

Differentials in Happiness among the Young Old, the Middle Old and the Very Old in Thailand

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Abstract

This study investigates factors affecting happiness among the young old, the middle old and the very old in Thailand. The sample includes 4,036 people ages 60 and older who are Buddhists and have at least one living child in the demographic surveillance site in Kanchanaburi, Thailand. Face-to-face interviews were conducted from September to December 2011. Older people were classified into young old (60-64), middle old (65-74) and very old (75 and older). Multiple regression was used to analyze these three age categories separately. Results show three factors that significantly contribute to elder happiness in all age categories: perceived trust in family care, the number of people with whom it is pleasant to talk and perceived health. Economic factors were important for the young old and the middle old. Giving help to children/grandchildren and engaging in religious activities were important only among the very old. Policies should promote health, work opportunities for older adults and religious activities, as well as family, friend and community relationships. It is strongly recommended that such policies be implemented before people reach old age.

Key words

Happiness; older people; Thailand

Introduction

The inclusion of happiness among older people as an outcome variable has become increasingly popular in studies examining aging as a lifelong process. This may be because happiness is a common goal, and previous research has demonstrated that happy individuals are successful in many life domains. Being happy leads to better health, increased longevity, decreased disabilities and reduced mortality (Collins, Goldman & Rodriguez, 2008; Danner, Snowden & Friesen, 2001; Lyyra, Törmäkangus, Read, Rantanen & Berg, 2006; Maier & Smith, 1999; Ostir, Markides Black & Goodwin, 2000).

Based on a review by George (2010), key predictors of happiness among older adults include at least five categories: socioeconomic status (e.g., income), health, social integration (e.g., community connectedness), social relationships and support (e.g., family and friend) and psychological resources. It can be argued that connection with family and friends should not be included in the same domain. This is because different contact partners do not have equal importance for happiness in terms of quantity and quality of relationships (Pinquart &

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Sörensen, 2000). Religion has also been found to be associated with happiness. Religious beliefs and practices lead to better physical health, and better mental health for members of different religions (Koenig, McCullough & Larson, 2001). Older adults who derive a sense of meaning in life from religion tend to have higher levels of happiness (Krause, 2003). Demographic factors have been associated with happiness in previous research. For instance, happiness increases with age (Yang, 2008). Women are less happy than men (Diener, Suh, Lucas & Smith, 1999), and married people are happier than unmarried, divorced and widowed people (Layard, 2005; Pinqart & Sörensen, 2001).

Many older people become increasingly vulnerable as they face various health problems as they age. In the same vein, they often face an increased risk of losing social contact and significant amounts of income. Thus, older people are more likely to require help and care than younger people (Pinqart & Sörensen, 2000; Sotgui, Galati & Manzano, 2011). In addition, based on the life course perspective, human development and aging are lifelong processes, and behavioral patterns vary according to their timing in a person's life (Elder 2006). Rather than lumping together all people who have been defined as older and thus blurring important differences, defining sub-groups of older people allows for a more subtle appreciation of the diversity among older generations.

Most previous research combines all older people into either 60 or 65 years and older according to the cultural definition of old age. Thus, the present study aims to explore lesser-known factors affecting happiness among the young old, the middle old and the very old populations, which is interesting since the factors contributing to their happiness are likely to be different, specifically, in Thailand. Thailand is an interesting choice since its proportion of population ages 60 and older is higher than that of many other countries in Asia, such as China, and it ranks second highest (after Singapore) among ASEAN countries in this regard (Gray & Chamrathirong, 2009). Furthermore, the rapid aging occurring in Thailand is also of interest since it is still a middle-income country, while other aging countries, such as Singapore, tend to be more fully developed.

Over 90% of the Thai population is Buddhist. The predominance of Theravada Buddhism is considered an important aspect of the Thai setting since it influences Thai people's attitudes, thoughts and way of life (Knodel, Chamrathirong & Debavalya, 1987). In general, people tend to engage more actively in religious practices when they get older. It has been found that different religious practices appear to correlate similarly with subjective well-being for members of different religions (Cohen, 2002). For Thai Buddhists, going to temples is a component of psychological well-being among older adults (Ingersoll-Dayton, Saengtienchai, Kespichyawattana & Aungsueroach, 2004). In addition, it has been shown that Buddhist teaching on being content with what one has affects Thai older people's happiness significantly (Gray, Rukumnuaykit, Kittisksathit & Thongthai, 2008). These Thai studies, however, did not categorize older people into different old age groups.

