses the issue of intergenerational conflict in many societies (more details in the subsection ‘Gendered Intergenerational Contracts’).

Gendered Ageism

Gender is an essential intersectional identity when discussing ageism (Chrisler et al., 2016, cited in Centre for Ageing Better, nd.). A low-competence gender stereotype confronts women throughout their life course and, at an older age, maybe even more associated with old age stereotypes. Ageism affects older men and women differently and unevenly (Arber and Ginn, 1991; Ayalon, 2020) and has a greater effect on the lives of older women than their counterparts (Arber and Ginn, 1995; Walker and Foster, 2014; Clarke, 2018). Itzin and Phillipson (1993) introduced the term ‘gendered ageism’ in their study of age barriers at work, focusing on gender in both the private and public sectors. Gendered ageism is a form of ‘double jeopardy’, a mixture of ageism and sexism, and, even worse, ‘triple jeopardy’ may occur when racism is added (Arber and Ginn, 1991; Blaikie, 1999; Walker et al., 2007). While gendered ageism is often identified in a working society, it also prevails, implicitly or explicitly, in older women’s daily life due mainly to their physical appearances. In general, older women perceive themselves and are perceived as older than their same-aged male counterparts. They are more likely than men to be expected to not show any signs of decline or impairment with advancing age (Itzin and Phillipson, 1995; Hurd Clarke and Griffin, 2008). This is because of a combination of the Western idealised images of youthfulness and a steady devaluation of women at older age ‘when deemed past fulfilling sexual, reproductive and domestic and servicing roles’ (Arber and Ginn, 1991, p.48).

The role of media is also important in relation to perceptions of older women (Vasil and Wass, 1993; Pickard, 2018). In addition to the depiction of older women in the media as weak, frail, dependent, and work incompetent than older men (Centre for Ageing Better, nd.), older women were also under-represented as they were invisible in a diversity of media contexts (Edström, 2018, cited in Xu, 2021). In Thailand, the image of older women was not only determined by the media (Buaphet, 2019) but also implicated the gender role expectation and the notion of a good woman (Chapter 2). Older Thai women who live different lives may not be considered acceptable. Regarding the cultural aspect, an obsession with physical attractiveness in Western societies is also shared with Eastern cultures, including East Asian societies (Kim and Lee, 2018). Even though older women in some Asian cultures, such as those in indigenous communities, are deemed

to enjoy their relatively high roles and statuses within communities (Arber and Ginn, 1991; Devasahayam, 2014), there remain older women who are confronted with gendered ageism. For instance, older women in Hong Kong have been discriminated against in paid work due to a lack of education and gender stereotypes, despite its relatively high level of Westernisation (Lai, 2007), while Chinese older women reported higher self-perceived incapability than men in some domains in life, including health (Zhao et al., 2017). These, thus, inextricably contribute to the approval of gendered ageism among older women.

In the modern world, the ageing perceptions of older women are mixed. On the one hand, the societal consensus of beauty and value may be deemed to be changed due to a variety of women's responses to their physical appearance. For example, women in the UK revealed that the age at which they began to think of themselves as old was surprisingly later than men (Demakakos et al., 2006). European older women perceived themselves and were perceived more positively and actively than older men in several domains of life, such as health and social activities, except for the domains of work and finance, which still follow the traditional gender roles within a family (Kornadt et al., 2013). On the other hand, the notion of the ideal woman is likely to remain to coerce older women to accept it. However, many older women showed frustration or even rejected the ideal image of women. Some older women related their physical changes and the meaning of beauty to their physical health and equated how well they take care of themselves to their values and confidence to resist the traditional value of women (Fin et al., 2017). Some older women seemed to accept it but were pressured by this value (Hofmeier et al., 2017). They thus may use different strategies, such as refusing to define themselves as old or older women (Quéniart and Charpertier, 2012), expressing their preferences of physical attractiveness and suggesting alternative beauty ideals and definitions of personal desirability (Hurd Clarke, 2002). Meanwhile, many older women use cosmetics or medical interventions to manage the appearance of their ageing skin (Mair et al., 2015). Arguably, several women still face gendered ageism, implicitly if not explicitly, at least in the workplace (see Walker et al. (2007) for example and more detailed in the following subsection).

Gendered Intergenerational Contracts

Intergenerational relationships are often understood as any form of exchange between persons of different age groups (Steinbach, 2012) and create ‘social cohesion between generations’ (Bengtson and Oyama, 2007). These relationships generally operate at the macrosocial level of societies with age groups, such as ‘youth’ and ‘the elderly’ (Bengtson and Oyama, 2007), as well as the social and economic structure and policies (Walker, 1996) and the microsocial level of families and individuals (Izuhara, 2010). Both levels interact and build distinctive exchange patterns in each national context. Traditionally, East Asia and Southeast Asia families provide financial and non-financial support to older persons. Thus, caring for older persons appears to be evidence of the socially constructed nature of family responsibilities (Qureshi and Walker 1989). It is taken for granted as women’s work since they are deemed natural carers (Walker, 1996). While the role of the state is crucial in terms of the provision of welfare support, the family also plays a role as a social support system for older age (Shanas, 1979), and familial care has been widely accepted as the most important source of informal eldercare in practice (Pickard et al., 2000).

The likelihood of receipt of care in older age varies between individuals and families since such care is a consequence of the development and maintenance of affective bonds from childhood through adulthood that determines ‘a sense of duty to support the person to whom one is attached and a willingness to honour this duty’ (Steinbach, 2012, p.94) while ‘the provision and receipt of care within families is governed by a balance of effect and reciprocity’ (Walker, 1996, p.25 - 26). In this regard, reciprocity plays a crucial role within the family in maintaining intergenerational relations (Walker, 1996). The term ‘reciprocity’ implies ‘equal or comparable exchange’ of various kinds of resources between individuals and groups’ (Akiyama et al., 1997, cited in Izuhara, 2010, p.6). These resources can be tangible (financial support, goods, and in-kind assistance) and intangible (emotional support, information, and advice). Reciprocity is substantially embedded in the ideological construction of the caring relationship but is not necessarily specified for providing practical support to ageing parents (Qureshi and Walker, 1989).

In this sense, eldercare can be seen as an investment and reward. In the Thai context, reciprocity or ‘parent repayment’ is part of Buddhist belief determining child obligations to care for their ageing parents. Likewise, receiving care at an older age equates to a parent’s investment in childrearing (Moriki-Durand, 2007). Family relations vary between countries depending on factors such as filial responsibility laws, policies on family and older persons, and cultural norms. Western societies found that the more strongly parents and children agreed that family members should support each other, the more financial and non-financial support parents provided to and received from children (Dykstra, 2010). In many Eastern societies, caring responsibilities for older persons are considered a debt and obligation for adult children due to the norms of filial piety and religious belief. On top of this, the gendered nature of exchanges in families exists in both cultures. Western women, particularly daughters, tend to be more heavily involved than sons in providing care, domestic assistance and emotional support to ageing parents (Dykstra, 2010). Likewise, in Eastern societies, women, whether daughters or daughters-in-law are more likely than men to be preferred of being caretakers of parental needs (Ng et al., 2002; Rittirong et al., 2014). Combined with an ingrained faith in society, this gender role became unchallengeable in some societies, such as Thailand (Moriki-Durand, 2007; Netiparatanakul, 2020). Gender roles and the notion of women as natural carers (Walker, 1996) even applied to societies with the traditional patrilineal succession system, such as China and Japan, where sons are expected to provide support and care to their parents (Izuhara, 2010).

In many countries, there have been concerns about intergenerational family solidarity (Qureshi and Walker, 1989; Daatland and Lowenstein, 2005) since growing old in welfare states is formed around the institutions and relationships associated with welfare, retirement, and intergenerational contract (Walker, 1996; Estes et al., 2003). However, it is argued that population ageing has weakened family bonds in most cultures, resulting in unmet needs for eldercare (Gans and Silverstein, 2006; Lau, 2013; Sung, 2013). Demographic, economic, and social changes have implications for individuals and families. For example, living longer creates a need for higher lifetime income to sustain their standard of living and, at an older age, a need for long-term care, especially among those who need to be cared for. There are also tensions between increasing families' expectations to care for dependent older persons and concerns about their capacity to do

so. Therefore, older persons who need care, especially vulnerable groups, may be in a precarious position to receive support and care. While increasing female participation in the workforce is positive, it could raise a concern about the availability of female carers because women, by and large, are the most frequent care providers for older persons regardless of culture. In particular, older persons in developing Asian countries, where more women are in the workplace and migration increases alongside globalisation, are deemed precarious due to the faster speed of population ageing and their meagre coverage of formal eldercare services (Chan, 2005).

At the same time, macroeconomic worries have been prominent among policymakers in many countries where the older population has been presented as an economic burden regarding pensions and care costs (Walker, 1990; Pickard, 2018; Foster and Heneghan, 2018). This rhetoric could enhance intergenerational conflict involving prejudice or prejudicial attitudes between two generations regarding economic, social, and moral obligations. The issue of intergenerational conflict can be traced back to the late 1970s, when the rhetoric of intergenerational equity, first and foremost, occurred in the US. Younger generations felt concerned about potentially getting little or nothing in return for welfare contributions (Williamson and Watt-Ray, 2008). Subsequently, in the late twentieth century, notions of conflict between generations often promoted by the media (Bristow, 2016) appeared in some Western societies (Walker, 1996). In the UK, for example, intergenerational equity arguments were fueled by the assumptions that older persons consumed a higher proportion of welfare than other age groups (Walker, 2002; 2006; Arber and Ginn, 1995; Estes et al., 2003; Barrs et al., 2006; Age UK, 2011; Pickard, 2018). It is different in levels of intergenerational conflict between Western and Eastern societies, where the latter, those less-developed countries, is less likely to experience such conflict than the former. This is derived partly from the persistence of intergenerational solidarity within families (Mehta, 2013; Knodel, 2014) and the state's support in terms of intergenerational transfers (Ronald, 2013). However, the difference is not likely to be directly linked to cultural circumstances. Some Eastern developed societies, such as China and Taiwan, have observed an increase in conflict between generations through growing negative attitudes towards older people among younger people (North and Fiske, 2015; Vauclair et al., 2017).

All in all, it is argued that intergenerational solidarity has remained intact at both societal and family levels in many Western and Eastern societies, albeit with variation (Daatland and Lowenstein, 2005; Croll, 2006; Bengtson and Oyama, 2007; Knodel, 2014; Martani et al., 2021). It is worth noting that intergenerational solidarity can be eroded as a direct result of public policy (Walker, 2012) or negative stereotypes of the older population that the state can raise, politicians, or the media (Walker, 1990; 2012; Pickard, 2018), such as the notion of demographic timebomb in Western societies (Foster, 2010; Finch, 2017). Moreover, while the older population is often taken for granted as beneficiaries of material and non-material support and the likelihood of being net recipients increases with age (OECD, 2012), this does not mean that older persons do not contribute to family, community, or society. Instead, older persons, particularly women, are more likely to be givers than takers of intergenerational transfers. Most older women were still active in many aged societies, such as European countries. A number of them verified their roles as a valuable resource with a remarkable contribution, including money and time (typically in the form of unpaid domestic work and care) (Arber and Ginn, 1991; 1995; Arber et al., 2003; Di Gessa et al., 2016) as well as community and volunteer activities (Eurofound, 2011; Gonzales et al., 2015; ILO, 2019) and so on to society (Thane, 2013). This is also the case for Thai society (Cheungsateinsap et al., 2006; Knodel and Chayovan, 2012; Suwanrada et al., 2014; Ingersoll-Dayton et al., 2017; 2020).

Conclusion

In sum, modern ageing theories have shifted away from traditional ones. Older age is no longer necessarily seen as a fixed stage in life but as the outcome of experiences earlier in the life course. Older persons have increasingly been perceived, at least in theory, as a heterogeneous group. This shift could not ignore the fact that, under capitalism, older persons are often disadvantaged and in precarious positions compared to their younger counterparts and women, more importantly, remain subordinated to men and in unsafe situations due to structured inequities rooted historically in patterns of age and gender relations across the life course (Estes, 1991; Estes, Biggs, and Phillipson, 2003; Walker, 2005; 2006; Foster and Ginn, 2018). Older women are at higher risk of poverty and victims of social inequalities than men (Llyod-Sherlock, 2000; Hartnell, 2011; Walker, 2017), even though they play a crucial part in contributing enormously to society (Thane,

2013). Instead of occurring at any chronological age, people's status and circumstances in older age are outcomes of the interaction between individual and societal factors at stages over an entire life continuum (Riley, 1983). In particular, older women's disadvantages have arguably been socially constructed by social institutions, the economy, and policy, as well as by individual's social structure - class, gender, age, race and ethnicity- across their life course (Walker, 1980; Townsend, 1981; Phillipson, 1982; Estes, 1991; Walker and Foster, 2006). Central to the political economy of ageing is the nature of structural dependency of older women, originating from social structures interacting with the patriarchal state, including social policies, in earlier life course stages and later in life.

At the same time, population ageing accompanied by globalisation and neo-liberalism appeared to aggravate various risk factors in every stage of the life course and thus widen gender inequalities in old age at the individual, national, and global levels. In the face of these challenges, there is no doubt that policymakers, practitioners, and academics in any society aim to solve other ageing problems for individuals (Estes et al., 2003) whilst improving the quality of life of older persons. However, such policies are no longer made by nations alone but determined by the nature of economic globalisation, and developing countries are, moreover, tied to the operation of world markets and the preferences exercised by ageing Western consumers (Wilson, 2002; Walker, 2005) even though it is argued that nation-states are able to take 'path dependency' in different ways depending on their existing national policies and institutions (Walker and Deacon, 2003, p. 3), including distinct demographic trends, political, economic, and social conditions, including ideological and cultural beliefs (Mehta, 2013). In this regard, an international political economy enables researchers to analyse the changing relationship between ageing and the state (Walker, 2005).

Given that Thailand is a patriarchal society and a member of global communities, older Thai women have confronted gender inequalities throughout their life course (Komolvadhin, 2008), while the country is said to have been challenged by globalisation, neo-liberalism and the complexity of old age problems similar to other aged societies (Teerawichitchainan et al., 2019). The political economy of ageing incorporating a life course and a feminist approach is helpful in

analysing older Thai women's status and subordination. While Thailand differs from Western societies in terms of culture and social values, these two settings are similar in the nature of the ageing process and the underlying patriarchy that primarily led women to be subordinated to men. At the same time, Thailand has adopted the concepts and approaches to ageing and older persons, including active ageing, from Western countries and international organisations. A global perspective embedded within the political economy of ageing further helps investigate the circumstances of Older Thai women through the firm and specific evidence of Thai society. In such a manner, the impact of the development or experiences of older persons in Western and other societies could partially represent the situation faced by Older Thai persons (Lloyd-Sherlock, 2010).

CHAPTER 5

METHODOLOGIES AND METHODS

Introduction

The chief aim of this study was to investigate older Thai women's social status and circumstances and ageing-related policy responses to them. Considering Thailand is a country that is growing old at a relatively fast rate and with the feminisation of ageing, it requires an extensive analysis of the methodology and methods appropriate for such an issue. Methodological considerations are central to the study as they are crucial in addressing the research questions. At the same time, methods are vital for gathering data, which is to be analysed for further interpretation and conclusion. This chapter discusses the methodological strategies and methods employed to show how the research design corresponds to the study's aims and why quantitative and qualitative research are chosen for this study.

The chapter is thematically divided into two main parts; the methodological strategy and research techniques of this study. The first section provides epistemological and ontological considerations that influenced the research design. While quantitative data can be used as a meta-analysis for a preliminary investigation of older women's social and economic status in Thailand, qualitative analysis is also required to answer research questions about the key factors affecting their status and how ageing-related policies respond to the needs of older Thai women. Thus, a combination of quantitative and qualitative research was appropriate for drawing conclusions about older women in Thai society. A mixed methods research design is then highlighted as the methodology used in this study since it is 'a broad approach to scientific inquiry specifying how research questions should be asked and answered, general references for designs, sampling logic, data collection and analytical strategies, guidelines for making inferences, and the criteria for assessing and improving quality' (Teddlie and Tashakkori, 2009, p.21).

The second section describes the adopted research methods in this study, providing justifications. Research methods are defined as 'specific strategies and procedures for implementing research

design, including sampling, data collection, data analysis, and interpretation of the findings' (Teddlie and Tashakkori, 2009, p.21). This study employed both quantitative and qualitative analysis: secondary data analysis, focus group discussions, and interviews as the specific methods. These methods were used to address the status and position of rural older Thai women, the key factors that have constructed these statuses, and how ageing-related policies address and respond to older women's needs. Information regarding the research settings, samplings, and other details in the fieldwork are also provided in this chapter.

Methodology

Social science differs from natural science as it concerns human beings and their actions which require interpretation to 'arrive at a causal explanation of its causes and effects' (Weber, 1947, p.88). To understand the social world, there are a variety of ways in which social scientists can view such phenomena. Research approaches are considered by the aim of the research and the researcher's point of view to understand and make assumptions about the phenomena. These assumptions, however, involve ontology (the nature of the human world), epistemology (the types of knowledge that are valued), and methodology (the means by which research is carried out) (Clark et al., 2019). The difference between the characteristics of ontological and epistemological positions typically influences the ways in which methods are chosen, including whether they are quantitative or qualitative, or both. While these positions have basic distinctions, it is also necessary to accept that there are interrelated due mainly to the possibly changeable social phenomena and human behaviour.

Epistemological and Ontological Considerations

Epistemology concerns the questions of what is the nature and status of knowledge. There are two main epistemological positions, namely, positivism and interpretivism. The former often links natural science and social survey research (i.e. quantitative research), while qualitative research is associated with the latter. Positivist epistemology is structured, static, and confirmative in its relationship between theory and research (Bryman, 2006), leading social scientists to better understand the social world. This is not to say that positivism is equivalent to the natural sciences. Still, measuring human behaviour in response to external social forces is beneficial by assessing

phenomena using systematic and appropriate methods (Foster, 2006). Interpretivist epistemology, on the other hand, emphasises meaning from the individual's point of view. Those who favour this interpretivist epistemological position see that the subject matter of positivism and interpretivism are thoroughly different since individuals' reactions to external social forces are more intricate and complex than the belief of positivism, which leads to various actions or behaviours among individuals. Interpretivists share the view that social scientists need to see the world through the eyes of those who act or react to a social phenomenon to grasp the subjective meaning of people's behaviour and social action. Thus, different paradigms require different research methods to study people and their institutions. Positivism and interpretivism are further differentiated in ontological positions. The former indicates that a single reality can be measured with a priori operation and standardised definition and that the research focuses on validity and reliability. In contrast, the latter considers that different sources, including researchers, can interpret multiple realities. These realities are then socially constructed (Bryman, 2012).

According to Klassen et al. (2012, p.378), quantitative approaches are 'ideal for measuring pervasiveness of known phenomena and central patterns of association, including inferences of causality'. In contrast, qualitative approaches 'allow for identification of previously unknown processes, explanations of why and how phenomena occur, and the range of their effects'. Quantitative and qualitative research are thus associated with different research strategies. Strengths and weaknesses characterise each paradigm and its associated methods. While there are areas of similarity and overlap between quantitative and qualitative research, the traditional view contends that these two approaches are incompatible (Tashakkori and Teddlie, 2003; Teddlie and Tashakkori, 2009; Bryman, 2012). However, it is argued that types of data do not necessarily imply a specific paradigm since the nature of changeable social phenomena; for example, social scientists can do qualitative research with typically quantitative techniques, such as questionnaires and surveys, while some qualitative data, such as certain forms of visual data can be interpreted into verbal/textual information as well as to be analysed as documentation (Moran-Ellis et al., 2006; Clark et al., 2019). Some social scientists use both qualitative and quantitative approaches and methods to address their research questions, and the use of multiple operationalism has moved

forwards a great deal to be recognised as ‘the third major research approach or research paradigm’ together with qualitative research and quantitative research (Johnson et al., 2007, p.112).

Mixed Methods Research

While a quantitative approach tends to provide challenging, rigorous, and reliable data that can be generalised, it also treats the researcher as the outsider who can barely disclose the complexity or the richness of elements contributing to the problem (Creswell, 2003). A qualitative approach, by contrast, should provide deep and rich data which can be interpreted as meaningful experiences of respondents with different dimensions and further elucidate quantitative results (Petros, 2012). However, the lack of generalizability, deriving from the unknown representativeness of this technique, is deemed problematic (Bryman, 2003). The employment of any single research technique cannot provide a comprehensive understanding of the complexity of the social world. Combining qualitative and quantitative methods could help complement the weaknesses of one method with the strength of another. Therefore, I considered that a mixed methods strategy was useful in studying older women’s social status and circumstances and their involvement in ageing policies, as these would be relevant to using both positivistic- quantitative and interpretive-qualitative components. Mixed methods research employed in this study was defined as follows:

Mixed method research is the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, and inference techniques) for the broad purposes of breadth and depth of understanding and corroboration (Johnson et al., 2007, p.123)

Following Greene et al. (1989), there were five justifications for a multiple-method strategy: triangulation, complementarity, development, initiation, and expansion. I focused on triangulation to avoid the confusion of finer detail because it seemed to cover the study’s main purpose. Triangulation was first coined by Webb et al. (1966, cited in Vikström, 2010) to exhibit further researchers' confidence in their findings by using two or more independent measurement processes. Subsequently, Greene et al. (1989, p.256) refer to triangulation as ‘the designed use of multiple methods, with offsetting or counteracting biases, in investigations of the same

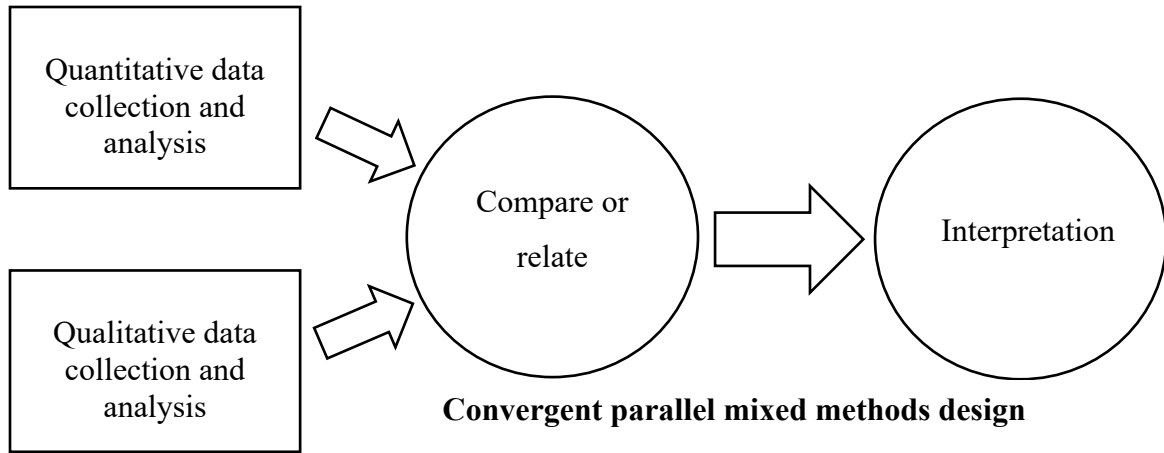
phenomenon in order to strengthen the validity of inquiry result'. Denzin (2009, p.307-308) referred to as 'within-method triangulation' and 'between- and across-methods triangulation' in a single study. Thus, data can be gathered from multiple sources in different periods, locations, or perspectives (Natow, 2020). Multiple triangulations also reflect an attempt to explain the research question more fully with breadth, complexity or depth of understanding (Denzin, 2012; Natow, 2020). The use of triangulation also seeks 'the increased confidence in the implied measurement outcomes of the research where there are convergent findings' (Moran-Ellis et al., 2006, p.47). The validity of research findings is enhanced when biases and limitations within research methods are minimised (Greene et al., 1989; Johnson et al., 2007) and further increased with the mutual confirmation of data from different methods (Bryman, 2003). However, researchers may find a conflict between data from different sources in many cases. Instead of viewing dissonance, divergence, and ambiguity as problematic, they can be 'reframed as something that might be welcomed, insofar as they serve to initiate a further investigation and new thinking about the topic at hand' (Bazeley, 2018, p.275).

Even though the disadvantages of older Thai women are apparent regarding education, employment and income, their positions in society are complex. Studies on gender differences in older age about their earlier life experiences and ageing policies in Thailand have been limited so far to draw robust conclusions. To gather sufficient information, an appropriate methodological perspective that can address the commonness of older women's SES and other characteristics and, at the same time, their positions in society through their first-hand ageing experiences and attitudes of people that possibly influence policies towards them is thus required for this study. However, such research designs in studies of ageing and gender in social policies seem to be atypical since previous studies on older Thai women or gender issues in older age mainly adopted a single research approach, such as quantitative analysis from national surveys (Sobieszczyk et al., 2003; Knodel and Chayovan, 2014). The need to move beyond these gaps and limitations thus entails using a mixed methods research design in the present study to explore the patterns of status and experience of older women relating to ageing policy in temporal and societal contexts.

Therefore, using a mixed-methods strategy, I attempted to utilise the strengths and conquer the limitations of different types of research. Combining qualitative and quantitative data in this study was to understand a phenomenon at multiple levels of causality. In this thesis, the quantitative and secondary survey data provided a macro-level account of older women's characteristics and status and those in rural areas compared to men and older urban women. Meanwhile, a qualitative approach using focus groups provided a chance for older women to express their perceptions of ageing and their status of present and prior experiences. The direction of group discussions also aimed at seeking the reasons for older women's subordination to men and how they dealt with it. Meanwhile, another qualitative approach, face-to-face interviews with people from the policy community, provided a top-down viewpoint regarding older women and the ageing policy. This helped to understand how older women are posited in society and the underlying factors of a gender dimension in the ageing policy.

According to Creswell and Creswell (2018), mixed methods research has three basic and advanced designs. This thesis used the convergent parallel mixed methods design where two or more parallel quantitative and qualitative data were collected in parallel and analysed separately. With the purpose of corroboration and validation, the researcher further triangulated the data collection and analysis and then compared or related the results of both elements to see whether the findings confirmed or disconfirmed each other. I finally interpreted these data and analysis to answer the research questions. (Creswell 2003; Teddlie and Tashakkori, 2009; Morse, 2010; Schoonenboom and Johnson, 2017; Demir and Pismek, 2018). With this approach, the qualitative and quantitative data generally provide different types of information, yielding results that should be the same (Creswell and Creswell, 2018). Figure 5.1 shows the research process of this thesis.

Figure 5.1 The research process of this thesis



A Feminist Approach to the Concept of Triangulation

In the 1970s, the issue of women and oppressed groups' exclusion from social research was raised when feminists pointed out that the research process, the collection, interpretation, and organisation of data were often imbued with masculine bias and that such research was generalised from the male supremacy perspective which led women's lives to be obscured in the academic world (Harding, 1987; Doucet and Mauthner, 2006). There were attempts to transform the methodologies and epistemologies by initially removing 'sexist bias' (Campbell and Wasco, 2000, Doucet and Mauthner, 2006) from traditional research by, for example, putting the gender issue with the 'add on' approach in the study (Arber and Ginn, 1991). It is argued that such an approach only provided a partial understanding and distorted analysis of gender and women's social activities whilst keeping some male domination intact (Harding, 1987). Feminist research was criticised for its methods, methodology, and epistemology as being indistinct; however, some particular characteristics were embraced, for example, using women's experiences, rather than men's, as an empirical and theoretical resource and their experiences were suggested to be a plural form with a diversity of social positions both within and between gender. Furthermore, researchers in the field emphasised that such research should be designed 'for' women and, if applicable,

‘with’ women, more than the initial design ‘on’ women (Harding, 1987; Ramazanoglu and Holland, 2002).

Meanwhile, some feminist researchers attempted to connect the subject matter to the research by locating themselves in the same situation as these women to reveal how their cultural beliefs and behaviours shaped the analysis results (Harding and Norberg, 2005). Their attempts included setting a group level of the subject matter to encourage them to reveal new information. While such a method received some criticisms, the research question could be suspect if someone interpreted her situation differently. The impact of group dynamics can potentially lead to the risk of bias; it was argued that the issues that emerged from group settings were real because such settings could ‘help individuals find language for talking about existing, not ‘created’, issues’ (Campbell and Wasco, 2000). In reducing hierarchical relationships in research, Oakley (1988, cited in Campbell and Wasco, 2000, p.786) proposed a research method to create non-hierarchical and friendly relationships between researchers and participants by sharing their identities through experiences and information when interviewing. This approach was not without criticism. For instance, it could impede mutuality and reciprocity between researchers and participants. The overly friendly research atmosphere could also ruin the aims of the research. Moreover, these unequal power relations are at risk in places with acute inequalities, such as low-income and less-developed countries or communities (Doucet and Mauthner, 2006).

The early work of feminists largely focused on qualitative methods as these can best capture the nuances of women’s experiences. This perspective was shifted when feminist researchers realised that women’s experiences had been shaped by their race, class, gender, sexuality, and other dimensions alongside the growing awareness of issues of imperialism, colonialism, and national identity (Hesse-Biber, 2012). The need to address women’s subjugation of their multiple social identities reinforces the use of multiple methods and intersectionality in feminist research. Mixing two or more qualitative as well as qualitative and quantitative methods has thus been increasingly utilised by feminist scientists. Many feminist scientists have supported triangulation because this approach helps expose other dimensions of research questions that traditional male-bias research has ignored and adds confidence to their findings. Triangulation also cultivates data collection –

the use of a variety of data sources- and analyses and the interpretation process in ways that go against traditional research, which can lead to new or other solutions for women's issues (Vikström, 2010). Stewart and Cole (2006, p.329) described the use of multiple methods to investigate women's experiences:

...because feminist scholars often begin from a posture of critique of existing social science findings and recognise that social science research has often “left out” or ignored aspects of phenomena that they care about, they are much less inclined to believe that a single method is the “royal road” to understanding. Thus, feminist scholars have often embraced pluralism partly as a strategy that might be less likely to produce a narrow and selective picture of the human experience.

Despite the broad and inter-disciplinary openness of triangulation in feminist research, this technique is not without criticism. For instance, the ways to manage data and method rest heavily on researchers since there are no conclusive practical ways of practising triangulation (Vikström, 2010). In particular, ambiguous interpretations exist when this technique shows complex outcomes likely to be dissonant rather than complementary (Perlesz and Lindsay, 2003). However, feminist scholars suggested that when triangulated results display inconsistencies instead of corroboration, feminist researchers should take advantage of it because it could reveal subjugated knowledge or even bring about new avenues of understanding about women (Vikström, 2010; Hesse-Biber, 2012, 2015).

In sum, feminist research has been recognised for opposing male-dominated positivist quantitative research. Using feminist methods can interrogate the male bias in research and further ensure that the experiences of marginalised populations are interpreted as women's subjugated knowledge (Hesse-Biber, 2015). Given that the issues of the group discussion process and power relations were essential to this study, one may consider being a female researcher beneficial to approach female participants as the researcher can easily understand participants' experiences and share gendered experiences with them. However, many feminist scholars insisted that women cannot be implied to be the same because of their vast differences (Doucet and Mauthner, 2006). This means that when researchers share their similarities or experiences with participants, the complexity of

the researcher's and participants' social locations and subjectivities are needed to be included in the interpretation. As stated by Reinharz and Chase (2001, p.220):

Gender shapes institutions, ideologies, interactions, and identities. At the same time, race, class, and other social dimensions intersect with the gendered contours of our worlds. We assume, then, that although all women's experiences are gendered, no two women's experiences are identical.

Considering that traditional forms of research had largely ignored the voices of women or just added and mixed women into research, this study, by adopting the epistemological position of feminist analysis, was 'on', 'with' and 'for' older women. In other words, it was conducted on older women's behalf to explore questions that uncovered their subjugated knowledge. Hence, focus groups were structured to allow all women to articulate their status and need for later life and facilitate communication in a compatible environment where valuable information was collected whilst older women's concerns were recognised as significant contributors to the research.

The Use of Triangulation when Interviewing Elites

As noted above, insights into the importance of older women or gender in ageing policies were gained from interviewing people within the policy community. The term elite is often used when the professional or social position of the respondent(s) is relatively high compared to others (Harvey, 2011). These people, albeit with different organisational positions and from different types of organisations, can be defined as 'elite' (see further details in this chapter). Researchers use elite interviews 'to obtain elite perspectives and nonelite focus groups to understand the views of civil society members and to gain insight into how these views are formed' (Murtagh, 2015, cited in Natow, 2020, p. 169). Elite interviews are often used to examine public policy and power relations because elites can provide unique and valuable information from their privileged positions. Elites' perceptions and attitudes toward the research topic are also critical due to their mastery over policy formulation and implementation (Bailey et al., 2014). When combining elite interviews with other methods in a single study, it is not uncommon for researchers to use triangulation in various forms, such as multiple data sources, multiple methods, multiple data analysis techniques, multiple researchers, and multiple forms of triangulation. Using triangulation

with the elite interview can increase validity and challenge power imbalances in leadership and governance situations (Natow, 2020).

The choice to use mixed-method research was not only because it provides room for a creative research design aimed to understand a phenomenon holistically as described above but also because the application of this type of research is vital for policy studies in developing countries as it can help in generating data for policy formulation and also in digging deeper into the complexity of the policy process (Alatinga and Williams, 2019). In particular, this study sought to understand different perspectives from respondents at multiple levels; using various methods then illuminates our understanding of the complex dynamics of older women's disadvantages and needs for an ageing policy and their positions within ageing policies. With this in mind, a convergent parallel mixed methods design was used. Qualitative and quantitative data were collected in parallel. The three data sets- the secondary survey data, the focus group discussions, and interviews with people within a policy community- were analysed separately and then triangulated. The interpretation of this thesis could subsequently provide better insights into the position of older Thai women and gender-related ageing welfare provision.

Methods

Adopting mixed methods research for studying older women's lives helps explore 'women's subjugated knowledge by giving voice to women's experiences' (Hesse-Biber, 2015, p.177). For this study, mixed methods research can support the exploration of the following research questions:

1. What is the social and economic status of older women in Thailand?
2. What are the key determinants of the status of older Thai women?
3. How do older women and gender figure in the government's ageing-related policies?

This section then outlines the distinctive methods I chose to address these research questions: quantitative data analysis through the secondary data survey and two other forms of qualitative data analysis; focus group discussions and semi-structured interviews. Secondary data analysis

can illustrate an overview of older rural women's status and circumstances compared to older men and their urban counterparts and some key factors influencing their positions and status. The qualitative procedures focus on group discussions of older rural women, and the interviews of people from the policy community help conclude the first and second questions. The third question seeks to explore the relationships between older women and ageing-related policies based on the perceptions and opinions of older women and people from the policy community. The analysis of each method is separately presented in Chapters 6, 7, and 8.

Secondary Data Analysis

Secondary data refers to data that have already been collected for other purposes but are helpful for one's research purpose. It can be used to address original or new research questions (Glass, 1976; Smith, 2008). It can also be re-analysed as long as 'it has a new purpose or in response to the methodological critique' (Schutt, 2007, p. 4127 cited in Smith, 2008; Bryman, 2012). Secondary data can take various forms, including those generated from a systematic review, documentary analysis, and the extensive secondary data set, which 'typically covers a broad sample of individuals or other entities (e.g., schools, hospitals) and is generally representative of some broader population' (Vartanian, 2011, p.9). These data can be collected by governments, research institutions, or agencies to represent the entire population or large segments of a particular population. It includes a numeric and non-numeric data set that can be analysed as quantitative and qualitative. Large-scale surveys, such as population censuses and government surveys, which are the potential sources of a wide range of numeric empirical data, are often accepted as nationally representative, enabling researchers to compare different social groups over extended periods of time (Smith, 2008). National survey data also allows researchers to investigate a range of topics:

...secondary analysis of national survey data can be used for a preliminary investigation of the size and characteristics of a particular social group or the broad parameters of an issue that is to be researched independently and in greater detail by other methods (Hakim, 1982, p.2).

This data type also provides researchers with nationally representative samples, standard items, and standard indices, which can be analysed effectively with technology assistance (Kiecolt and Nathan, 2011). Researchers may also gain a new interpretation by re-analysing the old data

(Bryman, 2012). By using a secondary data set, researchers can primarily benefit from saving both financial and non-financial resources since they are able to access the data with less money, less time, and fewer human resources. However, it is not without limitations, albeit less than its advantages. The main problem of secondary analysis is concerned with data availability. Some data sources may proceed with sampling design errors or data collection, often indiscernible in original surveys but can be magnified when used in new research questions (Kiecolt and Nathan, 2011). Moreover, a secondary data set may be complex and lack vital variables for the desired research due to it not being collected for the purpose of a researcher using the secondary data (Bryman, 2012).

Since this study required a holistic view of older women's status and an analysis of differences and dissimilarities between and within genders in Thailand, a large-scale survey was then applicable. Moreover, such data must contain sufficient information on older women at an individual level to consider whether they are disadvantaged compared to men. A mixed-methods approach requires an adequate number of survey participants to ensure the investigated phenomenon's statistically significant differences or relationships (Collin et al., 2007). Moreover, the data set of the entire population was also required to consider the differentiation between the older and other-age-group populations. Therefore, the 2017 National Survey of the Older Persons in Thailand (SOPT) was chosen as a primary source of quantitative analysis. Three key factors influenced the decision to select the SOPT for this study. Firstly, it is the only series of national surveys of the older population and is freely and openly accessible via the Internet. The SOPT encourages the re-use of the data 'for the purpose of study, analysis, and research concerning the older population' (NSO, 2018a). Secondly, it is difficult for a lone researcher to gather these large-scale data sets (Kiecolt and Nathan, 2011). Lastly and most importantly, the SOPT provides a wide range of statistics on older persons' social, economic, and health status (Knodel et al., 2015). This statistical data also provides some evidence-based ageing-related policies and programs older persons use. The SOPT was launched in 1994 and is conducted every three years by the National Statistical Office (NSO).

The 2017 SOPT used a sample survey method with stratified two-stage sampling from all 77 provinces nationwide and covered 83,880 private households. While this data set provides comprehensive information on the older population, including educational levels, health and economic statuses, and their levels of dependency, it has some limitations since the survey focused on private household units, which means those residing in institutions, such as residential homes, temples (monks and nuns), and military camps, were excluded. Considering that the 2017 SOPT was not the latest dataset since it is conducted every three years, the changes in the older population found in the following 2021 SOPT were updated in this research. Other surveys conducted by other public agencies indicating the key issues of the entire or the sub-group population are provided where appropriate. For instance, earlier surveys of older persons and population censuses at selected periods and statistical data on other key issues of older and younger people were used to compare older persons' SES in earlier periods and to different age groups (i.e. younger generations). Together all these data sources provide systematic empirical evidence about older persons and gender on various issues.

Most data in the SOPT were associated with older women's SES. However, this data was derived from questions that did not initially aim to answer the research questions in this study. Therefore, selecting potential data to reveal the crux of my investigation was challenging. For example, it was unnecessary to include details of house quality and household possession as it was beyond the boundaries of the research. At the same time, data selection from other sources needed to be more cautious because it may contain insignificant information inappropriate for the study. This study then utilised these data sets to analyse older women's status and differentiation compared to others. It primarily, but not exclusively, utilised univariate and cross-tabulation analysis. It mainly discussed descriptive statistics in the form of percentages, means, and frequency counts in each category and relationships within the data that might not be readily apparent when only looking at total survey responses. Descriptive statistics commonly translate an array of values into a single value sufficient to show its characteristics and can be understood as a description of the sample (Turner and Houle, 2019). It was also summarised with numbers in the form of tables or visual representations of distribution, such as figures, charts, and graphs. It further described a phenomenon with an information summary in which significant numerical features of the data

were identified (Antonius, 2017) because one of the research questions aimed to delineate the characteristics and statuses of older women in general rather than to prove any specific hypothesis. In this study, analyses of gender differences in five key issues: partnership status and living arrangements, educational attainment, employment and income, health status, and caring and intergenerational relationships are also linked to how older women benefit from policies and welfare provisions.

Qualitative Analysis

This study used two qualitative research methods: focus group discussion and interview. The former was adopted to understand perceptions or opinions of ageing and gender in light of older rural women's experiences, whilst the latter shed light on attitudes and perspectives on older women and gender-related ageing policies among people within a policy community. Although qualitative techniques cannot provide a generalisation to a whole population and broader context outside of experiential issues, they can potentially offer insight into the complex situation of older women and their relations to policies through views, opinions, and attitudes. For focus group discussions, the enormity of the subject of older women in rural areas and the limited time available for my fieldwork obliged me to choose a particular geographical location for my study: three different provinces in rural Thailand. This choice was based mainly on three factors. First, there were more older women residing in rural areas than urban areas; thus, data on older rural women reflects a broader perspective of older Thai women. Second, recruiting participants in rural areas was easier as rural people were more likely than their urban counterparts to be gathered for community activities. They primarily work in the agricultural sector and have more flexible working time, while older urban women were more likely to be employed in paid. Lastly, grouping participants into the high and low SES in rural areas was more practicable as the gatekeepers (people who helped introduce me to the areas) knew almost all older persons in the area. Meanwhile, interviews were arranged for people from the policy community to discern their perspectives towards older women and gender in ageing policies at the national level. Parts of the interviews were employed in these rural areas, while the rest took place in Bangkok, the Capital city.

