

PERSPECTIVE

RESEARCHERS AT ISEAS – YUSOF ISHAK INSTITUTE ANALYSE CURRENT EVENTS

Singapore | 23 April 2019

Managing Thailand's Ageing Population

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EXECUTIVE SUMMARY

- Developing countries such as Thailand face the predicament of their respective populations getting old before getting rich.
- Declining mortality and fertility rates, longer life expectancy, projected growth of “the oldest-old” (people aged 80 or older), and the shrinking of the working-age population while the ageing population continues to increase pose long-term socio-economic and political consequences for the country.
- The foremost challenge facing Thailand is that of providing adequate eldercare. A middle-income country like Thailand must decide whether the elderly will live longer with good health or with more illness, disability, and dependency.
- The progressive ageing of the elderly population will lead to greater dependency on social support, more social risks, and an increased demand for services.
- Unequal capacity and quality of care between urban and rural areas, gender disparity, and long-term financial security for the elderly remain causes for concern.

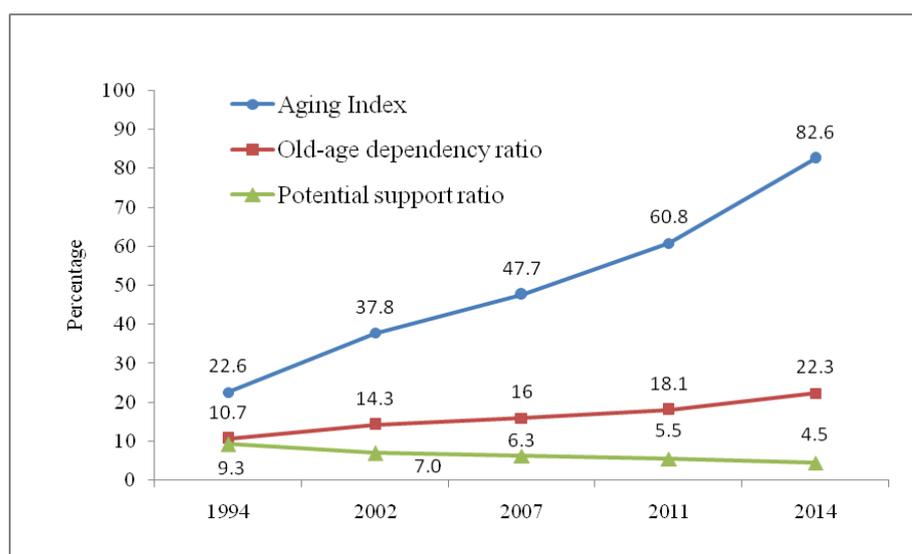
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INTRODUCTION

According to official figures, Thailand has been an ageing society since 2005.¹ Estimates² indicate that the percentage of people aged 65 and over in Thailand has increased from 5.0 per cent in 1950 to 8.4 per cent in 2000 and will continue to increase to 27.1 percent by 2050. These estimates mean that Thailand will become “a super-aged society”³ in the next 30 years. The percentage of the Thai population aged 65 and over will increase at a faster rate than both the Asian and world averages. Rapid ageing in Thailand, occurring in just 22 years⁴ (as compared to over 60 years in some developed countries), is primarily due to improvements in the healthcare system and successful government birth control campaigns. Thailand’s total fertility rate (TFR)⁵ has declined from 6.4 in the mid-1960s to 1.9 in the mid-1990s.⁶

Thai life expectancy has also increased. Life expectancy at birth increased by between 14 and 15 years between 1965 and 2005, and is projected to rise to 82.3 years for females and 77.2 years for males by 2040.^{7 8} Older Thai women make up the majority of Thailand’s elderly population; they live longer than men by approximately five to six years.⁹ Significant longevity therefore prolongs the duration of care, social security, and welfare payments needed for the aged. Between 2010 and 2040, the proportion of “the oldest-old” — people aged 80 or older — in Thailand will almost double to about 19.1 per cent.¹⁰ They are the fastest growing segment of all population age groups. This growth is one of the main challenges that Thailand will have to overcome, as large groups of people start to age and become more susceptible to disease and disability under ongoing economic constraints.

Figure 1. Aging index,¹¹ old-age dependency ratio, and potential support ratio in Thailand, 1994–2014¹²



The age structure in Thailand has also changed. The country’s low TFR will lead to a shrinking of the workforce. This pattern will result in a situation where there will be lesser working adults supporting and sustaining the needs of ever-increasing elderly, either

directly through family-support mechanisms, or indirectly through taxation.¹³ Figure 1 shows the upward trend in the old-age dependency ratio from 10.7 per cent in 1994 to 22.3 per cent in 2014.¹⁴ This means that in 2014, approximately 100 working adults were required to take care of 22 older persons. Conversely, the potential support ratio has progressively decreased,¹⁵ with, four persons of working age having the capacity to take care of one older person.¹⁶

What are the challenges posed by these specific features of Thailand’s ageing population, and their long-term socio-economic and political consequences?