For Thais, since filial piety is the norm, most older people rely on family support, particularly from their children (Knodel, Kespichyawattana, Wivatvanit & Saengtienchai, 2013). Thus, the present study will contribute to the literature on happiness among different age groups and on Buddhist happiness in particular.

Materials and Methods

The data were collected from the demographic surveillance site in Kanchanaburi province, Thailand. A stratified systematic design was used for selecting villages in the rural areas and census blocks in the urban areas. The basic data were collected from all households in sampled villages and census blocks. A total of 4,424 of those ages 60 and older were interviewed from September to December 2011.

The final data in this study included 4,036 people due to the exclusion of 100 non-Buddhists, 258 never-married older persons and 30 older people without a living child. The exclusion is because religious practices in Buddhism and contact with children were key variables in the study. Older people were classified into three age groups, namely, those ages 60-64, the "young old" ($n = 1,249$), those ages 65-74, the "middle old" ($n = 1,810$) and those ages 75 and older, the "very old" ($n = 977$). Reasons for the classification in this study were based on the Thai context. Age 60 is used as the starting point for defining people as "older" in Thailand (vs. 65 in most developed countries), and life expectancy at birth for a Thai person is about 75 years (Foundation of Thai Gerontology Research and Development Institute, 2013).

It should also be noted that the classification of older persons used by scholars is arbitrary. The UN recommends that population aging is defined into three age groups: 60 or older, 65 or older, and 80 and older. People ages 80 and older are called the "oldest old" (United Nations, 2013). Despite this standard recommendation, many scholars use different age categories. For instance, the Foundation of Thai Gerontology Research and Development Institute (2013) defines older adults as early older persons (60-69), mid-older persons (70-79) and late older persons (80 or older). Another international study defines older population subgroup as the young-old (65-74), the middle-old (75-84) and the oldest-old (85 or older) (Zizza, Ellison & Wernette, 2009).

Determination of "happiness" was based on the question "What is your level of happiness?" and asking interviewees to rank their happiness from 0 (not happy at all) to 10 (happiest). Independent variables were categorized into six domains: 1) economic factors, 2) family relationships and support, 3) social relationships/networking, 4) perceived health, 5) religious activities, and 6) demographic control variables (i.e., age, sex, marital status and number of living children). The questions for each domain are shown in Table 1.

Multiple regression analysis was used to determine factors associated with happiness. A linear relationship was assumed between these predictors and happiness under the Ordinary Least Square: OLS method. The OLS modeling technique closely fits the dependent variable as functions of the independent variables, minimizing the sum of square errors from the data; the smaller the differences, the better the model fits the data (Gujarati, 2003).

While the dependent variable, level of happiness, is continuous, almost all of the independent variables were converted to dummy variables, except for interval variables, including age, number of living children and number of people with whom it is pleasant to talk. A limitation of this final variable should be noted, as it combines family members with friends and neighbors into one question.

Table 1: Domains of independent variables and questions for each domain

Domains	Questions	Possible answers
1. Economic factors		
1.1 Income sufficiency	Do you think that your income is sufficient for each month?	Yes, and enough for saving Yes, but not enough for saving Not enough
1.2 Debt and feeling of debt burden	Do you or any members of your family have debt? If yes, does it burden you?	1. No debt 2. Yes, it is my debt /my spouse's debt 3. Yes, it is my family member's debt 4. Combination of 2 and 3 1. No 2. Yes but I can handle it 3. Yes but I can't handle it
2. Family relationships and support		
2.1 Frequency of contact with children	How often do you talk to your children both face-to-face or by phone?	1. Not at all in the past one year 2. 2-3 times a year 3. At least once a month 4. At least once a week 5. Everyday
2.2 Satisfaction with receiving financial support from children/grandchildren	To what extent are you satisfied with the amount of financial support from your children or grandchildren?	1. Unsatisfied 2. Slightly satisfied 3. Moderately satisfied 4. Highly satisfied 5. Not receive
2.3 Satisfaction with help given to children/grandchildren	To what extent are you satisfied with the help you give to your children or grandchildren?	1. Unsatisfied 2. Slightly satisfied 3. Moderately satisfied 4. Highly satisfied 5. Not given
2.4 Perceived trust in family care	To what extent do you believe that your family will take good care of you when you become seriously ill?	1. None 2. A little 3. Very much 4. Extremely
3. Social relationships/ networking		
3.1 Frequency of contact with friends/neighbors	How often do you meet or phone or write to your friends or neighbors?	1. Not at all in the past one year 2. 2-3 times a year 3. At least once a month 4. At least once a week 5. Everyday
3.2 Trust in neighbors	How much do you and your neighbors trust each other?	1. A little 2. Moderately 3. Very much