Selection of Rural Areas

My original plan was to conduct a comparative study of older women's statuses and their reflections on social policies on ageing in urban and rural areas. Bangkok, the capital city, was on my mind since it had the highest number of older persons (DOP, 2019) and thus could allow me to retrieve the views and experiences of older women in urban areas. However, when I contacted an ex-colleague, who expected to be one of my gatekeepers (people who had helped introduce me to the areas), she recommended that other areas would also be better for the research because older persons in Bangkok have more opportunities to access several kinds of public services and social assistance from various agencies, such as the Bangkok Metropolitan Administration, public organisations, and NGOs, compared to those living in other areas. This made me aware that the different service providers besides the government would risk exclusion if I concentrated on Bangkok. Therefore, I chose to focus on rural areas where the government is the leading ageing-related service provider through local administration organisations. The choice of the rural areas was based chiefly on their distinguished characteristics regarding older persons and ageing-related policies implemented within the areas. Although I have connections with officials and staff in the Provincial Social Development and Human Security Office (PSDHS) in many provinces, I did not have such a privilege in the three selected provinces, which were Sing Buri and Samut Sakhon in the central part and Phrae in the northern region of Thailand (Figure 5.2). However, I still had the advantage of communicating in Thai. I was already familiar with the areas, particularly Sing Buri, where I had worked for a short period in 2012, facilitating my fieldwork there.

Moreover, preliminary selecting the areas allowed me to contact the gatekeepers and do the introductions beforehand. I could then immediately undertake my qualitative research upon arrival. This privilege saved my time in the field and facilitated the process of both focus groups and interviews. The fieldwork was conducted in Sing Buri, Samut Sakhon, and Phrae, respectively, along with the interviews in Bangkok. Some unpleasant experiences emerged during the fieldwork (these points are clarified later in this chapter), changing the original plan. The goal was to conduct six focus groups and twelve interviews in rural areas, with three additional interviews in Bangkok. But the number of interviews in the three areas was changed to ten. Although I could manage both

methods, these experiences taught me a lesson about ambitious expectations where relevant factors could not be predicted. It was also fortunate that I added a couple more days to my field trip plan. It did help when I eventually needed to reschedule two interviewees due to their unexpected assignments. In summary, six focus groups and 15 semi-structured interviews were conducted between June and August 2019. Two focus groups and two to five interviews were undertaken in rural areas, and five were conducted in Bangkok.

These three research areas have some different characteristics (Table 5.1). Two areas (Sing Buri and Samut Sakhon) are relatively small provinces located in the central part of Thailand, ranked 74th and 73rd by area and 65th and 62nd by total population (out of 77 provinces), respectively. Phrae is in the northern part and ranked 31st and 41st by area and total population, respectively (Royal Gazette, 2019). Similar to most rural areas in Thailand, a considerable number of people in these areas work in agriculture and fisheries. Samut Sakhon has a slightly different condition due to the urban sprawl of Bangkok, the capital city. It represents a mixture of urban and rural areas and is known as an inland fishery-based area with many fishing companies and migrant workers (Sakhon Online News, 2017) . The noticeable characteristics of the older population in these areas were fundamental to the research area selection. Phrae had the highest density of the older population in 2021 (29.3 per cent), and Sing Buri was known for their relatively high number of older persons as it was the first province to experience ‘an ageing society’ and thus initially began carrying out projects for older persons (Thaihealth, 2010). Meanwhile,

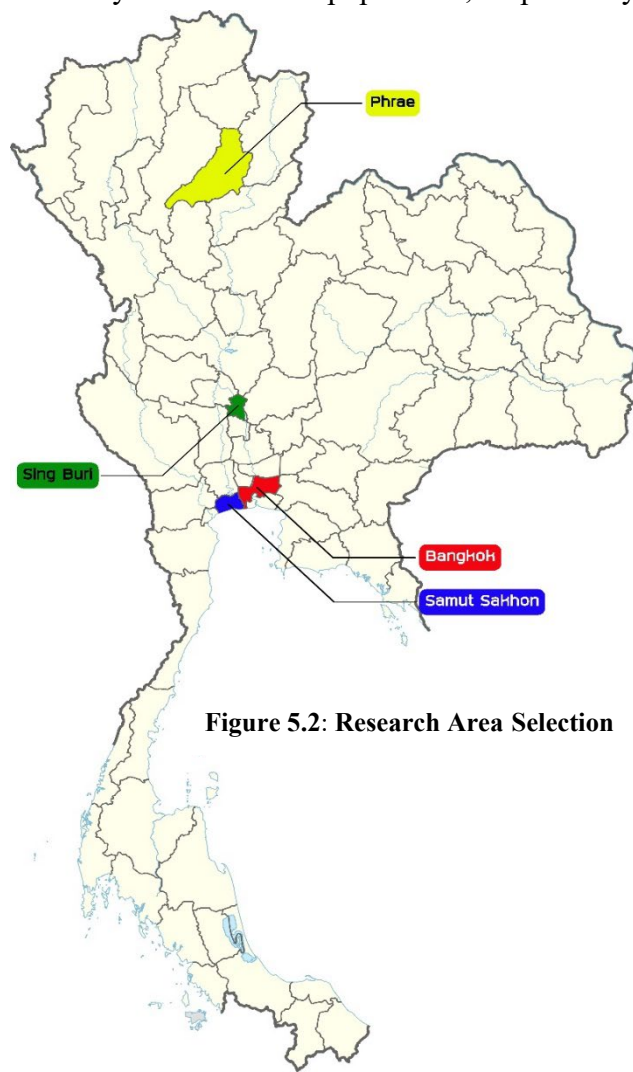


Figure 5.2: Research Area Selection

Samut Sakhon had the lowest density of the older population, containing 10.1 per cent of the total older population (NSO, 2022). In addition to the number of older persons, each area has profound characteristics, including the proportion of older rural persons and those still working for a living. The statistics for the whole country are also provided for comparison, as shown in Table 5.1.

As discussed in Chapter 3, the predominance of Thai ageing-related policies is still on problem alleviation, i.e. social assistance and social participation activities, while only the OAA and UCS are considered universal. The uppermost service users are likely to be sociable older persons who are healthy or have controllable non-communicable diseases and chronic conditions. Thus, they can take care of themselves and help others. While social pensions and health services are provided on a universal basis, participation in social activities, which are important in assessing the government's implementation and involvement in improving older persons' lives, depends on several factors, including the time availability and the living arrangement of older persons. This thesis then considered the selection of areas partly by the frequency and consistency of activities held in those areas. The CPS and OPP (2013)'s study found that older persons were more likely to undertake activities in rural rather than in urban areas despite the comparable number of activities held in urban and rural areas. The higher rates of participants in rural areas may be due to the harmonious relationship between people and the environment in rural communities (Tangchonlatip and Chamratrithirong, 2019). The determination of SAO's leaders is one of the key success factors for providing services to older persons and encouraging them to participate in activities (Wangrath et al., 2019). Therefore, rural areas where older persons were regularly gathered to do activities were chosen, and community leaders' strong intention of promoting welfare and activities for older persons were further taken into consideration. To select rural areas, the NSO's definition (areas outside of Municipality administration) was applied. In this way, these areas were segregated by their administrative areas rather than their economic and societal background.

Table 5.1: Outline statistics for the three research areas

| | Thailand | Sing Buri | Samut Sakhon | Phrae |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Number of total populations (% male/female) | 66,558,935 (49/51) | 208,446 (48/52) | 584,703 (48/52) | 441,726 (48/52) |
| Ranking in population density | - | 65 | 62 | 41 |
| Number of private households | 21,397,323 | 67,877 | 344,493 | 153,997 |
| Population density (per square metre) | 130 | 253 | 670 | 67 |
| Average income/household (Baht (£)/month) (% receiving from work) | 26,018 (650) 72 | 24,682 (617) 67 | 29,347 (734) 77 | 21,398 (535) 62 |
| Average expense/household (Baht (£)/month) | 20,742 (519) | 19,885 (497) | 22,877 (572) | 15,803 (395) |
| % household in debt (Baht / £) | 45 (161,868/4,047) | 49 (117,751/2,944) | 27 (94,380/2,360) | 57 (180,970/4,524) |
| Population of 60+ (% male/female) | 11,312,447 (45/55) | 47,534 (43/57) | 79,672 (43/57) | 104,283 (45/55) |
| % population of 60+ | 16.7 | 23.1 | 8.2 | 24.6 |
| % population of 60+ in rural areas (% male/female) | 59 (45/55) | 72 (43/57) | 46 (43/57) | 63 (45/55) |
| % population of 60+ who are still working for a living | 38 | 37 | 38 | 34 |

Sources: Royal Gazette (2019), Number of Population from Registration (the whole kingdom) as of 31 December 2019.

NSO (2019). The 2019 Household Socio-Economic Survey.

Sing Buri Provincial Statistical Office (2019). The 2019 Household Socio-Economic Survey: Sing Buri

Sing Buri Provincial Statistical Office (2019). Summary of the Situation on the Older Persons in Sing Buri

Samut Sakhon Provincial Statistical Office (2019). The 2019 Household Socio-Economic Survey: Samut Sakhon.

Samut Sakhon Provincial Statistical Office (2019). Summary of Situation on the Older Persons in Samut Sakhon

Phrae Provincial Statistical Office (2019). The 2019 Household Socio-Economic Survey: Phrae.

Phrae Provincial Statistical Office (2019). Summary of Situation on the Older Persons in Phrae

Given that there was not much difference in the number of activities between urban and rural areas (CPS and OPP, 2013), which could reflect the government's ageing-related services. Selecting rural areas as the sample for FGDs was appropriate for this thesis. Moreover, the SES classification among FGD's participants in rural areas was able to display different pathways to old age and strategies to deal with ageing. At the same time, analyses of secondary data and interviews were used to reflect perceptions of and services for older women regardless of their locality, providing a broader perspective on older women.

Aside from the literature review, Subdistrict Administrative Organizations (SAO) became the first choice owing to its definition. SAO is the third subdivision level of the local government administration system, and in 2020, there were 5,300 SAOs across the country (DLA, 2020). It is also considered to have the closest relationship with people in the local community (Sunanta, 2018). SAOs are obliged to manage the operations in keeping with the government's specified rules and guidelines, while these people are encouraged to participate in any actions. They must serve people within subdistrict(s) or Tambon (ตำบล) with infrastructure tasks and service delivery, including primary health and care services for older persons. Those who require health and social care or face difficulties in life are entitled to receive social assistance, both in cash and in-kind, from the social welfare section of the SAO they belong to. Like other local government agencies, SAO is also expected to encourage its people to participate in community activities. Therefore, they hold several activities, such as monthly activities, that vary between SAOs.

Following the selection of provinces, the setting choices were Tha-Ngarm SAO, Suansom SAO, and Thapha SAO in Sing Buri, Samut Sakhon, and Phrae, respectively. These three areas have some differences and similarities, like ageing-related services. As mentioned above, Tha-Ngarm SAO was the model agency of ageing programs in Sing Buri. With the limited government budget, Tha-Ngarm SAO's budget and financial support from other agencies, including private companies and NGOs, were used for implementing ageing-related policies. By contrast, the other two SAOs only operated ageing-related programmes and activities with the government budget following the central government's guidelines and indicators. The administration of Suansom SAO is different from Tha-Ngarm SAO since local people mainly work in orchards where labour is regularly in

need. This, together with urbanisation, has influenced people to prioritise their work rather than participate in activities unless they require assistance. Thapha SAO, on the other hand, is located in the countryside, where people may not receive helpful information on ageing-related services and may be unable to participate in activities because of the distance or the lack of transportation. Differences in the nature of areas and the works of SAO in these three areas influenced my decision to conduct qualitative research. The broader perspective of older women and their engagement with ageing-related activities, as well as the opinions of people from the policy community, can be obtained from their contrasting conditions, with Tha-Ngarm representing the best conditions, in terms of their familiarity and the strong network support. In contrast, Thapha represented the poorest conditions with restricted resources available.

Focus Group Discussions

Focus group discussion (FGD) is described by Hennink (2014, p.1) as ‘an interactive discussion between six to eight pre-selected participants, led by a trained moderator and focusing on a specific set of issues’. This qualitative research tool allows researchers to collect information on participants' perceptions, attitudes, opinions, knowledge, and experiences interacting with different people (Breen, 2006). It is also a time-saving method in comparison to individual interviews. Participants can express both ‘what’ they think and ‘why’ they do during the discussion processes through the interaction of group participants (Morgan, 1998). This interaction also helps develop and generate new ideas about a given topic within a social context (Breen, 2006). FDGs then enable the researcher to collect a wide range of personal views of each participant and the collective narrative views of the group, as well as to compare these views and attitudes between different groups. One key factor of FDGs is preselecting participants with similar backgrounds or shared experiences concerning the research issues. This tool is thus valuable for disadvantaged groups, such as vulnerable older persons or women, who are generally reluctant to voice their powerlessness. They are likely to share their views openly in a comfortable environment (Hennink, 2014; Agyemang-Duah et al., 2019). FDGs may not be suitable for acquiring participants’ issues or experiences due to the openness of discussions.

FGDs were chosen as a tool for revealing older women's SES and their ageing experiences. Participants were selected according to three criteria: female, the individual had to be aged 60 years or over and had experienced using ageing-related policies provided by the government. After selecting areas, I contacted the gatekeepers, and the official letters were sent afterwards. The gatekeepers in the three settings were from different agencies. In Sing Buri, the official of the PSDHS helped me contact the SAO's gatekeeper and organise the FGDs. In the other two settings, my entry points were the SAOs, and the gatekeeper in Samut Sakhon accompanied me to the places of FGDs, while in Phare, the gatekeeper helped arrange the FGDs. To select participants for the FGDs, purposive and convenience sampling were employed. Using purposive sampling in qualitative research requires information-rich cases to use limited resources effectively (Patton, 2002). Participants' availability and willingness to participate were essential, and their communication abilities were vital for articulating, expressing, and reflecting on their experiences and opinions (Etikan et al., 2016). Meanwhile, convenience sampling is a type of nonrandom sampling in which 'people are sampled simply because they are convenient sources of data for researchers' (Battaglia, 2011, p. 149) or because of their willingness (Etikan et al., 2016).

Before going to the field, I was also aware of my social location and positionality. As a young woman living in an urban area, I was perhaps an alien to research participants who were older rural women. However, I was fortunate to have a close cultural background with the research participants, which helped me understand their language and how structures and cultures disadvantage them. This, together with the age differences between older women and me, could be both inhibitory and emancipating for participants. Yet, I also needed to be aware of the nature of this strategy in the ways of bringing unexpected circumstances and their meanings to the research because 'uncertainty and discomfort are likely to arise for interviewers and interviewees whose social locations differ dramatically, and those aspects of the relationship need to be explored rather than ignored' (Reinharz and Chase, 2001, p.231). Simultaneously, my previous work position in a government agency was challenged regarding a possible biased stance in the field. I was aware that my biography would affect older women's responses, whether they would feel threatened or comforted by my presence or expect me as a government official to help them resolve their problems. I then needed to play down this position and confirm to the participants that I was

undertaking my research in my position as a PhD student. The gatekeepers further recommended, for example, where and when I could meet older women and recruit them into group discussions. I chose face-to-face contact to recruit these female participants to obtain their consent and make this study more inclusive (Reinharz and Chase, 2001). I then joined the monthly meeting of the Elderly Club and asked qualified older women to agree to participate in group discussions.

Before the FGDs

With the gatekeeper's assistance, the older women were selected and classified into two groups, high and low SES, in each area. The former group was likely to have better financial or health status or participate in the community's activities more frequently than the latter. Members in each group, all of whom had similar SES, did not exceed the recommended number (six to eight people) (Hennink, 2014). Eventually, there were groups of eight and seven participants in Sing Buri, two groups of six participants in Samut Sakhon, and groups of seven and six participants in Phrae. The locations of FGDs varied depending on group members' convenience. Some FGDs were held in the SAOs arranged by the gatekeepers, whilst some were held in the community leaders' homes. The gatekeepers also help prepare the FGDs, including making an appointment with and reminding the appointment to older women about different engagements and lifestyles. For instance, some older women could participate anytime, while many were available only after breakfast and before lunch. Making the appointment was not easy, and older women must trust the gatekeepers who made such arrangements. As the thesis aimed to explore perspectives among older women with different statuses and circumstances, Table 5.2 indicates the participants' characteristics. Although all of them were women aged over 60 years, they were heterogeneous. The majority of participants were aged between 60 and 70 years, married, and not working. They co-resided with their children, and their educational levels were relatively low (only 11 people received upper-secondary education). Their main sources of income were their children and work, and nearly all of them received the OAA. Although most older women reported having health problems, they still undertook domestic and caring responsibilities.

Table 5.2: Basic Characteristics of FGDs' Participants

| | | | | | |
|--|--|---------------------------------------|---------------------------------|---|--|
| Age | 60-64 11 | 65-69 16 | 70-74 5 | 75-79 6 | 80+ 2 |
| Marital status | Married 31 | Never-married 4 | Divorced 1 | Widowed 4 | |
| Previous occupation before the retirement age | Government officer 7 | Merchant 6 | Labourer/temporary worker 18 | Farmer 7 | Self-employed 2 |
| Work status | Working 16 | Not working 24 | | | |
| The main source of income | Children 12 | Work 11 | Professional pension 7 | OAA 7 | Saving/property 3 |
| Ever received OAA | Yes 33 | No 7 | | | |
| Living arrangement | Coresident with children 23 | Live only with spouse. 3 | Live alone 2 | Live with spouse and grandchildren 2 | Live only with others 3 (grandchild/sister/ageing parents) |
| Domestic work responsibility in a household | Self 28 | Shared with spouse 3 | Shared with adult children 4 | Shared with grandchildren 1 | Shared with others 4 (Neighbours1 /relatives3) |
| Any full-time caring responsibility | Yes 7 (spouse2/ grandchildren4/ ageing parents1) | No 33 | | | |
| Any health problems | Yes 31 | No 9 | | | |
| Educational attainment | None 2 | Less than 6 th grade 12 | Lower Secondary 8 | Upper Secondary 7 | Above Secondary 11 |

The outline of FGD's questions was developed according to the 2017 SOPT, the quantitative findings of older women's SES (Chapter 6), the existing empirical work and literature, and consultation with supervisors. These questions covered the socioeconomic status of older women, their utilisation experiences, and opinions on the government agencies' ageing-related services. Participants were asked whether they thought they were old when they would be old and why, their views on the advantages and disadvantages of being old, and how their status differed from older men and younger people. The questions included how they perceived their socioeconomic status compared to their prior life experiences. FGDs also discussed how they thought about the gender role and whether they perceived these roles and responsibilities in terms of gender inequality in older age. Also, they were given opportunities to express and exchange their own experiences and opinions on services among group members (more details of questions can be found in Appendix 1).

During the FGDs

I was accompanied by the research assistants I enlisted to conduct this research. I ensured their responsibilities for considering, respecting and safeguarding the dignity, rights, safety and well-being of human participants and those whose data were used for research parallel to the researcher (The University of Sheffield, 2020). Community leaders who were familiar with the context of the areas were also joined in FGDs. At the beginning of the FGDs, all participants were verbally informed about the study's aims and asked to read the information sheet (Appendix 2) and sign a consent form written in Thai (Appendix 6). My assistants helped me at least arrange the seating, record and take notes of the discussions, facilitate the group discussions, and assist the participants in making a louder voice. These discussions were audio-recorded with participants' consent. Participants' seating positions were also noted with the research assistant's support. During the FGDs, one of my assistants recorded with both the recorder device and the mobile phone while the other took notes on the details of the meeting, such as who was talking and their expressions. To keep the discussions flowing, my assistants occasionally changed some words or sentences to be easier, particularly for participants who had hearing problems or could not understand my comparatively formal questions and conversations. I also recorded how individual participants responded to the questions and tones of voice, as well as their reactions, in field notes, which were

useful to identify the speakers because of the nature of group discussion that many people talked at the same time, particularly when listening from the audio record at the later time. Each FGD lasted approximately an hour and a half. Overall, participants seemed to enjoy these experiences, and, in some settings, we continued talking about other things, including attractions and how they love their communities. Some also asked me to contact them again if I required more information.

Although the FGDs were beneficial, there were some challenges in arranging them, in addition to the challenges of my dual identity. For example, a written interview schedule was also needed to ensure consistency across the various focus groups, reminding me what to do in FGDs and treating all groups similarly. Moreover, as FGDs allow people to share their thoughts with the group members with given equal opportunities, I gave a chance to talk to specific members to prevent other members, such as those with relatively high status, from taking over the discussion or bias the group. However, the biggest challenge was encouraging some quiet participants to share their thoughts. Some participants, often with lower SES than other group members, were reluctant to discuss themselves and express their views. In addition to my facilitation as the researcher, two assistants who accompanied me in each area, the group members, and the community leaders in some settings helped encourage these older women to engage in discussions. The group interactions were beneficial when someone mentioned something, and others discussed such issues, motivating participants to talk more naturally.

After the FGDs

Immediately after each FGD, all notes from assistants and myself were summarised. Assistants' notes ensured that all key points were captured. The audio files were transcribed verbatim by myself in Thai since I considered the transcription process an essential stage of data analysis. As Oliver et al. (2005) pointed out, transcription is a powerful act of representation that can affect how data are conceptualised. I checked and rechecked the overall Thai transcription before the translation. Notes taken by assistants helped restore confidence in the accuracy of what participants said or meant. I was also aware of how much could be lost in the translation process because the meaning of some words/sentences or ways of talking might be changed with English translation. For example, many participants said, 'I have great consideration towards my husbands'

or ‘they did not want to put their husbands out’. These did not simply mean they were considerate of their husbands’ feelings or afraid of offending them. These words were more likely to show how women paid respect to their husbands and accepted their roles as the hind legs of an elephant (Chapter 6). At the same time, these women did not say that their status subjugated them but rather happily assumed these responsibilities with consideration of their husbands. I thus attempted to keep quotations as close as possible to their original words when translated into English.

Thematic Analysis

Thematic analysis is one of the most common approaches for ‘identifying, analysing and reporting patterns (themes) within data’ in qualitative data analysis (Braun and Clarke, 2006, p. 79). According to Wæraas (2022), it is ‘a method for systematically describing and interpreting the meaning of qualitative data by assigning codes to the data and reducing the codes into themes, followed by an analysis and presentation of these themes’ (p.154). By adopting thematic analysis, the researcher must be familiar with the depth and breadth of the data content. As verbal data in this study was in Thai, I translated all voice recordings of the discussions into English. This was followed by thoroughly reading the entire transcripts in Thai and English to immerse myself in the data and verify their correctness and spelling before coding. While researchers who conducted their research in English may mitigate the complexity and repetition of discussions using computer software, it can also be an obstacle for researchers who conducted in other languages, including Thai, as it might have limited language options. This also happened to me as I chose to use NVivo12, a type of computer software developed and increasingly used by qualitative researchers as it acts as a time-saving device for transcribing. It helps the researcher with the analysis process rather than data analysis because it is not statistical software (Zamawe, 2015). However, the limitation of tools of NVivo12, such as text searches and word frequency queries that did not support the Thai language, led me to do both ways of coding by using highlighter pens to identify themes and utilising NVivo12 to boost the accuracy and speed of the analysis process. Before using NVivo12, I learned how to use it by myself from internet sources and by attending an NVivo course at the University of Sheffield to understand its capabilities and limitations better. I realised that it did not seem helpful for my Thai transcription because some tools of NVivo12, such as text

searches and word frequency queries, did not support the Thai language. However, I eventually could benefit from coding and storing the textual files.

Moreover, coding with papers and highlighter pens allowed me types of creativity, flexibility, and ease of access, particularly at the early stages of analysis. Coding is the process that ‘has typically entailed writing marginal notes on them and gradually refining those notes into codes’ (Bryman, 2015, p.581). I assigned particular portions of transcripts to ‘codes’. For instance, one of my codes was named ‘perceived status compared to older men’, and the text spoken by one participant was assigned to this code:

Men are better than us. They are always dominant. We (older women) are the hind legs of an elephant (following an old Thai proverb, Cháng táo nâa - Cháng táo lǎng (see page 30). We must be the follower walking behind them (men). We cannot be the leader.

Several codes were then categorised and thematically analysed. Identified key themes and sub-themes captured crucial data regarding the research questions and represented some patterned response or meaning within the data set. For instance, the codes ‘being superior to men’ ‘being inferior to men’ and ‘being equal to men’ were gathered and named as the theme ‘women’s status compared to men’s’. These emerged themes and sub-themes represented my interpretation of the data. However, several themes and sub-themes emerged from this process, so I needed to decide to keep the most relevant themes to fit into this study.

The Interview Process

Interviewing is among the most common tools for collecting qualitative data, enabling the researcher to learn about individual experiences and perspectives on a given set of issues (DiCicco-Bloom and Crabtree, 2006). A semi-structured interview is the most widely used in qualitative research, and its advantages are as follows:

Compared to structured interviews, semi-structured interviews can better use the knowledge-producing potentials of dialogues by allowing much more leeway for following up on whatever angles are deemed important by the interviewee. Semi-structured interviews also give the interviewer a greater chance of becoming visible

as a knowledge-producing participant in the process itself, rather than hiding behind a preset interview guide. And, compared to unstructured interviews, the interviewer has a greater saying in focusing the conversation on issues that he or she deems important in relation to the research project (Brinkmann, 2013, p.21).

A semi-structured interview approach was therefore adopted in this study to explore the different perspectives on older women and ageing-related policy from people other than older women since it aims at ‘obtaining descriptions of the life world of the interviewee to interpret the meaning of the described phenomena’ (Kvale & Brinkmann, 2008, p. 3, cited in Brinkmann, 2013). Considering the interviewees, people within an ageing-related policy community were considered the appropriate choice since these interviewees must be the key informants with the most knowledge and experience on ageing-related policies (Parsons, 2011). People from the policy community could be politicians, policymakers, executives, practitioners, NGOs or scholars (Walker, 1996). These people, therefore, had the potential to ‘provide data that are not easily, if at all, obtainable from other sources’ (Davies, 2001, cited in Natow, 2020, p.160).

Before the Interviews

Nonprobability sampling was considered suitable for this study because of its relatively small-scale sample compared to the nature of quantitative research. A purposive sampling procedure was then employed for selecting participants, regardless of age and gender, who had worked for or had been involved with ageing-related policies at any level (i.e. national, regional, or local levels). As previously stated, FGDs and interviews should be done in each setting to understand the investigated issues better; I thus initially focused on people from the policy community in the three different rural areas. As the selection of interviewees was non-random, I was conscious of the differentiation of agency types and policy-level involvement among participants to reflect the broader perspectives of the studied issue (Parsons, 2011). I also consulted with the gatekeepers since they were familiar with the people and the area to select interviewees appropriately.

In each setting, although various participants (i.e., from regional, local, and academic or private agencies) were predetermined, recruitment seemed problematic as some areas did not have scholars in an ageing field. People from the private sector appeared not keen on this issue since the ageing issue was just approved by the cabinet as the national agenda in 2018 and thus yet to be

acknowledged among and participated by other sectors. I then realised there might be an unbalanced awareness of ageing issues between different sectors. However, I also planned to have two interviewees from the central government and one interviewee from the NGO who had worked in the field for a long time and had been seated in the NCE. These interviewees could provide comprehensive perspectives from various sectors composed in the NCE (see Chapter 3). Moreover, two interviewees from the academic sector in Thailand were conducted, who were allowed to express their opinions freely. The selected interviewees for the research could therefore describe public perceptions of older women and thorough perspectives about ageing-related policies and implementations for older women.

I managed to contact and send a formal letter outlining my research to all participants, often indirectly (i.e. via their secretaries or assistants). I eventually interviewed 15 people from the policy community; ten interviewees in the three settings and five interviewees in Bangkok. The locations of these interviews varied according to the interviewees' convenience. The characteristics of the interviewees are provided in Table 5.3. There were three from the central government, three from regional government agencies, six from local government agencies, two from the academic sector, and one from an NGO. Interviewees were men and women whose ages varied from under 40 to over 65. The majority of interviewees were female and had worked in the profession for more than ten years, while only nearly one-third had worked for less than five years. Although participants were in various types of agencies and at different policy-involved levels, their professional positions were relatively high compared to others. Interviewees with a relatively short period of work experience were likely to be officials in the central government or those who had just been promoted from other fields of work derived from a succession of administrations nature of the government work system.

During the Interviews

Although some of the interview questions were based on the same sources used for the FGDs guideline, the questions here differed from the FGDs. The question guideline aimed to investigate the broader perspectives on ageing policies (i.e. top-down perspective) concerning older women. As noted in Chapter 3, Thai ageing policies are deemed gender-neutral; interviewees were asked

to express their opinions on a gender dimension in Thai ageing policies and how they thought these policies would operate. The questions included views on whether there was a tendency towards ageing-related policies. These interview questions further reflected perceptions in the eyes of people from the policy community about older women and how they posited older women in society. Therefore, a comprehensive overview of ageing policies could be obtained from interviewees. The detailed interview questions are shown in Appendix 3. After verbal information about the project, a written information sheet (Appendix 4) and when the consent form (Appendix 5) was signed, I began interviewing following the interview schedule.

Table 5.3 Characteristics of Interviews Participants

| | Gender | Age | Work sector | Work experiences (years) |
|------------------|--------|-----|--------------------------|--------------------------|
| 1 st | Male | 54 | Local govt. organisation | 9 |
| 2 nd | Male | 38 | Local govt. organisation | 13 |
| 3 rd | Female | 47 | Regional govt. agency | 1.5 |
| 4 th | Female | 58 | Regional govt. agency | 16 |
| 5 th | Female | 60 | Central government | 11 months |
| 6 th | Female | 59 | Regional govt. agency | 1.5 |
| 7 th | Male | 58 | Local govt. organisation | 10 |
| 8 th | Female | 44 | Local govt. organisation | 13 |
| 9 th | Female | 64 | Academic institution | 12 |
| 10 th | Female | 57 | Academic institution | 17 |
| 11 th | Female | 49 | Central government | 15 |
| 12 th | Female | 66 | NGO | 12 |
| 13 th | Male | 65 | Local govt. organisation | 14 |
| 14 th | Female | 52 | Local govt. organisation | 14 |
| 15 th | Female | 57 | Central government | 5 |

However, conducting interviews with people who were proxies for their associates at the organisation was not effortless, even though I had already known some interviewees personally as we had worked for the same organisation. While this acquaintance helped me a little to build a healthy rapport with some interviewees and a comfortable interview atmosphere, building a rapport with the interviewees was still one of my biggest challenges, given my status as a junior researcher and a junior government officer. One's position assesses the social status in the Thai government system. Together with the Thai seniority-based culture, it further linked to a concern of power relations during the interviews. I was sometimes conscious of the relatively inferior status to my interviewees, who are senior government officers, local politicians, heads of organisations and experts in the field of ageing. This was despite the fact that I already reviewed some helpful information about the practicalities of interviewing such elites. Moreover, it was also important not to self-over disclosure and not to use the pre-existing knowledge gained through other means, including the familiarity of background knowledge and understanding when interviewing people known to the researcher (McConnell-Henry et al., 2009). Thus, I made a conscious effort to introduce myself to the interviewees and use the appropriate language throughout the interviews. My effort included sensitivity to the tone of the questions, particularly when asking difficult questions, such as ones concerning a gender dimension. I also emphasised avoiding the interviewees' tiredness and less detail and focusing on their answers. In doing so, I followed Harvey (2011) by signalling to the interviewees 'if the questions are going to address different topics and occasionally stating approximately how much longer the questions would take'. At the same time, I was aware of being a good listener and not interrupting the interview. The interviews were audio-recorded with the consent of the interviewees. I also promptly took notes but still paid attention to their response. The length of the interviews varied from 40 minutes to an hour and 15 minutes. Some interviewees helped provide in-depth information on the issues according to their experiences.

After the Interviews

All audio records were transcribed and checked with the field notes. I followed the same procedure as the FGDs in that coding was done by both paper-based and computer-based approaches and was followed by thematic analysis. The themes that emerged during the interviews were plenty

and diverse. I had to select the most powerful representations of the interviewees' perspectives and place them together with some specific quotations within Chapter 8. For example, after all the data were coded, the extract of the matter of appearance, in which many participants perceived older women as older than same-aged men, was defined as a sub-theme under the theme 'Healthy or frail older women'. An example of this extract was '...On the other hand, older women, specifically those who had worked as farmers or agricultural labourers, look more aged (than men), frail, and most of them have not worked or joined social activities...' (page 213).

Research Ethics

Concerning social research, ethics refers to 'the moral deliberation, choice and accountability on the part of researchers throughout the research process' (Edwards and Mauthner, 2002, p. 15). As this research involved humans as participants, it needed to be ethically reviewed before starting the data collection process to ensure that the rights and safety of research participants as well as the researcher, were carefully treated. In doing so, I was fully aware of the guidance on an ethical research process provided by the University of Sheffield and the Department of Sociological Studies to prevent unethical or immoral research practices during the research process. I also obtained ethical approval for my research from the University of Sheffield Research Ethics Committee in April 2019. By gaining ethical approval, I realised that my study must abide by the University's research ethics policy and other relevant laws and regulations, including the law and applicable guidelines. These documents covered the security and confidentiality of personal data, including the person's name, home address, e-mail address, location data, and any information about a person. While I was confident that the participants' rights were protected to the greatest extent possible, I was prepared for potential issues that may arise during the research process and occasionally consulted with my supervisors about these issues. However, there were no significant changes to my study or the approved documentation. During the research process, I was accountable to several stakeholders for how I undertook my research and how I behaved towards people involved in and/or affected by the study (The University of Sheffield, 2020).

As one aim of ethical approval is to ensure the rights and well-being of people involved in the project, participants and researchers, sufficient information about the study was provided to

participants. They have also confirmed their anonymity and confidentiality during the research. All participants were informed verbally and by written documents, the information sheet and the consent form, which had already been translated into Thai. Even though these forms were written in simple and straightforward language, the research or research assistants needed to read them. They explained the documents to some FGDs participants who needed help reading or hearing clearly before signing the consent form. This was different for interview participants, as they understood well before signing the consent forms. The data were collected effectively, processed and stored according to best practices and relevant legislative, regulatory or contractual requirements. My choice of methods for storing research data complied with the University of Sheffield research and ethics policies, General Data Protection Regulation (GDPR), and commitments made in consent forms and requirements of data providers. This was to ensure security appropriate to the data's level of sensitivity. This thesis contained both physical and electronic data. I placed hard copies of written data in secured cabinets and stored the data that can be digitalised in electronic data storage with other electronic data. I used Google Drive provided by the university to store my data and my laptop, external hard drive, and USB drives for data backup. These devices were encrypted to guard against theft or loss. I also back up the data to several locations regularly to avoid and protect against loss or corruption. I also controlled access to rooms and equipment where digital or physical data were held to secure these data. After analysing data, I destroyed some data, such as personal data, sensitive data, and data that may not be valued, to ensure that these data could not be recovered (The University of Sheffield, 2020).

In FGDs, I sometimes reminded participants of my role as a PhD student to avoid their expectations of any special assistance from the government agencies, which would put me in a difficult situation where I might feel sympathy for them and distract me from my role to a government official who worked on assistance and welfare for older persons. At the end of FGDs, I also provided some tokens of gratitude to participants: refreshments during the FGD and a small monetary gift intended to serve as compensation for transportation costs and the investment of their time to attend the FGDs. This was generally accepted as a surprise since they were unaware they would receive this monetary gift. One relatively better-off participant gave me a big bag of Thai snacks she was

selling, but I asked to pay her because I did not want to make others feel like they had to give me something in exchange.

As noted earlier, building rapport was one of my challenges in interviews. I tried to ask questions at appropriate times and offer my trust and respect for the interviewee and their stories leading them to feel more secure and confident to tell their stories (McConnell-Henry et al., 2009). Still, I also needed to be aware of a breach of the interviewer's ('faked') friendship which could 'close down or obscure any opportunities for the interviewee to challenge part or the whole of the interviewing process' (Duncombe and Jessop, 2002, p. 113). Interviewees were likewise given a box of Thai snacks to express my gratitude for their time and assistance at the end of the interview. At the same time, the researcher's well-being was also important. As stated in Section 1 of the University's policy, 'researchers as members of broader society researchers are responsible for respecting society's values and considering the public interest' (The University of Sheffield, 2020, p.4). These harms include physical and emotional dimensions in which this study posed a minimal physical risk to the researcher. In this study, the location was not a concern because all fieldwork, FGDs and interviews were conducted in government or NGO offices during the daytime. Emotional distress was also a minimal risk to the researcher, given that this study did not directly address sensitive research areas like poverty.

Conclusion

This chapter has presented an overview of the adopted methodological approach and research process. While quantitative and qualitative have their strengths and weaknesses when applied to social science research, both approaches were utilised in this study through the use methods approach. It allowed the advantages of a particular type of research to counteract the limitations of another type of research. Mixed methods research also enabled the researcher to reveal older women's SES from different perspectives and multidimensional knowledge of gender relations in ageing-related policies. The findings from quantitative data analysis will be presented in Chapter 6 with a statistical macro account of older women in rural areas and their usage of ageing-related services. Consequently, qualitative data analysis will be discussed in the two following chapters. Chapter 7 reveals older women's perceptions and experiences of ageing and their perspectives on

ageing policies, while Chapter 8 addresses different perspectives on ageing-related policies from people within a policy community. All findings are synthesised in Chapter 9.

CHAPTER 6

ANALYSING THE CIRCUMSTANCES OF THAI OLDER WOMEN

Introduction

Chapter 2 revealed how social structures and policies had influenced Thai women throughout their life course, influencing their status and circumstances in later life. This chapter builds on this by investigating what remains to be learned about Thai women's current status and situation. It provides an empirical analysis of older men and women's situation in Thailand, examining people's ageing experiences in social and temporal contexts rather than utilising assumptions of universal gender inequality in older age. The quantitative approach employed in this chapter also enables a broader comparison of the differences between older men's and women's circumstances in later life. This chapter primarily focuses on the analysis of the 2017 National Survey of the Older Persons in Thailand (SOPT), the only series of national surveys of the older population in Thailand and was the up-to-date dataset when this research was conducted. The major progress found in the latest 2021 SOPT was added to this study. Although the SOPT does not cover all aspects of older persons' lives and all policy areas that affect their experiences, the analysis of this survey provides insights into their lives regarding social, economic, and health status and their utilisation of ageing-related policies. At the same time, this chapter analyses other related and supporting secondary data, such as other surveys, population censuses, and studies about crucial aspects of life, to explore older women's position and status in Thai society.

With these aims in mind, this chapter is organised as follows: the first section briefly provides an overview of the total older population and the feminisation of ageing in Thailand. It also examines the position of older women in rural areas. The second section analyses social characteristics: partnership status and living arrangement, education attainment, employment and income, and the caring relationship of older women, particularly in rural areas.

Demographic Characteristics of Older Thai Women and Gaps Between Characteristics

Thailand's Older Population

Thailand is the second most-aged country in ASEAN, after Singapore. In 2020, there were 13.4 million older persons (i.e. 60+), which accounted for 19.6 per cent of its total population (68.3 million) (NSO, 2022). This figure is projected to rise rapidly to more than 20 million people or 31.3 per cent in 2050 (The Office of National Economic and Social Development Board of Thailand: NESDB, 2019). Similar to other aged countries, Thailand's population ageing has been driven by two main factors; declining fertility rates and increasing longevity (TGRI, 2014). A drastic decline in the fertility rate was observed from 6.1 to 1.44 live births per woman between 1950 and 2017 (Keeratipongpaiboon, 2012; NESDB, 2019), while an average life expectancy at birth rose substantially from 54.7 years to 76.9 years between 1960 and 2018 (The World Bank, 2018). Moreover, Thailand's oldest-old (aged 80 and over) group continually rises faster than the older population. By 2040, it is predicted to increase to nearly double its level in 2000 (see Table 6.1).

Feminisation of Ageing

Women globally live longer than men, and Thailand is no exception. Although the previous decades saw a profound improvement in life expectancy at birth for both sexes, derived from a number of factors, including shifts in the leading causes of death from infectious and parasitic diseases to non-communicable diseases and chronic conditions, greater access to quality health services, rising living standards, and better nutrition, safe water, improved sanitation and increased education (WHO, 2012; ESCAP, 2017). Thai women still have a greater life expectancy than men. Between 1974-1975 and 2020, life expectancy at birth increased from 63.8 to 79.3 years for women and from 58 to 72.6 years for men, and by 2040, the figure is projected to rise to 81.9 and 75.3 years for women and men, respectively (Figure 6.1). In 2020, the gender gap in longevity in Thailand was 6.7 years and is projected to remain relatively stable at 6.6 years in 2040, which is opposed to the global trend where the gender difference is projected to be narrowed in the future years (United Nations, 2020a).

Table 6.1 Population Ageing in Thailand

| | 2000 | 2010 | 2020 | 2030 | 2040 |
|---|-------|-------|--------|--------|--------|
| Number of Population aged 60 and over (in 1000s) | | | | | |
| Total | 5,838 | 8,508 | 12,622 | 17,579 | 20,519 |
| 60-69 years | 3,546 | 4,699 | 7,256 | 9,260 | 8,959 |
| 70-79 years | 1,706 | 2,731 | 3,677 | 5,898 | 7,639 |
| 80 years+ | 586 | 1,078 | 1,690 | 2,421 | 3,921 |
| Population age 60 and over as per cent of the total population | | | | | |
| Total | 9.4 | 12.9 | 19.1 | 26.6 | 32.1 |
| 60-69 years | 5.7 | 7.1 | 10.9 | 13.9 | 14.0 |
| 70-79 years | 2.7 | 4.1 | 5.6 | 8.9 | 11.9 |
| 80 years+ | 0.9 | 1.6 | 2.5 | 3.6 | 6.14 |
| Per cent of the population age 60 and over in age group | | | | | |
| 60-69 years | 60.7 | 55.2 | 57.4 | 52.6 | 43.6 |
| 70-79 years | 29.2 | 32.1 | 29.1 | 33.5 | 37.2 |
| 80 years+ | 10.0 | 12.6 | 13.3 | 13.7 | 19.1 |

Source: NESDB (2013). Population Projections for Thailand, 2010 -2040.