CHALLENGES POSED BY POPULATION AGEING

Health Challenges

As population ageing is directly related to issues of physical deterioration, the foremost challenge facing Thailand is that of providing adequate elderly healthcare. The elderly are at higher risk of disease and its consequent outcomes, like disability, frailty and dependency. Older dependent adults will become a burden for Thailand in the near future. Therefore, a middle-income country like Thailand must question how ageing will affect healthcare costs: will the Thai elderly live longer with good health or shall they face illness, disability, and dependency as they age?

Chronic Diseases

The current health trends of older Thais are crucial in answering the questions posed above. The percentage of elderly persons who reported their health as “poor” to “very poor” decreased gradually from 25.9 in 1994 to 16.0 in 2013.^{17 18} This may be due to advances in medical technology and improvements in the Thai healthcare system over recent decades. However, degenerative and chronic diseases are more likely to increase with age.

Table 1. Percentage of the elderly in Thailand self-reporting poor health and chronic disease, 1994–2013^{19 20 21 22 23 24}

	1994	2002	2007	2011	2013
Poor to very poor health	25.9	24.3	24.3	15.9	16.0
Hypertension	25.0	20.0	31.7	33.7	41.4
Diabetes	5.0	8.3	13.3	15.0	18.2
Heart disease	9.2	7.2	7.0	4.8	N/A
Cancer	0.5	0.5	0.5	0.9	N/A

Patterns of chronic diseases reported among Thai elderly are similar to those of elderly in developed countries, the most common being hypertension (41.4 per cent) and diabetes (18.2 per cent). These diseases have been on the increase among older Thais between 1994 and 2013, as Table 1 indicates. Many elderly Thais also suffer from high blood sugar levels

(55 per cent) and high blood pressure (43 per cent).²⁵ Additionally, elderly who suffer from these symptoms usually suffer at least one other chronic cerebrovascular²⁶ or cardiovascular disease,²⁷ which may lead to poorer health, placing a greater strain on care and financial support. For example, diabetes is a major risk factor for other illnesses like heart disease, stroke and end-stage renal disease.²⁸ The Thai Ministry of Public Health²⁹ has reported that 95 per cent of older Thais were living with at least one chronic disease.

Physical Impairment: Disability

Elderly individuals are also susceptible to declining functional ability, which is the inability to perform basic daily activities like walking and feeding. It also relates to difficulties in performing instrumental or advanced activities such as social interaction, participation, and financial management.³⁰

Although functional ability will decline with age, some comparative studies reveal that the elderly in developing countries had their functional abilities decline faster than the elderly in developed countries. For example, older Thais were less likely to conduct basic and advanced daily activities independently and needed more help and care than Japanese elderly³¹³²³³ despite the older Thais being significantly younger than their Japanese counterparts. This may be due to differences in economic status, infrastructure, and education level, which are important factors in delaying and diminishing the severity of disability in older Thai adults.

Furthermore, a 2013 national survey noted that the number of elderly Thais with disabilities has increased gradually from 5.8 per cent in 2001 to 21.4 per cent in 2012.³⁴ The three most common types of disabilities reported by Ministry of Public Health in 2013 were mobility issues (43 per cent), vision (27 per cent), and hearing impairment (4.6 per cent).³⁵

The growing number of oldest-old suffering from two or more chronic diseases will pose a greater strain in the financing of their healthcare, both in the short and long term.

Age-Related Memory Impairments: Dementia

Another health concern for Thailand's ageing society are age-related memory impairment disorders like dementia or "senility". The cause of most dementia cases remains unknown, and there is no effective treatment for this disorder. Dementia is a challenge that must be tackled, especially with the rapidly expanding segment of the oldest-old group.³⁶ Further, care of dementia patients demands considerable resources on both the state and the family.

Although the number of elderly with dementia in Thailand is relatively low, problems related to dementia are still evident. A report by the Ministry of Social Development and Human Security³⁷ reveals that 63 per cent of elderly that wandered away from their homes were undiagnosed dementia sufferers; most of their family members were unaware that these elderly had dementia. However, this issue is not yet of serious concern for policymakers; instead, the immediate urgency is in confronting the dementia epidemic with limited resources for diagnosis and treatment. Additionally, Thailand has had little time to

develop comprehensive health and social welfare systems. Further, some older Thais still cling on to bad habits like smoking and alcohol consumption, increasing the probability for such diseases like Type 2 diabetes and hypertension³⁸, which might accelerate the severity of dementia in Thailand.