Domains	Questions	Possible answers
3.3 Number of people with whom it is pleasant to talk ¹	With how many people, including your children, grandchildren, relatives, friends, or neighbors, do you feel it is pleasant to talk?	Number (0 and over)
4. Perceived health	In the past one month, what is the level of your health compared to people of the same age?	1. Very poor 2. Poor 3. Moderate 4. Good 5. Very good
5. Religious activities		
5.1 Offering food to monks	How often do you offer food to monks?	1. Not at all 2. Rarely 3. Often
5.2 Praying	How often do you pray?	1. Not at all 2. Rarely 3. Often
5.3 Practicing meditation	How often do you practice meditation?	1. Not at all 2. Rarely 3. Often

Note: ¹ Refers to persons of any age.

Results

Results of descriptive analysis

Results reveal that mean happiness was about the same among the young old (60-64), the middle old (65-74) and the very old (75 and older): 7.94, 7.93 and 7.96, respectively.

Demographically, there were more female participants than male participants in all age groups. Most of the young old and the middle old were married (75% and 65%, respectively) while 55.4% of the very old were widowed, divorced or separated (Table 2).

Regarding financial status, most participants across the age groups indicated sufficient funds, although a significant number reported insufficient income (25.0%, 26.6% and 30.9% respectively). Although these are the smallest percentages, it is still quite telling that more than a quarter of people in each age group reported insufficient income. While the very old reported the highest percentage of no debt (53.7%), the young old reported the highest percentage with debt and feel some burden (42.0%). According to family relationship and support, the very old showed the highest percentage of daily contact with children and reported being more satisfied with support from their children. But the percentage of being satisfied with help given to children was the lowest among the very old. While the percentage of those who do not receive support declines with age, the percentage not giving support declines only slightly with age. In addition, respondents in all age categories reported not much difference in perceived trust in family care.

For social relationships/networking, most respondents reported having some contact with friends/neighbors, especially among the young old (78.8%). Interestingly, about 10% of the very old reported that there was no person with whom they found it pleasant to talk, which is the highest percentage compared to the other groups.

Regarding perceived health, more than half of respondents reported their health as good or very good. For religious practices, more of those ages 60-74 reported often offering food to monks than did those ages 75 and older, while the percentage of those often praying and practicing meditation was highest among those ages 75 and older compared to the 60-74 group (51.7% and 20.5%, respectively).

Table 2: Percent distribution of independent variables by age group

Characteristics	60-64 (n=1,249)	65-74 (n=1,810)	75 and older (n=977)	Overall (n=4,036)
Mean age (year)	61.8	69.3	79.5	69.5
Mean of happiness	7.94	7.93	7.96	7.94
Demographic variables				
<i>Gender</i>				
Male	43.6	43.5	44.8	43.9
Female	56.4	56.5	55.2	56.1
<i>Marital status</i>				
Currently married	75.0	65.0	44.6	63.2
Formerly married	25.0	35.0	55.4	36.8
<i>Number of living children</i>				
1-3 children	56.7	37.0	22.9	39.7
4-6 children	38.5	47.5	44.5	44.0
More than 7 children	4.8	15.5	32.6	16.3
Economic variables				
<i>Income sufficiency</i>				
Insufficient	25.0	26.6	30.9	27.1
Sufficient but no savings	37.2	37.1	33.0	36.1
Sufficient and have savings	37.8	36.3	36.1	36.8
<i>Debt and feeling of debt burden</i>				
No debt	35.7	43.8	53.7	43.7
Have debt but feel no burden	22.3	23.3	26.4	23.8
Have debt and feel some burden	42.0	32.9	19.9	32.5
Family relationships and support				
<i>Frequency of contact with children</i>				
Some	21.1	17.2	15.8	18.0
Daily	78.9	82.8	84.2	82.0
<i>Satisfaction with receiving financial support from children or grandchildren</i>				
Not receive	36.3	26.3	20.5	28.0
Received and less satisfied	23.3	25.4	27.3	25.2
Received and more satisfied	40.4	48.3	52.2	46.8
<i>Satisfaction with help given to children or grandchildren</i>				
Not given	4.5	6.7	8.8	6.5
Given and less satisfied	33.1	30.4	33.1	31.9
Given and more satisfied	62.4	62.9	58.1	61.6
<i>Perceived trust in family care</i>				
Little or none	9.4	9.0	9.9	9.3
Very much	44.0	41.4	41.3	42.2
Extremely	46.6	49.6	48.8	48.5
Social relationships/Networking				
<i>Frequency of contact with friends/neighbors</i>				
Some	78.8	71.1	60.0	29.2
Daily	21.2	28.9	40.0	70.8