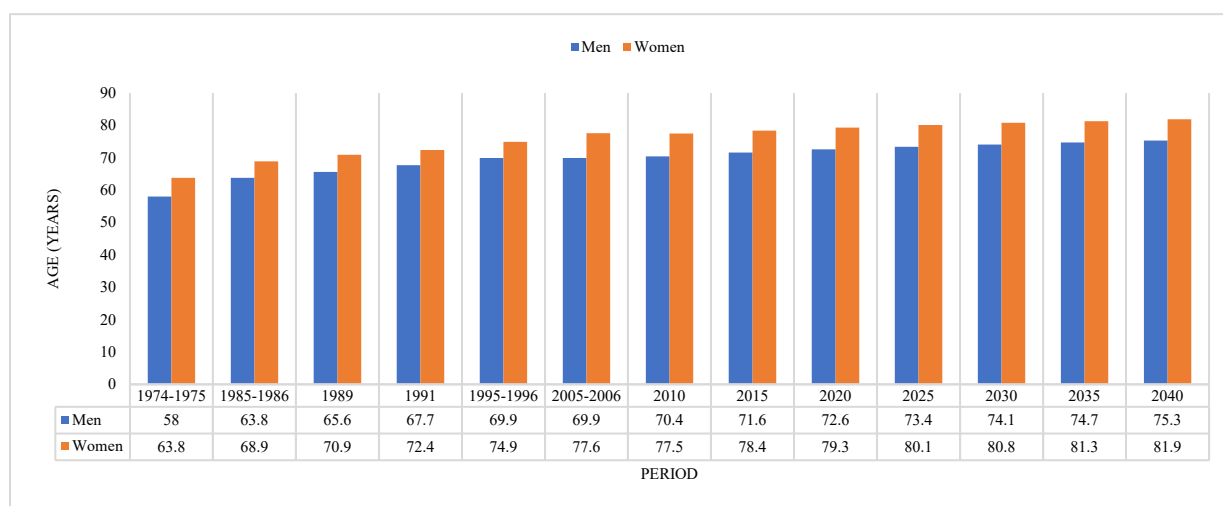
The 1994 Population and Housing Census (NSO,1994).

Notes: Results shown are based on the normal fertility declining assumption that assumes that the Total Fertility Rate (TFR) during 2010-2015 is stable and will decrease to 1.30 by 2040.

* the 1994 census provided two age groups for persons aged 60 years or over, which are 1) 60-64 years and 2) 65 years or over

As a result of female longevity, Thailand's older population is feminised. Table 6.2 illustrates that even though male longevity has improved over time, the proportion of older men compared to those under 60 more than doubled (approximately identical to that of older women) between 1994 and 2020, with older women remaining the majority of the older population. In 2021, women accounted for 55.3 per cent of the total older population, which is projected to continue until 2040 (NSO, 2022; NESDB, 2013).

Figure 6.1 Life expectancy at birth for men and women, Thailand, 1974-2040



Source: 2006 Report on Population Characteristics; 2005- 2006 Survey of Population Change; Population Projections for Thailand 2010-2040 (NESDB, 2015)

Table 6.2 Population Projections According to Sex, 1994-2040

| Year | 1994* | 2000 | 2010 | 2017 | 2020 | 2030 | 2040 |
|--|-------|------|------|------|------|------|------|
| Population age 60 and over as % of population all ages | | | | | | | |
| Total | 7.1 | 9.4 | 11.9 | 16.7 | 17.5 | 25.1 | 32.1 |
| Male | 6.1 | 8.7 | 10.7 | 15.4 | 15.6 | 22.3 | 29.0 |
| Female | 7.4 | 10.2 | 13.1 | 18.0 | 19.3 | 27.8 | 34.9 |

Source: NESDB (2013). Population Projections for Thailand, 2010 -2040.

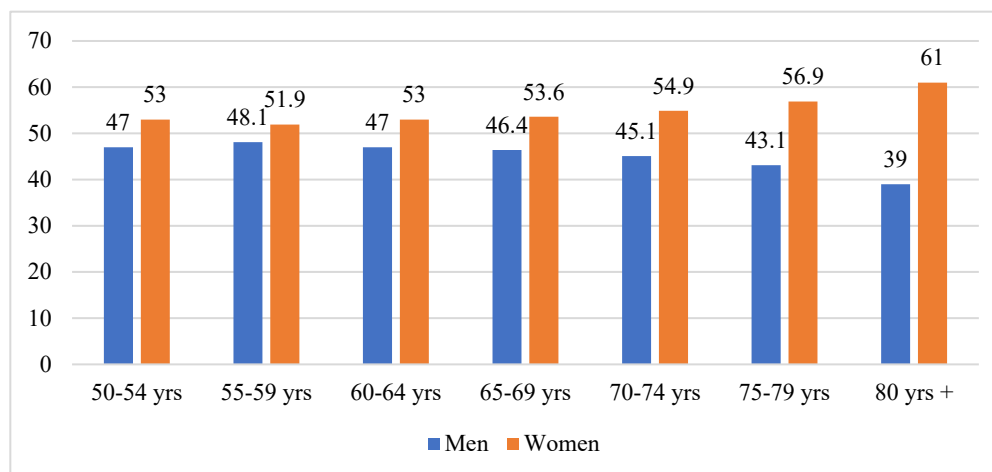
The 1994 Population and Housing Census (NSO,1994).

Remarks: The results are based on the normal fertility declining assumption that the Total Fertility Rate (TFR) from 2010 to 2015 is stable and will decrease to 1.30 by 2040.

* The 1994 census provided two age groups for persons aged 60 years or over, which are 1) 60-64 years and 2) 65 years or over

The feminisation of ageing is more prevalent at advanced ages. As shown in Figure 6.2, the differences between the number of women and men in younger generations are moderate but widen in older age with the share of women increasing. These trends have led to the number of women over men becoming more pronounced at a more advanced age (i.e. aged 80 and over).

Figure 6.2 Gender Distribution by Age Group, Persons Aged 50 and over, 2017



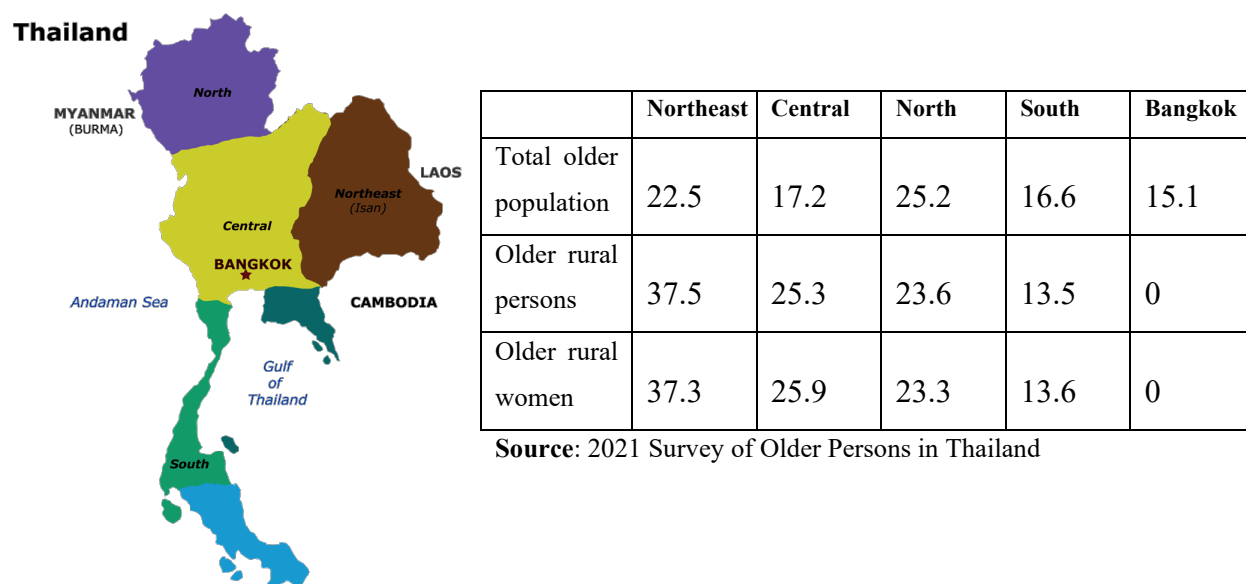
Source: 2017 Survey of the Older Persons in Thailand

Older Rural Women

In the wake of urbanisation, older persons have increasingly concentrated in urban areas worldwide, particularly the fastest ageing regions - Africa, Latin America and the Caribbean, Asia, and Thailand (United Nations, 2015). However, the rapid increase in the older urban population is derived from more than just urbanisation and migration but also from the changed definition of the urban and rural population following the Municipal Sanitation Change Act, B.E. 2542 in 1999. According to this Act, 980 sanitary districts or Sukhaphiban (สุขาภิบาล) were upgraded to municipalities, and the proportion of the urban population abruptly increased from 18.7 per cent to 31.1 per cent between 1990 and 2000 (NESDB, 2018). The share of Thailand's older population by the area they resided in (urban or rural) where radical changes were observed from 1994 to 2002 (see Figure 1.3). The proportion of the older population located in urban areas was only 19 per cent in 1994 and has rapidly risen to 42 per cent (5.6 million) in 2021, while the opposite has occurred for those residing in rural areas, where rates dropped from 81 per cent of the total older population in 1994 to 58 per cent (67.8 million) in 2021 (NSO, 2022).

While Thailand comprises four main regions, and Bangkok is the capital city, the older population is concentrated in the North and the Northeast regions. In 2021, the North region accounted for the largest share of older persons (25.2 per cent), followed by the Northeast (22.5 per cent), Central (17.2 per cent), South (16.6 per cent), and Bangkok (15.1 per cent). Since no area was designated as rural, older persons in all regions, except Bangkok, were more likely to live in rural than urban areas. More than one-third of those who lived in rural areas were in the Northeast, while only 13.5 per cent were in the South region. The proportion of older women was also higher than men in rural areas. Fifty-eight per cent (4.3 million) of older women resided in rural areas. More than half of these older women (55 per cent) were aged 60-69 years, and 16 per cent were the oldest (aged over 80) (NSO, 2022). Again, there were no older rural women in Bangkok (0 per cent). Figure 6.3 shows the consistency between the older population's and older rural women's share.

Figure 6.3 Percentage of People Aged 60 Years and Over by Region of Thailand, 2021



Social Characteristics of Older Women

In this section, the 2017 SOPT was primarily used to display the situation of older persons in Thailand. When looking at the 2021 SOPT, older women's social statuses and the challenges they face remain.

Partnership Status and Living Arrangement

Overall, the 2017 SOPT shows that older persons were married. Even though the majority of older women were still married, older men were far more likely to be married than their female counterparts. In 2017, two in five older women were widowed, and a small number of them were never married (Table 6.3). This implies that the likelihood of receiving spousal care for older women declines with age, and the reverse is true for older men. Meanwhile, Table 6.3 shows that marital dissolution was not common among this older generation. There were only a few divorced or separated older persons, but the proportion was higher among the younger ages (50-59 and 60-69). This means that the group of older persons with marital dissolution will be magnified in the near future.

At the same time, older women are more likely to live independently than men. The share of single older women was more than two times the share of singlehood among older men (6.6 versus 2.5 per cent). In comparison, the proportion of older women who were married and living together was considerably lower than that of men. Widowhood in older age is also gendered, as the share of widowed older women is more than three times that of older men. The higher rate of widowhood among women is because women are likely to live longer than men. At the same time, men marry younger women, and widows are less likely than widowers to remarry (Knodel and Chayavan, 2008; NSO 2018a). This may imply that married older men are likely to benefit from being given care and support from their wives (Teerawichitchainan et al., 2019). Furthermore, gender differences in partnership status are determined by the area of residence.

**Table 6.3 Partnership Status Distribution by Gender, Age, and Area of Residence,
Persons Aged 60 and over, 2017**

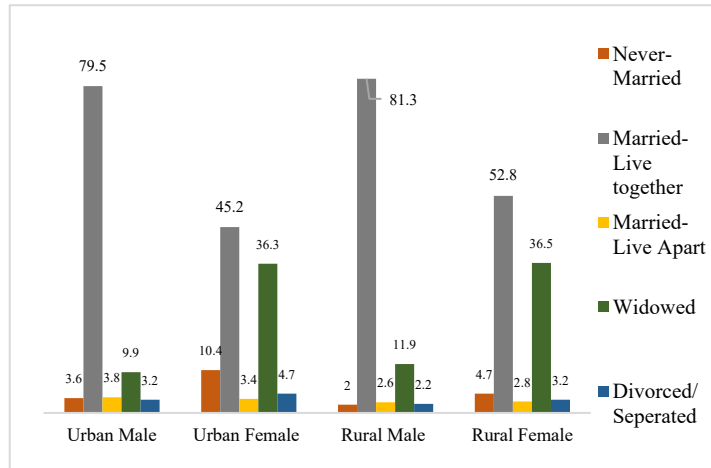
| | Never-married | Married and live together | Married and live apart | Widowed | Divorced/Separated | Total |
|----------------------------------|---------------|---------------------------|------------------------|---------|--------------------|-------|
| Age | | | | | | |
| 50-59 | 6.8 | 75.1 | 5.0 | 7.4 | 5.8 | 100.0 |
| 60-69 | 5.5 | 68.6 | 3.4 | 18.7 | 3.9 | 100.0 |
| 70-79 | 4.0 | 54.8 | 2.6 | 36.6 | 2.1 | 100.0 |
| 80+ | 2.9 | 32.5 | 1.5 | 62.1 | 1.0 | 100.0 |
| Gender and Age | | | | | | |
| Male 50-59 | 6.2 | 82.1 | 4.1 | 2.9 | 4.8 | 100.0 |
| Female 50-59 | 7.3 | 68.7 | 5.9 | 11.6 | 6.6 | 100.0 |
| Male 60+ | 2.5 | 78.3 | 3.0 | 13.8 | 2.4 | 100.0 |
| Female 60+ | 6.6 | 45.3 | 2.8 | 41.9 | 3.5 | 100.0 |
| Area of Residence and Age | | | | | | |
| Urban 50-59 | 10.0 | 70.4 | 5.7 | 7.2 | 6.7 | 100.0 |
| Rural 50-59 | 4.3 | 78.7 | 4.5 | 7.6 | 5.0 | 100.0 |
| Urban 60+ | 6.9 | 57.3 | 3.3 | 28.8 | 3.7 | 100.0 |
| Rural 60+ | 3.2 | 62.1 | 2.6 | 29.6 | 2.5 | 100.0 |

Source: 2017 Survey of Older Persons in Thailand

There are also changing trends of partnership status in older ages between those in urban and rural areas. Although the majority of older persons in both urban and rural areas were married, the number was modestly higher for those in rural areas than in urban areas. This is consistent with the fact that women, especially those in urban areas, are more likely than men to remain never married throughout their life course due partly to their betterment of education qualification, employment, and income (Knodel et al., 1984; Warunsiri-Paweenawat and Liao, 2019). This could also be supported by fewer older urban women being financially dependent on their spouses than their rural counterparts (NSO, 2018a). Moreover, female singlehood is likely to be pronounced at

an older age in the future, as evidenced by the higher proportion of single women aged 50-59 years and women in younger generations (Chapter 2) than women over 60 years. The proportion of divorced or separated people in rural areas was lower than those living in urban areas for both younger- and older age groups. Considering that people can benefit from marriage regarding economic, social, and emotional support and spousal care (Chapter 2), older men are more likely to benefit from being married and living together than older women in both settings. In this regard, older urban women were least likely to receive spousal care because of their higher share in singlehood and widowhood. They also experienced marital dissolution to a greater degree than men and rural women. However, this may give these women more opportunities to build up income for later life in their own right than those in rural areas.

Figure 6.4 Partnership Status of Persons aged 60 or Over by Area of Residence, 2017



Source: 2017 Survey of the Older Person in Thailand.

Thai society's family structures have changed similarly to other Asian countries. Table 6.4 demonstrates that between 1986 and 2017, the average Thai household size has steadily decreased (from 5 to 3.3), and older persons' living arrangements have changed significantly. For example, although more than half of older persons still co-resided with adult children (52 per cent) in 2017, the figure drastically dropped from 77 per cent in 1986. At the same time, the share of older persons who lived independently has sharply increased. The tendency for households to comprise only older persons, i.e. living alone and living only with a spouse, has risen swiftly, rising from 11 to 32 per cent, over the past three decades. The proportion of older persons who lived alone has more

than doubled from 4 per cent in 1986 to 11 per cent in 2017, and the share of those living only with a spouse has substantially increased by 14 percentage points during the same period.

Moreover, the history of fertility decline had led to a smaller mean number of living children among younger generations compared to the older generations (2.0 versus 4.2 for those aged 50-59 years and over 80 years, respectively, in 2017) (NSO, 2018a). When combined with the trend of increasing childless persons (12 versus 5 per cent among people aged 50-59 years and over 80 years respectively in 2017) (NSO, 2018a), it means that the next generations of older persons may have more chance of living independently than the current generations (Knodel et al., 2015). These changes, nevertheless, have inevitably affected older persons' well-being and quality of life, given that a family is a dominant source of support for family members in Thai society (see Chapter 2).

Table 6.4 Living Arrangements of Persons aged 60 or over, 1986 – 2017

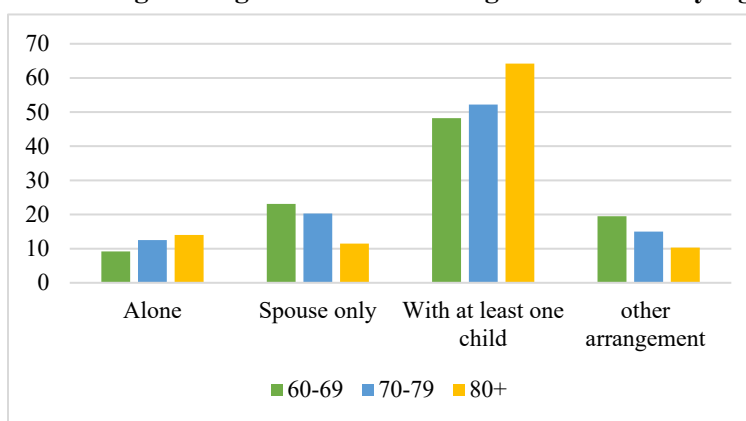
| | Household size (mean) | % co-resident with a child | % live alone | % live only with spouse | % live alone or spouse only |
|------|-----------------------|----------------------------|--------------|-------------------------|-----------------------------|
| 1986 | 5.04 | 76.9 | 4.3 | 6.7 | 11.1 |
| 1994 | 4.44 | 72.8 | 11.6 | 3.6 | 15.2 |
| 2002 | n.a. | 65.7 | 14.0 | 6.5 | 20.6 |
| 2007 | 3.75 | 59.4 | 16.3 | 7.6 | 23.9 |
| 2011 | 3.63 | 56.5 | 17.1 | 8.6 | 25.7 |
| 2014 | 3.56 | 54.7 | 19.0 | 8.8 | 27.8 |
| 2017 | 3.29 | 51.8 | 20.8 | 10.8 | 31.6 |

Sources: Knodel et al., 2015; 2017 Survey of the Older Persons in Thailand.

Older persons' living arrangements are also determined by age (Chapter 4). As shown in Figure 6.5, the share of older persons living alone increases while those living only with a spouse decrease with age. People of advanced age, especially the oldest-old, were more likely to live with a child than younger ones. Living with a married child and a daughter (either single or married) was more common among older co-residents than living with a single child and a son. This partially describes

traditional Thai familial norms, Buddhist teachings, and ageing parents’ preferences for care (Chapter 2). Living with a child and/or a child-in-law is higher among parents of advanced age (i.e. over 70 years) than in their younger-age group (Teerawichitchainan et al., 2019). This may be explained by the demand for health and social care potentially increasing with age, particularly among women (Chandoevwit and Phatchana, 2019). However, non-co-resident ageing parents can still meet or receive support from children in the vein of other Asian societies (Chapter 2). In 2017, ten per cent of older persons lived adjacent to their child, which was more common in rural than urban settings (12.5 versus 7.4 per cent) (NSO, 2018a). Concurrently, a decline in co-residence has shifted the generational composition of households where older persons reside. The share of the one-generation household has considerably increased from 19 per cent in 1994 to 37 per cent in 2017, while the percentage of three-generation households has decreased from 47 to 32 per cent during the same period (Knodel et al., 2015; SO, 2018a). Meanwhile, the number of skipped-generation households has doubled from under one per cent to two per cent (100,000 to 400,000 households) of all households within three decades (1987-2013). It is anticipated to increase further (UNFPA and NESDB, 2015).

Figure 6.5 Living Arrangement of Persons aged 60 or Over by Age, 2017



Source: 2017 Survey of the Older Persons in Thailand.

**Table 6.5 Household Composition of Persons aged 60 or over
by Gender and Area of Residence, 2017**

| | Total | Gender | | Area of Residence | |
|---|-------|--------|-------|-------------------|-------|
| | | Men | Women | Urban | Rural |
| People whom persons aged 60 or over live with | | | | | |
| Alone | 10.8 | 8.4 | 12.7 | 10.7 | 10.8 |
| Spouse only | 20.8 | 26.3 | 16.3 | 19.3 | 21.9 |
| With at least one child | 51.5 | 50.3 | 52.4 | 53.9 | 49.7 |
| Other arrangements | 17.0 | 15.0 | 18.5 | 16.0 | 17.6 |
| Among persons aged 60 or over who have children (Percentage of whom they live with) | | | | | |
| Any single child | 26.4 | 26.4 | 26.5 | 32.2 | 22.6 |
| Any married child | 27.2 | 25.3 | 28.7 | 25.6 | 28.2 |
| Any child in law | 23.0 | 20.5 | 25.1 | 21.7 | 23.8 |

Sources: 2017 Survey of the Older Persons in Thailand; Teerawichitchainan et al., 2019

Gender differences are also presented in the living arrangements of older persons. As shown in Table 6.6, in 2017, older women were more likely than older men to live alone, and the reverse was true for those living only with a spouse. This is partly a consequence of the higher rate of widowhood among older women than men and the fact that remarrying is unusual for older Thai women (Chapter 2). For those who have children, women are more likely than men to live with a married child and/or a child-in-law as, in 2017, more than half of older women and less than half of men (54 versus 46 per cent) co-resided with children. The propensity to co-reside with children increases with age; for example, the oldest-old persons are more likely to live with children than live independently (Knodel et al., 2015). Area of residence has considerably affected persons whom older persons live with. Table 6.6 shows that older urban persons are more likely to live with a child, particularly a single child, than their rural counterparts. The studies in Bangkok support this that co-residence with a never-married child in urban areas has increasingly become more common due in part to younger children being likely to reside in the parental home until they get married, and never-married children typically remain in the parental home and take care of

their ageing parents (Moriki-Durand, 2007; Moriki, 2011). On the other hand, older rural persons are more likely than those in urban areas to live with a married child, particularly a married daughter (NSO, 2018a). These trends partly explain the matrilocality after marriage and the gender preference among ageing parents, which is likely to be more profound in rural than urban areas.

Table 6.6 Living Arrangements of Older Persons by Area of Residence, 1986 – 2017

| | Household size (mean) | | % co-resident with a child | | % live alone | | % live only with spouse | |
|------|--------------------------|-------|-------------------------------|-------|--------------|-------|----------------------------|-------|
| | Urban | Rural | Urban | Rural | Urban | Rural | Urban | Rural |
| 1986 | 5.60 | 4.93 | 77.1 | 76.8 | 3.5 | 4.5 | 4.4 | 7.2 |
| 1994 | 4.53 | 4.40 | 77.1 | 70.9 | 3.9 | 3.5 | 8.3 | 13.0 |
| 2002 | n.a. | n.a. | 69.0 | 64.3 | 6.0 | 6.8 | 11.8 | 15.0 |
| 2007 | 3.81 | 3.72 | 64.6 | 57.3 | 7.4 | 7.7 | 12.9 | 17.7 |
| 2011 | 3.66 | 3.62 | 59.2 | 55.2 | 8.5 | 8.6 | 15.4 | 18.0 |
| 2014 | 3.55 | 3.56 | 56.8 | 53.2 | 9.7 | 8.2 | 17.4 | 20.0 |
| 2017 | 3.29 | 3.29 | 53.9 | 49.7 | 10.7 | 10.7 | 19.2 | 21.7 |

Sources: 2017 Survey of the Older Persons in Thailand; Teerawichitchainan et al., 2019.

The changing trend of household composition has an impact on older persons, irrespective of the area of residence and gender. Table 6.5 presents the changes in living arrangements among older persons in urban and rural areas. The average household size and co-residence with children have substantially decreased in both settings over the last three decades. In 2017, older urban persons were more likely to co-reside with a child than their rural counterparts. Living independently has significantly increased among urban and older rural persons for several reasons, including its growing acceptance of independent living (Chapter 2). The rise in this arrangement is slightly more likely to be acute for older urban persons than their rural counterparts over the last three decades; however, in 2017, the proportion of those living independently (either alone or only with a spouse) was higher among older rural persons than those in the urban areas. Moreover, for rural areas, urbanisation and migration have notably increased the number of skipped-generation

households as more than three quarters (76 per cent) were in rural areas in 2013, especially in the Northeast (47 per cent) and North (22 per cent) regions (UNFPA and NESDB, 2015) while, in 2017, 15 per cent of older rural persons lived in skipped-generation households (Ingersoll-Dayton et al., 2017). More than three-fifths of household heads (66 per cent) were persons aged over 60 years, and nearly all (90 per cent) of households were headed by women (UNFPA and NESDB, 2015).

Educational Attainment

The fewer opportunities for formal education among Thai girls and women in the past resulted in older women having lower educational attainment than their younger generations, who can enjoy greater benefits from the expansion of the Thai education system (Knodel et al., 2015). However, as Table 6.7 shows, most of the older population received some formal education, and only ten per cent had no formal education. The proportion of not receiving formal education increase at advanced ages (6 versus 22 per cent among the group of persons aged 60-69 years and over 80 years). Table 6.7 also illustrates a parallel fall in the percentage of those with higher educational qualifications, falling from five per cent among those aged 60-69 years to less than two per cent among those aged 80 years or over. This trend is also apparent in relation to literacy, in which most older persons are literate, and the proportion decreases with advanced age (90 per cent of those aged 60-69 years and 62 per cent of those over 80 years). This reflects the existing gaps in schooling in terms of area of residence and generation, as discussed in Chapter 2.

Table 6.7 further indicates significant gender differences in education among Older Thai persons. Older men are likely to receive better formal education than women, as evidenced by the higher level of female illiteracy and the higher percentage of women than men with no education qualifications (20 and 11 per cent). The share of older men who obtained education qualifications above primary and above bachelor level was also higher than older women (19 versus 10 per cent and one versus 0.5 per cent, respectively). This gender gap in education is likely to reverse for the future older generations since the proportion of women aged 50-59 years received a better education than those aged over 60 (NSO, 2018a), and women at younger ages are more likely to outstrip men in school enrollment at all levels, specifically at tertiary level (Ministry of Education,

2016). Area of residence also differentiates education attainments among older persons. Table 6.8 shows that older persons in rural areas were less likely to be literate and receive formal education at all levels than older urban persons. When combined with the gender gap in education, older rural women are least likely to be disadvantaged in relation to education. In 2017, even though more than three-quarters of older rural women were literate, they acquired the lowest education qualifications compared with older men and older women in urban areas. These women are, therefore, most likely to be in precarious positions, considering that educational attainment and literacy levels not only reflect people’s ability to read and write fluently, allowing them to access important information that is translated into their well-being in later life (Knodel et al., 2015) but also influence nearly all aspects of their lives.

Table 6.7 Educational Attainment by Age Group, Gender, and Area of Residence, Persons aged 60 and over, 2017

| Educational Attainment | Total older population | Age group | | | Gender | | Area | |
|------------------------|------------------------|-----------|-------|-------------|--------|--------|-------|-------|
| | | 60-69 | 70-79 | 80 and over | Male | Female | Urban | Rural |
| None | 9.8 | 6.3 | 11.1 | 21.8 | 6.4 | 12.6 | 8.0 | 11.1 |
| Less than primary | 68.7 | 68.0 | 70.7 | 67.1 | 66.6 | 70.4 | 57.8 | 76.3 |
| Primary | 7.5 | 8.8 | 6.2 | 5.0 | 8.3 | 6.8 | 10.1 | 5.7 |
| Lower Secondary | 3.3 | 4.0 | 2.8 | 1.4 | 4.8 | 2.1 | 4.9 | 2.2 |
| Upper Secondary | 5.3 | 5.8 | 5.6 | 2.9 | 7.5 | 3.6 | 9.2 | 2.5 |
| Bachelor | 4.6 | 6.0 | 3.2 | 1.7 | 5.3 | 4.0 | 8.4 | 1.9 |
| Above Bachelor | 0.8 | 1.1 | 0.4 | 0.1 | 1.1 | 0.5 | 1.6 | 0.3 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Literacy | 83.7 | 89.8 | 81.6 | 62.4 | 88.8 | 79.6 | 88.0 | 80.7 |

Source: 2017 Survey of Older Persons in Thailand

Note: Excludes a small number with unknown education.

**Table 6.8 Educational Attainment by Area of Residence and Gender,
Persons aged 60 and over, 2017**

| Educational Attainment | Urban | | Rural | |
|------------------------|-------|--------|-------|--------|
| | Male | Female | Male | Female |
| None | 4.6 | 10.6 | 7.6 | 14.0 |
| Less than primary | 54.2 | 60.7 | 75.0 | 77.3 |
| Primary | 10.9 | 9.5 | 6.6 | 4.8 |
| Lower Secondary | 6.6 | 3.6 | 3.6 | 1.0 |
| Upper secondary | 12.3 | 6.7 | 4.2 | 1.4 |
| Bachelor | 9.5 | 7.6 | 2.5 | 1.4 |
| Above bachelor | 1.9 | 1.3 | 0.5 | 0.1 |
| Total | 100 | 100 | 100 | 100 |
| Literacy | 92.3 | 84.5 | 86.4 | 76.0 |

Source: 2017 Report on Survey on Older Persons in Thailand

Note: Excludes a small number with unknown education.

Employment and Income

In Thailand, there is no mandatory retirement age for informal workers, and retired persons in the formal sector are still able to work in other sectors, i. e. the informal sector, if they wish. People are nevertheless likely to withdraw from work when approaching retirement age (60 years old), which can be seen by the considerable difference between the percentage of workers aged 50-59 and those aged over 60 (78 versus 35 per cent) in 2017 (NSO, 2018a). Older persons have maintained their share in the labour force (between 37 and 39 per cent) during the last decade (2010-2020) (Figure 6.7 A). Reasons to continue working in older age vary and have changed over time. The data between 2004 and 2019 show a decreased number of older persons who said they were too old to work (73.9 to 67.4 per cent) but a clear growth trend in the number of those who stopped working because they wanted to retire or take a rest (4.6 to 10.5 per cent). Meanwhile, the number of those who retired because they need to care for a house has been unchanged (around 15 per cent) (Chamchan and Jarasit, 2020). In contrast, working at an older age is likely an

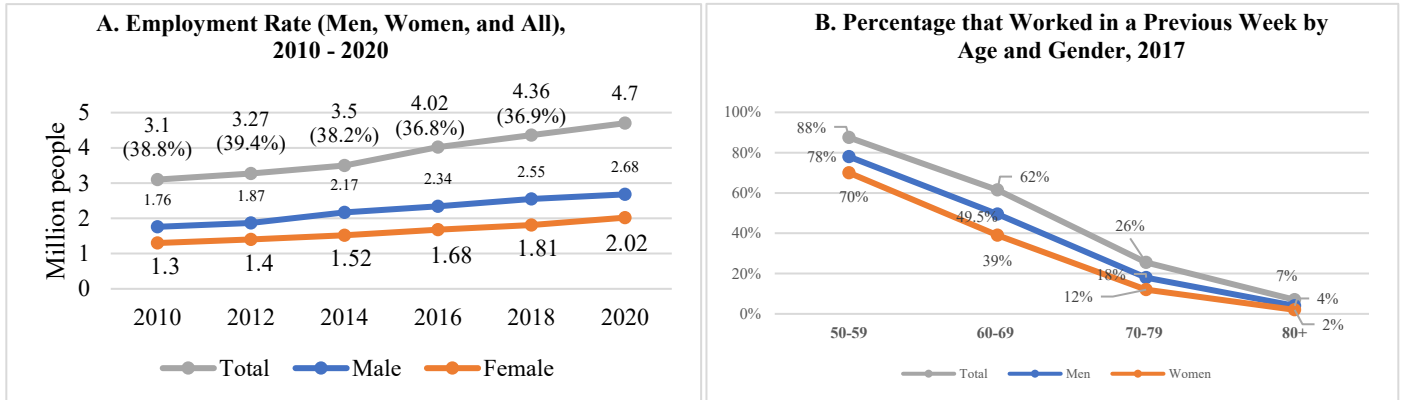
obligation for some people. In particular, financial difficulty tends to push those with fewer resources, such as wealth and education, into working in later life.

In 2017, more than four-fifths of older workers had no formal education or had below the primary level (only 14 per cent of them were educated above the primary level (NSO, 2018a)). The disproportionate share of low-educated older workers partly reflects their enormous contribution to the agricultural sector with significant physical demands, allowing for increased opportunities to continue to work. The likelihood of being an informal worker also increases with age. For instance, the share of people aged over 60 was nearly two times the share of those of working age (below 60 years old), 88 and 46 per cent, respectively, in the informal labour force (NSO, 2018a; NSO, 2019b). In 2018, the majority of older workers (nearly 60 per cent) were engaged in agriculture and fisheries, followed by those working in the commerce and service sectors (30 per cent), and the rest were in industrial and other sectors (NSO, 2018c). This also means that more than three in five older workers were excluded from work insurance and/or pension coverage which is not available in the informal sector (Chapter 3).

The labour market participation of older persons is also gendered. While the share of older men and women in the workforce steadily increased between 2010 and 2020, older men were more likely than women to engage in paid employment. Figure 6.6 A demonstrates the constant gender gap in old-age jobs between 2010 and 2020, except in 2014, when the increased number of older male workers was more than twice that of older female workers. In 2020, more than half of men continued to work at older ages, whilst less than one-third of older women did the same (52 versus 31 per cent) (NSO, 2020a). It is worth pointing out that the disproportionate number of older male workers in the statistics partly results from the absence of unpaid domestic work, which is generally undertaken by women and not included as an economic activity in the surveys. For example, in the 2021 Labour Force Survey, only three types of work, paid employment, work for pay or profit, and work as an unpaid family worker (those working without pay in an enterprise or on a farm owned by a family member), were statistically taken into account. In contrast, domestic work and other unpaid work were not counted. Older women who worked as full-time housewives or unpaid family workers or those who were determined as too old to work were counted as ‘out

of the workforce' people or economically inactive (NSO, 2021). This inevitably contributes to the notion that women's disproportionate domestic and care work is generally viewed as invisible, unvalued, and unremunerated labour (MSDHS, 2007; Giannelli et al., 2009; Mathew, 2019).

Figure 6.6 Employment Rate and Area of Residence, People Aged 60 or over



Sources: 2010, 2012, 2014, 2016, 2018, 2020 Employment Statistics for Workers Aged 60 or over in Thailand

Source: Teerawichitchainan et al., 2019

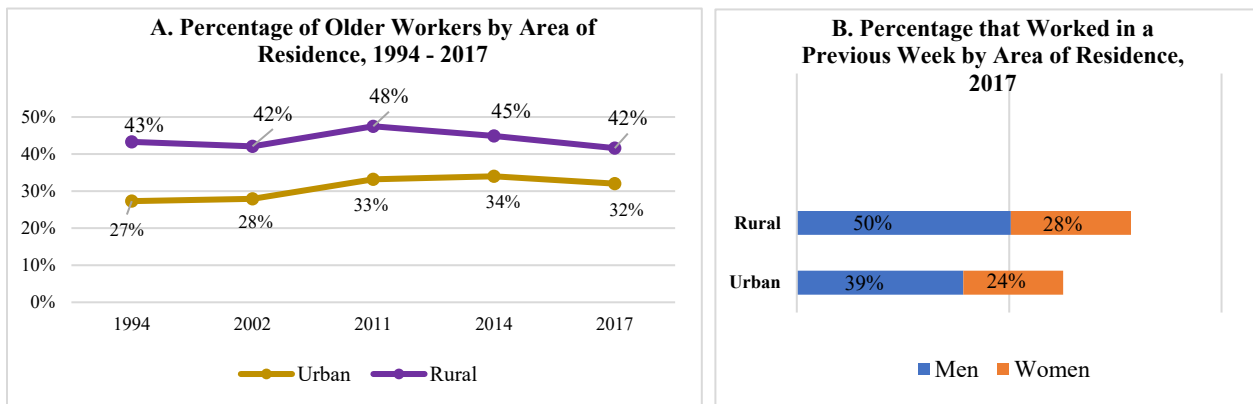
The propensity of people to work in older age is associated with their age, partnership status, living arrangements, and household composition. Figure 6.6 B reveals that people's participation in the labour market declines with advancing age. In 2017, nearly nine in ten people of working age (i.e. 50-59 years old) participated in the labour force, but the proportion decreased to six in ten and less than two in ten people among those in the 60-69 and 70-79 age groups respectively. The rate is lowest among the oldest old as only seven per cent were working. However, the employment rate gap between men and women decreases at a more advanced age as the gap is relatively steady between those aged 50-59 and 60-69 years, while it appears smaller for their older counterparts. At the oldest-old age, only four and two per cent of older men and women worked in 2017.

Given that Thai married women are traditionally financially reliant on their spouses (see Chapter 2), older women who are never-married, widowed, separated, and divorced are more likely than men to be expected to experience financial difficulty and thus work in older age. These women can still expect financial support from their children, which leads some of them to become unemployed (Adhikari et al., 2011). Older men and women living in larger households with more

children or living with children are less likely to experience financial problems and continue working than those residing in smaller households and those with fewer children or childless (Kiratipongpaiboon, 2012; NSO, 2018a). Therefore, older women living in one- and skipped-generation households are likely to continue working due to financial necessity. In 2015, nearly half of the skipped-generation household heads, who were mainly women, still worked in agriculture to earn a living and support their grandchildren due to inadequate or inconsistent remittances from their absent adult children (UNFPA and NESDB, 2015). Areas of residence also influence the likelihood of working in older age. People in rural areas are more likely to continue working after 60 years than those in urban areas. Figure 6.7 A affirms that globalisation has, to some extent, narrowed the employment gap between urban and rural areas between 1994 and 2017.

However, the gender gap in employment remains prevalent in both settings as more men than women continue participating in paid work. As shown in Figure 6.7 B, half of older rural men could earn money from work compared to two-fifths of older men in urban areas. In contrast, only 28 and 24 per cent of rural and older urban women had the same opportunities. The higher rate of employment among older rural persons compared to that of older urban persons may derive from the fact that older rural persons are likely to be allowed to work beyond their 60s as they broadly engage in the agriculture sector, which is typically not subject to a formal educational qualification and a mandatory retirement age.

Figure 6.7 Percentage of Older Persons who Worked by Age, Gender, and Area of Residence, 2017



Source: 2017 Report on Survey on Older Persons in Thailand

Source: 2017 Survey on Older Persons in Thailand

Note: Excludes those who reported as waiting for the season to work.

In 2018, older men were more likely than women to report themselves as employers and own-account workers (71 versus 48 per cent). In contrast, women were more likely than men to be counted as unpaid family workers, with 36 per cent of total female older workers, compared to nine per cent of males (NSO, 2018c). Among those in paid employment, although older women's working hours are nearly that of men (39 versus 40 hours per week) (NSO, 2018c), it does not translate to their betterment of economic positions in the labour market. Table 6.9 demonstrates that older women in formal employment occupied a lower share of paid work and lower income than men. Overall, the industrial, commerce, and service sectors provide better income to older workers than other sectors, but women have fewer opportunities to be employed in such sectors. Moreover, as shown in Table 6.9, among older persons who were formal and full-time workers, older women in all sectors receive less income than men, and their income is generally below the official minimum wage (which varies between 9,690 and 10,080 Baht or £242 and £252 per month depending on their working areas) (MOL, 2020), except for the industrial sector. The majority of older female workers engaged in the agricultural sector with less income (approximately a third of the official minimum wage) compared to other sectors. This figure reflects the gender wage gap even though the recent government's announcement encourages employers to hire and pay older workers, regardless of gender, at least 45 Bath (around one pound per hour) whilst allowing them to work no greater than seven hours per day and six days per week. Following this announcement, older persons may earn no less than 7,560 Baht (£189) monthly (MOL, 2019). This means they could work fewer hours than allowed but be paid less.