Healthcare Services

After decades of policy and technological advancement, Thailand now has healthcare services that cover all communities throughout the country.³⁹ Previously, Thailand's primary healthcare focus was on maternal and child health, alongside infectious diseases. Since seniors have started to make up an increasing share of the total population, geriatrics has become a critical concern for the government. Geriatric clinics have been established as part of state services, and healthcare providers are being increasingly trained in geriatric medicine. Additionally, convenient and rapid access to healthcare services for the elderly supplements regular governmental health services. However, these efforts still remain limited. The efficiency of some of these resources and programmes awaits verification.⁴⁰ Infectious diseases remain the major cause of morbidity and mortality among the Thai people. Although the rate of infectious-disease-associated deaths declined fivefold from 1958 to the mid-1990s, this trend was reversed in the late 20th century. The mortality rate from emerging and re-emerging infectious diseases such as AIDS, tuberculosis, and pneumonia has increased.⁴¹ Besides this, Thailand has to also solve a maldistribution of its medical resources allocation in the health service system, such as a shortage of professional medical staff and inequitable health resource allocation between urban and rural areas. For example, one third of doctors in Thailand, or 34.7 per cent, and almost half of dentists, or 49.2 per cent, are concentrated in the Bangkok metropolitan region alone.⁴² Thailand has also relatively few physicians in relation to the number of patients. Furthermore, a report from the Ministry of Public Health revealed that even though medical technologies constitute an increasing slice of the national healthcare budget, very few medical instruments have been made available in provincial areas,^{43 44} reflecting the problem of the centralization of the public healthcare system management system, which will need to be developed accordingly as ageing becomes a nationwide phenomenon.

Healthcare Costs

Healthcare expenditure for the elderly in Thailand is projected to increase almost fourfold by 2022.⁴⁵ This situation is a consequence of the ageing population and the accelerating pace of medical innovation.

Table 2. Health expenditures among Southeast Asian countries^{46 47}

Country	Health expenditure per capita (USD)		Percentage of GDP		Proportion (Govt.: household)	
	1998	2007	1998	2007	1998	2007
Thailand	112	282	6.1	6.4	33 : 67	42 : 58
Indonesia	54	82	2.7	2.2	26 : 75	55 : 46
The Philippines	144	130	3.6	3.9	42 : 58	38 : 65
Malaysia	168	604	2.5	4.4	58 : 42	44 : 57
Singapore	744	1,643	3.6	3.1	35 : 65	33 : 67

Although health expenditure in Thailand is lower than in certain Southeast Asian countries, it is the highest in terms of percentage of GDP; see Table 2. More than half of its health expenditure comes from out-of-pocket payments, thus making healthcare less accessible for the Thai elderly, some of whom are in financial instability. Almost half of the population have no retirement pension, and only 35.8 per cent of older persons have savings.⁴⁸ Additionally, household debt in Thailand is also extremely high, at 84.7 per cent of GDP.⁴⁹

Socio-economic Challenges

The progressive ageing of the elderly population will lead to greater dependency on social support, more social risks, and an increased demand for services. More lifelong opportunities and services should be catered for the aged.

The Vulnerability of Older Women

There is a gender disparity in socio-economic status among elderly Thais. A recent national survey reveals that elderly women are more likely to be poorer, illiterate, and have lower levels of educational attainment than men. Only 79.9 per cent elderly women are literate, as compared to 90.1 per cent for men.⁵⁰ However, the educational level and literacy rate of the Thai population has improved greatly over the past eighty years, narrowing the gender gap among the younger-old than the older-old.⁵¹ Illiteracy or low education levels limit the ability of older persons to take part in economic activities. About 24.7 per cent of women have an annual income of less than 20,000 baht per month, which is under the poverty line,⁵² as compared to 17.7 per cent of men. Furthermore, insufficient income for daily living is more pronounced among elderly women (15.7 per cent) than their male counterparts (13.8 per cent).⁵³

Older married women are more vulnerable, as their spouses are generally primary sources of material, social, and emotional support and of care. Only 46 per cent of elderly women are currently married and living with a spouse compared to 79 per cent of elderly men. Older women (5.5 per cent), particularly those who are in very old age, live alone, outnumbering older men (2.0 per cent) who live alone. Furthermore, almost a half of all older women (43.2 per cent) are widowed, three times higher than that of older men.⁵⁴

A combination of age and low socioeconomic status also puts older women at increased risk of violence and abuse. Although the literature on this topic is limited, a survey on violence reported that older women (3.6 per cent) had twice the risk of abuse to older men (1.8 per cent).⁵⁵ Government policies relating to ageing are generally gender-neutral, and policies rarely link gender and ageing issues together.