Characteristics	60-64 (n=1,249)	65-74 (n=1,810)	75 and older (n=977)	Overall (n=4,036)
<i>Trust in neighbors</i>				
A little	9.3	9.9	9.0	9.5
Moderately	47.7	48.4	49.2	48.4
Very much	43.0	41.7	41.8	42.1
<i>Number of people with whom it is pleasant to talk¹</i>				
None	6.7	8.0	10.4	8.2
1-2	46.2	44.3	49.1	46.0
3-4	28.5	27.6	21.5	26.4
More than 5	18.6	20.1	19.0	19.4
Perceived health				
Very poor/poor	8.9	9.6	10.5	9.5
Moderate	33.5	32.2	32.5	32.7
Good/very good	57.6	58.2	57.0	57.8
Religious activities				
<i>Offering food to monks</i>				
Not at all/ Rarely	39.2	36.8	47.1	40.0
Often	60.8	63.2	52.9	60.0
<i>Praying</i>				
Not at all/ Rarely	55.9	52.0	48.3	52.3
Often	44.1	48.0	51.7	47.7
<i>Practicing meditation</i>				
Not at all/ Rarely	87.3	83.3	79.5	83.6
Often	12.7	16.7	20.5	16.4

Note: ¹ Refers to persons of any age.

Results of multiple regression analysis

Before multiple regression analysis, multicollinearity was tested. The results show that correlation of independent variables was not over 0.75 (Prasitratthasin, 2001). Thus, all independent variables were included in the model.

Results from multiple regressions in Table 3 reveal that among the young old (60-64), most factors were significantly associated with happiness except for debt, satisfaction with help given to children and/or grandchildren, trust in neighbors and religious practices. Regarding receiving monetary support, only those who receive support and are more satisfied with the support are significantly happier than those who receive no support. There is, however, no difference in happiness between those receiving no support and those receiving support, but who are less satisfied. The strongest predictor was perceived trust in family care ($\beta = 0.309$).

Regarding the middle old (65-74), the predictors of happiness were slightly different from those of the young old. Unlike the younger set, in this age group, more satisfaction with help given to children/grandchildren and trust in neighbors were significantly positively related to happiness. Only those who were more satisfied with giving help to children/grandchildren were happier than those who had given no such help and were less satisfied with helping. Having high trust in family care remained the strongest factor affecting happiness ($\beta = 0.319$).

According to the factors predicting happiness among the very old (75 and older), the findings clearly show differences from the young old and the middle old age groups. Giving help to children/grandchildren and religious activities were important to happiness, while economic factors and trust in neighbors were not associated with happiness. Concerning

satisfaction with giving help to children/grandchildren, those who were more satisfied and less satisfied are happier than those who have not given any help. The strongest predictor – perceived trust in family care, $\beta=0.312$ – was the same as among the young old and the middle old.

An unexpected finding was the negative association between daily contact with friends/neighbors and happiness in all age groups. In addition, the demographic control variables were not statistically significant among the three age groups.

It should be noted that the adjusted R-square for the explained variance in our happiness model ranged from 13%-15%. Additionally, our results seem to be robust since many coefficients turned out to be statistically significant at the 5% level or below in the model.

Discussion

While cross-sectional data does not allow us to determine a causal relationship between the factors examined here and happiness, the study results show what happiness means to Thai older people at different stages of the aging process. Findings here highlight factors associated with happiness among older adults in the three different age groups: the young old (60-64), the middle old (65-74) and the very old (75 and older).

In all age groups, perceived health, perceived trust in family care and number of people with whom it is pleasant to talk were significantly positively associated with happiness. Some other factors, however, were associated with only the young old, the middle old or the very old.

When perceived health was good or very good, it was statistically positively associated with happiness in all age categories. This result is consistent with previous research (Kirby, Coleman & Daley, 2004; Pinquart & Sörensen, 2000; Yang, 2008). Self-perceived health is a robust indicator of health status because it reflects both physical and mental health (Jylhä, 2009).