**Table 6.9 Percentage and Average Monthly Income of
Formal Full-time Older Workers, 2018**

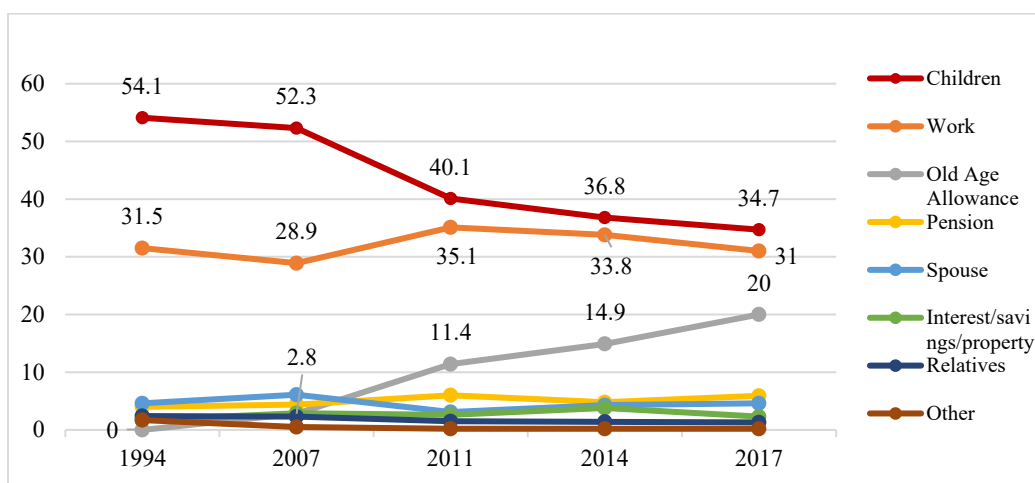
| Types of work | Percentage of Older Workers | | | Average salary (Baht) | | |
|---|-----------------------------|-------------------|-------------------|-----------------------|------------------|------------------|
| | Total | Male | Female | Average | Male | Female |
| Total (Number of older persons) | 100 (637,599) | 62.5 (398,358) | 37.5 (239,241) | 11,432 (£285) | 12,257 (£306) | 10,062 (£252) |
| Agriculture and fisheries | 25.8 | 53.8 | 46.2 | 4,585 (£115) | 5,164 (£129) | 3,911 (£98) |
| Commerce and service sectors | 30.5 | 68.3 | 31.7 | 9,763 (£244) | 10,104 (£253) | 9,027 (£226) |
| Industrial sectors | 43.7 | 63.5 | 36.5 | 16,653 (£416) | 17,440 (£436) | 15,289 (£382) |

Source: NSO (2018c). Report on the 2018 Survey on Employment Status of Older Persons in Thailand

Note: Excludes a small number with unknown salaries.

Irrespective of the source of income, nearly all older persons reported receiving income in 2017 (NSO, 2018a). Table 6.10 shows the percentage of older persons who received any income and a variety of main sources of income reported by older persons during the year before the 2017 Survey. Children remain the most important source of income for older persons, but, as Knodel et al. (2015) argued, the number of ageing parents who rely on remittances has drastically declined over the last two decades. Work appears as the second main source of income for the older population. This trend is consistent with changes in the share of older workers in the labour market, as discussed above. Table 6.10 also illustrates that the social pension (the OAA) has increasingly become an important source of income for older persons since its introduction in 2009 (Chapter 3). There are also slight changes in other reported main sources of income between 1994 and 2017.

Figure 6.8 Main Sources of Income among Older Persons, 1994, 2007, 2011, 2014, and 2017



Sources: Knodel *et al.*, 2015; 2017 Survey of the Older Persons in Thailand.

There are gender and residential differences in receipt and priority of source of income. Table 6.10 reveals that the majority of both older men and women receive some money from their children, but only some of them, mainly women, report it as their main income. It also shows that work and pensions are important sources of income for older persons. These two sources are more crucial for men than women since the former received more income from work and pensions. Table 6.10 also indicates that more than four-fifths of men and women receive the OAA, but more women than men report this source as their main income even though the amount is relatively small (Rose, 2016). Income from other sources, including interests, savings, and/or property, and income from a spouse and relatives, were not commonly reported as their main source of income and were less commonly received. Interestingly, older men are more likely than women to receive money from their spouses. This indicates that women generally marry men older than them and are more likely than men to have the physical capability to work at an older age.

Table 6.10 Sources of Income during the Previous 12 Months and Main Sources of Income by Gender and Area of Residence, 2017

| Sources of Income | Gender | | | | Area of Residence | | | |
|---------------------------|----------|----------|----------|----------|-------------------|----------|----------|----------|
| | Men | | Women | | Urban | | Rural | |
| | Received | Reported | Received | Reported | Received | Reported | Received | Reported |
| Children | 76.4 | 27.6 | 81.2 | 40.9 | 74.8 | 36.1 | 81.9 | 34.0 |
| Work | 48.5 | 41.9 | 27.6 | 22.0 | 31.5 | 27.6 | 40.8 | 33.2 |
| Old Age Allowance | 82.1 | 16.6 | 88.4 | 22.6 | 80.4 | 15.2 | 89.1 | 23.2 |
| Pension | 9.5 | 8.3 | 4.5 | 3.9 | 11.1 | 9.9 | 3.7 | 3.1 |
| Spouse | 27.5 | 2.5 | 24.9 | 6.2 | 23.9 | 5.1 | 27.6 | 4.1 |
| Interest/savings/property | 44.1 | 2.2 | 40.1 | 2.3 | 45.4 | 3.8 | 39.4 | 1.2 |
| Relatives | 9.1 | 0.7 | 13.0 | 1.9 | 10.6 | 1.9 | 11.7 | 0.9 |
| Other | 2.2 | 0.2 | 1.6 | 0.2 | 2.6 | 0.3 | 1.3 | 0.1 |

Sources: 2017 Survey of the Older Persons in Thailand; Teerawichitchainan et al., 2019.

Note: Received means the percentage of older persons who reported receiving income from sources (multiple sources).

Reported means the percentage of older persons who reported it as the main source of income.

Although the trend of income receipt and the main source of income reported by urban and older rural persons is somewhat consistent with the above discussions, some differences between the area of residence are found. In 2017, children remained the main source of income for both urban and older rural persons, and this source was slightly more important for those in urban areas. Work also plays a vital role as the main source of income. More than 80 per cent of older workers rely on it regardless of area of residence. It also supported the previous result showing a higher rate of older rural persons as economically active than their urban counterparts. At the same time, older rural persons are likely to be financially disadvantaged, resulting in the proportion of those who imposed a small amount of the OAA being higher in rural than urban areas. Additionally, older rural persons were less likely to receive and consider pension and assets/savings/property as their most significant income. This links to better economic well-being among older urban dwellers, which is also supported by the fact that, in 2017, older persons living in urban areas were more likely than their rural counterparts to live in housing with better quality features, such as better

construction material (NSO, 2018a). Moreover, older rural persons are not likely to benefit financially from their living arrangements even though they are more likely to live nearby or adjacent to their relatives. The 2017 survey showed that the share of older urban persons who received income from relatives is approximately equivalent to those in rural areas, and more urban than older rural persons reported relatives as their main sources of income. However, the available data is insufficient to analyse this point in detail.

Table 6.11 illustrates the percentage of older persons who received income from their children. Receipt of remittance increases with advancing age and differs between gender and area of residence regardless of living arrangement. The proportion of older persons over 75 years old receiving income from children is more than those in their early 60s (93 versus 79 per cent); however, the amount of money they receive does not consistently increase with age. The vast majority of older men and women reported receiving money from their children. Still, only a small percentage of both sexes (a quarter and one-fifth of older women and men, respectively) received remittance of more than 30,000 Baht (£1,250) per year, which is above the poverty line. While older persons living in rural areas were more slightly likely to receive any income from children, those in urban areas were more likely than their rural counterparts to report this income as their main income. They also said they received a larger amount. Nevertheless, the likelihood of receiving income and amounts of income increases with the number of living children (NSO, 2018a).

Table 6.11 Percentage Receiving Income from Children during the Past Year of Older Persons by Age, Gender and Area of Residence, 2017

| | Any income from children | Children as main source of income | More than 10,000 Baht (£250) | More than 30,000 Baht (£750) | More than 50,000 Baht (£1,250) |
|--------------------------|--------------------------|-----------------------------------|------------------------------|------------------------------|--------------------------------|
| Total | 86.1 | 38.0 | 36.9 | 17.3 | 5.9 |
| Age | | | | | |
| 60-64 | 79.3 | 24.6 | 34.1 | 16.0 | 5.7 |
| 65-69 | 84.8 | 35.3 | 37.3 | 17.7 | 5.6 |
| 70-74 | 90.3 | 46.3 | 39.8 | 18.2 | 6.1 |
| 75+ | 92.9 | 51.5 | 38.2 | 18.1 | 6.2 |
| Gender | | | | | |
| Men | 81.3 | 29.3 | 33.4 | 14.8 | 5.0 |
| Women | 90.2 | 45.4 | 39.9 | 19.5 | 6.6 |
| Area of residence | | | | | |
| Urban | 84.1 | 40.5 | 40.0 | 20.8 | 8.4 |
| Rural | 87.4 | 36.4 | 34.9 | 15.0 | 4.2 |

Source: 2017 Report on Survey of the Older Persons in Thailand; Teerawichitchainan et al., 2019

Older persons also received income from other sources. Table 6.12 demonstrates the levels of average annual income that older persons received regardless of source. Almost two-fifths of the older population received income less than 30,000 Baht or £750 per year below the country's poverty line (32,004 Baht or £800 per year) (NESDB, 2016). The young-old age group (60 -69 years old) was more concentrated in the higher income ranges; the reverse was true for the old-old and oldest-old age groups (70 - 79 years old and 80 years old or over). Old-age income is also one of female subordination. Older Thai women are more likely to be worse off than their male counterparts. Although there is little difference in the percentage of older women and men (13 and 9 per cent of older women and men) who received under 10,000 Baht last year, the gender gap is widening among those who received lower than 30,000 Baht (£750) (44 per cent for women versus

33 per cent for men). Overall, most older women appeared to have income below the poverty line. In contrast, compared to slightly more than one-third of older women, nearly half of older men received an average income of more than 50,000 Baht (the equivalent of £1,250) per year. The amount of money older persons receive is also associated with their economic well-being in later life. Older men and older married persons are more likely to have higher economic well-being than their counterparts (Sripakdee, 2017). In this regard, childless older women are likely to be considered financially disadvantaged.

Table 6.12 Average Annual Income by Age and Gender, 2017 (Percentages)

| Income received in the past year (Baht) | Age | | | | Gender | |
|--|-------|-------|-------|------|--------|-------|
| | Total | 60-69 | 70-79 | 80+ | Men | Women |
| Under 10,000 | 10.9 | 7.7 | 14.0 | 18.0 | 8.9 | 12.6 |
| 10,000 – 29,999 | 28.2 | 21.3 | 35.1 | 42.2 | 24.5 | 31.1 |
| 30,000 – 49,999 | 21.4 | 22.0 | 21.7 | 18.5 | 19.8 | 22.8 |
| 50,000 – 69,999 | 15.2 | 17.6 | 12.9 | 10.2 | 15.5 | 15.0 |
| 70,000 – 99,999 | 8.2 | 10.5 | 5.7 | 3.7 | 9.5 | 7.1 |
| 100,000 – 299,999 | 12.2 | 15.7 | 8.2 | 5.8 | 16.2 | 8.9 |
| Over 300,000 | 3.9 | 5.2 | 2.4 | 1.6 | 5.6 | 2.5 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 |

Source: 2017 Report on Survey of the Older Persons in Thailand

In the 2017 survey, respondents were asked to assess their income adequacy and financial satisfaction regardless of the money received. As shown in Table 6.13, half of the older population reported that individuals' average income tends to be adequate. Overall, there were no differences between men and women in this respect, even if women generally earn less than men. This may be due to the norms that play a vital role in society that, among spouses, a child/children and family members typically share. Exchange meals and necessary amenities within the same family; thus, direct income for co-resident older persons may be less critical than those with other living arrangements (Knodel et al., 2015). Nearly six per cent of older persons reported that their income

was enough for savings, and, at the same time, three-quarters of the older population said they have ownership of savings.

Table 6.13 Average Annual Income and Adequacy of Income by Age and Gender, 2017

| Adequacy of income | Age | | | | Gender | |
|--------------------|-------|-------|-------|------|--------|-------|
| | Total | 60-69 | 70-79 | 80+ | Men | Women |
| Enough for saving | 5.8 | 6.2 | 5.2 | 5.3 | 6.7 | 5.1 |
| Adequate or better | 50.3 | 48.6 | 51.5 | 55.3 | 49.7 | 50.8 |
| Sometimes adequate | 25.4 | 27.1 | 24.0 | 21.2 | 25.9 | 25.0 |
| Inadequate | 18.5 | 18.1 | 19.3 | 18.2 | 17.7 | 19.1 |

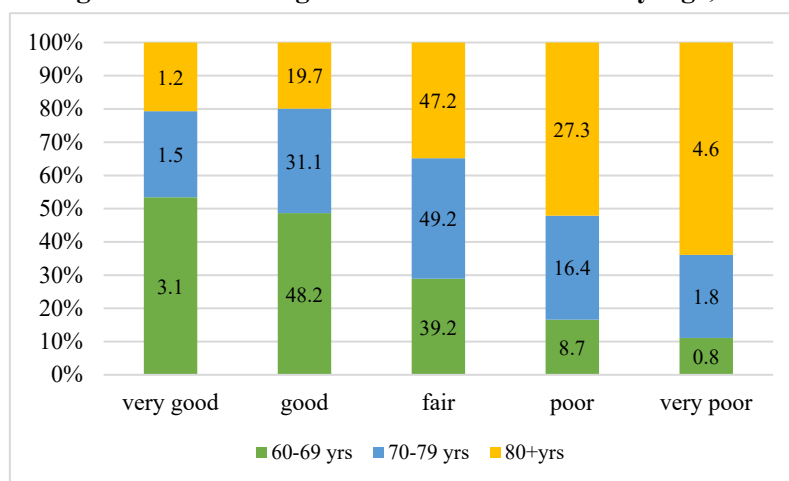
Source: 2017 Report on Survey of the Older Persons in Thailand

Moreover, the 2017 survey indicates that older persons reported income from interests/savings/property, pension, and children as adequate and, not surprisingly, older men were more likely to have a greater amount of savings than women (NSO, 2018a, not shown) even though the amount of savings is unlikely to be sufficient for later life considering only two per cent of older persons thought it as their main income (see Table 6.10). Lack of or inadequate savings appears to be problematic, as evidenced by the downward trend of personal savings among older persons to eight per cent in 2013, a reduction of nine percentage points since 1990, and nearly 30 per cent of people at the age of 60 years were still in debt (Bank of Thailand, 2018; Pothisiri and Quashie, 2018). It is argued that older persons' living arrangements are associated with the likelihood of savings. Older Thai persons with many children, particularly children with relatively low socioeconomic status, were less likely to have savings than those with fewer or childless children (Sripakdee, 2017). Nevertheless, Chamchan and Jarasit (2020) found that income adequacy and willingness to work were disconnected as older persons with insufficient income reported not wanting to work in older age. Older persons decided not to prolong working because they were getting old, shouldering domestic work, and being retired/wanting to rest. Household responsibility was the reason for older women more than men, while the reverse was true for older men.

Caring for and by Older Women and Intergenerational Relations

Health is a crucial factor for older persons' care needs. In 2017, most older men and women self-assessed their health as fair and good, whilst only 15 per cent reported their health as poor or very poor. These health self-assessments differed between age and gender, as people of advanced age and older women were more likely to report poorer health than their counterparts (NSO, 2018a). As shown in Figure 6.9, the percentage of older persons who rated their health as very good and good undoubtedly declines with age. People aged 60 - 69 years were more than twice as likely to assess their health as good or very good compared to those over 80, while close to a third of the oldest-old said their health is poor or very poor. There is little difference between urban and older rural persons who reported poor or very poor health (NSO, 2018a, not shown).

Figure 6.9 Percentage of Self-assessed Health by Age, 2017



Source: 2017 Survey of the Older Persons in Thailand

Figure 6.10 shows gender differences in the self-assessment of health. The tendency of older men to rate their health as good and very good is higher than older women. For example, nearly half of older men reported good or very good health, compared to 38 per cent of women; meanwhile, older women were more likely than men to say their health is fair. Even though women's health disadvantages are unambiguous, it is necessary to note that the gender gap in self-assessed health is a global issue due mainly to a mix of biological factors and societal gender inequalities (Boerma

et al., 2016) and the fact that men generally have shorter life expectancies than women (WHO, 2015).

Figure 6.10 Percentage of Self-assessed Health by Gender, 2017



Source: 2017 Survey of the Older Persons in Thailand

The 2014 Thai National Health Examination Survey (NHES) shows that older women had physical and mental health problems. The most burden disease among Older Thai women was cerebrovascular disease, diabetes mellitus, and dementia (Bunnag et al., 2019). Older women's health issues included their ageing-related decline, depression, functional limitations and difficulties in doing daily routines more than older men. In 2019, slightly more older women than men were using healthcare services in public hospitals under the Ministry of Public Health, and the usage decreased with advancing age. Differences in health outcomes in later life are closely associated with people's SES and area of residence. Older persons with lower SES, such as poor and marginalised people (Zimmer and Amornsirisomboon, 2001), and those living in rural areas (NSO, 2018a), were more likely to have poorer health and risky health behaviours than their higher SES and urban counterparts, respectively.

The rise in the number of older women with health-related problems increases health and social eldercare demands. The 2017 survey shows that older women and older rural persons were slightly more likely to report receiving health services, such as vaccinations, dentures, and eye treatment, than men and older urban persons. In particular, home visits, typically paid to bedridden older

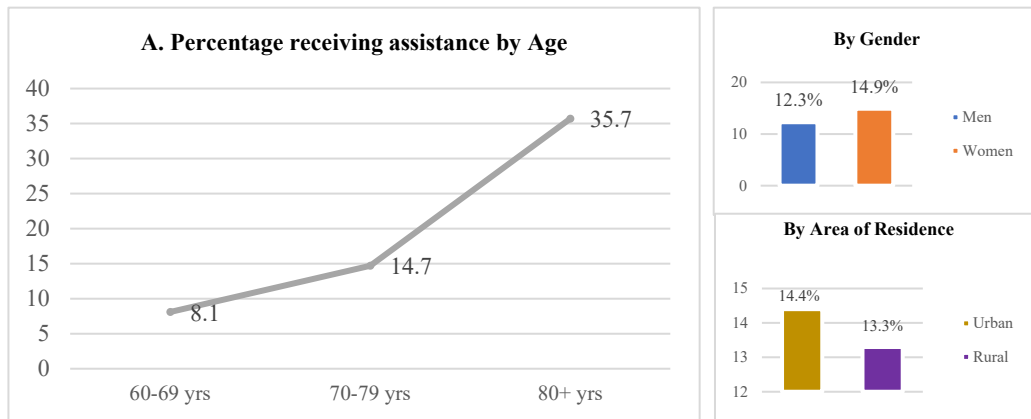
persons or those with chronic conditions, were distinctly higher among those living in rural areas (NSO, 2018a). This is probably because of difficulties accessing and distance of health services and the need for carers among older rural women. At the same time, nearly all older Thai persons are entitled to receive these health services free or at a meagre cost under the UCS (Universal Health Coverage Scheme, see Chapter 3), a number of them who have alternatives to health service still choose not to utilise this scheme due to the time-consuming and inconvenient accessibility. Some social groups, such as the vulnerable, urban poor, marginalised, and illiterate, often used the UCS, even though many were still excluded from this scheme (NHSO, 2019). By using UCS benefits, there were also additional payments, including medical supplies, particularly in the cases of the urgency of treatment and chronic illness (Vorlapanit and Kidsom, 2020) and non-medical expenditures (such as food and transportation costs) (Wibulponprasert and Chandoevmit, 2016). These limitations thus unavoidably increase the need for informal care, including familial support and long-term care (LTC). Given that the most important source of care for older persons is family, Older Thai persons, particularly the oldest old, receive considerable support from their family members (i.e. adult children, children-in-law, and spouses).

Adult children are the most common primary carers for older Thai persons, accounting for 58 per cent, and the proportion is nearly 66 per cent when considering children-in-law and grandchildren as the primary carer (Table 6.6). Comparatively, around one-third of older persons are cared for by their spouses. Older persons aged 60-69 years are less likely than their older counterparts to require personal care. Two-fifths of older persons are taken care of by their daughters, both married and never-married, and daughters are far more likely than sons to be the main carers (41 versus 13 per cent), reflecting the patriarchal values and traditional gender role expectations embedded in Thai society (Chapter 2). Spousal care is far more concentrated among the young-old (60-69 years) than the oldest-old (over 80 years) group and, not surprisingly, among men than women. These results reflect the greater likelihood of widowhood among women and the ideology of being a good woman and wife (Chapter 2). Eldercare by paid or professional carers is relatively uncommon among Thai people (see Table 6.14), which could be an undesirable type of care because of insufficient publicly financed or market-based services available for purchase (Rittirong et al.,

2014). Nevertheless, the minority of older persons receiving care from people outside their households reflects the significance of informal care provided by family members.

At the same time, the limited community care and LTC services LAOs provide also have implications for familial eldercare (Chapter 3). In 2017, most older persons reported not wanting or needing personal assistance, consistent with the proportion of those receiving personal assistance with daily routines (14 per cent or 1.5 million) (NSO, 2018a). This could be explained by the fact that most older persons are still healthy, and demands for eldercare are associated with age and degree of functional limitations. Figure 6.11 demonstrates that the percentage of those who received personal assistance increases relatively slowly between the young-old and old-old age but abruptly rises in the oldest-old group. There were modest gender differences in receiving personal assistance and little difference between urban and older rural persons.

Figure 6.11 Percentage Receiving Assistance by Age, Gender, and Area of Residence, 2017



Source: 2017 Survey of the Older Persons in Thailand

**Table 6.14 Percentage Distribution of Main Carers of Assistance with Daily Living Activities
Among Older Persons by Age and Gender, 2017**

| Carers | Total | Age | | | Gender | |
|-------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | | 60-69 | 70-79 | 80+ | Men | Women |
| Spouse | 32.2 | 57.6 | 30.7 | 9.4 | 54.3 | 17.3 |
| Never-married son | 5.7 | 5.8 | 6.6 | 4.8 | 4.2 | 6.8 |
| Never-married daughter | 10.6 | 7.1 | 9.5 | 14.9 | 8.5 | 12.0 |
| Married son | 7.0 | 3.9 | 7.8 | 9.2 | 5.4 | 8.0 |
| Married daughter | 30.0 | 15.7 | 30.3 | 43.4 | 20.5 | 36.4 |
| Son/daughter in law | 3.7 | 1.2 | 3.7 | 6.1 | 1.6 | 5.1 |
| Grandchild | 3.8 | 2.0 | 4.6 | 4.9 | 2.1 | 5.0 |
| Sibling | 5.7 | 6.5 | 5.9 | 4.6 | 2.9 | 7.5 |
| Paid/professional carer | 0.4 | 0.1 | 0.3 | 1.0 | 0.1 | 0.7 |
| Other | 0.9 | 0.1 | 0.6 | 1.7 | 0.4 | 1.2 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

Source: 2017 Survey of the Older Persons in Thailand

Note: Paid/professional carer includes paid carers, nurses, and assistant nurses. Other includes parents, friends, neighbours, servant/employee, volunteers, elder carers, and assistant elder carers.

Females are far more likely than their male counterparts to undertake eldercare. In 2017, three-quarters of carers of all ages were female, and nearly 40 per cent of them helped and cared for the oldest-old persons, presumably in need of extensive care. In contrast, older Thais also play a significant role as carers for other older persons. Close to a quarter of carers were older, and there was no gender difference (NSO, 2018a). Although residential care is uncommon for Thai people, the demand for this living arrangement has increased (Chapter 2) due to the lack of carers rather than having insufficient income or being homeless (Ban Bang Khae Social Welfare Development Center for Older Persons, 2016). However, there are only 24 residential homes (11 homes under DOP and 13 homes under LAOs), each with a capacity for 150-200 older persons, and three daycare centres nationwide (TGRI, 2019). These homes are principally provided for older persons who are extremely poor or face life difficulties (Chapter 3). In 2021, there were 1,283 older persons

residing in 11 homes organised by DOP, and women were slightly more likely than men to live in these homes (DOP, 2021). Around 800 private nursing homes care for older persons, but more of these homes are in Bangkok (TDRI, 2018b). The constraints on the capacity and location of residential homes could be problematic for older persons who wish to live in these living arrangements, particularly those with relatively low financial status (Bangkokbiznews, 2020) or living in rural areas.

In addition to material and care support, older persons are likely to receive non-monetary forms of support from adult children, even though the 2017 survey presented only the number of older persons who received material resources, such as food, clothing, and goods, from non-coresident children as co-resident children, were not involved in this question deriving from the nature of co-residence (as discussed above). Regular communication between older persons and non-coresident children can also present an intergenerational relationship. Visiting and contacting their ageing parents, including via telephone or online communication, are not uncommon and have become more convenient for Thai adult children due to the development of transportation and technology. The 2017 survey ascertains these relationships that almost all older persons had seen their non-coresident children during the prior year. Still, the frequency of visiting ageing parents is also associated with geographical proximity. There were few gender differences in having visits and contact with adult children. Older women were more likely than men to receive non-monetary and social support from their adult children, like monetary support. Meanwhile, even though desertion by children is uncommon in Thai society, the issue is also of concern. Children's migration is often considered to threaten the well-being of parents left behind, leading to the skipped-generation household for some older persons. Although older person abandonment is not apparent, given that most older persons still receive money from or contact with their adult children, albeit sporadic for some of them, Teerawichitchainan et al. (2019) also called attention to those in vulnerable situations, including the childless older person who is at risk of desertion or neglect by family members.

Regarding reciprocity or parent repayment, older persons, as family members, not only receive various kinds of support and care from other members but also contribute different kinds of support

to family members, reflecting a balance of effect (Chapter 4). In 2017, older Thai persons provided financial and non-financial assistance to their adult child(ren) and grandchild(ren), whether they were co-residents with them. However, the number of those who reported that they financially supported their co-resident and non-coresident children was relatively small, only 17 and 8 per cent, respectively, compared to the financial assistance in the opposite direction (NSO, 2018a). There were also gender differences but in the reverse direction of receiving financial support. Older men were more likely than older women to provide any money to their adult children. This reflects paternal financial support as a part of the patriarchal value rooted in the society in which men are expected to be the head of the family regardless of age. Moreover, older Thai persons, particularly older women, also play a significant role in looking after their grandchildren. The increase in the number of skipped-generation households has highlighted the grandparent's role, with older persons often needing to take responsibility for looking after their grandchildren, not only physically and mentally, but also financially, particularly in the case of the death of the grandchild(ren)'s parents.

However, financial responsibility for a grandchild is uncommon for grandparents as, in most cases, this responsibility remains for the child's parents. In 2014, only 18 per cent of older persons living in these skipped-generation families needed to be the leading financial provider for their grandchild(ren), while three-quarters of them reported being primary carers (Knodel et al., 2015). It is worth noting that the increased number of skipped-generation families can be problematic given that this living arrangement, where two dependent generations lived together, was the most financially vulnerable compared to other arrangements (Khaosa-ard and Liamjarusakul, 2013). The grandparent role, moreover, is controversial. A study by Knodel and Nguyen (2015) indicated that grandchild care was not a severe burden but an enjoyable task for most Thai grandparents. However, this responsibility was considered a matter of obligation rather than their decision, derived from some grandparents' social norms and financial necessity (Ingersoll-Dayton et al., 2018). The burden of childcare is also associated with the age of the grandchild(ren) since it is evident that older grandchildren often lightened the load of household chores or assisted their grandparents with daily living activities, or even supported their grandparents both non-monetary

and monetary instead of placing any burden of care on them (Knodel et al., 2015). Relationships between grandparents and grandchildren are reciprocal in this regard.

Conclusion

This chapter provided an analysis of the circumstances of older Thai women compared to older men. A broader contextual account of population ageing in Thailand was also offered to evaluate the situation of older women as they represent most of the older population, mainly the oldest-old persons and those living in rural areas. It is essential to highlight the concentration of women in the most-aged group and the rural setting since the very old and older rural persons in Thai society are in the most precarious position (Lloyd-Sherlock, 2006). Older Thai women's situations and status are generally on a par with their sisters worldwide in terms of material and non-material subordination to men, such as educational attainment, employment and income, and domestic and caring responsibility, which primarily derive from the gender division of labour combined with the religious beliefs (Chapter 2). Arguably, older women also benefit from matrifocality, the norms of parent repayment, and the intergenerational relationships ingrained in Thai society that concurrently attach more importance to their partnership status and relationships with family members. However, the data in this chapter showed that although older Thai women received support, either moderately or considerably, from family members and the state, they were still financially disadvantaged and in precarious positions in both public and private spheres. Older women in this study had significantly lower education qualifications, employment status, and income than men. Some had income below the official minimum wage, and many received less than the national poverty line. Moreover, many of them were excluded from being called economically active because their domestic and care work was undervalued. The data also demonstrated that these situations were exacerbated for older rural women.

Older women are also more likely to lack caring resources, such as financial difficulty and carer availability, than men. This derives from women's higher proportion of widowhood and singlehood in older age combined with the incapability of authoritarian regimes to provide comprehensive care for the growing older population (Chapter 3). Those married were less likely than men to benefit from spousal care. At the same time, they shouldered other responsibilities,

including household chores and caring for others, especially grandchildren. The role of the grandmother can be problematic, notably when they are obliged to earn a living for a family, given that the number of skipped-generation households increased and most of the household heads were older women. In particular, those in rural areas were more likely than older urban women to be disadvantaged in receiving care and assuming gendered responsibilities. Nevertheless, the chapter also provided data showing that older women in the future generations are likely to be in the same precarious situations as the older generations. For example, women's greater longevity will lead to a disproportionate number of oldest-old women with their increasing care needs, particularly when considering the growing trend of female singlehood.

CHAPTER 7

OLDER WOMEN'S PERCEPTION OF OLD AGE

Introduction

The previous chapter presented statistical evidence of the increased number of older Thai women and their disadvantages in several dimensions of life. However, such data does not show how older women perceive themselves, the roles they play, or how they see their contribution to the family and society. Moreover, it is argued that signs of ageing are social markers that tend to exclude older persons from the social system a person belongs to (Phillipson, 1998), and this is particularly true for women as the double standard of ageing, the notion that women are at a disadvantage than men because of their stricter gender expectation in terms of physical appearances or youthfulness, sexual and marriage lives (Sontag, 1997), has led them to be perceived more negatively than older men (Arber and Ginn, 1991; Hurd Clarke and Griffin, 2008). It is necessary to look at Older Thai women's descriptions of their situation as the basis for understanding their experience of ageing, where little attention has been paid to Thai society. Therefore, this chapter explores the position and role of older women in the private and public domain and analyses older women's self-perceptions and ageing experiences through six focus group discussions with older women conducted in three rural areas in Thailand (Chapter 5). It also examines the issue of what older women believe they require to enhance their quality of later life.

The chapter begins by exploring the respondents' understanding of definitions of 'ageing' and how they perceived themselves concerning ageing and were perceived by other age groups. It draws on political economy and life course perspectives to examine the ways in which patriarchal systems and gender roles have influenced women's social positions, statuses, and well-being in later life. It also looks at how respondents perceived and interpreted their statuses and experiences compared with their male counterparts. This is followed by an analysis of respondents' experiences of using various types of social services provided by the government, examining the expectation of older women regarding social policies on ageing, and analysing the gender differences they have faced while using these systems. It then discusses the need for gender-sensitive social policies on ageing

in Thailand. Throughout the chapter, it considers intersectionality, particularly the link between SES and gender, and how these characteristics impact the well-being of women in later life. This concept is analysed further in the discussion chapter.

This chapter employed thematic analysis to analyse the written transcripts. It identified themes which were generated from codes that conveyed similar meanings. These themes are derived from the words or phrases and the meaning of a sentence explained by participants. Three themes were generated that captured the essence of older women's statuses in society; *perceptions of ageing, women's socioeconomic status and circumstances, and social policy responses to the needs of older women*. These themes informed the key finding that experiences of ageing among older women are heterogeneous and older women's disadvantaged statuses were accepted as their roles and responsibilities. Women's credence in gender imbalance further led to their lower expectations of social policies in response to their needs.

Perceptions of Ageing

As described in Chapter 5, all respondents in this sample were over 60 years old and therefore were legally considered older persons under the Constitution of the Kingdom of Thailand, B.E.2540 (1997) and the Act on the Elderly Persons Act, B.E. 2546 (2003). The vast majority of respondents regarded themselves as older persons for various reasons. Most respondents said that chronological age was the primary cause of feeling old. The age of 60 was primarily chosen as the starting age of later life– conforming to official definitions. Two women, who were 77 and 64 years old, respectively, indicated 60 years old as the time when they started to feel old:

I have felt old since I was 60 (years old).
(Wilai)

I think people are old when they reach 60 (years old). We are also called an 'older person' since then.
(Yingluck)

Thai people are likely to be familiar with this particular age as representing old age, not only because it legally transforms working age into old age but also relative shifts in people's status.

This chronological age is the mandatory retirement age for government officials and state enterprise employees when they are entitled to receive professional pensions and other benefits (see Chapters 2 and 3). The retirement age in the formal sector was one determinant for government employees to perceive themselves as old. This was revealed by a woman who was a government official that retirement age was her mark of old age:

I felt old when I retired from my job five years ago. My body and mind did not change much, but I felt that way because it was time to stay home and find new things to do as a retiree.

(Rassamee)

Older women who worked in the informal sector were also entitled to government services, including a social pension (the OAA) at this particular age. The amount of the OAA they received varied depending on their age (between 600 and 1,000 Baht (approximately £15 and £25)) (Chapter 3). Some older women determined the receipt of the OAA as a sign of being old. A woman of 62 years who had worked in the agricultural sector thought she was old after being entitled to receive the OAA and asserted that ‘I am old. How can I get the allowance (the OAA) every month if I am not?’ Moreover, many women in the sample perceived that this age (60 years old) was the appropriate time for crossing the line from being in adulthood to late adulthood. Most respondents accepted their senior age status by calling themselves or being called ‘Paa’ (aunty) or ‘Yai’ (grandmother) by younger generations, which is the unavoidable seniority system in Thai culture. Yaya, a retired seller in the market, indicated why she thought she was old:

We are already old. All of us have become ‘Paa’ (or) becoming ‘Yai’ for some time. Younger people called us that way. How can we say we are not old?

In addition, some older women specified the age of those close to them, such as family members, as a marker of ageing or influenced their perceptions of ageing. A 67-year-old woman pointed out that the age of her 45-year-old daughter made her feel old:

I am old. Even my daughter is 45 years old now. I cannot say that I am not old.

(Jomkwan)

Even though many respondents acknowledged that ageing is an inevitable part of life, the appearance of deterioration, such as sagging skin, wrinkles, grey hairs, and changed body shape and gait, made them feel old. Among women who shared their experiences of changing appearances, Lek, a 78-year-old woman, recalled her memory of when she felt the changes and accepted that she was already old:

When you were old, your face and body shape changed. Others might face some changes in their face and body. I noticed horrible changes before (I was) 60 years old. I have had turtle shell skin and big bags under my eyes apart from wrinkles and grey hair.

Loss of capability to work was marked as the starting point of being old for respondents who had worked. In particular, physical ability was fundamental to informal workers in the agricultural sector. Some respondents believed that people must leave their work at a specific age regardless of the employment sector because they would be too old and not strong enough to work even though unjust discrimination against persons on the grounds of differences between people, including age, gender, physical or health condition, personal status, as well as economic and social standing, is prohibited by the Constitution of the Kingdom of Thailand since 1997. Others indicated that they became old after they could not undertake paid labour. One woman stated that her ageing started at the time she could not perform her farm work due to her loss of strength:

I have been old for over ten years since I was 50. At the time, I could not do hard work or lift heavy things, so I could no longer continue to work. Subsequently, I had to stop working because it was a big part of my job.
(Taungphorn)

Although the retirement age is mandatory for workers in the formal sector only, it also influenced some workers in the informal sector to stop working. Leaving the workforce was appreciated by some government retirees. For example, a 62-year-old woman expressed the view that the retirement age was appropriate to leave paid work as it allowed her to become a full-time carer for her aged parents:

Sixty years old is the right time to retire. People should not work beyond this age. It was good to leave my job. Otherwise, I would have paid someone to take care of my parents.

(Suwapha)

While informal workers were free to choose their time to retire, many also decided to stop working at retirement age regardless of health conditions. This was illustrated by Auey, a retired labourer who had left her informal paid employment at the age of 60 years despite having good physical health:

Hmmm, I have been in an old ago time since I stopped working at around 60 (years old). I think it is not time to work when you reach 60 (years old). Even though my physical strength remained good, it was time to retire.

In contrast, some older women were willing to work beyond their ages and continued to do so. However, it was not deemed to be women's sole decision. For example, one healthy widowed woman intended to work in later life, but her daughters wanted to repay a moral debt as part of the norm of parent repayment and thus asked her to cease work. Although this woman greatly appreciated her daughters' dutiful approach, she also described a feeling of being old and how she reluctantly stopped working:

I have not thought that I am old. Maybe when I am 70 or 80 (years old). But people think I am old because I no longer work. My daughters love me and did not allow me to work since I was 60. They said, "You are old, so please stay home. We (the daughters) will care for you".

(Thong)

Advantages of Ageing

While several respondents accepted their status as an older person, many with a higher SES declared they were still 'young at heart' or had 'full potential' at an older age. They believed that numeral age did not make them old if they remained active and joyful. This perception was described by a 70-year-old woman who owned a big shop in a community and was still active:

Age is just a number. I am 70 (years old), and my friend is 75 (years old). We don't think we are old even though others think we are because we are still active and can do many things ourselves. That's why we believe we are not yet old.

(Cham)

Indeed, some respondents were affected by physical degeneration. Still, they remained optimistic about their later life at some points, as represented by Wilai and Yingluck, who had experienced poorer health at an older age. These two women affirmed that they were 'young at heart.' Resisting the classification of 'old', Wilai, a 77-year-old Thai dessert seller, kept doing activities that are usually reserved for younger people:

People become old when approaching a particular age. One may not feel old, but body conditions are shown. My health conditions have changed even though I do not feel old because my heart fights against my age. I still enjoy my life and do everything I want to do. I still ride a motorcycle.

In the same vein, Yingluck, a 64-year-old who was a community leader and had poor health conditions, insisted that she had a young heart:

I had never thought of being old, even when I reached 60. The more years, the more experiences I have. Only this year made me think I am much older than before. I used to take the front of others, but my legs do not allow me to do so lately. I have been the last one since a couple of years ago. I have diabetes and other conditions. My heart is still young whatsoever.

Some respondents cited that their enduring capacities were why they thought they were not old. Wipa, a 75-year-old woman who continued working as a company owner, regarded herself as not yet old:

People generally think we (older women) are old. However, speaking of competency and contemplation, I am not old, considering that my physical, mental, and work capacities are still good.

Women's remaining capabilities further led many of those with relatively high status, such as retired government officials and entrepreneurs, to disregard an ideal physical appearance. A retired

teacher focused on her vision and capacity, which also potentially gained respect from younger people, instead of her changing appearance:

I do not care much about my external appearance but my thinking ability. As a civil servant (a teacher), I can give good advice to other people and my family members and other older persons in the community. (Pramuan)

Conversely, some respondents could not stand feeling old and decrepit, even though they accepted it as an inevitable and irreversible occurrence. Thus, they tried to fight against ageing in affordable ways, including dying their hair or applying anti-ageing cream. Modern technology advancement further helped them conquer an aged appearance. One woman compared ageing in her generation to the older generations:

Being 60 (years old) in this generation is much easier than the older ones. I saw my grandparents had no teeth and could not eat some food. You can imagine we would be toothless if we were in the past. But now we have dentures! (Wipa)

This woman insisted that the advancement of medical technology, such as dentures, plastic surgery or anti-ageing technology, had transformed people in her generation (and future generations) to be and look younger than the previous generations. Likewise, physical deterioration was experienced by higher-SES respondents. However, some participants, especially those who worked in the formal sector, enhanced their weakened physical abilities by using the increased free time after retirement. Some of them spent their time exercising and practising a healthier routine. A 65-year-old retired government official indicated her improved health condition and the impression of younger people who met her in the park:

My health has been getting better since retirement. I have more time to walk and jog in the park. Many young people asked me how to do this, four rounds running every evening; they said it's pretty hard even for them. (Whan)

Moreover, some respondents considered that they had become steadier and calmer as they aged. One woman mentioned that she had changed to become calmer with increasing age. These emotions improved not only her quality of life but also her family members:

I used to be tenacious. I often had fights with my husband and children. But these quarrels have lessened since I have been getting older. I am also more compliant with letting them do things they want.

(Madee)

Disadvantages of Ageing

Physical decline was commonly mentioned by respondents as the main disadvantage of ageing. Many of them reported experiencing several changes in their physical health with advancing age, and the problems of health conditions across the sample were similar. The most prevalent conditions were communicable diseases, such as cardiovascular disease and diabetes mellitus, and age-related decline, such as osteoarthritis. The latter was often associated with some functional limitations, preventing older women from daily routines and affecting other aspects of their lives, including employment and participation in certain activities. Unskilled farm labourers admitted that their lengthy heavy physical work had unavoidably contributed to their health deterioration. This was the case for Kimyee, an owner of an orchid farm who had worked strenuously as a family worker since she was young. She described the consequences of her degenerated health:

I am now 65 (years old), and I think I have been aged for a long time. My health has been in a lousy way since then. I've got heart disease and high blood pressure, and now (I am) having aches and pains in my joints and muscles. Maybe because of my job in the past, it was pretty hard, digging the ground with a hoe with no equipment. So, currently, I have to do things much slower than before.