SUPPORT AND CARE FOR THE AGED

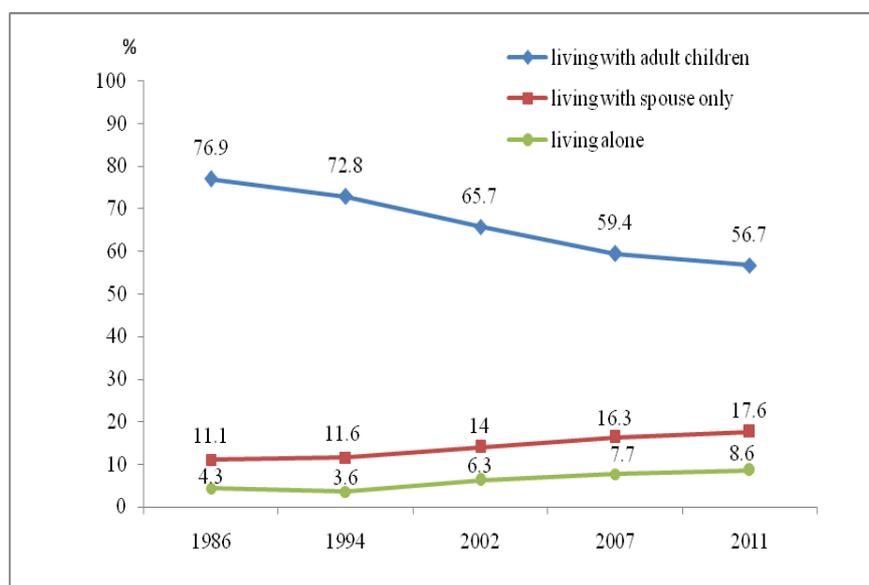
Informal Support from the Family

Filial piety is a fundamental norm in Thai society. Many Thais have been socialized into showing a sense of indebtedness to those who have done them good by repaying the debt of gratitude whenever opportunities arise. This includes paying back their parents' sacrifices in raising their children, by caring for them in their old age. Children who fail to do so are believed to have sinned and will suffer bad consequences in return.⁵⁶ However, economic and social situations have changed, raising questions about the future of long-term parental care.

National surveys undertaken from 1994 to 2014 indicate that adult children are among the sources of economic support and care for 80 per cent of elderly Thais. Adult children also provide non-monetary material support — food, goods and clothing — to their parents, and they make up a significant proportion of care-givers in all the surveys. However, the percentage of elderly who received some financial support from their children decreased slightly from 87.6 per cent in 1994 to 84.8 per cent in 2014. A much more significant decline was found in the number of older persons citing their children as their main source of income, from 54.1 to 36.8 per cent.⁵⁷

Significant changes in the patterns of living arrangements among the Thai elderly have affected intergenerational socioeconomic exchanges within the family, among them contribution to the elderly's well-being. Living with adult children is essential for ageing parents to meet their needs for support and assistance.⁵⁸ However, older Thais are less likely to live with their adult children than in the past, having fallen by approximately 20 per cent over the past twenty-five years. Older Thais are now more likely to live with their spouses or to stay alone; see Figure 2.

Figure 2. Living arrangements of people aged 60 and over in Thailand, 1986–2011^{59 60 61}



Consecutive national surveys indicate that the attitudes towards “repayment of gratitude” have slightly declined from 98.6 per cent in 2005 to 96.0 per cent in 2011.^{62 63} Fortunately, most people in Thailand — 91.7 per cent — disagree with the idea of sending elderly to live in a home for the aged or elsewhere, and very few — 6.2 per cent — perceive the elderly as a burden for the family.⁶⁴

Formal Support from the Government

Since the early 1980s, the Thai government has responded to population ageing with various social programmes.⁶⁵ However, significant challenges to the further development of some schemes persist. Universal health coverage, initiated in 1989, provides free medical care for the disadvantaged elderly and was extended to cover all elderly in 1992. In 2007, the scheme was modified such that there was to be no minimum premium payment for each visit.⁶⁶ The scheme has broadened access to health services and helped to reduce the financial burden for the elderly.