Regarding family relationships and support, parents expect that children will look after them due to Thai traditions and a cultural understanding of obligation to one's parents or older persons who helped raise them, which is in line with Buddhist doctrine (Herbert, 1965; Pasquale & Izuhara, 2010). Daily contact with children and being more satisfied with financial support from children were associated with happiness only for the young old. Being able to assist children or grandchildren, however, was an important determinant of happiness among the middle old, and particularly among the very old. The young old may not derive significant happiness out of caring for their grandchildren, possibly because they fear this "burden" would restrict their freedom to engage in activities outside the house. By contrast, the middle old and the very old, derive more satisfaction from helping their children or grandchildren, perhaps since, at this advanced age, especially the 75 and older set, they do not want to feel that they are a burden to their family. Therefore, reducing a sense of being a burden may increase happiness among the oldest generations. In the same vein as our findings of the middle old and the very old, Knodel & Nguyen (2014) found that older adults were happy and did not feel lonely when they were caring their grandchildren. It should be, however, noted that their work involved people ages 60 and older, not categorized into age group.

Table 3: Standardized coefficients (β) and standard errors (S.E.) of multiple regression on happiness on selected predictors by age group

Factors	Young old (ages 60-64)		Middle old (ages 65-74)		Very old (ages 75 and older)		Overall	
	β	S.E.	β	S.E.	β	S.E.	β	S.E.
Economic factors								
<i>Income sufficiency (reference: insufficient income)</i>								
Sufficient and have savings	0.109**	0.128	0.138***	0.108	0.059	0.151	0.105***	0.072
Sufficient but no savings	0.054	0.126	0.095***	0.104	0.017	0.149	0.060***	0.070
<i>Debt and felling of debt burden (reference: have debt and feel some burden)</i>								
No debt	0.54	0.111	-0.011	0.096	0.048	0.155	0.020	0.065
Have debt but feel no burden	0.13	0.127	0.018	0.112	0.047	0.179	0.021	0.076
Family relationship and support								
<i>Frequency of contact with children (reference: some)</i>								
Daily	0.083**	0.120	0.009	0.111	0.039	0.166	0.036*	0.073
<i>Satisfaction with receiving financial support from children/grandchildren (reference: not receive)</i>								
Received and more satisfied	0.109***	0.116	0.048	0.104	0.068	0.158	0.069***	0.069
Received and less satisfied	0.001	0.130	-0.032	0.115	0.005	0.174	-0.016	0.077
<i>Satisfaction with help given to children/grandchildren (reference: no help given)</i>								
Given and more satisfied	-0.002	0.240	0.103*	0.170	0.256***	0.219	0.140***	0.116
Given and less satisfied	-0.094	0.248	0.010	0.177	0.163**	0.226	0.047	0.120
<i>Perceived trust in family care (reference: no/a little)</i>								
Extremely	0.309***	0.178	0.319***	0.157	0.312***	0.214	0.314***	0.103
Very much	0.170***	0.175	0.136***	0.155	0.185***	0.211	0.158***	0.101
Social relationships/Networking								
<i>Frequency of contact with friends/neighbors (reference: sometimes)</i>								
Daily	-0.056*	0.120	-0.040	0.092	-0.062*	0.124	-0.052***	0.062
<i>Trust in neighbors (reference: a little)</i>								
Very much	0.047	0.179	0.122*	0.147	0.028	0.219	0.080**	0.100
Moderate	0.026	0.173	0.089**	0.144	-0.023	0.213	0.047	0.098
<i>Number of people with whom it is pleasant to talk¹</i>								
	0.053*	0.019	0.069**	0.014	0.079**	0.023	0.065***	0.010
Health								
<i>Perceived health (reference: very poor/poor)</i>								
Good/very good	0.115*	0.175	0.214***	0.145	0.175***	0.202	0.178***	0.097
Moderate	0.082	0.181	0.172***	0.151	0.078	0.208	0.123***	0.101