(Kimyee)

As most respondents were Buddhists, they comprehended the nature of deterioration following the Buddhist doctrine of the impermanence of body and soul. Some regarded the changes in body function and physical condition as a 'dark side' of being old. One woman who had a chronic disease coupled with a joint limitation but needed to work in a coconut grove, Sathorn, expressed her frustration with indispensable medication as well as the pain of physical ailment:

I have lived with diabetes and high blood pressure for a long time. I sometimes forgot to take pills, and the symptoms worsened, so I needed to take medications regularly. It may be the worst because I can no longer walk long

distances. I have pains in my knee. Occasionally I needed to use my hands to press on my knees when walking. It's not good because I still want to go out with others. (Sathorn)

These diseases prevented them from indulging in eating food and drinking beverages as they had done when they were younger. One woman complained that these diseases limited her appetite for food and also her happiness:

I have lived with diabetes for years. Sometimes I wanted to eat foods the way I used to. I ate a ripe mango one day before seeing the doctor because I thought it was fine to eat fruit. But the day after, I had a very high blood sugar level. The doctor did not allow me to eat sweet fruits, making me sad. (Yingluck)

Physical infirmity further limited people's ability to work in older age, which was problematic for those required to work for a living. In general, low-educated older persons are more likely to work in later life than their better-educated counterparts (see Chapter 2). However, this was not always true for frail older women with poor health since their jobs often required physical strength. Taungphorn, a 70-year-old woman, was a paid carer who previously needed significant power to carry her older bed-ridden care receiver. She was then laid off when she could not perform her job as usual due to her decreased strength. In the end, financial needs forced her to find a new position for older persons or a part-time or low-paid job requiring less power. Taungphorn expressed her feelings about being old and how she was fired from her previous job:

I realised I was old when I could not do my job. I had to lift 'Yai' (the older woman) upstairs. Yai's daughter stopped hiring me because she needed others who had more strength. Now I am engaged when someone needs a little help, like watching over the house when they are away or feeding a toddler when their mothers or grandmothers are busy.

Poor health or physical deterioration shortened the working life of older women and disconnected them from their families and community. A 77-year-old widowed woman pointed out that decreased strength restricted her daily routines and subsequently excluded her from family and community activities:

My body has changed and weakened. It is challenging to go anywhere or do things as usual. I might slow my niece or neighbours down when I go out occasionally with them. So now they all gave up on me. They do not ask me to go out anymore. (Amphorn)

Sensory impairments were one factor, among others, to hamper older persons' everyday lives and well-being. Women in the discussions noticed that their liveliness had been deprived in part by these signs and symptoms. Some respondents indicated eye problems, such as blurred vision, cataracts or tearing, and hearing problems. Vision and hearing impairments also appeared to obstruct their routine activities and work. These impairments, moreover, were barriers to appreciating their later life, as mentioned by one woman:

Since I was old, nothing was any good. My eyesight was terrible, and I hardly heard people talk. I could not watch my favourite television programs or la-korn (soap operas) joyfully as before. (Ruang)

Some respondents also added forgetfulness as another impediment to their ways of living since they were only sometimes able to remember things or what to do. Moreover, the respondents described their anxieties caused by multimorbidity. A 74-year-old who was employed as a cook in an elementary school and had to take care of her sick husband stated that:

I could not imagine my life if my health got worse. I am the only one who earns money for the whole family. My husband isn't strong enough to work. He can't care for me if I get sick and I have no one else. (Phoon)

Public Perceptions of Ageing and Age Discrimination

Women perceived themselves as old by their physical and mental changes and the public perceptions and expectations. In many cases, women felt old by stereotypical images of older persons, which coerced them into culturally prescribed behaviours. Women were called 'Paa' (aunty) or 'Yai' (grandmother), following the seniority system in Thai society. These pronouns often concurred with social expectations and sympathy. One woman said, 'I know we are old, and they (younger people) might think we should have stayed at home or gone to a temple. But we can still do things as we used to do.' Although older generations are likely to adapt to social, economic and technological changes, others still label them as a typical older person. Another participant

explained that when she tried to use modern technology and the younger neighbour doubtfully asked if she needed help:

The young boy in my neighbourhood did not believe I could post my video on Facebook. He asked me, “Paa, are you ok? Let me help you. I don’t think you can do that”. (Arom)

She also added that this young boy still doubted her attempts despite the fact he knew that she was able to use some new technology (i.e. chat application) since it had been a preferred way to communicate with other people in the modern world. While some older women considered such treatment and assistance given by younger generations as hostile or pitying rather than respectful, many older women still expected to receive it as part of the norms and, at the same time, are concerned about diminishing these desired behaviours of younger generations. Madee, a retired day labourer who had a relatively low level of education, described how she got assistance from younger people at times she was in public:

I think people’s kindness and help remain intact in Thai society, which is a good thing. Young people are still kind and want to help others, but some are not. The last time I went to the hospital and could not climb stairs, they (young boys) helped me go up. If they see the old, most Thai people do not disdain it. I also met some people who did not give a damn about us (older women). For example, I went to the local administration office and asked a male officer about a document I didn’t understand. He shouted at me, “Paa, if you cannot read, why don’t you come with your grandchildren” and then he left me.
(Madee)

Ageism was found among lower SES respondents in terms of work opportunities. Some older women working in informal employment wanted to continue working beyond 60 years but were laid off because the employers considered them too old to work. Given the nature of informal employment, a permanent contract was absent, and these women were not legally protected. This was likely to be the case for those who worked on a daily basis. Thanya, a 63-year-old retired manual labourer, was also dismissed from a pottery factory when she was 58 years old:

Thoa Kae (the owner) fired me because I was pretty old, and I did my job a bit slower (than previously). He then replaced me with the young.

These workers were excluded from pension coverage and were not entitled to adequate pensions (see Chapter 3). Thanya, for example, needed to earn a living and then had to find another informal job with an even lower payment. Interestingly, she did not feel discriminated against but accepted it as part of the ageing process, similar to some other women with a low level of education. On the contrary, Pramuan, a well-educated retiree, felt that this was discrimination against age and gender. She further shared her experience of being excluded from paid work after retirement. Her former and younger colleague rejected her when offering assistance and knowledge she believed she had acquired throughout her working life. This also led her to perceive that her value and self-confidence were eroded by old age:

They (the younger generations) didn't even listen to me. I tried to suggest that they solve the problems with my expertise and experience, but they thought I was too old and my suggestions were useless.

Women's Socioeconomic Status and Circumstances

As described in Chapter 5, respondents in each FGD were divided into two main categories; higher and lower SES. Differences in status in all stages of the life course constructed diverse ageing experiences among respondents.

Partnership Status and Living Arrangement

Older women's partnership status and living arrangements appeared consistent across the sample. The vast majority of respondents were married, while a small number were divorced, and only very few were never married. With regard to living arrangements, most of them lived with family members, which is also a shared living arrangement for Thais. However, many lived with a spouse only due to their adult children's migration. These older women perceived that living without adult children was not uncommon. One woman lived with her spouse only because her children left them for work in a capital city and had regularly sent them some money:

We have two people in our family, my husband and me. All of my children left here many years ago, and they are now working in Bangkok. We are fortunate that our

children still give us some money, and we can rely on it. I think many of us here are identical to me. (Wilai)

Meanwhile, migration led some adult children to leave their children, and older women thus had to live with a husband and grandchildren. This living arrangement is a skipped-generation household and is customary for rural people. This was affirmed by Jomkwhan, a 67-year-old woman, who demonstrated her living arrangement as typical for older persons in her area:

For example, living without adult children in rural areas in my community is normal. It is tough to find jobs other than agricultural work here. If my child chose to work on a farm or rice paddy, he would not have earned enough money to look after his children. I understand him and am also okay with this living arrangement.

Co-residence with adult children in their or adult children's houses was also conventional. Older women living in adult children's or spouses' houses were likely to be divorced. Those who co-resided with children in their own house were likely still married, and many also lived with a husband as an extended family. The tradition of matrilocal residence where the youngest daughter inherited a parental house was also evident, as echoed by a woman who owned her parental home. This concurrently eased her financial burden:

I have been living in my parent's house since I was young. When getting married, I then invited my husband to live together. So, we don't have to pay for a mortgage even though I think money is not a problem for us (the government retirees). We got less income, but I believe we can adapt to it. However, receiving some amount of money allows us to live our lives.
(Kaew)

However, there was one respondent whose living arrangements had changed after retirement. This woman formerly lived with her husband, who passed away a few years ago. The change occurred after she decided to leave work and had no income; she thus co-resided with her daughter and son-in-law and had to rely on them. She, therefore, tried to be economical and valuable to the family as much as she could in exchange for her son-in-law's support. She further described that older age affected her social status, autonomy, and feelings:

My life has not changed since I moved to my son-in-law's house. It's pretty different from when I lived independently, but I have no other options. I have no income and rely on them (her son-in-law and her daughter). I thus try to help them as much as I can. Occasionally, I have money problems even though I don't spend lavishly. To be honest, I am considerate and don't dare to request other support from them.

(Amphorn)

Employment and Income in Later Life

Many respondents stated that the Thai labour market is gendered. In the formal sector, they remarked on an issue of a disproportionate proportion of men holding a high position in public agencies or local authorities. Some respondents interpreted male leadership as unequal power. A retired government official pointed this out:

I think men have more power than us (women). Look, most members of Local Administration Organizations (LAOs) are men. High executives in most government organisations and companies are men. They thus can control us at some points. (Tubtim)

In the informal sector, women were assumed to undertake less workload and income based on gender. However, in practice, they had worked on a par with men but been less paid since they were young, and this gender inequality continued into old age. A female older labourer claimed that both men and women shouldered the same amount of work, but women often received smaller income:

From my work experience as a coolie, people think women are weaker, and thus they are paid less than men. We have been practically working very hard, men and women alike. This has happened again and again in my life. We want nothing different, but we are treated dissimilarly. (Sunee)

Another female labourer, Madee, also revealed her experience being banned from a job promotion because of her sex. Madee was judged as being physically incompetent by a male employer:

I admit I am weaker than men, but I have done construction for over 40 years, so that I can do almost everything. The problem was that he did not let me do any

skilled jobs. It seemed to me like discrimination. But never mind...if he had let me do it, my wage would have been lower than other men.

Although gender discrimination in employment is not permitted, it is not likely to cover those in the informal sector. The gender wage gap in informal employment was detailed by a woman who was a physical labourer before retirement:

Yes, we always got lower income. My boss said I was not as good a climber as men. No matter how hard we (women) have worked, we receive income at women's rates. (Raung)

In discussions, the number of older women who continued working was less than those who decided not to work—the likelihood of working longer associated with occupations prior to old age. Well-educated respondents who worked in the public sector were required to retire at 60 and were unlikely to work in older age. Meanwhile, self-employed people such as shop/farm owners or small business entrepreneurs often continued their working lives since they had no business successors or were still in good health. Financial necessity did not appear to be the main consideration for these respondents. In contrast, those who were likely at risk of poverty, including low-educated respondents who had been informal workers, such as farm labourers, family helpers or sellers in the market, were unlikely to extend their working life. This could derive from the fact that they are often deemed to have declining physical strength, and it was linked to perceptions of ageing and the cultural norms of parent repayment. These women often had somewhat less income, whether from the OAA or their adult children, in older age. Many of them decided to cease work at the age they were perceived as older or when adult children could secure the financial status of ageing parents. Most respondents, nonetheless, are entitled to receive the OAA. This was illustrated by Auey, a retired labourer who had left paid employment at 60 when her physical health was still good. She received income from her adult children but occasionally relied on the OAA when the remittance was interrupted:

My children have been taking care of me since I stopped working. They send me some money, but I sometimes rely on the allowance (the OAA) if they face financial problems.

Some respondents did not accept remittances because they could still earn a living or were aware of their adult children's financial difficulties. Cham, who was 70 years old and owned a small enterprise, described her concerns about adult children's well-being:

Our children wanted to provide remittances to us (her husband and herself), but we are worried about their living. We are still able to work. The economy isn't good for anyone. Then we think it would be better if our children keep all their income and we work as long as we can.

However, the ingrained norm of parent repayment in Thai society (Chapter 3) could not guarantee the receipt of remittances among ageing parents. A never-married retired nurse shared her opinion on caregiving expectations of adult children, which she had witnessed among her patients over the years:

I have no children, but I can tell that having children does not necessarily mean you will be taken care of by them. I have seen many cases with many children who have been left behind. For example, my patient has seven children, but none of them takes care of her. You are fortunate if your child is looking after you. (Mhee)

At the same time, financial difficulty appeared to be the main issue in older age, particularly for those who had not worked. Many respondents were inevitably obliged to live on the OAA, albeit its amount of money is rather small (Chapter 3). A woman in her 60s regarded the OAA as her main income. She had to manage a small amount of money to live:

600 Baht is a very small amount for living. It is not enough. The money does not even cover the energy cost each month. I would say I am frugal as a necessity because I have no other income. (Yaya)

Another respondent was Phoon, a 72-year-old woman who typically received remittances from her migrant adult children but, on occasions, her children could not send her money. She then had to manage to make ends meet with the small amount of the OAA, starving herself to save food for her family:

I don't dare ask for money from my children. I know they are distressed, and I don't want to burden them. Then I tried to economise the money (the OAA). I skipped a

meal or ate rice with Nam Prik (Chilli paste) and green plants picked from neighbours' fields if it was not enough. That was OK for me. I tried to keep money and food for my husband and grandchild, but I borrowed some money from neighbours if it was insufficient. Some women whose adult children deserted them also needed to rely on the OAA. What was more was that they had not only to manage the small amount of the OAA but also save some money to give to children.

This was the case for Pranom, who claimed that she knew very well about her children's financial difficulties, and it was her pleasure to do so. Pranom's situation was revealed by one of the neighbours:

We have less income as we age. We get only 600 or 700 Baht from the government but have to spend on many necessities. Moreover, some of us have to give money to children like our friend, Pranom. Her children rarely send money to her, but she gives them all money when they visit her...like, once a year. (Nidnoi)

In contrast, some of those who had no income other than the OAA was reluctant to give financial assistance to their adult children since they had likewise faced the hardships of life:

My son often asks me for money when he faces money troubles. I denied it and did not give him any money. I have seen many people who bequeathed all assets and money to their children and, in turn, were deserted. Although I don't have much property, I am still aware of this possibility. (Madee)

Roles and Responsibility in Later Life

Most older women in the discussions agreed they undertook household responsibilities more than their spouses or other family members. However, they considered these tasks their power rather than a burden within the house. This was the position adopted by Kimyee, who had executed all household issues independently without asking or discussing them with her husband and other family members. She perceived her role and responsibility as a power:

He (her husband) knows nothing both within and outside the house. I generally manage all things on my own. I am allowed to do anything I want. You can ask them (other respondents) that he always says, 'You can do whatever you like. I don't mind'.

Women's participation in community activities more than men's were also regarded as a sign of their power over men. A retired teacher shared her experiences of assuming many activities in both formal and informal ways:

In this community, you can see that all participants in any activities are women. No men, you can't find them. Even if you ask them formally, they will order their wives to join instead. I think this eventually turned out to be not good for them. For example, we invited them to participate in activities concerning health knowledge and how to stay active in older age, but they did not come. So, they didn't know. (Nucharee)

By contrast, some well-educated respondents viewed these jobs as obligations rather than privileges. They discussed how their spouses and other male family members let them do all the work and left them alone with financial problems. A government retiree suggested that by doing this, men were more brilliant and influential than women:

This is not to say we are superior. Instead, they (men) are wiser (than women) and take advantage of us. They did not want to think about anything and shoulder any responsibility. (Whan)

Disproportionate domestic responsibilities were, to some extent, accepted as typical gender roles and expectations. Many respondents believed that men should be the head of the family or do nothing at home after work. This partly resulted from a Thai tradition in which women were generally taught by their parents to bear domestic chores and care work (Komolvadhin, 2008). A married woman who had never worked described that she had learned from her mother that women must do household chores and care for others. She also decided to sacrifice her working life upon pregnancy and never returned to work to be a good wife and good mother:

My mother tried her best to care for my father and all my family members. She also taught me that a woman should be a good girl to her parents and a good wife to her husband. She then taught me how to do household work and care for others which became helpful for me when I had to take care of my family members. (Amphorn)

Many respondents determined these unequal household responsibilities as a specific feminine practice. One woman stated that she accepted doing all assigned household tasks although she did

not know how to do them since she perceived it as a women's duty and believed that many women think the same way:

It is correct that women do household jobs more than men. I have had to do household chores and care for others since I was a girl and did not know how to do that. It was my instinct to take care of people. Now I must look after my husband, adult children, and grandchildren. We all (women) wholeheartedly want to care for our family members. (Chamoy)

Sathorn, a 70-year-old married woman, also affirmed this idea as she had to care for her mother when she was in girlhood. She perceived that she, rather than her brother, was the one who was competent to take care of others without teachings naturally:

No one taught me how to care for others, but I had to learn by myself when my mother was seriously ill. In my teenage, I had to look after her in the hospital and at home for almost four years. The nurse often asked me why no other people came to help. Our family was very poor, and I had no chance to study. The only one we had was my younger brother. How could he ever care; he is a man.

In this respect, many respondents agreed upon a male-dominated pattern of family life. They respected their spouses as the head of the family whilst assuming the vast majority of housework and caring for children and husband round the clock. Women mentioned an old Thai proverb (Cháang táo nâa - Cháang táo lǎng (see Chapter 2)) and identified themselves as the hind legs of an elephant (Cháang táo lǎng) who must follow the husband (the forelegs- Cháang táo nâa). They maintained that this role is very crucial for Thai society. This was explained by Roong, a married woman who had never worked and became a full-time housewife since getting marriage:

Do you know the proverb? They are forelegs. We are hind legs. When walking, an elephant first lifts their forelegs so we cannot walk ahead of them. We need to praise a husband.

This perception was also raised by many respondents regardless of their SES. For example, one respondent who had lived on her income and pensions remained honouring and yielding to her husband. She disclosed her role in a family:

We are Thai. We are the hind legs of the elephants. We should do anything to keep our family happy. Although my husband's opinions are useless sometimes, I chose not to oppose him. I have been trying to keep our family happy. (Arom)

To maintain a pleasant family life at an older age, women in the discussions undertook most household issues, including financial management. Husbands were still held in great regard despite men at this age being no longer family finance supporters. Some husbands kept giving their income from the OAA to their wives. However, when faced with financial problems, wives often had to deal with such issues independently. This was illustrated by Aree, who tried to be a household finance manager:

Although women managed all things in the family, men were the leader. They hold the most power in the family. My husband has given me his income, but it has been sharply reduced since retirement. When the family was in need, he did not do anything. I had to handle it and chose to make a loan in my name. Men do nothing; only women are in debt.

Many respondents alleged that family happiness was their priority. It was also one of the women's roles in the private sphere. Therefore, they tried to accomplish most of the household work and offered their husbands chances to relax and unwind after work. One woman revealed that she appreciated serving her husband:

Men have to work outside the house. They have sacrificed for the whole family's living. When they get back home, they are always tired and thus deserve to get to relax and leave everything behind. (Phorn)

Women's Burden of Domestic Responsibility

The majority of women had left their paid employment at particular ages and carried out their role as a housekeeper. In contrast, those who continued in paid work were likely to work at or adjacent to their home. In this way, the latter group could complete their double paid and unpaid work responsibilities. Therefore, most women undertook the housework when their husbands had executed the paid work and spent their time in leisure after retirement. One example was Yingluck, a Thai dessert seller and coconut grove home-worker who used to be a community leader, who

complained that her retirement was different from that of her husband as she was still busy with both housework and farm work:

I have more things to do than ever before. I have to cook for the whole family, husbands, children and grandchildren, and do all household chores in my 9-room house. Can you imagine? No one is available to do these chores. My husband goes out to help our daughter in her coconut grove during the daytime, and I also need to help my son. But after that, I need to tidy up the house while others can rest. My husband takes for granted that he works hard outside so that he has no responsibility at home. This morning I ran the washing machine and needed to return to hanging the clothes before going to the grove. Otherwise, no one did it. They acted like seeing a snake on the broom, but no one dared to touch it (laughing). It is even busier when my grandchildren are home on weekends, and I need to care for them.

Another woman, Kimyee, an orchid farm owner, was also obligated to do housework. Gender roles were apparent in this family. Her husband and a son formerly worked on a farm, whereas Kimyee and a daughter managed the household work. However, after her daughter's marriage and leaving the house, she spent more time doing all domestic and care work:

Previously, my daughter helped me with the housework, but she has left. My husband and son are very busy with the farm, so I have to assume all the chores. But sometimes, I needed to help them a little because I felt guilty for letting them work hard (laughing). Working in paid employment could not be accused of not doing housework. It seemed to be an overburden when they had to be a carer.

This was illustrated by Madee, a 64-year-old married woman who had to leave her janitorial job temporarily due to a caring responsibility for her grandchild. Even though her husband stayed at home as a retiree, she had to undertake both domestic and care work since she was a woman:

I formerly had to do all household work and care for others after my (paid) work. My husband did nothing when he returned home. I could not go to work because my daughter had left her son with me. I have to take care of him (a grandson) and do all chores. My husband said caregiving is a woman's duty, not men's. I hope to get a job again when he (her grandchild) can help himself, but now he is young.

This circumstance was added by Chamoy, who took full charge of the coconut grove after her husband left the family to enter the monkhood. She also had osteoarthritis in her knee and cardiovascular diseases, which had occasionally impeded her from physical work. However, she still needed to do all household work and care for her grandchildren:

I have to handle hard work outside and inside the house because my husband left us to be a monk several years ago. My daughter also gave me an enormous burden by leaving her children with me. So, I must do all the housework and care for my grandchildren. I have to get up very early to cook for everyone, get them dressed, send them to school, and go to the grove. At the end of the day, I have to clean up the house and cook for them again.

How Important is Older Women's Caring Role?

In addition to domestic responsibilities, many employed and unemployed respondents shouldered multiple caring responsibilities, such as looking after husbands, children, grandchildren and ageing parents. It was concluded by one of the respondents that women are the sole responsible person for all domestic and care work:

Only women take all the caring responsibilities. If any family has ill-health ageing parents who need care, I bet the carer would be a woman. Men hardly do these things; instead, it burdens women. Apart from caring for family members, women have to prepare meals. (Taungphorn)

Some respondents had poor health but were tied to caring for family members. This was likely exacerbated by financial problems, especially among informal temporary workers. Sunee was infirm but needed to take care of her frail husband. She continued working as a day labourer while undertaking household and care work at home. The couple had adult children who were low-paid migrant workers who rarely visited or supported their ageing parents financially. Sunee did not hope for anything but better health for her continuous work:

If I had had better health, I would have done all work untiringly. Sometimes I felt like taking time off, but the bills stopped me. I spent all my money on utility bills and medical supplies for my ill husband. I also have to provide personal care for him.

Financial problems required many respondents to continue working in the same or worse employment, such as physically demanding jobs, even if they faced physical deterioration. This was not the case for Waree, who was fortunate to manage to find a better job and be able to carry out her responsibility at home:

I sporadically got remittance from my daughter, and I had to rely on the OAA, which was not enough. I used to work, but he (the employer) claimed I was decrepit and gave me very little money (sigh). Working with Pi Wilai (her neighbour) is much better because I can work and care for my husband.

For those who chose not to continue working after retirement, household chores became their only main work which brought about a connotation that domestic and care work is older women's duty:

It is expected that we, women, do the housework. In particular, when we retired, we had no excuses for not doing that, even if we didn't want to. It is our job.
(Thanya)

Along with increased migration, particularly in rural areas, grandchild care is an additional responsibility of older women. Many women were asked by adult children to look after their children; some who did not receive remittances faced more financial burdens. Jomkhwan was among others who were obliged to provide grandchild care. A neighbour stated that this represented a significant financial overburden:

Do you receive only 3,000 Baht a month from your daughter? Is that enough for raising three children of hers? That means you got only 100 Baht (£2. 50 approximately) a day for three (grandchildren).

Jomkhwan afterwards defended that she also received some additional money from her daughter at times:

I have spent much money each week buying groceries for my husband, adult children and three grandchildren. She (a mother of grandchildren) gave me money for food and for her children to go to school separately. She also provided me with more money when she got a bonus.

Ruang, a 68-year-old retired seller who lived with her husband and grandchildren, also experienced the financial burden created by childcare responsibility. Her primary income was from one of her daughters. Unfortunately, she had to spend most of this income to nurture the grandchildren abandoned by another daughter:

My daughter regularly transfers money to me. It would have been enough if I had only spent for my husband and me. But I need to spare that money for my grandchildren because their mother, another daughter of mine, has never sent any money.

Domestic and caring responsibilities did not allow women to spend their time enjoying leisure activities. The load of work, lack of leisure time and financial difficulties led to tension for women, as expressed by some respondents:

Women have to handle all issues in the household, managing the chores, caring for family members, and managing financial matters. These burdens lay too much stress on women. Besides, we do not have time to do anything or relax.
(Saow)

This was also the case for Nidnoi, a 70-year-old married woman who lived with her spouse and adult children and undertook all the household chores:

We do not have time for ourselves, even if we do not have to do paid work. I used to buy food on weekdays and cook by myself only on weekends. But after my husband and I stopped working outside, I needed to cook every meal for him and my children, whereas he could go jogging every morning. I couldn't find any leisure time because I needed to tidy our house and prepare dinner during the day.

One respondent asserted that women's higher stress than men is caused by disease and poor physical health:

Women have more pressure in life; household work, financial issues, and community activities. At the same time, men have nothing to worry about. That's the reason why we have more diseases. (Mhee)

Preparation for Later Life

When questioned about their preparation for retirement, the standard answer across respondents was ‘unplanned’ with a wide range of reasons given. Some women with higher SES felt their resources were enough when entering old age, albeit with reduced income. One of the retired government officials affirmed that financial issues were unlikely to be troublesome for government retirees:

I think government officials do not have money problems. Although we receive less income (professional pension) than when working, we spend less as we age. For example, I paid off my mortgage loan before retirement, so I do not have any significant financial burden. Others do the same, so professional pensions should be enough for us. (Nucharee)

For women with lower SES, a lack of planning for old age, including savings, is primarily related to their busy working schedules and daily life problems. Saving was likely to be difficult for many women throughout their life course. Their focus during the working period was solely on earning a living; thus, they never considered how old age would be. Boonsom, an 80-year-old woman who received income from her adult children, recalled her maidenhood:

There was no such idea of life planning that popped into my mind at that time. I was extremely poor and only thought about how to make money. Don’t ever ask about saving. I earned so little money and gave it all to my mother.

Although younger respondents did not plan for their future life, they already acknowledged the OAA they would receive. At the same time, older respondents have never imagined this kind of benefit, given that it was established in 2009 (Chapter 3). Some respondents feared living in later life but did not have a plan. An unemployed woman, Yaya, whose daughter was studying in her second year at a university, confessed that she had been afraid of being impoverished and unable to support her daughter’s studies, including travel expenses and school supplies. Although she had savings, fears over running out of this small amount of money had bothered her:

Usually, I am not scared of anything. But I have had a big concern about falling into poverty. I fear not having enough money to support my daughter during her studies.

In contrast, only a few respondents had planned their life after retirement. This was the case for a retired government official who had saved income during her working age:

I knew my income would decrease, but I also expected to spend less after retirement since I didn't have to buy clothes or non-essential stuff. I also have savings for emergency cases, such as non-reimbursable healthcare expenses. (Suwapha)

Regarding life satisfaction, some respondents, regardless of SES, revealed that their lives at older ages were more comfortable and relaxed than earlier in the life course. Higher-SES women were better facilitated to enjoy their later lives through their income security from pensions, work, savings, and assets and the additional time they gained from retirement. This, in turn, developed their feeling of tranquillity. One woman showed her contentment with having more free time:

I have been thrilled since retirement. I have a 'slow life' as I don't need to wake up early and can do the housework whenever possible. Having enough sleep can be such contentment. My physical health is also getting better. (Arom)

In general, self-care-dependent older women were invited by various agencies to participate in community activities, such as senior school programmes, senior clubs, and vocational training, which were forms of ageing-related policy implementation. Higher-SES respondents were more likely to join these activities than their lower-SES counterparts. Whan, a retired government official, shared her experience:

Before my retirement, I told people I would not join any activities. I need to take a rest. But when a few months without outside-the-house actions had passed, I realised I could not live like that, so I searched for things to do. And I have always been occupied since then. My plan and real life are different.

Higher-SES respondents also enjoyed and benefited from these activities due partly to their disregard for financial status. As described by a 64-year-old self-employed woman who participated in community activities:

I have joined community activities since I was 60 years old. At first, I wanted to refrain from participating because I was busy in my dessert shop. Once I joined, I liked it, so I kept joining them. I have new friends and learn new things here. I let my daughter stay at the shop when I enter the activities. (Kaew)

Those with lower SES also showed life satisfaction. Some of them revealed that they were more pleasant than in their previous life working in agricultural jobs. Nidnoi, a day labourer growing rice paddy and a single mother of one daughter, expressed a feeling that old age led her to stay at home and rely on her daughter:

During my working age, I had worried about making money. It was so heavy-laden to bring up my two daughters on my own. I had no time for my things. Everything is better now; I have time to participate in activities and go to the temple to practice the Dharma (Buddhist teachings).

Technology also helped women to enjoy working in later life. One woman considered that her work as an older labourer was more comfortable than it had previously been. She could work outside whilst being a full-time carer for her ailing husband:

It's all right for me at the moment. This is far from the arduous work I have done in the past. Growing rice was tricky, especially when you did not have a machine. Although I cannot say I am comfortable because I have to care for my husband day and night, the Buddha is kind enough to let him walk with a walker, so I no longer have to lift and feed him. (Waree)

Social Policy Responses to the Needs of Older Women

When questioned about who should be responsible for care for older persons, the feedback across respondents was very similar. Most mentioned ageing-related policies were the OAA and health care services, while caring responsibility was deemed to belong to the family, particularly adult children. Differences in responses were associated with children's living arrangements, co-residence and non-co-residence. Those who answered non-co-resident children elaborated that

caring for ageing parents can be a considerable burden for co-resident children who already took on substantial duties, including the cost of ageing parents' necessities and consumption:

If we get older and need intensive care, it must be children who left our house by marriage. It will be overloaded those who lived with us if the responsibility of caring for us belongs further to them. They are not ready for that.
(Chamoy)

A few respondents, including government retirees, insisted that self-reliant older persons should take care of themselves. The government should encourage and strengthen the weaker older age groups to be able to live on their own whilst providing medical and mental healthcare as well as long-term care services for severely frail older persons:

The government must be responsible for older adults, specifically the poor and vulnerable. Such services, however, should be mean-tested and provided for vulnerable people—for instance, a proper job and income. But for us (self-reliant ones), we should stand on our own feet before letting others (family or community) help us. (Nucharee)

Ironically, most respondents did not expect anyone other than family members to provide them with personal care. They even dissociated the government from eldercare.

Never dream of it (receiving nursing care from the government). It could happen once in a blue moon. (Amphorn)

Meanwhile, women appreciated other government ageing-related services, including the OAA and healthcare services. Satisfaction with the OAA was mentioned by nearly all respondents with both higher- and lower SES. Some of them also expressed their need to get more money for the OAA:

This is brilliant. No one in our parents' generation got this, but we got it. Can you imagine? (Boonsom)

The OAA is good for all of us but is too small. It would be better if it could be more or topped up. (Auey)

The OAA is suitable for everyone, for sure. I did not use it for myself but gave it to my grandchildren and periodically made merit or donated to charity. However, since it is very small, I then withdraw the OAA money once a year.

(Yingluck)

Most respondents also favoured free-of-charge healthcare services. These services are deemed to have alleviated financial burdens, especially for those with infirmity:

Healthcare services provided to older persons are significant. Some hospitals even offer special lanes for us, never charging us. We do not need to pay for medical expenses. (Phoon)

Meanwhile, many respondents negatively mentioned community-based eldercare to the two services above. Even though volunteers' assistances were very useful for older persons, especially those without social protection, the exclusion of some vulnerable groups remained in question. A full-time housewife who occasionally worked as a community volunteer shared her opinion towards the community care system:

We already have the community care model, but it could be more effective. The obstacle is that we don't have inclusive data on older persons, such as the age range and numbers of ill-health and bed-ridden older persons in the community. I mean, we have some, but it is still incomplete. It would be handy for the community if we had sufficient data and resources. Otherwise, these programs would be useless.

(Wilai)

Moreover, for many respondents, receiving certain services from the government did not equate to their rights. Instead, these services were likely complementary and interpreted as the Buddha's blessings. As illustrated by two women, Amphorn and Sunee, who had relatively low SES:

I never imagined receiving things from the government. So, the existing services they (the government) provide are excellent. (Amphorn)

For Buddha's sake, I think it is good enough for us. Suppose they (the government) have further kindness by providing more things to us. It would be very much appreciated. (Sunee)

Apart from the OAA and healthcare services, other ageing-related policies for older persons, such as affordable transportation and housing, were rarely mentioned among respondents. This was partly because of the availability of transportation in rural areas, and older women were likely to be content with what they had unless they faced difficulties in life.

Are Specific Services for Older Women Required?

This section revealed older women's views on the extent to which the government's support is needed. Most respondents acknowledged gendered power dynamics in Thai society, and many also agreed with the government's attempt to raise awareness about women's rights. Only a few women mentioned what they deserved for a lifetime of hard work and gender inequality. One woman who had struggled with domestic work responsibilities for her whole life asserted that:

Women in any generation shoulder the overloaded housework. Every woman I have known, including myself, also assumes domestic work and caring responsibilities more than men. Therefore, we should have received various services such as female health screening services and pensions for widowed or never-married older women. (Roong)

At the same time, a woman who was previously a nurse identified that women's poorer health conditions needed to be given more attention and thus specific services:

There were more older women than men in my hospital using our services. We have provided the same benefits to them, but in the future, it would be better if we could give some special health services, such as free physical check-ups and free cancer scanning, for older women. (Mhee)

While many women recognised differences between genders, some of them highlighted specific services that could compensate women for their lifetime of disadvantages which affected them in later life:

The life of men and women are different, at least in some respects. We have differences in health conditions, work and income, and social participation prior to retirement, exacerbated in older age. We have more responsibilities than men for our whole life, so we should be treated specially. (Phoon)

In the face of population ageing, some respondents suggested that older persons should not stop working but continue working in proper jobs that require no or less physical labour. Employment opportunities and job training should also be provided to those who are jobless or willing to work to assist them in being economically active.

Conclusion

This chapter has described how women over 60 perceived themselves regarding ageing and status. Most respondents regarded themselves as ‘old’ for various reasons. The feeling of ageing has been primarily influenced by the number of age (i.e. 60 years old), physical deterioration, and changes in appearance. Even though there was no mandatory retirement age for many of them, the acceptance of ageing and perception of decreased work capability led some to decide to cease work. Like many other countries, older women in this study experienced subordination constructed by social institutions, policies, and individual social status across their life course. Although respondents expressed that gender inequality had influenced several dimensions of their lives, particularly in family life, they were not likely to deny it explicitly. Inequalities did not only appear between gender but also among women. Their differences in position, status, and experience prior to old age, in turn, diversified their later lives. At an older age, women continued to be tied with the role of a good woman and a good mother and a family finance manager; however, the majority of them presented their life satisfaction in terms of ease of workload. They also appreciated the ageing-related services they had received from government agencies. However, they equated these services to good fortune rather than entitlement. They nevertheless raised their concerns about challenges posed by population ageing. Women’s perceptions of ageing and gender roles and their expectations of ageing policies are likely to be shared, as shown in the interviews with people from the policy community in the next chapter.

CHAPTER 8

POLICY COMMUNITY PERSPECTIVES ON AGEING POLICY

Introduction

The Thai government acknowledged population ageing and the so-called feminisation of ageing (NESDC, 2013). Yet, gender differences and inequalities in old age were not identified in the government policy framework, for example, the national agenda on ageing society and its measures (DOP, 2020a; 2020c), even though such issues were raised by scholars (Sobieszczyk et al., 2003; Knodel and Chayovan, 2008). It is thus necessary to look at how people involved in the policy community perceive older women and how they consider gender dimensions in age-related government policies. This will help reflect the gender outlook of the government agencies associated with age-related policy formation and implementation and facilitate an understanding of older women's representation in Thai society. The data in this chapter derive from an analysis of 15 semi-structured interviews conducted with people from the policy community who are actors in several types of government agencies, ranging from central, regional, and local government agencies to academic institutions. The majority of the participants experienced working with older persons in rural areas (Chapter 5).

Using a political economy and life course approach, this chapter examines how structural constraints have constructed women's later life throughout the life course and how their opportunities are determined by the role of social policies (Walker, 2005). By analysing a variety of participants' perspectives, the chapter will discuss how older women are construed and treated by the state. It will also address the role of patriarchal systems in differing perceptions and welfare provisions between older men and women. The chapter further examines participants' perspectives on older women's requirements for social policies. This chapter also employed thematic analysis to analyse the data. It reveals three major emerging themes from 15 interviews with people within the policy community; the position and status of older Thai women; gender and community services related to ageing; and the future age-related policy regarding gender. While the

perceptions of older women are consistent with what older women perceived themselves as shown by the previous chapter, the themes that emerged in this chapter helped to identify the key findings that people from the policy community presume that older women are more advantaged from government services than their male counterparts. Their insights further led to the government's response to older women's needs being given little attention.

The Position and Status of Older Thai Women

Who are Older Women?

All respondents perceived people aged 60 years and over as older persons. The chronological age of 60 entitles both men and women to access age-related services provided by the government, including social pensions, healthcare services, community services, and financial assistance. This entitlement also led to the perception of older persons as a homogenous group. Older persons were likely to be portrayed as less efficient due to their retirement or decreased income and physical deterioration. According to the government's guidelines, older persons were categorised into three main groups based on their physical ability (Chapter 3). Government officials also classified older persons by socioeconomic status, such as social class, educational attainment, occupation, and residence, to provide services and assistance. Nussaba, a female official in a local authority, explained this:

Following the government guideline, we first classified into three main groups; socially active, home-bound, and bed-bound. We (people working in local authorities) know how many older persons are in each group. It helps us to plan the activities that need to be done. Before providing services and assistance, we also consider their SES, such as employment and financial status, since some older persons may need financial or other aid. At the same time, some who do not have money problems may want to join activities for their pleasure. In sum, knowing older persons' physical capability and SES would be helpful.

Like another local authority, Warattaya, a local female official, explained how she categorised older persons. However, a government guideline sometimes seemed impractical and became a drawback to recruiting participants to join in community activities:

We have three groups of older persons in our area. Although most are healthy and socially active, many want to avoid joining some activities because they are still working and too busy with their jobs. Unfortunately, we had to reach a certain number of participants in each activity, so sometimes it took work to have enough older persons join.

Classification of older persons was applied to policy implementation and their social life. Pissamai, a woman who continued working beyond retirement age, affirmed that a loose stratification of people affected them throughout their life course, and the lives of older persons were not likely to be changed but may be exacerbated in older age:

Things change when people get older, but their later lives remain stable. I mean, those who are wealthy earlier remain wealthy later in life, and those who are less well-off remain so. But this stability can be worse for vulnerable or impoverished older persons. Their low educational levels have not allowed them to work other than in the informal sector, such as labourers or farmers. Most of them have low incomes and cannot save money during their working age. When they retired or stopped working, they had no professional pension or savings, and many had to live on the OAA. Their material deprivation has thus begun or continued into old age.

Although respondents usually perceived older persons as a homogenous group, differences in older age were mentioned. Aphisit, a local male politician, upheld the continuity of people's social status. In rural areas, older persons' dependency and poverty were considered ordinary, especially among the working class (*'Chowbann'* in Thai (ชาวน้ำ)). He further insisted that differences in the area of residence were one, among others, that differentiate older persons' SES. The lower level of development contributed to vulnerable positions among older persons in rural areas:

Commonly, urban areas have higher levels of development than rural areas, and these differences affect the lives of residents. Chowbann is lacking in opportunities. They have less access to all resources; education, employment, income, etc. Therefore, they have relatively low SES at a younger and older age than *Kon Krungthep* (people living in Bangkok, the capital city). These inequalities are more significant for *Kon Jon* (people living in poverty), continuing into their older ages. Urban-rural differences have created inequality among older persons in addition to their original SES.

Differences in SES both between and within gender were also raised. Taksa-orn demonstrated that low-SES women, such as those who were full-time housewives or lived in poverty, were often viewed as physically inactive, dependent, and more burdensome than their high-SES counterparts.

There remain disparities between older women and men and within the female gender. Among older women, there are differences between rich and poor, educated and uneducated, and employed and unemployed persons.

