

Abstract

**The Attribution for Active Ageing among the Thai Elderly: Evidence
from the 2002 Survey of Elderly in Thailand**

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Active ageing is the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age. This study attempts to identify and estimate active ageing attribution among the individual Thai elderly by using the World Health Organization's concept on "Active Ageing" adopted in the late 1990s. The data used for this study came from the 2002 National Survey of the Elderly in Thailand conducted by the National Statistical Office. Samples of this study covered 39,201 persons aged 50-79 years from the stratified two-stages sampling of national and regional representative sample. Sample weights were applied to make the sample nationally representative. Data were analyzed by using descriptive statistics with cross-tabulation to contribute active ageing into three main components: health, participation and security.

Results revealed that health of the Thai elderly was at a moderate level (69 %), one-fourth had poor health (24 %), and only about 7 % had good health whereas less than 1.0 % had total dependence. For participation, Thai elderly participated mainly at a moderate level (62 %), following with no participation (13 %) and low participation (11 %). More than half of them participated in the work force; however, about half of them did not participate in any club or group. Economic security of the Thai elderly was also at a moderate level (69 %) and tended to be at a low level (16 %), while the physical security was at a high level (83 %). When considering the whole security of the Thai elderly, the majority was at the moderate level (68 %) and also tended to be at the high level (17 %).

When these three components were included together, Thai elderly mainly had active ageing characteristics at a moderate level (56 %), and about 30 % had that at a low level while 9 % had no attributions of active ageing. However, the findings indicated that active ageing was higher among males than females, among younger elderly than older elderly, and among the married elders than the widowed/divorced/separated and single elders. Moreover, active ageing was somewhat greater for the elderly who completed higher education, and engaged in a better occupation (such as civil servants/professions and technicians). Actually, active ageing decreased when the elderly had chronic illnesses. In conclusion, the active ageing groups are mostly males, younger and married elderly, elders having higher prestige occupation and education, and no chronic illnesses. These findings suggest that health promotion initiatives are needed especially in the case of chronic illness. For formal participation, clubs or groups such as elderly club need to be promoted and reorganized such that the activities fit the elderly interests. Economic security should be promoted among the elderly women, older elderly, and uneducated or unemployed elderly.