Factors	Young old (ages 60-64)		Middle old (ages 65-74)		Very old (ages 75 and older)		Overall	
	β	S.E.	β	S.E.	β	S.E.	β	S.E.
Religious activities								
<i>Offering food to monks (reference: rarely/not at all)</i>								
Often	0.040	0.103	0.028	0.089	0.062*	0.125	0.042**	0.059
<i>Praying (reference: rarely/not at all)</i>								
Often	0.020	0.106	-0.017	0.092	-0.025	0.134	-0.009	0.061
<i>Meditation (reference: rarely/not at all)</i>								
Often	0.011	0.155	0.033	0.121	0.084*	0.162	0.045**	0.081
Demographic factors								
<i>Age</i>	-0.023	0.035	0.010	0.015	0.003	0.016	0.010	0.004
<i>Gender (reference: female)</i>								
Male	0.021	0.104	-0.011	0.089	-0.013	0.136	0.000	0.060
<i>Marital status (reference: formerly married)</i>								
Currently married	0.006	0.117	0.031	0.092	0.013	0.139	0.017	0.063
<i>Number of living children</i>	-0.020	0.029	0.013	0.020	0.025	0.024	0.008	0.013
N	1,249		1,810		977		4,036	
Adjusted R Square	0.130		0.159		0.169		0.154	

Notes: * p -value ≤ 0.05 , ** p -value ≤ 0.01 *** p -value ≤ 0.001

Notes: ¹ Refers to persons of any age.

High perceived trust in family care when they are ill was the strongest factor contributing to happiness in all age groups. Older people likely have expectations that they will not be abandoned but rather cared for by their family, particularly their children, when they are ill, or have less ability to care for themselves. This finding is as expected, given the health deterioration associated with age and the minimal formal support offered in Thailand (Knodel et al., 2013). This trust becomes especially critical as the younger generation of Thais lead a more independent and urbanized lifestyle due to socioeconomic development. Even if older people do not have children or other families presently living with them, merely having confidence in their potential support at a time of need is a significant source of happiness for older adults.

Regarding social relationships/networking, many studies have documented the association between social and familial influences on happiness among older people (Bowling & Browne, 1991; Choi & Wolarski, 1996). Previous research has found that social relationships and support were associated with happiness of older persons in both negative and positive ways, depending on the quality of the relationships (Pinquart & Sörensen, 2000). The negative relationship between daily contact with friends/neighbors and happiness in all old age groups in the present study may be due to the poor quality of relationships or an increased desire for privacy.

Other studies have, however, found that not only quality but also quantity of relationships have a significant bearing on happiness by improving one's mood and relieving pressure and stress (Silverman, Hecht & McMillin, 2000). This is in line with our finding that the number of people (i.e., family members, friends and neighbors at any age) with whom participants feel it is pleasant to talk correlated positively with happiness scores and became increasingly important as they age. Not only family relationships but also peer relationships are especially important for happiness due to shared similar experiences, memories and values. Having a greater variety of family and friends to provide for different needs could contribute to well-being (Cheng, Lee, Chan, Leung & Lee, 2009).

Economic factors are meaningful for the young old and the middle old. It is logical that those who have not yet reached advanced age will be more involved with the cash economy. The present study found that perception of having adequate income and savings was statistically positively associated with happiness for older people ages 60-64 (young old) and 65-74 (middle old), but not for those ages 75 and older (very old). This might be due to physical decline experienced by those ages 75 and older, which may make it more difficult to spend much time outside the house and, thus, they may have less need for cash. This feeling might also have roots in the Buddhist belief that one should be content with what one has, which is a specific characteristic of Thai Buddhists that increases happiness among older persons (Gray et al., 2008) and this belief may be stronger among the very old.

The Buddhist religious practices of often giving food to monks and often practicing meditation were positively associated with happiness only among the very old, as well. This finding is consistent with other studies of the role of religion in generating happiness and its ability to become as a source of meaning and purpose in later life (Ferriss, 2002; Krause, 2003). It is not surprising as they may sense the end of their life approaching.

To increase happiness among the aging population in Thailand, policymakers should establish activities for health promotion, income generation for those who are able and want to work (likely the young old and the middle old), religious practice, and the strengthening of family, friend and community relationships. Previous research in Thailand and elsewhere reveals that previous relationships between older people and caregivers before they need care can lead to positive or negative appraisals in caregiving and consequently quality of care (Gray, Thapsuwan, Thongcharoenchupong & Pumsaithong, 2013; López, López-Arrieta & Crespo, 2005). Over the past decades, scholars have recognized the cumulative effects of social relationships across the life course, particularly related to physical and mental health (Antonucci, Ajrouch & Birditt, 2013; Cohen, 2004). Thus, the notion that having good quality and an adequate quantity of members within one's social network should be promoted before entering old age, since establishing such ties can take some time. Developing programs and activities that can bring people at all ages together should provide opportunities for companionship and social connectedness. For instance, the existing elderly clubs across Thailand should welcome family members and people of all ages to participate and engage. This would provide short-term benefits, as well as long-term ones, helping people position themselves for happiness as they age.

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