Nevertheless, some respondents argued that government social policies contributed to older persons' vulnerability because people are coerced to be old and dependent based on age, entitling them to free welfare, including the OAA and other assistance programs (Chapter 3). Theeradech, a male local authority official, and Supassara, a female scholar, described that such perceptions led many people to feel old and thus stop working, whether they were still capable of working. Some policies further focused on addressing older persons' deficiencies rather than empowering or valuing them to live with dignity, which potentially induces the stereotype of older persons:

Some older persons in my community are not old, but some have to stop working or doing things they like because they are expected to be old. Some can still work but don't because they think they are already old or people say so. However, this is not for everyone. Most people who accept being old are likely to be underprivileged. I think government policies have led people to be receivers. They know they can ask for things from the government if they are qualified, so some people have been accustomed to this assistance since they were younger and did not try to help themselves. The government focuses mainly on serving older people rather than empowering or developing their potential.
(Theeradech)

I think the government considers older persons as a group of incapable people since the greater part of government ageing policies emphasises residual provisions, such as house repairs and money lending (for older persons), instead of encouraging them to live independently and with dignity. Therefore, the majority (of the older population) who are capable seem to be ignored.
(Supassara)

The retirement age in the formal sector was not likely to be criticised by most respondents, including those who could benefit from this particular age (i.e. receiving professional pensions). Respondents who opposed the mandatory retirement age were younger than those who did not.

Healthy or Frail Older Women?

The majority of respondents perceived older women as infirm and vulnerable. However, they acknowledged that changes in the physical conditions of older persons were a natural ageing process; this process had no gender difference. Older men and women were likely to have a similar journey of growing old with health deterioration. However, some respondents discerned that older women were more likely than men to experience biological and social disadvantages. A male local politician, Soraphong, emphasised that older women, especially those who worked as farmers or agricultural labourers, were feebler and looked older than their actual ages and same-aged men with the same employment history. At the same time, older men were likely to be able to work or socialise with their companions:

I think older men and women are different. When we compare men and women at the same age after retirement, men generally look younger than women and remain competent to work or hang out with friends and neighbours. On the other hand, older women, specifically those who had worked as farmers or agricultural labourers, look more aged (than men), frail, and most have yet to work or join social activities. Physical work at a younger age may have made them look older and have poorer health since former office female workers appeared to be younger and healthier. I think their jobs age them.

This was again mentioned by Pisarn, a male politician in another province, that older women looked older than their actual age and had less physical capability than their male counterparts:

Can I tell the truth? Older women are older than men of the same age. I mean, they looked older and weaker than men. It is because men are better in physical strength, and thus, they look not as old as women. If you see some older women in my community, you would think they are seventy-something but just sixty (years old).

Ageing and dependency were perceived by not only male but also female respondents. This stereotype was most likely to affect the oldest-old women, who were more likely to suffer from infirmity and disability than other age groups. Such cases were raised by Warattaya, who worked as a local official:

The additional years older women can live increases their likelihood of infirmity and multiple chronic diseases, especially for most aged women. In my experience, older women might not have apparent signs and symptoms, as they can still do their routines or even work. Most of them have experienced illnesses such as diabetes or high blood pressure. Moreover, many oldest-old women seem to suffer from more significant deterioration in their overall health. Still, many are also in pain with physical limitations and disabilities.

Additionally, Supassara indicated that physical and mental deterioration showed women's ageing, partly resulting from their disproportionate domestic responsibilities across their life course. Older women's emotional tension was likely to be exacerbated by their accumulated worrying about family finances and their limited leisure time:

Women have experienced more stress because of their more significant burdens (than men). These burdens continue into old age and worsen their minds as they age. Women also need their private space and free time in their daily life; however, they must spend much time doing housework and managing other family issues.

This was supported by Nattaphorn, who also experienced an unequal share of domestic tasks in her household. She maintained that the likelihood of having mental health problems increased among older women due to their vast responsibilities of paid and unpaid work (Chapter 4) and the financial burden (Rungreangkulkij et al., 2019). Men, on the contrary, were free from these worries:

As we all know, women are the ones who have to be responsible for almost all domestic housework. Some women also need to work outside the house for a living. Like me, I have a permanent job, and every day I return home after work, I also have to clean, cook, and do everything in the house. Housework is a stress that women need to do until they get older. Financial difficulties in some families even exacerbated this burden. Suppose husbands or other family members spend money on drinking, smoking, gambling, or other things rather than for family purposes. In

that case, older women still need to deal with it because of the bills and the whole family's well-being. Some may need to take out a loan or borrow money from neighbours or relatives; of course, they must pay it off themselves. Thus, these older women have been stressed and depressed. I know some who needed to consult a psychiatrist and take medicine regularly. I think older women have been devastated by the roles they have to perform throughout their life course.

As discussed in Chapter 4, free healthcare services for older persons are mainly associated with primary care. Therefore, older women with life-threatening illnesses or requiring advanced technological and medical treatment had no choice but to go to a big hospital in the centre of provinces or big cities to be treated or followed up regularly. Thus, financial difficulty, lack of public and affordable transportation or the limited availability of carers were likely to become a barrier to accessing healthcare services, given that ambulance or air ambulance services can be used for free in case of emergency only. This was particularly problematic for older women who were bedridden or had functional limitations, as revealed by Pisarn:

We have a local hospital (the Sub-district Health Promoting Hospitals) and healthcare volunteers in our communities. Older persons can get free health services if they are ill or have health concerns. The volunteers also helped us do initial health assessments for older persons with home visits. However, some older persons, mostly older women, who had severe symptoms or demanded more advanced treatment needed to go to the big hospital in the city. Still, their families did not have cars or enough money to hire someone to bring them to see the doctor. Some bedridden or assistant-needed older persons also needed someone to transfer them to the vehicle and many departments in the hospital and help them communicate with the doctor and medical staff. All these require money; if they have to go to the hospital more often, these will become their big problems.

Conversely, Pissamai viewed older women's higher rate of ill-health than older men as part of a life cycle resulting from women's longevity and biological differences. She also felt that older men would suffer from health deficiencies on the same level as women if they had equal longevity. Therefore, neither of them needed special health services, and thus the gender-neutral design of health services is appropriate:

Older women are more ill than older men because they live longer. Women and men also have different biological and physiological characteristics. It is just

natural. There's no such thing as a wicked world or unfair treatment. Instead, both men and women have been treated alike. If men lived as long as women, they would have consistently suffered from ill health. I think the health services we provide to older persons are based on men's and women's needs. For example, older women have breast or cervical cancer, but older men also have prostate cancer. The government has equally provided healthcare services for these common diseases for older men and women, which is appropriate for the country's situation.

Thai women live longer than men due in part to the gender health gaps, including Disability-Adjusted Life Year (DALY) (a measure of overall disease burden, expressed as the number of years lost due to ill health, disability or early death). Premature death was higher among men than women, and the main causes of DALY loss in males were alcohol dependence/harmful use and road traffic accidents (International Health Policy Program (IHHP), 2013).

Work and Financial Status

As previously shown in Chapter 6, most older persons who prolonged their working life worked as self-employ or home-based workers. This situation was more apparent in rural than urban areas (NSO, 2017a). These matters of fact were also acknowledged among respondents as they referred to a great number of older women who used to work without being paid at their working age. Some older women continued working beyond retirement age for several reasons. Warattaya classified women who still worked beyond their 60s into two groups: those with low SES who had substantial economic necessities and those with higher SES who had their own business and no one was available to take a role in succession. She additionally illustrated that children's remittance and social pension thus became the main income for unemployed women:

In general, older women working during their working age can give up work when they reach 60 years old. Two main groups of older women continue to work. First, the business or farm owners mostly cannot step down because no one can take over. Second is extremely needy people who have to work past 60, whether they got the same or lower income. So, most older women without paid work must live on the remittances from adult children, whilst some need to count on the OAA. Many who rely on their children receive only a pittance and do not receive it regularly. I have talked with many older women about their money problems since more than the small allowance of the OAA is needed for their families.

Although the Thai government has attempted to promote employment opportunities for older persons (see Chapter 3), these measures were likely less prevalent and flexible for mainly older rural women. Aphisit stated that older women in rural areas generally occupied insecure employment, such as low-skilled and low-paid work, owing to their lower educational levels and fewer work opportunities than their urban counterparts. When combined with ageism in employment, women with the financial problem were thus likely to be coerced to work in low-status employment (Walker, 1999; Walker et al., 2007; Coenen et al., 2018):

There are many differences between urban and rural areas, including wage rates and job opportunities. People working in rural areas received less income than those in urban areas. When they get older, their income will be even worse, and some of them might not have a chance to get a job. Many out-of-work older persons are in my community, but it is not because they do not want to. Most of them had worked as agriculture or manual labourers because they didn't have land or business. When they got older, no one hired them because people thought older workers were not worth the wage, and they would better pay for stronger, younger workers. Many older persons have to work in less physically demanding, low-paid jobs.

Pisarn, who worked in a local community for nearly 15 years, argued that fewer job opportunities in rural areas were reasons for older women to stop working after a certain age. In addition to physical deterioration and material deprivation, differences in access to resources between rural and older urban women contributed to the continuation of working in insecure, low-paid jobs and few savings among older rural women. He also mentioned gendered ageism in employment in rural areas:

In my community, people's main occupations are rice farmers or labourers, and, at one point, education was deemed unimportant for us. Most people in previous generations got no education or basic education, and neither did older women. Most of them (older women) were farmers with low incomes, so they did not have savings. Although many have economic necessities, only a few continue working past 60. I think they did not work because they were old, had less physical strength than men, and were not tolerant of hard work, and thus nobody wanted to hire them. And if they are employed, their incomes are even lower than when they were young since they are less productive.

Consistent with the data in Chapter 6, only a few older rural women could rely on professional pensions. In contrast, most relied on family members, such as adult children, spouses, and relatives. Moreover, older women did not spend their relatively low income on personal preferences but on family necessities. Warattaya revealed that women's financial disadvantages were a consequence of the prevailing lifetime gender inequalities and sporadically had burdened them:

Although the majority of people here work in the agriculture sector, women are less likely than men to get schooling. Since they were girls, women had helped their families in farming and supported their husbands when they married. Most of them did not have income. When receiving income from harvesting or other works, many men gave money to their wives, whether the sum or just part of it, for household expenses. Women are responsible for handling that amount of money for most family purposes. When men want to buy something, they demand it from their wives without considering its adequacy. For families whose expenses are higher than income, this responsibility of women has become a burden. The situation could be worse for those who do not work and rely on their husbands since they have to be very thoughtful when spending money and try their best to be frugal.

Taksa-orn, a female official in a regional office, also supported older women's financial burden. She claimed that women had a duty to deal with family finance, and men would likely need to be aware of the balance between income and expenses. Women were likely to spend on family issues rather than their preferences. Their material deprivation, coupled with their financial obligations, contributes to their economic disadvantage. This was likely to be aggravated in later life since their income decreases, and in turn, was likely to lead them to associate with moneylending:

Most boys have not been taught about sharing responsibilities. Family issues considered women's duties, such as financial management and domestic housework, are left to women alone. When they grow up, most of them think that their duties are to earn income and that things will be fine if they give their money to their wives. They don't even know how much we have to pay for our living, so they have no idea whether it is enough. Women, aside from lacking their income and being economical on their pieces of stuff, also have to deal with financial problems alone. Some of them may need to borrow money from others. When they grow older, this responsibility of women becomes more difficult since their husbands receive less income after retirement or ceasing work.

Family financial problems were likely to be intensified when husbands as the head of a family were unable to fully perform their breadwinner role in terms of financial responsibility, such as retiring or stopping working; wives thus implicitly had to solve financial problems as one of their role expectations (Arttachariya, 1997) and, in turn, were solely indebted, irrespective of whether they were able or unable to earn income. The financial issue of older women was detailed by one respondent, Varunee, a retired government official who currently works part-time on topics associated with older people:

Women need to manage most in-house issues, including financial problems, on their own. Many families faced financial difficulties after their husbands' retirement. They had no other sources of income but the OAA. Sometimes, those with professional pensions also face this problem because they received less (from pensions) but spent the same or more money. Women, again, have to find solutions. Many of them borrowed from loan sharks since they could not obtain a loan from the bank. Accrued debt leads to other problems, such as domestic violence and depression. So, I think women need more assistance than men, particularly those living in poverty.

Moreover, many older women were required to perform the role of carer, physically and financially, to other dependent family members. These older women were thus likely to be further challenged by significant financial hardships. Natthaphorn identified that the rapidly growing number of deprived, deserted, and living-alone older women were susceptible to problems. They were likely to be subjugated by multiple disadvantages across their life course, including education, employment, and enduring homemaker roles. Their challenges were primarily associated with financial issues. However, these problems could be concealed because of their negative emotions, such as shame, insecurity, or social isolation (Reyes-García et al., 2016), making their predicaments more complex. Natthaphorn then exemplified a case of an older woman who concomitantly had a duty to be paid informal worker, homemaker, and carer:

As social and family structures changed, there was an increase in single or abandoned older women. Since they were young, most women have worked as low-paid temporary or agricultural labourers. Unless they borrow someone's money, they might say they have adequate income and received money from their children because they don't want anyone to know about their money problems. Many rely

only on the OAA, which I think is insufficient for the current cost of living. Moreover, some older women, especially the poor and vulnerable, have to assume multiple tasks; making money, doing housework, and caring for elderly spouses and grandchildren. The problem is that earning a meagre income or receiving government financial assistance is unlikely enough to support the whole family.

Natthaphorn's indication of the inadequacy of the OAA was in keeping with previous research (Rittirong et al., 2014; Paweenawat and Vechbanyongratana, 2015) and findings in Chapters 6 and 7. At the same time, concerns about the income inadequacy of older women were raised among some respondents. Even though older persons maintained their income adequacy and showed their financial satisfaction statistically (Chapter 6), respondents contended that older women were challenged by their relatively low income, financial obligations related to family, and limited savings. A lack of access to formal credit among older persons (Samphantharak, 2018) increased the likelihood of material deprivation or informal indebtedness with high-interest rates (Chapters 2 and 6) among several older women. Supassara reflected that women's dependency was likely to depend on their ability to earn and save income in their own right:

Financial dependency is one of the reasons why women have to yield to their husbands. Most had no savings because some had not worked since marriage, while others frequently spent their income mainly on household stuff and family issues. As a result, they have to rely on their husbands, adult children, or the OAA when they get older. This money issue has essentially ruined their self-respect at some points. Self-reliant women would not allow men to overbear them. Savings and assets are therefore crucial for them to avoid burdening anybody.

However, Pisarn argued that older rural women's low income did not seem to be problematic given that the cost of living in rural settings was fairly low:

Those who do not work mainly have income from their children and the OAA. Most would say they are satisfied with their lives if you ask them. I think the cost of living here is quite low, so it is enough for their subsistence. People can pick the greens from anyone's fields for cooking meals. They are also fortunate to have their own houses.

Similarly, Pissamai recognised older persons' financial dependency but viewed older women as advantaged by income support from adult children. She illustrated that working-age men were

most likely to dominate the family's financial issues in an informal agricultural society. However, both men and women worked together for their household's income. However, the male dominance in resource usage at a younger age was likely to be dissolved in older age due partly to a family's decreased income. Older women were more likely than older men to receive income from adult children (NSO, 2018a). In essence, income inequality of working age has been replaced by income from adult children:

Because most workers in our society are informal, they don't have an employer. Men and women have worked side by side, but men are most likely to be the financial controller of a family. Men often decide how to spend their money and whether they give their wives income. It is a truism that, at a younger age, men are in higher positions at younger ages, and women may be facing the predicament of subordination. However, they can no longer work when they age and become more vulnerable compared to their younger age. Considering men as a breadwinner of the family and women as a housewife and financially dependent, older men may be more disadvantaged than women.

Also, in light of the country's recent economic development, it is argued that women's status has been improved partly by their higher participation in the labour market (Chapter 2). Some female respondents affirmed that older women had made remarkable progress regarding education and careers in modern times. Women were more likely to be self-reliant compared to those in previous generations. Women's work and leadership competencies had been acceptable; however, the gender pay gap still exists, which leads them to receive a lower income than men. Some typically perceived feminine traits, such as indecisiveness and verbal passive-aggressiveness, and household responsibilities at home hindered women's access to higher positions in paid employment. Davika, a female executive in the central government, illustrated this. She explained that, despite the improved status of many women, in terms of levels of literacy and occupation status, this had failed to free women from a predicament of subordination in both the private and public spheres:

Unlike women in the past decades, women in this modern era received more education, developing their potential and career paths. Older women have increased their autonomy over their personal and economic lives compared to previous generations. More women are in high positions in public and private sectors, reflecting their ability to manage and lead organisations. Despite that, women

remain in a secondary status. For example, they earn less than men in the same position. Some false beliefs about female characteristics, such as having doubtful thoughts or other emotional expressions like complaining and whining, have further barred them from getting job promotions and being accepted in public. Moreover, having done a paid job outside the house does not mean they could skip housework; rather, they still have to be a good wife and mother, doing almost all tasks at home. So, some bosses might prefer men who dedicate more time to work. In short, I think women's higher education degrees and better employment allow them to live their lives and spend on what they want more than in history. Still, their secondary statuses have persisted both in family and work lives.

Older Women's Roles and Responsibility at Home

Given that the notion of 'a good wife and a good mother' (Komolvadhin, 2008; Hansatit, 2014) and gender-appropriate behaviours (Vichit-vadakan, 1994; Promphakping, 2000) are common among Thai women, these social values and norms were likely to be more prevalent in rural than urban areas. Nusaba, a woman who worked in a community, described women in rural areas as requiring a great attachment to traditionally gendered norms. Girls and women were expected to be impeccable homemakers and mothers after marriage:

Thai women are generally expected to be 'good' women throughout their life course. You should be a good daughter who obeys her parents' teachings and performs acceptable behaviours at a younger age. You should be perfect or at least a good wife when you get married and continue this role in your older age. To me, this seems stricter for rural women. From my experiences, most women in rural areas accepted traditional women's roles, which I think is because of our culture. Apart from other domestic work, women must be 'good' by behaving ladylike. While a man can go hang out and drink with friends and neighbours, women are not allowed to do so, and they will feel guilty doing that. That's why women do only acceptable, appropriate behaviours, and this perception continues into older age.

Older women were likely to accept disproportionate domestic and caring responsibilities in the private sphere. Many respondents considered that being a 'good' married woman by yielding to her husband and undertaking all the household chores were ordinary ways of life experienced by most married women. Sawitree, a female high executive, affirmed that women's status, at least in the labour market, improved, and many of them disproportionately undertook paid and unpaid

work. Yet, she thought that women were more competent at domestic work than men and that it was common for older women to handle these duties:

We (government employees) have attempted to empower women and girls to stand independently. We have also deployed awareness-raising campaigns on gender equality for over a decade. As you can see now, women have gotten more opportunities both in employment and life. I have never been discriminated against because of being a woman. I think women are brilliant. They can do a job effectively at work whilst neatly managing household chores. Of course, women can do housework better than men. Housework is just like another job at home for women, and it is so for older women.

In contrast, other respondents approved of gender role expectations as conventional. They stated that men and women must foster a proper family by performing their roles and duties. Men were expected to be breadwinners who supported their families financially, whereas other household duties were reserved for women. This was echoed by Warattaya, who further emphasised that women tried their best not to misbehave:

The truth is that men and women have to perform their duties. We all have our roles. Men work for money, while women do the housework. This is normal. It's our norm. To have a pleasant family, we should accomplish our responsibilities. Many older women often avoid wrongdoing, such as upstaging a husband, as it is inappropriate in Thai society.

Some male respondents, including Aphisit, highlighted domestic work and care competency among women. Aphisit agreed with the distinct gender role and responsibilities between men and women whilst mentioning that expectations in urban areas may be different from that in rural areas:

Household matters and caring responsibilities are more suitable for women than men because they are undoubtedly thorough and careful. Men should go to work outside the house. However, unlike in rural areas, I think gender role expectations in urban society are different since women have to go to work. They might share or hire people to do these tasks.

Meanwhile, some female respondents considered this gender division of domestic labour prejudice against women. Nattaphorn pointed out that most older women in the Silent Generation (people who were born between 1926 and 1945) and some of the Baby Boomer Generation (those born

between 1946 and 1964), especially those who had no or low education, lived in rural areas and worked in poorly paid agricultural work, tended to follow the traditional gender roles throughout their life course. Respondents also implied that The Thai proverb *Cháng táo nâa - Cháng táo lǎng* influenced the lives of older women as they carried out domestic responsibilities after retirement or in later life:

Older women in the Baby Boomer Generation, or even some women in my generation, persisted in their roles in the family. Most of them, especially those who had no education or lived in remote areas, paid heed to their husbands as the old proverb says, '*Cháng táo nâa - Cháng táo lǎng*'. After marriage, they became full-time housewives, sacrificed their working lives to be good wives and mothers, and relied on a husband's or adult children's income. For those in paid employment, their works are likely to be unskilled or temporary jobs, primarily underpaid and insecure. Thus, they also must depend on remittances or the OAA when they age. Moreover, most women who work outside the house, including me, still have to undertake almost all domestic responsibilities in the household, which I think is overloading for us all.

Some respondents further indicated that gender inequalities, including the gender division of labour in both the private and public spheres, throughout their life course could derive from people's attitudes towards traditional gender roles. These perspectives concurrently ignored women's women significant contribution to society. Supasara underlined this point and the need to change the negative image of women:

In our society, we praise men as they are men. Women are less appreciated for what they have done for their families and community. Women have contributed to our society economically and socially. Not so many people think about the good sides of women, let alone the government. It cannot wait to change the public attitude, and we must put a value on women they deserve. Things like household chores, caring, and supportive jobs should be more value-added. We have verbally admired women and older women on special days like Mother's Day and older person day; people don't care what they do.

Taksa-orn, a married woman whose husband had helped her with housework and childbearing, also supported women's substantial contribution to society:

Women, including homemakers and those who do not work, play a crucial role in maintaining relationships within a family and community. For example, they are our community volunteers, and many of them have also helped their younger family members or others in the community with or without pay. We would have had more work difficulties without their help.

At the same time, she also mentioned modern women's changing roles and situations. She thus suggested that younger generations should be aware of contemporary gender-role attitudes, such as shared responsibility for domestic tasks and finance within the family, to narrow the gender gaps in all ages and advocate gender equality:

Women of today have changed their attitudes towards the family. They also received more education and got better jobs; they thus didn't care about men that much. If they are oppressed and can't handle it, they would ask for a divorce or run away. That's why we see a rise in the divorce rate. Few men realised the burden women shouldered, while most still held the old attitudes and beliefs that women must take all household responsibilities. Therefore, I think boys and young men should be taught to share domestic and care work and know household finance management. In my case, I agreed with my husband that we would share both housework and expenses. But I think it is not easy for other people. Hence, changing people's attitudes toward gender roles is the best way. Men and young people should learn to appreciate unpaid work and share responsibilities within the family.

Carers for Older Women and Intergenerational Relationships

As society ages, the need for informal care has increased, whereas the availability of carer and family assistance has decreased among older women (Thai Health Promotion Foundation, 2011; Knodel et al., 2018). Although the government assigned local authorities to care for older persons physically and mentally, older care, especially personal care, falls upon the family (Chapter 2). In this regard, some respondents contended that the intergenerational contract in a family and community remains intact. Older women were still respected and assisted by younger people, mainly when falling into difficulties (Knodel, 2014). Theeradech, an official working in a local community, insisted that the persistence of intergenerational relationships led families, rather than the government, to provide personal care to older persons. He believed that family members are

the best caregiving providers for older persons. However, these traditions tended to be changed sooner or later:

To my knowledge, the government focuses mainly on assisting older persons rather than empowering or developing their potential. For instance, the OAA and formal caregivers provided to older persons could only hack the leaves, not dig at the root (of problems). Family members are the primary carers for older persons. No one could look after older persons better than their children or grandchildren. It is ubiquitous in the Thai context, and around 70-80 per cent of households have already done that. But the Government policies, especially the long-term care program, have induced family members to leave this responsibility to the state, leading to future problems.

Other respondents also pinpointed the changes in family structure as they potentially affected older women's well-being. Thus, an increased number of vulnerable older women, particularly those living in poverty or ill health, divorced, or deserted, caused potential concern. Aphisit echoed this view that economic and social changes could erode family support for older women or conceivably put them at risk of being abused:

From my experience, the cohesive relations between family members in rural areas remain intact. Younger generations, especially adult children, are obliged to look after older generations. These relationships will last for at least 5-6 years.

Even though mothers and grandmothers are barely abandoned today, I saw a case who was left with their little grandchildren and occasionally received money from their parents (of grandchildren). Economic and social changes may pose many difficulties for families in the future. Older women are possibly left by their children and maybe abused by family members. Those who are single, divorced, or live alone will need care. Varunee also raised concerns about the availability of carers:

Although intergenerational relationships remain noticeable in our society, we must admit that the number of abandoned older women is rising, resulting in their children's economic problems. At the same time, as society changes, more women do not get married, and many get divorced, and not all of them have enough income or savings to spend in their older age. These future older women may not have someone to care for.

Furthermore, some older women, especially those who never married or are childless or poor oldest-old women, could be the most vulnerable group in this respect because of an absence of carers. Supassara described how the number of bed-ridden oldest-old women had risen, and these tended to require additional caring expenses and personal care:

As women live longer, we have oldest-old women more than men. Many of these oldest-old women lived with severe ill health and physical dysfunction. Many of them have been bedbound for years and have required some helpers, mainly their daughters. These illnesses affected not only older women themselves but also their families. The situation can worsen if they do not have a child or relative who can care for them and do not have enough money to pay for the care.

Some older women were also required to care for others. Davika exemplified that the rise of skipped-generation households in rural areas was a growing problem. Grandchildren were likely to be nurtured by grandmothers, often deprived of material resources and parental knowledge for children in the new generations. Hence, older women were likely to be in double jeopardy:

I went on inspection tours in many provinces countrywide and noticed the growing number of skipped-generation households. Grandmothers have to care for their grandchild(ren) in most homes. They expected remittances from adult children but frequently did not receive them. Moreover, fostering a child in this generation is different from raising their children. This led these older women to confront several problems, including financial and parenting issues. It also endangers grandchildren's well-being and way of behaving. The Relationship between Older Women and Age-related Policies and Programs

Gender and community services related to ageing

Considering the gender dimensions in age-related policies, many respondents examined the existing policies and practices on ageing as gender-neutral and non-discriminatory based on sex and gender. This meant that older women and men could enjoy equal opportunities in access to all social services. Sawitree, a female government executive, maintained that gender equality had been mainstreamed in policies and government agencies provided equal opportunities and access to resources for older persons regardless of gender:

Gender equality has long been of interest to the government and relevant agencies. We implement a gender mainstreaming approach to women in childhood and working-age groups. Our focuses are on protecting, empowering, and training them to be able to live on their own (Chapter 3). In this way, women can grow older with confidence and do not need to rely on others. This is why we do not have gender mainstreaming in the ageing-related policy. Another reason is that nowadays, women are no longer subordinate as in the old days, so we consider both sexes the same group. Of course, we stand against gender discrimination against older persons by providing them equal access to resources and services. We aim to encourage older persons to be active in ageing. However, if we look at the number of service users, the statistic shows that more older women used all kinds of our service than older men. So, women also take a lot more benefits from our services.

A respondent who had worked in the central government, Treechada, revealed that different departments treated women and older persons separately. She thus insisted that the aims of policies for women and older women are distinct. While the former approach attempts to eliminate gender inequalities widespread among women and girls, the latter seeks to provide effective and equitable services to older persons. She further argued that differences within and between generations, in addition to the gender dimension, should be taken into consideration in ageing-related policies:

We accept that women had been noticeably oppressed and that gender inequality was evident among women and girls in the past, but these situations have been improved. We also must understand that the perspectives of policies for women and girls are distinguishable from those for older persons. The former is designed to eliminate gender inequality, while the latter focus on suitable programs and practices for older persons of both sexes. To me, different policies and implementations based on older persons' age, physical conditions and other backgrounds are essential. Gender is a sensitive issue. If we provide specific measures for any gender, that will lead to gender bias.

Respondents' perspectives of ageing-related policies as non-gendered to some extent derived from the fact that these policies serve older persons as a homogenous group. However, gender concerns were combined with problems of types and choices of activities rather than being shown in isolation. This was exemplified by Pissamai, who had witnessed ageing policy implementations since the first national plan on the elderly in 1982:

In my opinion, the policies aim to serve men and women equally. Relevant organisations, including local authorities, would provide programs and activities, without prejudice, to older persons under these policies. But I did not think these were appropriate for both sexes. Many older men did not find these activities attractive. They typically do not enjoy engaging in social interaction.

Activities provided for older persons were often raised when discussing older persons. These may be due to the government's current focus on 'active ageing' (Chapter 3). Nevertheless, some respondents felt that several programmes, such as employment and income promotion activities, were likely uninteresting and ineffective for some older persons. In particular, policies encouraging older women to prolong their working life were not suitable or extensive. As illustrated by Nussaba, a woman who worked in a community:

Some activities we have organised for older persons did not suit them. Most of the participants in our activities, primarily vocational training (such as cooking and sewing), were women. They might enjoy joining these activities but were unlikely to further make money from it as its goals. Of course, some older women can earn income from these skills, but it works only for those already skilled or has some resources. Training them to get a new job is a bit late, especially for those with few resources.

Soraphong pointed out why activities organised by local authorities were unlikely to meet older persons' needs:

For activities supported by the government, we (local authorities and regional government organisations) have to follow the guidelines regarding the number of participants and types of activities. When we tried to organise other activities to captivate older men's attention, there were not enough people to join in. Thus, organising activities for older women, such as handicrafts and cooking, was more accessible. If we can arrange activities suitable for older men, such as growing crops, raising livestock, or doing other physical work, I feel more older men will participate.

Warattaya revealed that, as she had worked for a long time, many older women participated in activities because they wanted to help her achieve the programme's indicators. She also put the actual demands of older women in doubt:

Sometimes it took much work to complete activities with the targeted number of older persons. Many older women know very well about these indicators, so they helped me out. Some might not be interested in activities like vocational training because they already have jobs. But they still came to help. However, some might not go only if they had the time or thought that activities would save time. At the same time, some older persons wanted assistance, but we could not help them since they did not comply with the regulations. I know the problems, but I could not help.

Gender in Service Usage and Social Participation

The majority of respondents agreed that women, more than men, were government services users or participated in social activities provided or supported by the government. Respondents mentioned healthcare services and community activities, such as elderly clubs, occupational, and community/village activities, as the two main types of programs and services utilised by older persons. Older women's higher utilisation of such services, particularly primary care units in communities, was also perceived as an advantage. Piyada, a female official who had worked in the provincial office, related older women's healthcare usage to their longevity and traditional masculine-feminine beliefs:

Women, in general, have used health services more than men because they live longer. It also derives from gender beliefs. For instance, men believe men should be strong, so they don't go to the doctor unless they get severe symptoms or others take them to the hospital. Several masculine behaviours, such as heavy drinking and smoking, can contribute to higher risks in men's health. At the same time, it is acceptable for women to be infirm since their physical health is weaker than men's. Therefore, women are more comfortable seeing the doctor. They also have concerns over their health and exchange knowledge among their peers and activity groups. It is common for them to treat themselves with a combination of Western medicines and Thai herbs.

Taksa-orn discerned the higher rate of older women using healthcare services as their vulnerability. She considered the likelihood of being frailty increased as a result of women's disproportionate domestic responsibilities throughout their life course:

It is a truism that older women's health is frailer than men's. Therefore, older women use health services more than men. But I think, apart from the natural body strength, the reason is that men have more opportunities than women to care for themselves. At younger ages, men have more time after work and can relax or exercise, while women are tied up to their housework; cooking, preparing meals, cleaning, and so on. These behaviours have created an unhealthy lifestyle for women, leading to many diseases, such as high blood pressure, diabetes, and heart disease.

Secondly, most respondents maintained that older women were more likely than men to participate in some activities, such as elderly clubs, occupational training, and community/village activities, mainly held by local authorities. Piyada, a woman who had worked with older persons in communities, considered that older women's participation in activities likely derived from gender roles and femininity, such as cooperativeness and expressiveness. She also indicated that women's participation in these activities not only benefited their families and themselves but also assisted the agencies as an intermediary in communicating important news and information to others:

Older men preferred to participate in comparatively formal programs. As our programs mainly focus on the active life of older persons, we provide various activities, such as vocational training, awareness-raising, volunteering, and recreational activities for older men and women to strengthen and encourage them to live happily in their communities. However, older women were the majority who joined our programs and activities. Women are more willing to communicate and cooperate with new people. They also transmit useful information to their family members, which is very helpful for the community and us.

Conversely, Soraphong considered the uneven number of participants between older men and women linked to the roles each sex should perform. He felt that all older persons had their duties and responsibilities according to their gender. Thus, the more significant proportion of women in social participation was likely to result from gender characteristics. He also regarded femininity, such as expressiveness, as the motive for participating in community activities for older women:

In my community, older women have joined activities more than older men. It is not because men have fewer opportunities to join, but both (older women and men) know their roles. Men manage outdoor chores and typical labour tasks, while women do housework and join community activities. Also, women are more likely

than men to enjoy most activities as they like chatting and meeting friends. As such, older men led their housewives to represent the family.

At the same time, Theeradech had contradictory perspectives toward women's positions and expressions in participating in these activities. Despite knowing that women's status had been substantially improved, he viewed women, in general, as subordinate to men and thought that these roles were likely to remain unchallenged. In contrast, he examined older women in his administrative area as taking advantage of men by their greater number of age-related service users. He further elucidated that older women who participated in activities in his community obtained more favourable circumstances than older men:

Thai women are generally inferior to men regarding status, employment, income, etc. While people expect that this situation should be better since women have more education and can demand what they want more than it was in the past. There will be inequalities between men and women because of women's anatomy and employment. However, it is different for my community; women here are not secondary. Older men and women are much of a muchness. Moreover, women have more opportunities than men regarding capacity building before retirement. Men are responsible for earning an income so that more women participate in all kinds of activities we have provided, such as vocational training and being healthcare volunteers. I think women have gained more benefits and in t can apply to their later life better than men.

Nevertheless, respondents evaluated older women's participation in volunteer activities as their substantial contribution to society. Varunee pointed out the greater number of female volunteers compared to their male counterparts:

While older women have used public services more than men, they also devote themselves to others by being social volunteers. Many of them have helped neighbours and communities in so many things. They are key players in most voluntary work and allow many agencies to bond with people in communities. I think the high number of female volunteers also mirrors women's potential and capability.

Gender and Decision-making

Women's involvement in decision-making was another point that emerged during these interviews. Respondents mentioned that women's indecisiveness was likely to prevent them from equaling men's status and achievement. Piyada expressed her view on older women's decision-making. She explained that while most participants of many activities were older women, their opinions were often deemed less necessary than men's when making decisions. She further assumed that older men's views were more influential than older women's in convincing other people in the community since they were deemed more reliable than older women:

Most of the audience and commentators in many activities were older women; however, men's role was played out regarding conclusions. Most women kept quiet when men expressed their opinions. I think our cultural roots and social norms hindered women from presenting their thoughts. I believe women hesitate to outshine men because they think they are the elephant's hind legs. This proverb remains embedded in society.

Women were deemed to be less confident at the top decision-making level. Respondents acknowledged the increased participation of women in executive positions in the private sector (page 77) as women receive better opportunities and are more designated as executives than in the past. They were able to perform their duties appropriately. However, female executives' involvement in decision-making was still unclear (Vichit-vadakan, 1994). This was revealed by Davika, a high-rank official who was the top executive of her organisation. Even though she had decided on a series of works, she still felt that men were better than women in decisiveness, particularly in meetings or public forums. This view was in line with Thai employers' perspectives, in which male leaders are more likely to be perceived as being hasty and taking risks in decision-making than their female counterparts (Boonyasatida and Chompukum, 2010; Lasingwong, 2011). She further admitted that this belief led some female executives to defer to men:

According to my agency, there are more women than men. So, it is not surprising to see more women becoming executives. I am grateful that the number of female executives in the public sector is rising, and it is the same in the private sector. However, sometimes, men have better decision-making skills. I had experienced

when many women tried to propose their ideas and details, but men made the final decisions, and people in the meetings agreed.

Some respondents mentioned the proportion of women in decision-making positions in the policy community as influential in how gender issues were emphasised in the policies. However, this was deemed implausible due to the gender differences in status derived from the patriarchal system embedded in society. Although Thai women in the public and private sectors have increased, only a few have risen to the top positions. The number of Thai female politicians at national and local levels has grown but is still very low (Chapter 3). Theeradech, a man working in a local authority, pointed out that the increase in the number of female politicians at national and local levels could change gender perspective in ageing-related policies and also help to rebalance a male-dominated administration:

I know older women are worthy of admiration and respect. I appreciate their potential and contributions to our community. However, it seems impossible to lift women's statuses to equal to men's since our administration system and men, especially politicians, have constructed social values. Cultures and social norms are also obstructions. Gender gaps in older age could be narrowed because we have more female politicians. If the proportion of women and men in policy decision-making is even, the voice of women could be heard.

The Future Age-related Policy Regarding Gender

Speaking of gender dimensions in age-related policies, some respondents considered it non-essential, at least for the time being. However, many of them called attention to the necessity of considering gender equality. They also regarded the possibility of connecting gender with age-related policies, albeit with challenges. Aphisit construed the drastically increased number of older women could potentially draw attention to the fact that certain benefits are needed; however, the government action was likely to be spurred by an escalating predicament of female health problems or violence against older women:

Even though I don't think specific measures for older women necessarily have to be launched, several incidents would stimulate the government to do something. I

believe the rising number of older women, along with their health issues or the increased vulnerable older women, could bring the government's attention to specific policies for them. Yet, the multiplying cases of those who became victims of domestic abuse would urge them to do so. These are challenges for the government and us all. So, if these situations are dramatically changed, the execution of specific measures for older women could be possible.

Correspondingly, two respondents disclosed challenges faced by older women that required immediate government actions. They mentioned that domestic elder abuse incidents were increasingly evident since older women were likely at risk of physical and mental violence (page 75). Aphisit revealed a prevalence of domestic violence and victimisation of older women who were in poor health and needed personal care:

I am also concerned about older women being a victim of domestic violence. In the past, we could not imagine who could hurt their parents or elderly, physically or mentally, but it has happened. It is because our society's economic, social, and family structure changes. And I guess there will be more cases of these assaults. I also think intergenerational relations should be preserved to maintain relationships and support exchanges within families, communities, and societies.

Pissamai also noticed the aggravation of violence among older women but cited women's biological disadvantages as a cause of the expansion of occurrences of violence. She explained that older women's weakness was likely to lead them to be physically abused by others, whereas they could be financially exploited because of their illiteracy and trust:

The only point I think women differ from men is their physical weakness. The differences in body strength can be harmful to older women. Older women also have no or less education than men and people of other ages. Therefore, they were more likely to be a victim of violence. Older women are at risk of being abused or taken advantage of by others in many forms, such as domestic violence, sexual harassment, and financial exploitation.

Some respondents mentioned that the government's view of older persons impedes gender-specific policies. A senior official, Davika, reflected that it was likely to be difficult to establish such policies since the government primarily identified older persons as a homogenous group:

I have worked with the government for a long time and have seen their views of older persons. It is difficult to persuade them to consider a gender issue in ageing policies. Older persons are one group among others, and there are also loads of work to do with them, like allowance, active ageing, employment, income promotion, etc. Can you imagine how hard our staffs have to deal with this work?

Leaving aside the homogenous older population, participants elaborated that gender-specific policies for older persons were unlikely to achieve due to the limited budget and the lack of gender perspective. The substantial increase in public spending on the older population (Chapter 3) likely involved professional and social pensions rather than other matters. Sawitree, a female executive, asserted that the developing country's social expenditure was associated with the implausible idea of having specific treatment for older women:

Unlike European or other developed countries, we do not collect a relatively high tax rate from citizens, resulting in our modest social budget. The tax is complicated, and I don't think we can collect more. So, it seems impossible to launch any special services for women only. It is not only about money deficiency but also gender discrimination.

The informal economy in Thailand, where most workers are informal and do not pay taxes, made the increase in tax collection mentioned above more difficult. Identifying measures for older women at the local level was impossible for practitioners. Nusaba revealed that the performance indicators and financial regulations had hindered local authorities from allocating budgets to designated programs. Furthermore, the priority of services to be operated was likely to be solely decided by the local authority's executives, who chiefly were men:

Honestly, gender equality has not received much attention at the local level. We had accomplished programs and campaigns about gender equality that were assigned with budget allocation from the central government and partnered organisations. These programs were already fixed with methods and indicators, so that we couldn't do other ways. We also have our budget, but we need to spend on other projects or activities with higher priorities, for example, infrastructure improvement or health promotion. I think it (specific measures for older women) could happen only if the top executives are willing. But it is pretty tricky because all of them are men.

Conclusion

This chapter has discussed perceptions and perspectives towards older women and ageing policies based on interviews with people from the policy community from various backgrounds and work experiences. Like older women's perceptions in the previous chapter, people aged 60 years and over are identified as 'an older person'. Their differences in SES and capabilities are principally recognised as classification criteria for programs and practices. While older women were generally perceived as decrepitude and dependent, a male respondent further expected older women to look young and healthy instead of their biological reality. Older women's SES is likely to derive from their SES before older ages, the gender division of labour, and the traditional gender roles. These determinants have contributed to creating inequalities for women throughout their life course. Traditional gender roles in the private sphere are likely to have the most influence on older women's lives as it is embedded in Thai cultures, norms, and beliefs. Interestingly, only two female respondents out of eleven felt that domestic and caring responsibilities should be shared, while the majority of respondents agreed with women's ownership of these responsibilities. Moreover, older women's statuses are likely exacerbated by the patriarchal system and social institutions mainly led by men, such as politicians and officials at the top decision-making level.