There are still significant gaps with regard to the access and utilization of healthcare services.⁶⁷ The elderly poor who live on the universal old-age allowance alone, the bed-ridden elderly, and the poor elderly with mobility constraints still remain among the most vulnerable. Furthermore, the lack of access is compounded by the elderly’s reliance on caretakers or relatives’ availability to bring them to the healthcare facilities. A lack of public or affordable transportation especially for the rural elderly also compounds the problem.⁶⁸

Welfare Allowance

In 1993, the Department of Public Welfare initiated a financial assistance programme designed to provide a monthly subsistence of 200 baht for indigent old persons.⁶⁹ Since 2006, the payout has increased to 500 baht per month to those aged 60 and over, who are

ineligible for pensions from other state agencies. In 2009, the programme began to operate on a multiple monthly-rate system. This means that those between 60 and 69 years of age receive 600 baht per month, with the payout increasing 100 baht for every 10 years until 90 years and above, who receive around 800 to 1000 baht monthly. However, these amounts fall below the standard of living in Thailand⁷⁰. This universal coverage cost the government 10.83 billion baht in 2007 and 36.00 billion baht in 2011 and is projected to increase to 133.26 billion baht by 2021.⁷¹

Seven years after the government decided to make the old-age allowance universal, the Ministry of Finance considered withdrawing the allowance from older people with monthly incomes of more than 9,000 baht or total assets of more than 3 million baht; initially, their intention was to provide for those seniors who are in most need and to reduce the burden on state spending. The announcement was met with extensive public criticism, as many recipients spend part of the allowance on health-related costs such as transportation to hospital and basic medicines for minor illnesses.⁷² The government has recently reconsidered their decision and has instead developed plans to increase the living allowance for the elderly to 1,500 or 2,000 baht in order to meet a minimum standard of living, at an estimated cost of 2 billion baht a year⁷³. Further, the old-age allowance programme is non-contributory and comes solely from the government; a growing proportion of indigent aged people in the population will surely increase the cost of the programme. Its sustainability is thus a matter of debate; long-term security for the aged may entail mounting budget deficits for Thailand.

Cultural Challenges

Thai society is organized according to Confucian principles of hierarchy and patronage, where older persons usually enjoy high status because of their valuable contributions. They are viewed as sources of wisdom and good role models for younger generations.⁷⁴ Cultural norms of respecting the elderly are a part of the Thai social code. For example, each 13 April, Thailand observes National Older Persons' Day to highlight the importance of older persons. Despite the social status enjoyed by the elderly, their perceived value to society has been on the decline, particularly among teenagers who view the elderly as old-fashioned, difficult to understand, hard to please, and boring.⁷⁵ In this respect, ageism in Thailand is as commonplace as it is in the West. Age discrimination is experienced most by the female elderly and the oldest-old group and could impact their self-esteem and well-being.^{76 77}

CONCLUSION

Although Thailand has only recently become an ageing society, the astonishing rate of increase in its ageing population requires urgent attention. Fortunately, as a second-wave ageing society, Thailand has taken advantage of medical knowledge and technologies to improve elderly care. However, complex challenges that require urgent solutions remain. High incidences of chronic diseases combined with poor health literacy and unhealthy lifestyle and diet choices among older Thai adults may increase the rates and severity of co-

morbidity and the early onset of disability leading to massive demand for long-term care and exploding healthcare costs. Nevertheless, while Thailand has provided universal health coverage since 2002, the capacity and quality of care remain unequal between urban and rural areas. Lack of access to healthcare services for older persons who have no caretaker, or are among the lower income, or are disabled all figure in this gap. Age-related health problems require specific expertise and care, both of which are concentrated in the metropolitan region. This situation suggests that the country must address the over-centralization of the public health sector management system.

Another important consideration is gender disparity. A combination of age and low socio-economic status among older Thai women puts them at risk of violence and abuse more than older Thai men. Government policies related to ageing should put more emphasis on the issue of gender. Finally, long-term security for the elderly under universal social programmes remains a cause for concern, especially in terms of financial sustainability.

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³ A super-aged society is one in which the proportion of the population aged 65 or older exceeds 20 per cent of the total.

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¹⁴ The old age dependency ratio describes the burden of supporting older persons placed on the working population, measured as the number of elderly people (60 or older) per one hundred persons aged 15 to 59 years (United Nations. 2002. World population ageing: 1950-2050. New York, USA: Population Division, United Nations Department of Economic and Social Affairs, p. 41).

¹⁵ The potential support ratio is the number of persons aged 15 to 59 for every person aged 60 or older (United Nations. 2002. World population ageing: 1950-2050. New York, USA: Population Division, United Nations Department of Economic and Social Affairs, p. 42).

¹⁶ National Statistical Office. (2014). Samruat prachakon sungayu nai prathet thai pho so 2557 botsarup (The 2014 survey of elderly population in Thailand: Executive summary).

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