Although the differences in later life were acknowledged to a certain extent, the majority focused on the existing gender-neutral age-related policies. It thus regarded a gender dimension in these policies as unwarranted. The greater number of older women who used services and participated in activities held by government agencies was interpreted as being to older women's advantage, even if older women likely require some activities. However, the emerging challenges from economic and social circumstances, such as the rise of never-married and divorced older women, the pervasiveness of abuse cases, and the intergenerational roles, have become growing concerns. These challenges are both opportunities and threats for gendered policies on ageing. The difficulty of circumstance could urge the government to endorse programs and benefits for older women, whereas inadequate resources could impede these operations. Despite being preoccupied with those who considered gender differences in older age that derived from an underlying ascription of women's role as normality, some interviewees evaluated that gender equality among older persons will eventuate on the assumption that the disproportionate share of female politicians at

all levels and the gender role attitudes towards women are resolved. The next chapter will discuss Thai women's current economic and social status, the factors that affect their statuses, and how older women and gender are posited in Thai ageing-related policies from the literature and the findings from Chapters 6, 7, and 8.

CHAPTER 9

UNDERSTANDING THE SITUATION OF AND SOCIAL POLICY FOR THAI OLDER WOMEN

Introduction

This chapter integrates and interprets the literature on the relationship between ageing, gender, and the life course in Chapters Two, Three and Four, the previously presented key findings from the Survey of the Older Persons in Thailand (SOPT) and other secondary data sources in Chapter Six, as well as the group discussions with rural older women and the interviews with members of the policy community in Chapters Seven and Eight. It aims to explore Thai older women's current social and socioeconomic situation and the factors that have affected their position and status. It then examines how women and gender issues are considered in ageing policies in Thailand. First, this chapter investigates how Thai older women are disadvantaged compared to men thinking that older women in all societies are more vulnerable to social, economic and health disadvantages than men due to gender inequality (Vlachantoni, 2012; Vauclair et al., 2014; Carmel, 2019). It also illustrates to what extent Thai older women, especially mothers, benefit from the norm of parent repayment compared to older men considering they tend to have closer relationships with children (Sobieszczyk et al., 2003).

Second, it discusses the key factors affecting gender inequalities in older age as women's disadvantages are an outcome of an ingrained patriarchal ideology and structural constraints in society as well as individuals' social structures, which are accumulated throughout their life course (Arber and Ginn, 1991; Foster and Ginn, 2018). It is crucial to examine older women's position in the overall distribution of resources related to younger people and their life-long status (Walker, 1981). The extent and nature of women's disadvantages often present a problem of intersectionality and thus cannot be considered in isolation (Williams, 2018). This thesis employed a political economy perspective with a life course approach as a comprehensive analytical approach to explore how women's ageing experiences have been constructed by political, economic, social and cultural implications prior to and after old age (60 years old). Third, this

chapter explains the Thai government's perspectives on older women and includes the extent to which gender dimensions are addressed in Thai ageing-related policies.

The chapter is then divided into three main themes: the current social status of older Thai women, the origin and key determinants of gender inequality in older age in Thai society, and the government's perspectives on older women. The first part looks at older women's socioeconomic status and circumstances compared with older men in Thai society. It separates older women's subordinations into two dimensions: unequal access to resources and disproportionate responsibilities. This section also considers the diversity in experiences of ageing among older women and shows how the area of residence has influenced women's ageing experiences. At the same time, it investigates the effect of globalisation on the lives of older women in rural areas. The second part explores the development of gender disparity in Thai contexts. This is followed by a focus on how it has influenced women throughout their life course, including its repercussions for women's later life. The last part examines how older women are viewed in policies on ageing and whether the government's interventions respond appropriately to problems women of older age face.

The Status of Older Women in Thailand

Thailand is home to the second oldest population in ASEAN. The older population (people aged 60 and over) is projected to rise rapidly from 16.7 per cent of the total population in 2017 to 31.3 per cent in 2050, which is a consequence of the continued decline in fertility rates and increasing life expectancy (TGRI, 2014; Teerawichitchainan et al., 2019). On average, Thai women live longer than men, and the feminisation of ageing is increasingly pronounced with advancing age. For example, in 2017, older women, female individuals aged 60 and over, accounted for 55 per cent of the population, and the prominence of women became most pronounced at age 80 and above (NSO, 2018a). This demographic data and greater female longevity raised concerns about older women's well-being (Sobieszczyk et al., 2003; MGR Online, 2020) given that women are more likely than men to face obstacles throughout life and, in turn, experience a cumulative effect on social, economic, physical and psychological well-being in later years (United Nations 2002). This thesis found that older Thai women are more likely than men to be disadvantaged in some dimensions, such as education, health status, partnership status, employment and income, and

domestic and care responsibility. For example, the 2017 Survey of the Older Persons in Thailand shows that older women lived independently, whether alone or only with a spouse, more than men (Table 6.6) even though co-residence with a child remains the shared living arrangement for Thai older persons (Knodel and Chayovan, 2014; Teerawichitchainan et al., 2019). Thai older women were less likely to be literate, employed in the formal sector and entitled to a professional pension, and have a decent income compared to men. Women are also likely to shoulder disproportionate unpaid household responsibilities similar to other women worldwide, indicating the notion of gender roles (Ferrant et al., 2014). This thesis argues that women's statuses and disadvantages are rooted in gender inequality throughout their life course and often present in unequal access to material and non-material resources and disproportionate responsibilities in both public and private spheres of life.

Older Women's Unequal Access to Resources

In modern Thai society, women's status has been somewhat elevated compared to previous generations. These advancements include political and legal rights and access to resources, such as education, employment opportunities and income (Vichit- vadakan, 1994; Wong, 1997; Komolvadhin, 2008; Pothisiri et al., 2018; Phujeenaphan, 2020). However, previous research and studies have shown that Thai women in older age have limited opportunities to access and utilise resources (Sobieszczyk et al. , 2003; Knodel and Chayovan, 2008; 2014) . This section demonstrates Thai older women's more limited access to three fundamental types of resources; material, health, and caring resources (Arber and Ginn, 1991) , and their disproportionate responsibilities compared to men. These determinants considerably influence the independence and well-being of older individuals.

Material and Financial Resources

Even though the gender gap in Thai education has closed since the last century (Knodel, 1997), older Thai women are still more likely to be illiterate or low educated than men (Vichit-vadakarn, 2008; The Government of Thailand, 2014; NSO, 2018a). Given that educational level is closely linked to opportunities for success in formal employment and income, low-educated women tended to occupy informal and low-paid or unpaid work, such as agricultural and physically-

intensive jobs. For example, women workers in the informal sector were also likely to be excluded from pension coverage and labour protection law and thus have no or low accumulated savings. In contrast, those who worked as unpaid family workers or homemakers were likely to receive less income. Only a certain number of older women relied on pensions. As globalisation and population ageing inexorably increased older persons' participation in the labour market (Figure 6.7A), the number of female workers was still fewer than males (NSO, 2020a). This study argues that such statistics underrepresent women's participation in the workforce since reproductive and unpaid work, such as domestic chores and care work, are likely to be excluded and taken for granted as women's duties which usually are invisible (Mathew, 2019).

In general, Thai women tend to cease work at the pension age of 60, deriving from several determinants, including decreased work capability, feeling 'old' and self-determination. On the contrary, individuals' circumstances, such as educational qualification, financial security, and household obligations, increase the likelihood of continuing working at an older age (Adhikari et al., 2011; Kiratipongpaiboon, 2012; Paweenawat and Vechbanyongratana, 2015; Chamchan and Jarasit, 2020). Under these circumstances, working at an older age appears to be more concerned with obligations than choices. As shown in Chapter 7, some older women continued working because they had financial problems or had no business successors. Some older women did not work due to their children's financial support, while the decision to prolong working was not a choice for some of them, particularly those with no income. This study thus argues that having children or the number of living children does not necessarily allow older women to be free from work at older age unless children can afford and decide to do so. Moreover, as a result of women's fewer opportunities to access resources, including educational attainment and employment status earlier in the life course, older women are likely to continue working in unstable and low-paid jobs in the informal economic sector and have no or low savings compared with men and women who had better employment status during their working age (Keeratipongpaiboon, 2012; Loichinger et al., 2018; NSO, 2020b). This reflects women's inferiority to men in the Thai labour market across their life course (Vichit-vadakarn, 2008).

Gender discrimination has been prohibited by Thai legislation, including the 2017 Constitution, the Gender Equality Act B.E. 2558 (2015), and the Labour Protection Act and amendments; however, discrimination based on other grounds, such as age, race and religion, are absent from such laws (Thongraweewong et al., 2017). In reality, older female workers, particularly those in labour-intensive work, still confronted these discriminations since they were often assumed to be too old and weak to work in so-called masculine jobs. Intersectionality between gender and age discrimination derives mainly from ageist and sexist attitudes among employers (Chapter 7; Krekula, 2007; Holman and Walker, 2020). Some government employees in this research also showed attitudes towards older women regarding their appearance and work capability. An absence of written laws against age discrimination and the existing gendered practices indicates the presence of gendered ageism in employment. Unfortunately, this issue has received little attention and has not been openly expressed in Thai society (Chongsathitthavorn, 2016; Kittisakkul and Umpai, 2018).

Older women are also likely to be excluded from formal employment by other barriers, including health conditions (Thanapop and Thanapop, 2021) and fewer employment opportunities (Wutthiwatchaikeaw, 2016), which concurrently impede their decisions to work in later life (Gray et al., 2015; Kaewsai, 2020). It also signifies that the inferior employment status of older Thai women, compared to men, is a result of, and magnified in older age by, the structural gendered labour market and individuals' socioeconomic position, such as age, gender, and class, throughout their life course (Walker, 2018). Therefore, older women were less likely than older men to rely on income from work which, in 2017, work was the third source of income for the former, whereas it was the most important income for the latter (NSO, 2018a).

In general, older women's income is less than men, and their financial resources are more likely to be limited than men's. In 2017, the majority of women relied on children, the Old Age Allowance (OAA), the social pension which is eligible for Thai older persons except those who enjoy pensions or other government benefits (Chapter 3), and work while the minority of them lived on the income from a spouse, professional pension, interest/savings/property, and other sources, such as relatives (NSO, 2018a). Although adult children remain the main source of income

for older women (Knodel et al., 2015; Teerawichichainan et al., 2019), this income is not likely sufficient as, in 2017, two in five older women received income from children. Still, only a few reported receiving significant money from children (Table 6.11). Thus, older women are not likely to accrue better financial benefits from the norm of parent repayment than men. By contrast, this partially mirrors the more limited access to sources and income among older women than men. This is supported by the fact that there is no gender preference in providing financial support to ageing parents among adult children (Table 6.10). This study also argues that remittances from children are likely to be a symbolic expression rather than an economic advantage. However, older women's economic well-being is further influenced by other factors, including partnership status, living arrangement and area of residence of older women and their co-residing adult children (Ofstedal et al., 2004; Moriki-Durand, 2007; Knodel et al., 2015). Older women who were widowed and co-resided with children appear to be able to receive other forms of assistance from children (Sobieszczyk et al., 2003; Knodel and Chayovan, 2012; 2014). Some widowed older women's working and financial status are also likely determined by adult children and their spouses (Chapter 7).

The OAA was reported as the second main source of income for older Thai women in 2017. The finding highlights older women's financial disadvantages considering almost all of them received the OAA, but only one in five reported it as their main income (NSO, 2018a). The vast majority of older women in this thesis also received the OAA, but their spending purposes vary depending on their SES. For instance, some women used it as pocket money for their grandchild(ren), while some regarded it as the main income for their whole family. Other sources of income, such as income from a spouse, professional pension, interest/savings/property, and relatives, are not likely to be common among older women. The finding in Chapter 6 also indicates that women are less likely than men to benefit financially from marriage since the former were less likely than the latter to rely on their spouses. This demonstrates the tradition that women are often younger than their spouses, are more likely to be widowed in older age, and have greater longevity (Knodel and Chayavan, 2008; 2014). Compared with older men, only a very small number of older women, i.e. government retirees, can rely on a professional pension. In contrast, a scant number of them can count interest, savings, or property as their main income. In this thesis, older women were likely

to accept their limited income without question (Chapter 7). This is consistent with the 2017 report in which the majority of older women reported having an adequate income (NSO, 2018a) even though previous findings revealed that income is not likely to be enough to live on for the majority of older women (Rittirong et al., 2014; Paweenawat and Vechbanyongratana, 2015). This could be explained by the fact that the amount and income source, financial burden, partnership status and living arrangement determine income adequacy. For instance, older women with professional pensions were less likely to express concerns regarding their economic situation (ADB, 2020), while those with a child were more likely to report income adequacy than their childless counterparts.

The size and composition of households also affect women's financial status. Those in multigenerational households were less likely to be at risk of material deprivation (Chaunwan et al., 2010) since they were likely to spend less on household necessities, and members of the same household typically share meals and amenities (Knodel, 2008; Knodel et al., 2015). Women living with extended families were also likely to be given physical, financial, and emotional support from family members (Chapter 7; Keeratipongpaiboon, 2012). Older men, more than women, also provide financial support to their child(ren) and grandchild(ren) (NSO, 2018a), following the male breadwinner model in Thai patriarchal societies (Komolvadhin, 2008). This also means that women who are the head of the family have to play this role which became a difficulty for many of them (Chapter 7). Nevertheless, the government's limited role in the financial support of older persons (Chapter 3) was likely to increase the risk of falling into poverty or debt among older women, particularly those who are unemployed, have no savings, and live alone or in rural areas.

Health and Caring Resources

Health condition determines older women's physical and work capability and their perception of ageing. These perceptions, however, relate to individuals' SES (Chapter 2). Following statistics, physical and mental health decline led some older women to feel old (Romanow, 2012; Gray et al., 2015; Buaphet, 2019). This feeling was also contributed to by the chronological age of 60, mainly for those who perceived this age as the beginning of old age (Grey et al., 2015). In contrast, those with better health conditions were likely to have more positive perceptions of ageing (Lai,

2007). Although the 2017 survey shows that older women were more likely to be healthy than frail (NSO, 2018a), inequalities in health conditions and access to healthcare services between and within genders are prevalent in Thailand (Chandoevwit and Phatchana, 2019), similarly to many other countries (WHO, 2015). Working experiences earlier in the life course also contribute to women's health conditions in older age. Women in this thesis who previously worked in less labour-intensive employment throughout their working life were likely to have good health conditions. In contrast, farmers and farm labourers who had carried out heavy work were alleged to have more severe physical health problems in older age.

Older women's SES also influences their health conditions and attitudes towards self-care and health behaviours. Older women with more resources, money or time are likely to be more concerned about their health and have healthier behaviours than their counterparts. As shown in Chapter 7, better-off older women with fewer work and care responsibilities had fewer concerns about being ill than their worse-off counterparts. Also, well-educated older women chose to better care for themselves by eating healthy food, getting enough sleep, exercising regularly, and practising good hygiene, than less-educated ones with lower SES and less awareness and opportunities for self-care approach. These women did not consider such behaviours and early treatment a priority since they tended to focus more on making a living. Women's health conditions, knowledge, and attitudes towards health and caring resources in later life are consequences of their statuses and circumstances (Zimmer and Amornsirisomboon, 2001) and their experiences prior to older age (Benson et al., 2017).

Older women are more likely than men to use healthcare services (NSO, 2018a) due to women's longevity advantage over men and their higher morbidity rates than men (NHES, 2014). However, the long-established universal free or low-cost health services (i.e. the UCS (Chapter 3)) do not necessarily mean all older women can access such services because of the availability of healthcare services and carers as well as the affordability of transportation costs (Wibulponprasert and Chandoevwit, 2016; World Bank, 2016). The ability to access healthcare services also depends on other factors, including the availability of caring resources for older women and their families. For instance, government retirees and better-off older women may choose to access healthcare services

in the city or through private operators. At the same time, those with lower SES or physical limitations have no choice but to use primary healthcare units in their community. At the same time, the available public healthcare services seem insufficient for older women's increasing need for health and personal care. This increases the need for alternative care, such as long-term care (LTC) and personal care, among older women, particularly the oldest old. However, access to healthcare services and LTC is likely problematic considering the limited formal LTC, as shown in Chapter 3. Therefore, this caring responsibility often falls upon family members. The government also emphasises this assumption, as stated in The Second National Plan on the Elderly (2nd NPE, 2002-2021) and other plans concerning older persons. Family members are primarily expected to provide physical, mental, social, and economical care for older persons (Gadudom et al., 2018), which females typically take, given that caring is seen to belong to women as their natural task (Walker, 1996; Netiparatanakul, 2020).

Older women were more often cared for by daughters than spouses (more than half of older men and less than two in five older women received spousal care (NSO, 2018a)). This partially affirms the persistence of intergenerational relationships within the family in Thai society (Knodel, 2014) and the notion of a good woman and wife. On the contrary, due to modernisation and migration, the availability of female carers seems problematic for older women who are the oldest old, live alone or in rural areas, and those living in poverty. Adult children leaving ageing parents alone or with grandchildren were likely to be expected in rural areas but also concern among people within the policy community (Chapter 8). Nevertheless, this thesis also contends that older women are not merely recipients but also carers. More often than not, they provided other support and care to family members, including grandchildren enabling their children to work. This also indicates the existing intergenerational relationships within the family (Knodel, 2014).

Older Women's Burden of Unpaid Work

Women's lifetime domestic and caring responsibility, mainly unpaid, affects women of all ages and across their life course (HelpAge International, 2021). This unequal share of responsibilities is linked to discriminatory social institutions and stereotypes of gender roles (Ferrant et al., 2014), in which these tasks are considered 'female tasks' (Hooyman and Gonyea, 1999).

Women typically spend disproportionately more time on unpaid domestic and care work than men (Seedat and Rondon, 2021), and Thai women are no exception (Yokying et al., 2016). At an older age, Thai women still carry their disproportionate unpaid domestic and care responsibilities (HealthAge International, 2012; Habib et al., 2016). Women's partnership status and living arrangements further determine the extent to which older women undertake unpaid work. For instance, older women co-residing with adult children had to assume or assist with household chores, including cleaning the house, preparing meals, doing laundry, and caring for a spouse, children and grandchildren (Sobieszczyk et al., 2003). These works were regarded as tasks of a wife or mother (Komolvadhin, 2008; Hansatit, 2014) for many married Thai older women but as significant workload responsibilities for some of them (Chapter 7). Such burdens can be eliminated by older women's resources and their ability to deal with these obligations. More affluent older women can hire maids or buy labour-saving devices to lessen their workloads (Komolvadhin, 2008). Still, it is likely to be unaffordable for their less affluent counterparts. Moreover, these tasks have both positive and negative effects on older women. For instance, caring for grandchildren could relieve stress and loneliness whilst increasing, to some extent, physical, mental and financial troubles for older women (Knodel and Nguyen, 2014; Chapter 7).

This research supports previous studies that Thai older women undertake disproportionate unpaid responsibilities within and outside the house, including volunteering and community activities (Cheungsateinsap et al., 2006; Suwanrada et al., 2014). Although participation in the latter activities among many women was derived from their willingness and enthusiasm to obtain knowledge and social benefits, some women joined such activities because of gender roles expectations of themselves and other family and community members (Chapter 7). These expectations also led to activity designs focusing on certain tasks, such as cooking, sewing, and handicrafts, which may be defined as femininity and not appeal to older men (Chapter 8). This also links to the patriarchal cornerstone where women are taken for granted to assume lifetime roles and responsibilities of homemakers and have a smoother transition to retirement than men who encounter the loss of income, authority, and status (Russel, 1987). The likelihood of joining in activities also depends on individuals' circumstances, such as their location in the social structure and the amount of free time they have. Older women who are fully engaged in work and

household responsibilities may be unable to participate in these activities. The reverse is true for those with a higher SES and leisure time. However, this thesis also reflects that women's volunteering and participation in community activities may be coerced since some women may want to help government agencies and LAOs to achieve the activity's numerical indicators (Chapter 3).

Even though previous findings indicated that a marketing perspective is needed to be applied to such programmes (Kitatorn et al., 2017) and these measurements were not likely to relate to older persons' well-being (CPS and OPP, 2013), this thesis further asserts that present measures to improve the quality of life of older persons still focus on community activities rather than policies to enable women to work longer and ensure income adequacy or eliminate gender discrimination. This contributes to the fact that Thai women not only receive fewer opportunities and access to resources, including material and caring resources like women in other patriarchal societies (Arber and Ginn, 1991, 1995; Wong and Waite, 2015; Brown and Wright, 2017) but are also tied to an unequal share of unpaid responsibilities (Devasahayam, 2014) which led them to be placed in an inferior status to men. However, Thai women are likely to accept these so-called female tasks as a part of the roles of wife and mother (Surinya, 2000), indicating the existing power gap between a husband and wife and ingrained gender role expectations in Thai society (Chapter 2). These disproportionate responsibilities could nevertheless considerably impact women's physical and psychological well-being in later life (Rungreangkulkij et al., 2019; Seedat and Rondon, 2021).

Ageing Experience of Thai Older Women

The previous sections have shown an unjust and inequitable distribution of resources and power in society, potentially leading women to a greater risk of poverty, dependence, or social exclusion in later years. Findings in Chapter 7 further revealed that women's social and economic status was an outcome of the combination of the nature of patriarchal society and women's experiences in the earlier life course as well as sociodemographic circumstances, including class, age, race, position and socioeconomic status which led older women's ageing experiences to be heterogeneous. For instance, such position and status remained for many older women but were

exacerbated for some. These situations, by contrast, were better for particular ageing mothers who received financial and non-financial care from their adult children and relatives and were thus no longer tied to labour-intensive work. The findings also pointed out that the lives of older women were affected by globalisation, modernisation, and urbanisation and differed by individual socioeconomic status, including locality. For instance, the percentage of married women and those who lived together was higher for rural than urban older women. In contrast, those living in rural areas were less likely than those in urban areas never to marry or experience marital dissolution (NSO, 2108a). These data, however, do not necessarily mean that rural older women receive better support from family members than their urban counterparts since the former were less likely to co-reside with children but more likely to live independently than the latter (Table 6.5). The finding from Chapter 8 shows that different levels of development led to differences in the lives of urban and rural older women in terms of economic opportunity and status. Rural older women were likely to be illiterate and have lower educational qualifications and employment statuses than their urban counterparts (NSO, 2018a). Lower educational opportunity in rural areas is not only linked to geographic distance and gendered parental attitudes in giving education to their children (which has become more egalitarian since the 1990s (Costa, 1997)) but also to lower employment opportunities in the formal sector (Chapter 2). However, as the agricultural sector is concentrated in rural areas and more flexible for older workers, the number of rural women who continued working at an older age was higher than their urban counterparts (Chapter 6).

Rural women's higher work rate does not signify a higher income; rather, they are likely to receive a low income from the informal sector, such as agriculture and fishery (see Table 6.9). The 2017 report shows that older rural persons were likely to rely on income from work and the OAA, while those in urban areas tended to live on income from their adult children (NSO, 2018a). This assumption was confirmed by the fact that many rural older women with low SES in the discussions could not entirely rely on remittances as their children tended to be low-income informal workers (Chapter 7). It also reflects the word 'parent repayment' in which children's obligations equate to what they have received during parents' childrearing (Moriki-Durand, 2007). Income gaps also show urban-rural inequality in Thailand. Urban households tend to be better off than rural households. Workers in urban and metropolitan areas often have higher financial returns

than those in rural and non-metropolitan (Bui and Permpoonwiwat, 2015; Ariyaarpakamol, 2019). Rural older persons were slightly more likely than their urban counterparts to report having poor or very poor health (NSO, 2018a). This could be problematic because older rural women are more likely than their rural counterparts to experience difficulties accessing health care services and caring resources, including the availability of carers due to transportation problems and migration. The latter concurrently increases the likelihood of living in a skipped-generation household (UNFPA and NESDB, 2015). Many rural grandmothers shoulder caring responsibility for grandchildren (Ingersoll-Dayton et al., 2017; 2020). This is affirmed by the experiences of older women in this research who were left to live with grandchildren and were undeniably tied to caring for their grandchild physically, mentally, and sometimes financially.

In essence, the status and circumstances of older women are unlikely to change from earlier life experiences. Given the stricter female role expectations, rural women are more likely than urban ones to be expected to perform appropriate behaviours and obligations whilst behaving morally and maturely, such as getting dressed ‘properly’, staying at home or going to a temple and joining religious activities (Sobieszczyk et al., 2003; Romanow, 2012; Buaphet, 2019). Most women in this research presented their reconciliation to ageing due to their age, physical decline decreased functional and work capability, and Buddhist teachings (Chapter 2). They still encountered gender discrimination, including gendered ageism, but maybe to a lesser extent since they were less likely to be in the formal workplace than urban women. Such prejudice derived partly from their assumed decline in physicality and workability (Chapter 7). Gendered ageism among rural older women was also shown by interview informants who regarded women, especially those in physical-demanding jobs, as older than same-aged men and urban women. Rural older women were also forced by the pressure of societal consensus on beauty and values, where women are not allowed to age the same way as men (Hofmeier et al., 2017). Women, however, may have different strategies to escape such assumptions. For instance, higher-SES respondents in the group discussions show their attempts to distance themselves from a portrayal of older women by expressing the feeling of being ‘young at heart’ or changing to healthier routines. Those with lower SES did it in more affordable ways, such as dying their hair (Chapter 7). This thesis, therefore, concludes that the stereotyping of older women hugely affects the way they are perceived and

treated, both at the societal level and as individuals in everyday interactions, similar to other studies (Bowling, 2005; Vauclair et al., 2014; Ayalon and Tesch-Römer, 2018; Centre for Ageing Better, nd.; Ng, 2021).

The Impact of Modernization on Older Women

Thailand is a patriarchal but also matrilineal society. Thai women are traditionally deemed inferior to men (Wong, 1979). They have equal rights to men regarding work, trade, and inheritance, but the authority as the head of a family, including decision-making and financial control, is on men. At the same time, they are regarded as superior to other women in many societies, particularly in the workplace (Vichit-vadakan, 1994), even though the presumed autonomous status of Thai older women is likely to be diminished by globalisation and modernity, similar to those in other Southeast Asian societies (Wong, 1979; Booth, 2016). In modern Thai society, the lives of older women are still likely to be constrained by male supremacy through the state and social policies, social institutions, and social and cultural contexts. Military and bureaucratic elites further reinforce this patriarchal construction of Thai women's lives and behaviour (Iwanaga, 2008; Buranajaroenkij, 2017). For instance, the wage gap and other inequalities between women and men exist (Nimchainan and Osathanakul, 2013; Pitakthanin et al., 2013) even though discrimination on different grounds and areas is prohibited by Thai legislation. It was argued that these laws are still inappropriate and insufficient to protect individuals from discriminatory practices (Thongraweewong et al., 2017) and affect women's later life (Chapter 2).

Moreover, as patriarchy and matrifocality are more robust in rural than urban areas (Brie, 2009), the inequalities mentioned above are thus likely to affect women in rural areas more than in urban areas. As a result of urbanisation and the country's developing nature, the urban-rural gaps in educational level, employment and income in Thailand have been narrowed similarly to several Asian countries (Katsushi and Bilal, 2018). However, these opportunities and betterment are still limited for people in rural areas (Komolvadhin, 2008; NESDB, 2020). For instance, rural women who migrate to big cities are likely to occupy low-status and low-paid forms of employment because they are often low-educated, low-skilled or unskilled (Loichinger et al., 2008) while those who reside in rural areas tend to work in the informal sector, particularly in the agricultural and

traditional trading activities (Wong, 1979; NSO, 2018c), and are therefore excluded from the labour law protection and pension coverage (Chapter 2).

An increase in economic participation among women *per se* did not make much difference to Thai women's familial roles (Wong, 1979; Komolvadhin, 2008; Buranajaroenkij, 2017) as they are likely to abide by an ingrained cultural gender role expectation where women must subjugate themselves to men, at least overtly, whilst, consciously or unconsciously, holding themselves back in competition with men (Vichit-Vadakarn, 1994; Wanwittayapa, 2004). Even though the norm of parent repayment prevails in rural areas (Knodel et al., 2007; Knodel and Chayovan, 2012; Kamnuansilpa et al., 2015), population ageing and urbanisation tend to lead intergenerational relations to undergo modification, perhaps even erosion. This could affect personal and long-term care for rural older women, particularly among the disadvantaged (Sanakhet, 2019). These changes increased the representation of older persons as a financial and social burden in Thai society (Buaphet, 2019), even though the government has attempted to maintain positive attitudes toward the older population among the public through awareness-raising campaigns and activities since the First NPE (Chapter 3).

It cannot be denied that globalisation and urbanisation have, by some means, improved women's status and circumstances, such as their educational attainment, political rights, employment and income. However, its impacts differ between people of different classes. For instance, working or lower-class people are less likely to benefit from educational and occupational opportunities to improve their material circumstances (Manstead, 2018). It is also challenging for low-status older women to improve their social class (i.e. through financial status augmentation) even though modernisation, in principle, allows people to do so (Funatsu and Kagoya, 2003; Komolvadhin, 2008; Anon., 2014). This study affirms that women's employment and income status in older age remained or even worsened, particularly among those who were illiterate or frail but had to earn money to take care of family members (Chapter 7), indicating women's life course of disadvantage. This brings to the need for preparation for a later life among people of all ages, which has been emphasised in ageing-related policies (Jitapunkul and Chayovan, 2001; Pruetipinyo, 2015; DOP, 2018). However, such preparations are not always available for all people. Women are less likely than men to prepare themselves physically, financially, materially,

and spiritually (Pothisiri and Quashie, 2018). In particular, low-paid women or those undertaking caring responsibilities throughout the life course are likely to struggle to have opportunities to accumulate savings/prepare for retirement. Fewer opportunities to prepare for later life thus place women in more precarious positions, such as falling into poverty or being frail in older age.

Moreover, globalisation and its challenges tend to create wider gaps and fragmentation, not only within- but between generations (Phillipson, 1998) , in several aspects of life, including employment opportunities (UN Women, n.d.) and income (Ariyaarpakamol, 2019), between older women and men, as well as between older women in rural and urban areas. This study, therefore, asserts that modernisation has adverse consequences, including the additional burden of grandchild care on rural older women due to adult children's migration (Tangchonlatip et al. , 2006; Knodel and Nguyen, 2015) and discrimination against them based on technological knowledge (Chapter 7).

Gender Inequality in Older Age in Thai Society

The previous sections have pointed out that older women's subordination has been constructed by several structural, cultural, political and economic determinants throughout their life course. This section concludes how and why these determinants have constructed gender inequality and, thus, women's disadvantages throughout their life course. It also affirms that such disparity continues into older age and influences the lives of older women in contemporary Thai society.

The Creation of Gender Inequality

It is argued that gender oppression in Thai society has been created by the regimes, religion, and matrilineal residence since the mid-13th century (Tantiwiranond and Pandey, 1987. Women's disadvantages in the capitalistic society are generally framed by phallogocentric ideologies and institutions (Hartstock, 2004). However, Thai women's disadvantages cannot be understood from the universalism of patriarchy alone, as women's experiences are different across time, culture, class, race, ethnicity and age (Komolvadhin, 2008; Lapanaphan and Chinakkarapong, 2019). For example, even though women were expected to undertake the bulk of domestic chores and care work, these expectations were higher for lower-class women than for their higher-class

counterparts. Expectations for women also depend on their husbands. Women in the lower class were expected to execute economic activities since their husbands left the house for corvee service, the system of manpower control in which all able-bodied men were obliged to render service to the king for a certain period of each year (Chapter 2).

Meanwhile, upper-class women were expected to be committed to being ‘a benign, faithful, vulnerable and conforming ‘slave’ of her husband’ by trying to keep their youthful and beautifulness to be attracted to men (Tantiwiranond, 1997, p. 178). Gender and class inequalities are further sanctioned by Thai Buddhism, which is represented by the notion of a ‘good girl and woman’. Girls are more likely than boys to be taught by parents to undertake domestic and caring responsibilities, limit their mobility, and behave in a manner that, in turn, influences self-understandings of their abilities during youth and adolescence (Eccles et al., 1990). In adulthood, women and men are also expected to behave differently, including expressing gratitude towards their parents (parent repayment or filial piety) and playing their roles as a husband or wife. For instance, men can repay their parents by being a monk, while women can only do so by supporting their parents, leading more women to be carers than men. Older women in this research also reported their roles as wives, mothers, or grandmothers as a priority (Surinya, 2001; Harnsatit, 2014).

As shown in Chapter 7, most women assumed unequal domestic and care responsibilities. Some did not consider this unjust and still honoured their husbands because they had been taught and perceived and thus performed these roles as their duties since childhood. At the same time, matrifocality brings about obligation instead of advantage for women. Traditionally, the youngest daughters often inherit the parental house and concurrently undertake caring responsibility for co-resident ageing parents. However, this accession to the house does not mean assuming the power within the household since the family authority remains with their father or husband (Tantiwiranond, 2007). Women in this research who inherited their parental houses also followed the traditional role of a wife and paid respect to their husbands as the head of the family (Chapter 7). Thus it can be concluded that gender role expectations largely determine women’s duties and behaviours within a family and a community.

The Persistence of Gender Role Expectations in Modern Thai Society

In a globalised world, older Thai women, like others in developing countries, can exercise their life choices to the same extent as their younger counterparts. This study argues that older Thai women had limited options concerning education, employment and income. These choices are even more restricted for those with relatively low status and living in rural areas (Walker, 2006a) owing to their historically inferior position in society and their availability of resources (Surinya, 2001). To support the notion that rural women in Thailand are principal to be expected to fulfil the ideology of being a good woman than their high-status and urban counterparts, older women, as well as male and female interviewees in this thesis, agreed that women who followed the notions of a good woman were acceptable. Such admission is not likely to be diminished. This thesis thus contends that although the status of women has been improved by modernisation (Komolvadhin, 2008; The Government of Thailand, 2014), the representation of women today does not diverge much from the situation throughout history (Lapanaphan and Chinakkarapong, 2019). Women are still expected to be ‘Kulasatrii Thai’ or follow the ideology of a ‘good woman’, which is ingrained in social norms and considered natural and normal. (Chapter 2). This thesis also argues that the government’s interventions were likely to be symbolic rather than an endeavour to advance women’s status (Vichit-vadakan, 1994) since the oppression of women *per se* has not been changed but transformed from an ideology of motherhood and male superiority to the trivialisation of women as mere economic commodities (Tantiwiranond, 1997). In modern society, women are not only expected to be good women but also money earners for a family. This is potentially problematic for older women in the next generation, who are likely to shoulder more burdens of private and public spheres.

Older women in this research were perceived by others, particularly by men, to be older and have less physical ability than same-age men. They were also expected to follow the ideal image of women and conduct age-appropriate behaviours, such as avoiding childish activities or manners and dressing correctly. While several women followed these expectations, some showed their attempts to move away from these expectations. This points to the continued restriction of women’s life choices at an advanced age. The hegemonic gender ideology ‘often does not appear

as domination; instead, it seems largely consensual and acceptable to most in a community' (Lazar, 2005, p. 7). Not surprisingly, older Thai women are not likely to deny a lifetime of gender inequality but rather accept male supremacy, particularly in their private lives, due to a long-standing gender expectation and the belief that domestic and caring responsibilities belong to women. They are likely to prioritise these responsibilities to perform their role of *Cháng táo lǎng* (a husband's follower and supporter) and maintain their family's status (Chapter 7). Caring for grandchildren is a pleasure for many older women to allow their adult children to work. However, these women's duties and additional caring responsibilities are likely to be burdened, particularly for those who have undergone life's difficulty and hardship.

Gender Disparity and Heterogeneity in Older Age

Although some theories and perspectives can help researchers to identify gender differences, whether as to keep the family system and society functioning properly or as to restrict women's rights and opportunities, from a gender lens (see pages 95-96 in Chapter 4), this thesis recognizes the intersectional identity of women. At older ages, sexism and ageism often work together with other factors to discriminate women (Chrisler et al., 2016). By using the life course approach and a gender lens incorporated into the political economy of ageing, it highlights the creation of older women's status and position which are considerably reinforced by not only political and economic structures but also by their social structures (Chapter 4). Clearly, this research shows that the status and position of Thai older women do not occur at any particular period or chronological age but rather stem from multiple and interconnected disadvantages as gender disparities are accumulated throughout the life course (Russell, 1987; Hooyman et al., 2002; Ginn, 2003). Their disadvantages are consequences of the social construction of institutions, policies, and communities, which are justified by individual socio-economic status, norms, and cultural beliefs (Estes, 1991; Estes et al., 2003; Walker, 2005; Foster, 2010).

This thesis also maintains that 'the association between gender and old age is far more complex and nuanced than typically portrayed' for Thai older women (Sobieszczyk et al., 2003, p. 728). For instance, even though older women's disadvantages have been demonstrated, such prejudices are likely to be recognised as their duties which are largely influenced by gender roles and the

notion of a good woman. Meanwhile, their status and circumstances are heterogeneously shaped by various structures and relations of privilege and inequality (INSTRAW, 1999) and are commonly presented as intersectional patterning (Williams, 2018; Holman and Walker, 2020). As shown throughout the thesis, Thai women experience gender inequalities in several domains at a younger age. These disparities remain and even intensify for some domains at an older age. For instance, women's fewer educational opportunities (Table 6.7) led to lower employment rates in the formal sector (Figure 6.6A). Thai older women are also more likely to live in poverty than men due to their low income and exclusion from the pension system at their younger age. They are also likely to undertake disproportionate domestic and caring responsibilities, which are considered feminine tasks (Chapter 2). These affirm that women's fewer opportunities than men for success in education, employment and income in childhood, adulthood, and late adulthood (O'Rand, 2001; Moriki-Durand, 2007; Keeratipongpaiboon, 2012; Lloyd-Sherlock, 2012; Damrongwattanapokhin, 2017).

However, women's disadvantages are not homogenous but depend on women's financial status. Better-off older women can mitigate their obligations by hiring someone to undertake domestic chores and purchasing care services from private providers. The reverse is true for those with fewer resources. Government retirees in Chapter 7 showed less concern about their health, economic and social conditions than their counterparts. Meanwhile, Thai women are deemed to benefit to some extent from motherhood and womanhood, such as receiving assistance from adult children, having financial satisfaction and social networks, and not being lonely compared to men (Sobieszczyk et al., 2003). This thesis argues that these benefits can be acquired at the expense of being responsible for maintaining family and community relationships (Teerawichitchainan et al., 2019) and shouldering additional caring responsibility, which concurrently limits women's choices in life. Nevertheless, older women, more often than not, still played their roles as housekeepers, cooks, carers, and finance managers in the home.

While this thesis underlines older women's benefits from globalisation, particularly when compared with the previous generations, it does not mean that gender and class inequalities are diminished within and between generations (Phillipson, 1998; Hyde and Higgs, 2016). Instead,

globalisation combined with population ageing has a detrimental effect on older women, especially those who are worse off and in rural areas. Globalisation and modernisation affect older women in urban and rural areas differently. In addition to increased responsibility for grandchild care, rural older women also have more limited knowledge of technology, and their experiences prior to older age may be considered invaluable (Chapter 7). These limitations are a result of women's different social and demographic characteristics, such as gender, ethnicity, age, socio-economic status, and location in the social structures, as well as their earlier life experiences (Hooyman, 1999) and, at the same time, are concerned with the government's resource allocation, services and the provision of retraining too.

The Government's Perspective on Older Women

Like other ageing countries, the Thai government has established several policies, such as extending the retirement age and the age at which workers can apply for work insurance (Chapter 3), to address challenges posed by population ageing and globalisation. However, these ageing-related policies have not implemented gender-specific measures, even though women's disadvantages have been statistically and empirically indicated (Chapters 6 and 7). This section looks at how the government sees older women and the level of importance of gender dimension in policies.

Perception of Older Women through Ageing-related Policy

Since 1977, unjust treatment and discrimination against sex and gender have not been legitimately tolerated in Thailand. The government has attempted to enhance gender equality and empower women in various dimensions of life (Office of Women's Affairs and Family Development, 2007; The Government of Thailand, 2014). As a result, women of all ages are deemed to have benefited from the closing or narrowed gender gaps in education and employment. Older women are still underprivileged in public and private spheres due partly to the gendered nature of Thai patriarchal society and policies throughout women's life course. For example, working mothers in the formal sector are entitled to leave with pay for around 90 days compared to 15 days for working fathers. Meanwhile, informal working mothers must leave without pay as they are also expected to be good mothers. This not only reflects how the state expects women's roles and places disproportionate

caring responsibility on women but also its ignorance of dealing with such gendered treatment. At an older age, women are generally treated by the presumed gender-neutral ageing-related policies, which see older persons as a homogenous group (Chapter 3). The gender mainstreaming policies are more likely to focus on girls and reproductive-age women than those of older age. When combined with the gender-neutral perspectives of neoliberal globalisation and consumerism, which largely influence Thai policies, including pension systems and employment promotion, the older female population is likely to be left behind. Their disadvantages are overlooked within and outside the house (Lindio–McGovern, 2007). This thesis maintains that the gender-blind perspective in such policies derives in part from male hegemony in Thai regimes, gender imbalances in decision-making levels in political and administrative agencies, as well as gender bias among people within the policy community, and is contributed by the perception that women's disadvantages in older age are common (Chapters 7 and 8).

Perceptions of older women among those working or working in government agencies potentially mirror the government's and the public's perspectives towards older women. For instance, people aged 60 years and over, regardless of gender, are legally considered older persons who must stop working. Still, women are likely to be expected to keep on with their responsibilities within and outside the house in their later life. This is controversial since women are also perceived to be older, frail, lacking physical and work capability, and more reliant on their children, husband, or relatives than same-aged men (Lloyd-Sherlock et al., 2009). Such perceptions limit the mobility, daily routine, and competency of older women, especially those who have worked in physical-demanding jobs and have led to the ignorance of gender disparities between older men and women and a gender-blind perspective in the policy-making process. By contrast, women's dependency on others is likely to be seen as their blessings. The limitation of old-age income security (NSO, 2018a) did not necessarily signify older women's detriments even though they did not fully financially benefit from motherhood. As demonstrated by the woman in this thesis who mainly relied on her son-in-law, dependency on adult children, materially or non-materially, does not always equate to older women's well-being. Rather, these reliant women are not likely to achieve the concept of active ageing stated in the National Agenda on Aged Society (Chapter 3). This thesis, by using the thematic analysis, also shows that older women and people within the policy

community acknowledged the diversity of older women's ageing experiences. However, this recognition did not violate their views of older women as a homogenous group deriving from their perception that gender dissimilarities are inessential and, for government employees, unrelated to their organisation's mandates (Pongwet, 2009). This thesis contends that the lack of gender-specific dimensions in ageing policies develops from the set of values where female individuals are expected to yield to men, whether a father or a husband and to heed gender roles deeply ingrained in Thai society and the absence or disproportion of female policymakers.

Gender Dimensions in Thai Ageing-related Policies

This research has revealed that older women and people in the policy community perceived Thai older women's disadvantages as normal (Chapters 7 and 8). However, these disadvantages are predominant and likely to be problematic given the feminisation of ageing in the near future. The government also echoed this issue, mentioning that the rise in the older female population may become another subject of ageing Thai society. For instance, older women may face the increased cost of health-related issues (MGR Online, 2020). This is in line with policymakers' concerns that older women, particularly those who live alone or in poverty, were likely to confront the devalued representation and the shortage of caring resources due to modernisation and the ageing population (Chapter 8). However, the gender issue has not been incorporated into policies about the older population and an ageing society. Rather, most recent government interventions still follow the male supremacy of the Thai bureaucratic system and ignore biological and societal differences between older men and women. For example, health provision generally offers equal access and services to both sexes, even though older women are more likely to have multi-morbidity than men.

At the same time, policies on prolonging working life give older men and women equal opportunities. Employers are encouraged to hire older persons with appropriate working periods and hourly wages (MOL, 2019) despite the gendered labour market across people's life courses. There are no policies to assist older women's disproportionate burdens on social and cultural aspects, which are often taken for granted as women's tasks (Hooyman and Gonyea, 1999). This is not to say that the Thai government neglects gender inequality issues. Still, the focus of gender

mainstreaming is mainly on girls and women of reproductive age, which concurrently overlook older women's needs in relation to complementing their accumulated disadvantages prior to old age (i.e. 60 years old) or to serving their desire concerning their older age. The influences of IGOs and Western societies in ageing-related policies are not likely to be in line with the Thai context.

For instance, the World Bank's three-pillar pension system (Ratanabanchuen, 2019) focuses mainly on workers in the formal sector. In contrast, Thai workers are concentrated in the informal sector, and a number of women are unpaid workers (Chapter 2). This led them to be excluded from the pension coverage. At the same time, Thailand's implementations are not likely to achieve the full potential of active ageing, which aims to connect physical health and employment aspects as well as subjective and objective domains of life at the individual- and societal level across people's life course to their quality of life, social participation, and mental and physical well-being in later life (Walker, 2002; 2008; Foster and Walker, 2015). Even though Thailand's concept of active ageing engages a life course approach, its determinant factors and level of active ageing, as well as differences in culture and gender, are not entirely acknowledged (Haque et al., 2016). The power of Western ageing policies, which are gender-blind (Foster and Walker, 2013) associated with the enduring problem alleviation basis in Thai ageing-related policies, albeit with broader coverage and more complexity (Chapter 3), have led gender dimensions to remain absent in Thai ageing-related policies.

The thesis further asserts that the separation of the Department of Older Persons and the Department of Women Affairs and Family Development (Chapter 3) links to the ignorance of the gender dimension in ageing policies. Meanwhile, community activities, which aim to increase social participation among older persons, are designed to be numerically examined and feminine. This, together with the fact that social involvement is deemed a women's role, led the majority of participants to be females. However, this thesis asserts that women may not be willing to participate in such activities, and their quality of life is not likely to be improved (CPS and OPP, 2013). Moreover, female participants, who are primarily of higher status and have more leisure time, do not benefit from these activities regarding occupation creation since they may not wish to

work in older age. However, people within the policy community in this thesis regarded these situations as advantages rather than obligations of women.

Nevertheless, the increasing needs of older women following the feminisation of ageing are likely to remain the same emphasis on family-based care in ageing-related policies. The Thai eldercare system predominantly remains relying on the institutionalisation of the family rather than the state, similar to other South-East Asian societies (Basten et al., 2014). The role of the family in providing care for older people, which concomitantly increases their financial and non-financial costs (Basten et al., 2014; Knodel et al., 2016), is further supported by cultural beliefs and expectations. For instance, Thai older women, the oldest-old in particular, are expected to be cared for, financially and non-financially, by adult children and family members (Knodel and Chayovan, 2014), in preference to the state, which is the case in many welfare states (Chapter 4). This thesis argues that older women are still at risk of caring resource deprivation even though such concerns could be mitigated by existing intergenerational solidarity in Thai society (Chaunwan et al., 2010; Knodel, 2014).

Ageing and older persons have increasingly become a significant issue for the Thai government. In contrast, Thai ageing-related policy and welfare have been substantially changed from the beginning and improved to be more globalised. It could be said that gender dimensions remain absent in Thai ageing-related policies considering most Western ageing policies are gender-blind (Foster and Walker, 2013). One participant interestingly argued that Thai policies are gender-neutral and lack gender-specific treatment, which can be seen as gender discrimination. However, this study agrees with several writers who assert that gender dimensions are inevitably ignored by an absence of a gender perspective in policies (Knodel et al., 2015; Narknisorn and Kusakabe, 2013), which men primarily dominate with far fewer women in decision-making levels in government agencies and policy cycle (Whangmahaporn, 2003; Vichit-vadakan, 2008). By being treated by such presumed gender-neutral policies, the accumulated disadvantages of older women across their life course are likely to persist and increase with age (Sobieszczyk et al., 2003).

The findings of this study contribute to both Thai and Western relevant literature in various ways.

Firstly, it provides the knowledge base surrounding gendered disadvantages throughout the life course in Thailand. Understanding the repercussions of the earlier life course in older age in Thai society is limited even though the life course approach was periodically adopted into ageing policies (UNFPA, 2019) and ageing studies (Sobieszczyk et al., 2003). The empirical data from this research helps to understand how and why women are more disadvantaged than men in childhood and adulthood, and, in many cases, such disadvantages are exacerbated in late adulthood. While women's socioeconomic statuses and circumstances are not likely to be changed across their life course unless they have particular opportunities to elevate their statuses, experiences prior to old age tend to have negative impacts on older women, especially regarding education, employment and income. This thesis makes a theoretical contribution by showing the links between the political economy of ageing and the life course in relation to Thai society. In doing so, it highlights the significance of social institutions, government and policies, global trends and international relations (Minkler and Estes, 1991; Estes, 2004; Walker, 2005; Katz, 2006) as well as individuals' social structure, such as gender, religion, and race and ethnicity (Minkler and Estes, 1991; Arber and Ginn, 1995; Katz, 2006; Phillipson and Barrs, 2007; Kohli, 2007; Dannefer and Phillipson, 2010), to theorising experiences in older age (see figure 1.4). Secondly, by exploring gender inequality in old age, this study confirms the important role that gender expectation plays in shaping individuals' ageing experiences. The study also places great importance on cultural factors in the political economy perspective of ageing since norms and cultural beliefs have had a considerable impact on constructing gender inequality throughout the life course (Chapter 2) and made a distinction between the lives of older women in Western and Eastern societies, particularly in terms of the acceptance of gender prejudices.

Thirdly, to the best of my knowledge, no previous research in Thailand has incorporated quantitative and qualitative accounts of ageing. Most studies focus on either quantitative or qualitative approaches. This study provides mixed-methods research as a new approach to ageing studies in Thailand. It brings together the two dimensions of quantitative or qualitative analysis in an academic setting. Fourth, it provides a link between ageing and gender, particularly in the Thai research field. While the combination of ageing and gender has been widely recognised among scholars and policymakers in Western patriarchal societies, particularly those with a long ageing

research tradition, such traditions are still underdeveloped in Thai society. The country has recently become an ageing society. This research is thus important because it establishes a connection between these two issues, which have rarely been linked in the research community in Thailand. It indicates that the heterogeneity of older persons and older women's disadvantages has not been given sufficient attention even though the government aims to improve their well-being and encourage them to be active citizens. Older women's precarious positions in Thai society and lack of gender dimension in ageing-related policy addressed by this thesis can potentially initiate debates about old-age disparities that are nonexistent in both policy and academic sectors whilst provoking research interest in such issues at the national and local levels in Thailand.

Conclusion

This study has drawn upon historical, social, economic and cultural perspectives, both Western and Thai, to analyse the gender divisions of Thai women's later life. The findings supported the political economy of ageing and the life course perspectives that ageing experiences are diverse and constructed by political, economic, and social structural forces and processes throughout people's life course. This thesis supported previous research (Teerawichitchainan et al., 2019), showing that older Thai women are often vulnerable and dependent. The analysis based on quantitative (the national survey) and qualitative (discussions with older women and interviews with policy-related informants) data has shown that, in modern Thai society, older women, particularly in rural areas, confronted several aspects of disadvantages, such as health, education, and employment and income. Meanwhile, their assumed advantages in some domains are not likely to give them autonomy or betterment but instead, lead them to depend more on others.

Older women's subordinations are a consequence of gender inequality, deriving from the combination between the patriarchal system and structural mechanisms and cultural and social contexts in Thai society throughout their life course. In principle, older women have equal status and rights to men, and both have been treated equally. This derives partially from the stereotype of older women whose disadvantages are part of their gender role and deemed normalised. At the same time, other ageing issues are considered more important. Thus, the absence of gender egalitarianism in ageing policies further legitimises such policies being gender-neutral. However, this study argues that these policies and the intact intergenerational solidarity cannot always protect individuals from

precarious positions. Adequate policy responses can only alleviate the problems of gender inequality in older age.

CHAPTER 10

CONCLUSION

Introduction

The research on which this thesis is based investigated gender inequality in older age and gender perspectives in ageing-related policies in Thailand. As outlined in Chapter 1, the research was prompted by the fact that the older population, particularly women, has risen swiftly. Still, the issue of gender disparities between older men and older women has not been examined in Thai society. To this was added concerns about the structural injustice to which women are subjected across different domains of life and the government's perception of older persons as a homogenous group. It was further driven by the absence of gender dimensions in the ageing debate and ageing-related policies, as well as the separation between gender and ageing affairs in the Thai administration. To examine these issues, the research was guided by the three research questions (Chapter 1).

The research answered these questions using mixed research methods, applied from a political economy perspective and a life course approach, to explore the current status and circumstances of older women accumulated throughout their life course and the relationship between older women and social policies. The triangulation of literature, quantitative and qualitative data (FGDs and interviews) revealed that older Thai women are disadvantaged in several aspects. The findings also highlight that these disadvantages, albeit with variation, were perceived as common along with the notion of a 'good woman', partly leading to the absence of gender dimensions in ageing-related policies. This chapter reviews the key insights of this study and summarises the disadvantages of older Thai women and the gender implications of ageing-related policies.

Summary of Key Findings and Contributions of the Thesis

To answer the first research question, 'What is the social and economic status of older women in Thailand?', a literature review and statistical data in Chapter 6, together with discussions with older women in Chapter 7, helped to reveal that Thai older women are disadvantaged, compared

to men, across several domains of life, including health, education, employment, income, and household responsibility, even though they play crucial economic and social roles in society. The quantitative data analysis showed that older women are more likely than men to be concentrated in widowhood and singlehood and to live independently. They are remarkably more likely to be illiterate and have low-status employment and income. They are less likely to have an adequate pension and more likely to rely financially on their children, family members and relatives. The qualitative analysis also demonstrated that urbanisation has led to the regularity of living alone or only with a spouse or with grandchildren (a skipped-generation household) among rural older women:

For example, living without adult children in rural areas in my community is normal. It is tough to find jobs other than agricultural work here. If my children chose to work on a farm or rice paddy, he would not have earned enough money to look after his children. (Jomkwan, a married older woman)

It is not easy to examine older women's domestic and caring responsibilities in Thailand statistically because of insufficient data; however, Chapters 7 and 8 indicate that older women shoulder disproportionate household responsibilities and community activities. While this thesis demonstrates that the disadvantages of older women prevail, their statuses and circumstances differ depending on their social circumstances, including socio-economic status, age, gender, and area of residence. Variations also relate to women's status and experiences prior to an older age which are reflected by differences in preparation for later life between workers in formal and informal sectors, as shown in Chapter 7:

I think government officials do not have money problems. Although we receive less income (professional pension) than working, we spend less as we age. (Pranom, the government retiree)

There was no such idea of life planning that popped into my mind at that time. I was extremely poor and only thought about how to make money. Don't ever ask about saving. I earned so little money and gave it all to my mother. (Boonsom, a woman who was dependent on her children)

In principle, Thai women have equal rights to men in nearly all dimensions of life. In practice, they are still subjugated to men in several critical dimensions of life due to multiple discriminations, including sexual, social and religious. For instance, women have an equal social status to men regarding the right to choose their surnames after marriage (Chapter 2). However, their mobility and opportunities are still limited due to polygamy, marriage, reproduction responsibilities, and domesticity, mainly when internalised within the understanding of the ‘good woman’. These limitations remain at older ages and thus make it more difficult for older women to change their positions and situations. At the same time, older women are also viewed as older than men of the same age, even though they have attempted to hold on to their feminine asset of ‘beauty’. Compared with younger women, older women are likely to shoulder a double burden of paid and unpaid work and public gender role expectations.

By contrast, older women are deemed to benefit from the norms of parent repayment compared to men. This is partly correct because many ageing mothers could stop working and receive money from their adult children. Only those who were entrepreneurs or lived in poverty chose or were tied to work in later life. This norm, by contrast, was reciprocated by caring for their children during their infancy and, at some point, brought financial difficulties to women since children could not regularly send money to their mothers (Chapter 7). At the same time, globalisation and modernisation provided employment and income opportunities to women. However, these situations not only provide unequal prospects between men and women, as well as urban and rural dwellers but also hold older rural women back in competition with others regarding digital and technology literacy. In sum, older Thai women have been and still are subjugated to men in the private sphere even though they have become more visible in the public sphere.

Causes and acceptance of the gendered statuses throughout the life course

The second research question asked, ‘What are the key determinants of the status of Thai older women?’. The findings from this research show that the underprivileged position of older Thai women derives from two key determinants: the patriarchal system and lifetime gender role expectations. Women’s oppressions are significantly influenced by the Thai regimes, Buddhism and matrifocality, which have been socially constructed by institutions, policies, and communities

and justified by individual socio-economic status as well as norms and cultural beliefs throughout their life course (Russell, 1987; Hooyman, 1999; Estes et al., 2003; Walker, 2005; Foster, 2010). Even though gender disparity partly results from patriarchal relations in the family, universal patriarchy alone cannot explain women's disadvantages. Women's disadvantaged position is further determined by the ideology of a 'good woman' stemming from Buddhism and the family relations governed by matrifocality. These play an oppressive role for women by expecting them to obey and serve men and perform feminine tasks throughout their life course (Tantiwiranond, 1997; Komolvadhin, 2008; Hansatit, 2014).

By using the political economy and life course approaches, it is clear that women's subjugation to men at younger ages is not likely to disappear at older ages unless they have higher incomes from well-paid employment or marry affluent men (Chapter 2). While men aged 60 years and over can stop being breadwinners and enjoy the rest of their life, same-aged women remain tied to their roles as housekeepers and carers for family members, including grandchildren. When combined with the limited material and non-material resources for women in later life, it could be implied that older women's position and status are likely to remain and, in many cases, be exacerbated by their socio-economic status. For instance, older women living in poverty were more likely to shoulder a double burden of work within and outside the house than those of a higher status.

This does not imply that gender gaps in later life go unnoticed. Instead, it is interesting that women's disadvantages and disproportionate responsibilities, especially within the domestic sphere, are not considered unfair but a duty of wife and mother, which is often expressed by the Thai proverb (Cháng táo nâa - Cháng táo lǎng):

Do you know the proverb? They are forelegs. We are hind legs. When walking, an elephant first lifts their forelegs so we cannot walk ahead of them. We need to praise a husband. (Roong, a full-time housewife)

Distinct gender roles are also perceived as usual and not considered significant problems in Thai society, as shown by one of the interviewees in Chapter 8:

The truth is that men and women have to perform their duties. We all have our roles. Men work for money, while women do the housework. This is normal. It's our norm.....(Warattaya, a female government employee)

Chapters 7 and 8 also demonstrated that the acceptance of disparities and difficulties in women's later lives have roots in the ingrained patriarchal norms, the Buddhist doctrines and gender role expectations in Thai society. Even though high-status older women with superior education and employment status were more likely to acknowledge such inequalities than their lower-status counterparts, they did not show any sign of criticism or rejection. However, this does not mean that the existing gender gaps in older age cannot be narrowed or eliminated or that the position and status of older women cannot be equal to that of men. It signals that more attempts are needed to close the gaps and elevate older women's position and status. Nevertheless, given that women's later lives are the result of their earlier life experiences, the existing gender gaps in education, employment and income, health services as well as household responsibility among females in the younger generations (Chapter 2) suggest the likelihood of there being disadvantaged older women in future generations.

Absence of gender dimensions and gender-neutral assumption of ageing-related policies

The third research question was 'What are the government's perspectives on older women and gender dimensions in ageing-related policies?'. The findings and the literature review demonstrated that older persons in Thailand are considered a homogenous group through legislation and social practices, similar to other ageing societies. Older men and women who pass the age of 60 are categorised as older by legislation and most people within the policy community in Chapter 8. In practice, these people are further classified into three groups depending on their physical capacity. The government services, nevertheless, are just as though there are no gender gaps in later life. Chapter 8 also demonstrated that some participants revealed that gender mainstreaming focused mainly on girls and working women even though its principle is to provide for women of all ages who confront gender discrimination or unfair treatment. In reality, the disadvantages of older women based on gender are ignored. Although gender inequality seems to be inessential, class and area of residence inequalities are recognised:

I think *Chowbann* need more opportunities. They have less access to all resources; education, employment, income, etc. Therefore, they have relatively low SES at a younger and older age than *Kon Krungthep* (people living in Bangkok, the capital city). These inequalities are more significant for *Kon Jon* (people living in poverty), continuing into their older ages. (Aphisit, a local male politician)

Among older women, there are differences between rich and poor, educated and uneducated, and employed and unemployed persons.

(Taksa-orn, a female executive in the central government)

Moreover, women's material deprivation and health status in older age are seen as the result of their ageing, including physical and mental deterioration and reduced work capability (Chapter 2). At the same time, disproportionate domestic and caring responsibilities are deemed to be conventionally right (Chapters 7 and 8). In other words, the disadvantages of older women are likely to be considered regular based on age rather than gender.

Thailand's ageing-related policies and implementation have been highly improved alongside the growth of the ageing population and modernisation. However, this does not involve incorporating older persons' social circumstances, including gender, status, and class, into policies. Most ageing-related policies and programmes remain to provide equal rights and services for older men and women, thus considered gender-neutral. My research asserts that the ignorance of gender dimensions in ageing policies can be derived from the perception of women's disadvantages as is customary due to the combination of the Thai patriarchal society and the notion of a 'good woman'. The lack of a gender focus in ageing policies is further reinforced by the distinct scope of work of the two government departments responsible for older persons (Department of Older Persons) and women (Department of Women's Affairs and Family Development), even though both organisations are under the same ministry (MSDHS). At the same time, the absence of gender dimensions in ageing-related policies and implementations highlights the acceptance of gender inequality in older age in Thai society. This assumption does not necessarily mean older women and policy community members in this research contradicted the existence of gender disparities in older age. Still, they were likely to consider it insignificant regarding policy and daily routines. Even though concerns about the rise in women in the disadvantaged situation due to the

feminisation of ageing were raised among participants in this research, the absence of gender views in such policies is likely to maintain older women's position and status and also increase the risk of falling into a precarious position among older women.

By using the life course approach embedded in the political economy of ageing, this thesis has shown how older women are influenced by social institutions and their experiences and social structural positions throughout their life course. It is one of the few studies to have applied a gender lens to ageing and older person in Thailand. This was also the first time that older women in Thailand's rural areas had discussed their disadvantages based on gender and ageing for the purpose of research, which provided a more comprehensive analysis of gender inequality in older age than previous research. The use of mixed methods also enabled a more accurate assessment of the position and status of older women and gender dimensions in ageing-related policies. Therefore, this thesis adds to the knowledge base surrounding the linkage between women and ageing, which has been overlooked in Thai research and expands a relatively modest body of literature on older persons in Thai society.

Future Policies on Older Women

Even though older women's subordination is objectively and, to some extent, subjectively prevalent, old-age gender inequality in Thailand is likely to be overlooked by the assumption that older women's disadvantages are common and natural. Women are also deemed to benefit from Thai traditions and norms. Women's status and the obligations associated with womanhood have tended to affect their choices in life adversely. Therefore, examining differences between and within gender in later life must be about examining inequalities throughout the life course. This thesis has affirmed that the lives of older women differ from men and women with different statuses and circumstances. Their disadvantages have been socially constructed by several determinants, including the gendered nature of Thai patriarchal society, Buddhist teachings, individuals' social structural position, and the normative approval of unfair unpaid responsibility of women across their life course. The government thus commits to eliminating gender inequality and providing protection for individuals so that equal opportunity and access to resources are provided. Women can bear a more just division of responsibility throughout their life course.

Several initiatives, programmes, and activities for reducing the gender gap and promoting gender equality have been implemented through legislation (Chapter 2) and policies involving life aspects, such as education, employment and income (Chapter 3). However, Thai women remain underrepresented, at least in politics and the economy (The Government of Thailand, 2014). Gender inequality and discrimination have continued in a more complicated way (Suksri, 2021), and women's disadvantages are often intersectional. Therefore, forms of discrimination should be considered by policymakers according to women's intersectional character throughout their life course.

Moreover, assumed gender-neutral policies tend to maintain or exacerbate the disadvantages of older women and further create the negative stereotype of older women as an economic and social burden (Walker, 1991; Arber and Ginn, 1991; Foster, 2006). The social status of Thai women still needs to be improved even though the gender gap in schooling has closed, and jobs are gradually being opened to women. The policy must seek to redress any discrimination women may face, particularly regarding employment, income, and household responsibility. Women are more likely than men to occupy informal and low-paid jobs and, in turn, have no or low pension income in later life. Therefore, labour market policies must team up with pension policies to extend the coverage of pension systems to informal sector workers and create a more gender-equitable income and pension for women (Sobieszczyk et al., 2003; Foster and Ginn, 2018). In Thailand, all forms of discrimination, except for age (Thongraweewong et al., 2017), are prohibited by law. Still, there remains discrimination in employment, including gender wage gaps and gendered attitudes favouring men in the labour market (Chapter 3), since such legislation is thwarted. Differences in income between men and women significantly affect their later lives and their children's future. This thesis suggests that different solutions are needed to tackle the unexplained part of the wage gap in the working-age group. At the same time, discrimination based on age should be explicitly addressed in Thai legislation.

At the same time, gendered domestic labour has restrained women from entirely using their work capabilities and tied them to childcare and household tasks across their life course. Despite a move towards more equality within society in terms of domestic and caring responsibilities, including

raising awareness campaigns about the unfair burden of household responsibilities carried by women (Chapter 3), the progress has been limited because of the persistence of gender role expectations and the fairness perception of an unequal division of housework making it difficult for women, especially in the current older generation, to lessen their household and family responsibilities. This means that the heavier household burden of women cannot be diminished merely by raising awareness in public. Other measures, such as shifting gender norms, offering equitable rules and practices within a family, encouraging fathers to take equal responsibility for childbearing and providing accessible or affordable childcare facilities and services for working parents, are further needed.

In formulating such policies, the state must recognise the causes and accumulated disadvantages of women's socially constructed secondary status and provide greater support for women throughout their life courses. Given that ageing policy is undeniable yet malleable (Walker, 2018), the gender-equitable intervention of the state throughout people's life courses has the potential to militate against the repercussions of economic, physical, mental, and social conditions in people's later life. While preparation for later life is essential for people of all ages, the government should also recognise that all-inclusive preparation is not always available to all persons, particularly those with low economic and social status. The state's more gender-equitable interventions could also facilitate women at younger ages to better prepare for their later life, at least in terms of income and social security. These include promoting gender mainstreaming in all policies regarding women's position and status. In addition to gender perspectives, the government must incorporate the life course approach in examining older persons' inequalities and needs to provide services to them accurately. A life course perspective could also provide the basis for policies to prevent later-life chronic conditions, which women bear disproportionately.

As mentioned earlier, Thailand adopted several policies and ideologies from the IGOs and Western countries, including the idea of active ageing. Still, its interventions are likely to fail to achieve the full potential of the concept of active ageing (Chapter 3). It is crucial for the government to consider all domains of life at the individual- and societal levels across people's life courses and differences between individuals, such as culture and gender, when implementing active ageing

policies (Walker, 2002; 2008; Foster and Walker, 2015). Meanwhile, the government seems to think that the rapid growth of the older population must have a significant impact on public expenditure which plays into the notion of the burden of population ageing. Older persons' contributions to a family, community, and society, in particular, older women who play a productive role in generating income for the household, a reproductive role within a family, and a community role as volunteers or persons who maintain relationships in the community, are needed to be addressed penetratingly through the media to combat ageist stereotypes and develop positive attitudes toward ageing.

Limitations and Future Research

Several critical insights into the position and status of older women and gender dimensions in ageing-related policies have been found throughout this research. The researcher has done this with an appropriate thesis plan, excellent consultation, and suggestions from her supervisors. However, it does not signify that the research has been done without limitations. This research used mixed methods in which quantitative analysis of a secondary dataset incorporated with qualitative analysis of six group discussions with older women and interviews with 15 people within the policy community. Although these methods helped reveal the actual position and status of older Thai women and how they were disadvantaged to men as well as how the government viewed them, it needed different knowledge and techniques to do those other methods, including training for understanding how to analyse data using SPSS and learning how to manage and gain a description of perspectives of older women and people within the policy community. Even though Focus Group Discussion (FDG) enabled the researcher to collect different angles of views of Thai older women as it helps develop and generate new ideas about a given topic within a social context (Breen, 2006), some issues, such as power relationships within a family, were still considered personal and thus concealed by older women.

Another limitation was the area selection of three rural areas in Thailand (Chapter 5). These selections facilitated the researcher to gain a deeper understanding of the situations of older women in rural areas. However, combining urban and rural areas would have helped the researcher acquire a broader perception of older women. Alternatively, an approach could have used questionnaires

to gain statistical differences between gender in older age and interviews for a deeper understanding of subtle gender inequalities among people in a specific rural area. The research could have benefited from the use of a longitudinal rather than cross-sectional method, but this was not feasible in the time constraints of a PhD. It has been suggested that longitudinal data enables the researcher to analyse people throughout their life course effectively and gives new insights into the life course dimensions of women's experiences (Evandrou et al., 2000). Moreover, as qualitative analysis focused on the lives of older women in rural areas, which could not represent the disadvantages of the entire female older population, such as those with other locations of social structure, therefore, future research would benefit from expanding the area of residence of participants to gain a broader perspective of older women and also affirm the disadvantages of older women in Thailand.

This thesis presents a comprehensive quantitative and qualitative analysis of policies for older women in Thailand. To understand the needs of older women, the thesis showed how and why older women are in inferior positions to men. It also demonstrated the government's perspectives on older women and gender dimensions in ageing-related policies. Although gender equality has increasingly been recognised in society, older Thai women are still disadvantaged compared to men in several dimensions, especially income and domestic and caring responsibilities, which result from the patriarchal society and women's disadvantages at younger ages. Thus, further research in this field must recognise the relationships between the life course events and incorporate a political economy of ageing perspective into the research.

Concluding Remarks

This thesis is one of the rare ageing studies in the developing world focusing on gender. It demonstrates gender inequality in older age and the prevailing disadvantages of older women in Thailand, alongside a feminisation of ageing and rapid social changes. However, 'academicians and policymakers are aware of these challenges, but Thai National Policy on Aging still puts responsibilities back to family' (Narknisorn and Kusakabe, 2013, p.21). Thus, the thesis asserts that attitudes and policies need to shift from male supremacy and homogeneity to more gender equality and heterogeneity. This requires an acceptance of the ingrained gendered nature of social

structures, which creates gender inequality throughout people's life courses and the importance of equal household responsibilities between men and women. It also requires incorporating perspectives of older women and families and their needs into ageing policies. Furthermore, this thesis urges policymakers to pay more attention to gender issues in ageing-related policies, which means that policies should not only recognise older women but also lesbian, gay, bisexual, transgender, queer, and intersexual (LGBTI) older persons.

Appendix 1: Questions for Focus Group Discussions (FGDs) Participants

1. When do you consider yourself an older person? (At what age or an important life event)
2. What is the worse situation or fear of being old?
3. Do you think older persons' socioeconomic status is inferior to other age groups? If so, what is/are the reason(s)? (e.g. because of age, social institutional construction, previous life experiences or something else)
4. Do you think men and women are at the same risk of being inferior or vulnerable when getting old?
5. How is/are the difference(s) in socioeconomic status and perception between older men and older women?
6. According to your previous positions and statuses (e.g. occupation, social position), what are your expectations of getting old? How do your current living conditions differ from those expectations?
7. How do you compare your current status and wellbeing to your previous experiences? (What are the differences between your current and previous statuses and wellbeing?)
8. Whose responsibility is to care for older persons? (Who should be responsible for care and support for older persons?) (e.g. family members, the community, the government or others)
9. What kind of programme, service or support do you expect to receive from the government?
10. How do you feel about the government's policies relating to older persons (such as OAA, health insurance and care services, and active ageing)? How do these policies respond to your needs as an older woman?
11. Is the experience of receiving care or accessing services different between older men and women?
12. In your opinion, how do the needs for service and support of older women differ from older men?
13. Is it important for the government to consider specific policies for older women?

Appendix 2: Information Sheet for Focus Group Discussions (FGDs)

Participants

Research project title:

Social Policy for Older Women in Thailand

You are invited to participate in a research study. Your participation is entirely voluntary. Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask if there is anything that is not clear or if you would like more information.

Thank you for taking the time to read this.

1. What is the purpose of the study?

The main aim of this study is to investigate the situation of older women in Thailand. It is trying to understand how the position of adult Thai women has influenced their life in older age. The study also investigates older women's experiences as well as the perceptions of people within the policy community towards government social policies on ageing. The ultimate goal of this study is to explore possible policy innovations to help older women in Thailand. The study is a part of a doctoral program and will be completed in 2022.

2. Why have I been chosen?

You are asked to take part in this research project because you are a woman, aged 60 years or over and reside within the area where we are undertaking the study. You have also experienced government ageing policies so that you can potentially say something about those policies in relation to your ageing experiences and also provide important information relevant to the study.

3. Do I have to take part?

Your participation is entirely voluntary. We would like you to consent to participate in this research project as we believe that you can make an important contribution to it. If you decide to take part you are still free to withdraw at any time and without giving any reason and without there being any negative consequences.

4. What will happen to me if I take part?

This information sheet provides the objectives of the study. However, you are more than welcome to ask questions if you have any. If you are happy to participate in the focus group, you will be asked to sign the consent form. The focus group will be audio recorded. You will be skipped for recording if you do not wish to be recorded. With your consent, notes of the discussion will be taken by me or my research assistants. The focus group discussion comprises six older women, including yourself. The researcher and research assistants will facilitate the conversation among the group members which involves a number of questions related to your position as an older woman as well as your opinions towards ageing policies. You are free to

decline if you do not wish to answer any particular question or questions during the focus group discussion. Providing that all participants agree it will be recorded so that I can ensure that I gather all the views expressed. This recording will be destroyed once the detailed contents are noted.

Refreshments will be provided before and after the focus group discussion. The discussion will take approximately one and a half hours. At the end of the discussion, you will be asked to join a group photograph and a small monetary gift will be given to you to cover your transportation expenses.

5. What are the possible disadvantages and risks of taking part?

Participating in this research project is not anticipated to cause you any disadvantage or discomfort. No potential physical or psychological harm or distress is expected. However, whilst you may be asked to answer some questions on your personal and family affairs, you are free to decline if you do not wish to answer any particular question or questions. No personal details relating to you or your family will be recorded anywhere.

6. What are the possible benefits of taking part?

The information you provide will contribute to a better knowledge of a little-discussed subject. It also could help in developing social policies in relation to ageing in Thailand.

7. Will my taking part in this project be kept confidential?

All information collected about participants in this study will be kept strictly confidential and anonymous. All relevant documents and records will be stored in secure and lockable or/and protected by password space. The data generated in the course of the research will be kept securely in paper or electronic form for a period of ten years after the completion of my research project.

8. What type of information will be sought from me and why is the collection of this information relevant to achieving the research project's objectives?

You will be asked a number of questions related to your personal ageing experiences and family issues as well as your perceptions and perspectives towards government ageing policies. The information given by you will help to get an insight into the issues facing older women in Thailand.

9. What will happen to the results of the research project?

The results of this research project will be used as part of my PhD thesis. The results of the study also will be published and made public. However, information from the focus groups will

only be made public in a completely unattributable format or at the aggregate level in order to ensure that no participant can be identified.

10. Who is organising and funding the research?

I am organising my research and no funding is required for it.

11. Who has ethically reviewed the project?

This project has been ethically approved via the Department of Sociological Studies' ethics review procedure by the Sheffield University's Research Ethics Committee.

12. Who can I contact if I have further questions?

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You will be given a copy of the information sheet and a signed consent form to keep.

Thank you for taking part in this project.

Appendix 3: Questions for Interview Participants

1. For how long are you working on/involved in the issue for older persons?
2. Can you briefly describe what your roles/involvement are in policy formulation and implementation?
3. What key factors do you consider when formulating/implementing these policies relating to older persons?
4. From one to ten, what level do you rate the success of the overall outcome of these policies? Why?
5. In your opinion, what are the strengths and weaknesses of these policies and their implementations?
6. How do you think the needs for services and support of older women differ from older men?
7. Do you think the current ageing policies are properly considered the gender issue?
8. Is it important to consider/formulate specific policies for older women?
9. Is it possible/appropriate to consider or formulate policies for older women in Thailand? What is the best way to do that?
10. If you are able to change the position and status of Thai women as well as public attitudes towards them, what are these?

Appendix 4: Information Sheet for Interview Participants

Research project title:

Social Policy for Older Women in Thailand

You are invited to participate in a research study. Your participation is voluntary. Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask if there is anything that is not clear or if you would like more information.

Thank you for taking the time to read this.

1. What is the purpose of the study?

The main aim of this study is to investigate the situation of older women in Thailand. It is trying to understand how the position of adult Thai women has influenced their life in older age. The study also investigates older women's experiences as well as the perceptions of people within the policy community towards government social policies on ageing. The ultimate goal of this study is to explore possible policy innovations to help older women in Thailand. The study is a part of a doctoral program and will be completed in 2022.

2. Why have I been chosen?

You are asked to take part in this research project because you are involved in a social policy process for older persons or you have concerned with the issues of ageing in Thailand. Therefore, you can potentially provide very important information that may be relevant to the research that we are undertaking.

3. Do I have to take part?

Your participation is entirely voluntary. We would like you to consent to participate in this research project as we believe that you can make an important contribution to the research. If you decide to take part you are still free to withdraw at any time and without giving a reason and without there being any negative consequences.

4. What will happen to me if I take part?

This information sheet provides the objectives of the study. However, you are more than welcome to ask questions if you have any. If you are happy to be interviewed, you will be asked to sign the consent form. Your participation will be audio recorded and this recording will be destroyed once the detailed contents are noted. Otherwise, notes of the discussion will be taken by me with your consent.

During an interview, you will be asked a number of questions related to your experiences involving ageing policies as well as your perspectives on possible appropriate policies on

ageing. You are free to decline if you do not wish to answer any particular question or questions. The interview will take approximately one hour. At the end of the interview, you will be given a small gift as an appreciation for your participation.

5. What are the possible disadvantages and risks of taking part?

Participating in this research project is not anticipated to cause you any disadvantage or discomfort. No potential physical or psychological harm or distress is expected. However, you are free to decline if you do not wish to answer any particular question or questions. No personal details relating to you will be recorded anywhere.

6. What are the possible benefits of taking part?

The information you provide will contribute to a better knowledge of a little-discussed subject. It also could help develop social policies in relation to ageing in Thailand.

7. Will my taking part in this project be kept confidential?

All information collected about participants in this study will be kept strictly confidential and anonymous. All relevant documents and records will be stored in secure and lockable or/and protected by password space. The data generated in the course of the research must be kept securely in paper or electronic form for a period of ten years after the completion of my research project.

8. What type of information will be sought from me and why is the collection of this information relevant to achieving the research project's objectives?

You will be asked a number of questions related to your experiences involving ageing policies as well as your perspectives on possible and appropriate policies on ageing. The information given by you will help to fill the knowledge gap on this issue and will further help develop appropriate policies that target the needs of older women in Thailand.

9. What will happen to the results of the research project?

The results of this research project will be used as part of my PhD thesis. The results of the study also will be published and made public. However, information from the focus groups will only be made public in a completely unattributable format or at the aggregate level in order to ensure that no participant can be identified.

10. Who is organising and funding the research?

I am organising my research and no funding is required for it.

11. Who has ethically reviewed the project?

This project has been ethically approved via the Department of Sociological Studies' ethics review procedure by the Sheffield University's Research Ethics Committee.

12. Who can I contact if I have further questions?

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You will be given a copy of the information sheet and a signed consent form to keep.

Thank you for taking part in this project.

Appendix 5: Consent Form

Title of Research Project: **Social Policy for Older Women in Thailand**

Name of Researcher: **Sasipim Arampibulkit**

Participant Identification Number for this project:

Please initial the box

1. I confirm that I have read and understand the information sheet/letter dated explaining the above research project and that I have
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there be any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.
3. I understand that my responses will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.
4. I agree to take part in the above research project.
5. I agree that the focus group/interview can be recorded.
6. I agree for the data collected from me to be used in future research.

| | | |
|---|------|-----------|
| Name of Participant <i>(or legal representative in case of participant's illiteracy)</i> | Date | Signature |
|---|------|-----------|

| | | |
|--------------------|------|-----------|
| Name of Researcher | Date | Signature |
|--------------------|------|-----------|

To be signed and dated in presence of the participant

Appendix 6: แบบแสดงความยินยอม

หัวข้อคุณิพนธ์ : นโยบายสังคมสำหรับผู้สูงอายุสตรีในประเทศไทย

(Social Policy for Older Women in Thailand)

ผู้วิจัย : นางสาวศศิพิมพ์ อร่ามพิบูลกิจ

ลำดับผู้เข้าร่วมการวิจัย (Participant Identification Number)

โปรดทำเครื่องหมาย X ลงในช่อง

๑. ข้าพเจ้าได้อ่านและทำความเข้าใจเอกสารข้อมูลเกี่ยวกับคุณิพนธ์โดยสังเขป ลงวันที่.....แล้ว
และรับทราบว่าจะสามารถสอบถามข้อสงสัยเกี่ยวกับงานวิจัยชิ้นนี้ได้ตลอดเวลา
๒. ข้าพเจ้าเข้าร่วมงานวิจัยครั้งนี้ด้วยความสมัครใจ และเข้าใจว่าสามารถถอนตัวออกจากงานวิจัยนี้ได้ทุกเมื่อ
โดยไม่จำเป็นต้องแจ้งเหตุผลให้ทราบ และจะไม่มีผลกระทบทางลบตามมา นอกจากนี้ ยังสามารถปฏิเสธ
ที่จะไม่ตอบข้อคำถามหรือประเด็นใดที่ไม่ประสงค์จะตอบก็ได้
๓. ข้าพเจ้าเข้าใจว่าการให้ข้อมูลครั้งนี้จะเก็บเป็นความลับอย่างเคร่งครัด โดยข้อมูลที่ข้าพเจ้าให้จะเป็น
ข้อมูลนิรนาม (ไม่ระบุชื่อ) โดยคณะผู้วิจัยจะนำข้อมูลไปใช้ในการวิจัยเท่านั้น ทั้งนี้ ชื่อของข้าพเจ้า
จะไม่ปรากฏในงานวิจัย รวมถึงไม่สามารถระบุตัวตนของข้าพเจ้าได้ในเอกสารทั้งปวงที่เกี่ยวข้องกับ
งานวิจัยชิ้นนี้
๔. ข้าพเจ้าตกลงที่จะเข้าร่วมเป็นส่วนหนึ่งของงานวิจัยครั้งนี้
๕. ข้าพเจ้ายินดีให้มีการบันทึกเสียงในการสนทนากลุ่ม/การสัมภาษณ์
๖. ข้าพเจ้ายินดีให้นำข้อมูลที่ให้ในครั้งนี้ไปใช้ในงานวิจัยในอนาคต

ชื่อผู้เข้าร่วมการวิจัย

วันที่

ลายเซ็น

ชื่อผู้วิจัย

วันที่

ลายเซ็น

ลงชื่อและวันที่ต่อหน้าผู้เข้าร่วมการวิจัย

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